

Witness Name: Michelle O'Neill MLA

Statement No: Module 2c, statement 1

Exhibits: MON2C/01 to MON2C/19

Dated: 12 March 2024

## **UK COVID-19 INQUIRY**

---

### **WITNESS STATEMENT OF MICHELLE O'NEILL**

---

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

#### **Introduction**

1. I am currently a member of the Northern Ireland Assembly, having been first elected for the Mid-Ulster constituency in 2007. I am Vice President of Sinn Féin, a role I have held since 2018. Prior to being elected to the Assembly, I was an elected Sinn Féin councillor in Dungannon and South Tyrone Borough Council from 2005 to 2011. I served as the first female mayor of the Council from 2010 to 2011.
2. I held ministerial office in the Northern Ireland Executive (NIE) prior to the Covid-19 pandemic. I was Minister for Agriculture and Rural Development between May 2011 and May 2016, and I was Minister of Health between May 2016 and March 2017.
3. I served as Deputy First Minister (DFM) from 11 January 2020 until 4 February 2022. As joint head of government in this jurisdiction I was jointly responsible for leading the Executive's response to Covid-19. This included making decisions around Non-Pharmaceutical Interventions (NPIs) and taking decisions on and implementing legislation relating to Covid, after taking the requisite advice into consideration. I was also involved in ministerial meetings with: UK Government Ministers; Ministers in the devolved administrations; and with Irish Government Ministers.

4. During my term of office as deputy First Minister, the most senior civil servant I would have worked with was the Head of the Civil Service (HOCS) and this was the person with whom I had the most contact throughout the pandemic. Their role was to lead the civil service, provide advice to ministers and attend meetings of the Executive Committee.
5. In January 2020 the HOCS post was held by Sir David Sterling who had been interim HOCS since 2017. Sir David Sterling retired in August 2020 and was replaced by Ms Jenny Pyper in December 2020. She agreed to take on the role on a temporary basis following an unsuccessful interview process for the HOCS position when no suitable candidate was found. Following a further recruitment process, Jayne Brady was successfully appointed as HOCS in September 2021. It should be noted that prior to Jayne Brady's appointment, the First Minister and I had agreed that the responsibilities of HOCS should change. It was agreed between us that the HOCS should remain as head of the wider civil service and the Executive Office (TEO) role, previously exercised by the HOCS, should be separated out. Denis McMahon was appointed to the position of Permanent Secretary for TEO in July 2021.
6. The reason for separating out TEO responsibilities from the Head of Civil Service role was that, given its leadership responsibilities, TEO needed a dedicated permanent secretary rather than a role which also included other significant responsibilities. A Permanent Secretary position had the requisite authority and legal basis within the department to deliver departmental responsibilities. He or she was the Accounting Officer.
7. I was also in regular contact with Karen Pearson who headed up the Covid response team in TEO and with Anthony Harbison, as head of the NI Hub. The senior civil servants in my office were Tim Losty, Carol Morrow, Donal Moran and Paula Magill who were principal private secretaries and private secretaries to me in my role as Deputy First Minister. It should be noted that the personnel in these roles changed during the course of the pandemic with Donal Moran replacing Tim Losty in and about June 2020 and Paula Magill replacing Carol Morrow in and about July 2020.

8. During the pandemic, I was also in very regular contact with Michael McBride, the Chief Medical Officer (CMO) and Ian Young, the Chief Scientific Adviser (CSA), as they provided advice to the Executive throughout the Covid pandemic. In addition to their attendance at Executive meetings, there were regular meetings held, prior to Executive Committee meetings, which were attended by the First Minister, the Health Minister and I and the Junior Ministers to TEO and Health. These meetings were attended by Mr Swann's team of advisors, including CMO and CSA. Richard Pengelly, Permanent Secretary of the Health Department, was also present at these non-Executive meetings. The purpose of these meetings was to ensure that both the First Minister and I had been comprehensively briefed by CMO and CSA in advance of the Executive meetings and to try to ensure consensus between the First and deputy First Ministers and the Minister for Health.
9. The Special Advisors who worked with me were Stephen McGlade, John Loughran, Dara O'Hagan and Michelle Canning. Michelle Canning was in post from October 2020 to January 2021. The other Special Advisors were in post for the duration of the pandemic and the Executive and Assembly functioning. Their main role was to work collaboratively with civil servants to deliver my priorities as a Minister; to provide a political dimension to the advice available to me as Minister; to liaise with the Sinn Féin party and provide briefings on issues of Departmental and Executive policy; to liaise with Special Advisors of other parties on Executive business; to liaise with external interest groups; and to review and comment on advice provided by civil servants. In drafting this statement, I have had the assistance of my legal team and Special Advisors Dara O'Hagan, Stephen McGlade and John Loughran.

## **Development and Response to the Pandemic**

### **Impact of Absence of Power-Sharing**

10. The Inquiry will be aware that our system of Government is different from that of the other Devolved Administrations. Our system of Government is based on the compromises in the Good Friday Agreement which were given effect in the Northern Ireland Act 1998. The most distinctive feature of the Executive is the fact that it is a mandatory coalition, power-sharing is thus integral to the functioning of the Executive

and the Assembly. In the event that there is a breakdown in power-sharing, which has happened intermittently since the establishment of the Assembly, then the Assembly and Executive no longer function.

11. The Inquiry is aware that power-sharing in this jurisdiction collapsed in early 2017. I understand that the Inquiry is not concerned with the different perspectives as to why the power-sharing Executive collapsed and why the institutions remained inactive for as long as they did. It was and is a source of disappointment to me that the institutions were down for as long as they were. I have already given evidence that I believe that the absence of an Executive from January 2017 until January 2020 adversely impacted on preparedness for a pandemic, I also believe that the absence of the Executive had longer term consequences for our ability to respond to the pandemic. This was both as a result of the impact of the collapse of the Executive on policy developments, particularly, but not exclusively within health. But also, for more prosaic reasons, to do with the realities of taking up ministerial office and being immediately faced with an unprecedented global pandemic.
12. When we initially took up office, we were playing catch-up on local policymaking and implementation across the range of Government Departments and functions. Public services overall, and the health and social care system in particular, were suffering the effects of the serious financial deficit that had been building up in public funds due to 10 years of Tory austerity. As is well documented, the health system was ill-equipped to deal with the normal demands made on a functioning health system, much less the crisis we faced with the onset of the global pandemic.
13. Before its collapse, the Executive had agreed to move to implement a more strategic, outcomes-based Programme for Government which would have cross-cutting interdepartmental working arrangements at its core. I believe that we lost out on the practical benefits that these arrangements would have brought in, had they been implemented.
14. Prior to its re-establishment, the Executive had committed to an ambitious programme of reform. We had committed to a long-term Investment Strategy and further committed to the implementation of “New Decade New Approach”. This programme



of reform reflected our collective view, across the political spectrum, that fundamental changes were needed to make meaningful improvements to the lives of those we were elected to represent. I attach a copy of NDNA Agreement. It is marked as exhibit MON2C/01 - INQ000391422.

15. Looking specifically at Health, as the Inquiry is aware from the evidence I gave in Module 1, as Minister for Health before the collapse of the Executive I was in the process of seeking to fundamentally transform the Health Service. There is no doubt that the process of transformation was hindered by the collapse of the Executive.
16. On entering office, the Executive was immediately faced with a nurses' strike the resolution of which was an immediate priority for the incoming Executive. That strike was not only about pay and conditions but specifically highlighted patient safety concerns as well as issues around recruitment and retention of staff. This jurisdiction has consistently and regrettably had the worst waiting lists across these islands. Therefore, tackling waiting lists and transforming health and social care through the implementation of the Bengoa report reforms, had been highlighted as priorities within NDNA. Had the institutions not been down we would have been further along in implementing Bengoa by the time Covid hit and, in my view, would most likely have been in a better position to respond to the pandemic.
17. There was also the reality that we were a new Executive; whilst I had been a Minister previously, I had not previously held the post of deputy First Minister, other Ministers were becoming Ministers in new Departments, or becoming Ministers for the first time. We needed to build working relationships with civil servants we had not necessarily worked with previously and we also had to build relationships with new Ministerial colleagues.
18. That said, there were experienced Ministers who were familiar with the working of Government and power-sharing. We had collectively made a commitment to work together and had already worked together to agree New Decade New Approach. I believe that there was a commitment from all in Government to deliver effective and accountable Government for those whom we were elected to represent.

### The outset of the pandemic

19. The political institutions were reinstated at the outset of the pandemic on 11 January 2020. The early period was taken up with Ministers bedding into their new Departments. The cross-cutting role of TEO, and the position of First Minister and Deputy First Minister as joint chairs of the Executive, meant that my priorities in those early days was to get Executive agreement around the major cross-cutting strategic issues of the Programme for Government; passing the budget; implementation of New Decade New Approach; and implementation of the Investment Strategy.
20. The role of TEO, and First Minister and deputy First Minister, were to lead the Executive and co-ordinate/secure agreement on cross-cutting, strategic issues. While TEO is analogous to a Cabinet Office set up, as I have previously explained, its power of direction over other departments is limited to a co-ordinating role. Neither First Minister nor deputy First Minister could direct another Minister on matters pertaining to their own Department.
21. I have been asked about, and am aware of, an internal TEO document entitled “Pandemic Influenza” which stated that “*EU exit preparations meant that Northern Ireland [was] more than 18 months behind the rest of the UK in ensuring sector resilience to any pandemic flu outbreak*” [INQ000092712]. Reading the document now and having considered the document in preparation for my Module 1 evidence, I understand that the comment refers to the reallocation of staff and reprioritisation of civil service staff due to Brexit planning.
22. Based on what I observed whilst in office, I would broadly agree with the assessment from officials in TEO that because of EU exit preparations, the North was behind in terms of ensuring sector resilience to any pandemic flu outbreak. I am unable to put a timeframe on that assessment.
23. However, while I agree that EU exit preparations had an impact, it was not the sole reason why the North was behind the UK in terms of ensuring sector resilience. The previous decade of public sector cuts had led to the point where delivering core functions was a challenge. This was the case prior to Brexit. Cuts and staffing

vacancies were having adverse impacts across the civil service and the wider public sector. Our health and social care system was particularly vulnerable in this regard, with significant vacancies across the health and social care workforce. Recruitment and retention of staff were significant concerns prior to the pandemic and, as previously mentioned, nurses had gone on strike to protest about wage levels and patient safety concerns.

24. The Civil Contingencies Policy Branch (CCPB) was not immune to these wider problems: staff shortages, a lack of resources, and competing priorities meant that staff were moved into Brexit preparation at the expense of pandemic flu preparation. This was bound to impact on preparatory work. However, I note the testimony of Denis McMahon and Peter May to Module 1 of the Inquiry which referred to Brexit preparations being of benefit in assisting CCG in ramping up the response to Covid (TEO and Department of Health Corporate Statements).
25. I believe that the First Minister and I were briefed during January 2020 by Sir David Sterling (HOCS) as to the likely development of Covid. While I do not recollect the exact dates of those briefings, I believe that the briefing would have included the measures which Department of Health and TEO Civil Contingencies Group were undertaking. It may also have included an update on the structures and protocols within Department of Health to deal with a public health emergency. The Department of Health, as lead department with the requisite expertise, were advising TEO about the nature of the new Covid virus.
26. I have been referred to a letter from the Director of Population Health at the Department of Health which referred to *"the need for The Executive Office Civil Contingencies Policy Branch to urgently consider sector resilience in the face of a growing threat from novel coronavirus"* and went on to state that he *"did not consider it necessary to activate the NICCMA arrangements at this time."* [INQ000218470]. It is my understanding that in early February 2020 the civil contingencies response was still in preparation stage and was being led by the Department of Health. The Department of Health would be best placed to address the thinking around its approach to when NICCMA arrangements would be activated.

27. For my part, as events unfolded in China and then spread to Italy, France and other parts of Europe, I was of the view that it was likely to be a matter of time before Covid reached the North and that we needed to prepare for its arrival. However, I was aware that this was a matter in respect of which the Department of Health were monitoring. Thus, I was aware of the response made by the Minister of Health to an Assembly question from John O'Dowd MLA on 10 February 2020, which makes it clear that the Minister and his Department were preparing for the arrival of Covid in the North. In response to the question, he said:

*"At this minute in time, there are no reported cases in Northern Ireland. As long as we can maintain that, it will be beneficial to us. I stress, however, that, I think, it is a matter of "When", not "If". At this time, the work that we are doing along with our colleagues in the United Kingdom and the Republic of Ireland has meant that, so far, we have not had a positive case, but, as I said, it is probably a matter of time rather than anything else".*

I have attached a copy of the response as recorded at page 42, in the Assembly record marked as MON2C/02 - INQ000419149.

28. I have been referred to WHO's report of its international mission to Wuhan. I was aware of the WHO report at the end of February and the importance it placed on tracing, testing and isolation. At this point in the pandemic, the Department of Health remained the lead department in responding to the pandemic. I was aware that Minister Swann and his officials were attending UK Government meetings on Covid. I believed that they were cognisant of the latest medical and scientific advice being produced for those meetings and were preparing accordingly. Officials in the Department of Health were also working alongside and advising officials in TEO. The advice and updates on ongoing preparatory work were also being relayed to the Executive. At the Executive meeting of 24 February 2020, the advice from the Department of Health remained that the risk level in the North was moderate and that we were in containment phase. We were informed that all tests in this jurisdiction, at that point 49 in total, had been negative. We were advised that if there was a confirmed case an individual would be held in isolation in the Royal Victoria Hospital and provided with suitable treatment.

29. On 25 February 2020 a paper was sent to the TEO Board. It concerned a strategic review of civil contingency arrangements. The paper noted the lack of past investment, in civil contingency arrangements [INQ000205712].
30. At this time, the Department of Health remained the lead department in responding to the predicted global pandemic. TEO staff had formally stood up CCG and were involved in official level meetings with Westminster from 20 February 2020. The TEO submission entitled "Covid 19: Civil Contingencies, Preparedness and Response Arrangements" provides detail around the changes. [INQ000145786] The CCG structures were still operating at an official level as Department of Health officials had not yet activated NICCMA arrangements in line with established civil contingency protocols. At this point in time, and as the civil contingency arrangements were still operating at a preparatory and official level, the Executive Committee had no direct role in overseeing the response. However, Ministers were being briefed and were ready to step in as and when was needed. TEO was taking the lead on the assessment of essential services and key sector readiness and had convened a cross-departmental meeting on 20 February. All Departments were asked to review business case continuity plans.
31. In terms of informing and preparing the public, the Department of Health was also the lead department, and had issued a number of statements providing updates, information and advice. Information was also being produced across social media platforms. The Health Minister had also made statements and answered questions in the Assembly.
32. On 27 February we had our first confirmed case in the North, it was travel related the person having travelled from Italy, and thus did not involve community transmission. The South had its first confirmed case on 29 February. It was also travel related as the individual had returned from northern Italy. The First Minister and I had been updated by the Health Minister on 28 February.
33. We had been seeking to liaise with the Irish Government to ensure consistency in approach in relation to our response to Covid. This led to a lengthy phone call with

the Irish Government Ministers and officials on Saturday 29 February 2020. My recollection, and I have been unable to access any minutes of this call, was that it was agreed that we should keep in close contact with each other and share information. My recollection is that both CMOs were on the call, as well as both Health Ministers, the First Minister, and Michael Martin, who was Tánaiste at the time. I was aware that matters were becoming more serious as transmission had now reached the island of Ireland and I considered that a co-operative approach was important.

34. On the 2 March 2020 the Executive held its first substantive discussion about Covid-19 [INQ000065694]. The Chief Medical Officer (CMO) was in attendance and briefed Ministers. I attended my first COBR meeting later that same day. As I set out in paragraphs 37 and 38 of my statement to the Inquiry for Module 2, the first COBR meeting I was invited to attend was the meeting of 2 March 2020. Prior to that whilst the Minister for Health, Robin Swann, had been invited, neither I nor the First Minister were invited. The Health Minister had attended the first five COBR meetings concerning Covid-19. It is not routine for Ministers of the NI Executive to attend COBR meetings, and I personally cannot, at this remove, recollect a Minister being invited to a COBR meeting prior to the outbreak of the pandemic. The Department of Health was the lead department in responding to the early stages of the Covid outbreak while the Executive Office was keeping a close eye on the situation. The Minister for Health updated the Executive during this period and was briefing the Executive that Covid was deemed a moderate risk. Once the crisis escalated and required Non-Pharmaceutical Interventions (NPIs) in particular, it then moved to a wider governmental response. It was at this stage that the First Minister and I, as joint Heads of Government, were brought into the relevant meetings.
35. At the time of the Executive meeting on 10 March 2020, the advice from the Department of Health was that we were still in the containment phase. There were 16 cases in the jurisdiction, but the majority were travel related [INQ000065695]. At this stage NICCMA arrangements had still not been activated by Department of Health officials so there was no *formal* role for the Executive Committee, however, as stated previously, individual Ministers and Departments were actively engaged in preparatory work which was being co-ordinated by TEO officials working in civil contingencies and aided by the Department of Health.

36. I have reviewed the handwritten minutes of the meeting and can recall that there was an update from the Minister for Health which outlined the ongoing work by officials in the Department of Health but also across other Departments. At that time, while NICCMA arrangements had not been activated a cross-departmental approach had already kicked in. The comment I made in the meeting that *“Executive approach needs to kick in ... all need to contribute”* was made to reiterate the point that everyone on the Executive had a role to play in supporting the Health Minister. The statement was designed to encourage joint action. It did not mean, and should not be understood as meaning, that the Executive’s approach had not kicked in at that stage.
37. I note that the minutes record the First Minister as saying, *“some trying to use politics to give advice”*. I am unsure what the First Minister meant by this remark, and it was not my sense that any Minister or political party was trying to use politics around advice being given to organisations or companies. There were political differences emerging between the political parties which centred around, when to move to more stringent measures, and the scale of those measures. However, I believe that everyone was engaged in responding to the emerging crisis in good faith and I did not believe that anyone was trying to use politics. A planned official visit to the United States was cancelled.
38. On 11 March 2020 COBR(M) took the decision to move from the “contain” phase to the “delay” phase [INQ000083097]. At this point the Executive was being guided by the advice from the Department of Health. The advice changed so that, those suffering mild symptoms were now advised to self-isolate at home for 7 days rather than to phone the NHS helpline. At a wider level Ministers would have been working within their own Departments on preparatory work. Preparatory work within TEO included meetings with the Head of the Civil Service, the Department of Health, COBR and with the Secretary of State. I had provided a schedule of external meetings to my statement to Module 2 of the Inquiry. I also attach to this statement to assist. It is marked as exhibit MON2C/03 - INQ000226006 and shows the meetings which were conducted on or before 11 March 2020. As can be seen the First Minister and I had a meeting with the Department of Health on the 28 February 2020; a further meeting with the Secretary of State on the 6 March 2020; a meeting with the Cabinet office on

9 March 2020; and meetings with the Head of the Civil Service, the Paymaster General and the First Minister of Scotland on 11 March 2020.

39. As the pandemic progressed, and in line with the cross-cutting nature of TEO and the role of CCG, the meetings were designed to ensure that preparation had begun and was ongoing across departments to prepare for Covid. The minutes of the meeting of 11 March 2020 highlight the main issues the First Minister and I discussed within TEO to ensure Departments with operational responsibility were delivering as required.
40. On the same date the Irish Government, 11 March 2020, announced a package of measures which included the closure of schools and the cancellation of large gatherings [INQ000083097].
41. The Northern Ireland Executive received no advance warning of the Irish Government announcement. The lack of a warning was unhelpful in my view, given my belief that the island of Ireland should have been treated as a single epidemiological unit as the most effective way of tackling the virus and maximising our defences and exploiting the fact that we were an island. I have consistently believed that there was a need for greater co-operation North and South, and between Ireland and the UK. The lack of advance warning was also unhelpful in terms of securing a political consensus in the North that this was the best approach.
42. The Northern Ireland Executive did not follow this approach at that time. Personally, I agreed with the substance of the measures announced by the Irish Government and the timing of the announcement. As I have said previously, I believe now and believed at the time, that the UK Government was too slow to move to restrictions in response to the pandemic. The Irish Government response appeared to me to be more in line with WHO and ECDC advice, which was to the effect that early intervention was the best way to slow the virus down. However, it is my view that there would not have been political agreement within the Executive parties to put in place an equivalent package of measures to those announced by the Irish Government at that stage. I believe that there would have been a reluctance from some of my Executive partners to break, or be seen to break, with the UK Government approach and instead to align



with the Irish Government approach. Further there was a very real issue about how such an approach could be funded if the Executive were to take such measures independently of the UK Government.

43. My assessment was that my opinion as to the best response, was not shared by all the Executive Ministers and that I would not have achieved agreement within the Executive. Furthermore, it was clear that the Department of Health was following the UK Government approach. I believe that pushing for the approach adopted by the Irish Government would have highlighted serious divisions within the Executive which I did not believe would have been helpful in the early stages of a rapidly unfolding crisis. I was of the view that a united consensual approach was the most effective way for the Executive to respond to Covid. This necessitated compromise around the Executive table. While I would have preferred a more robust response consistent with the approach adopted by the Irish Government position, I felt that I also had a responsibility to maintain a unity of purpose within the Executive.
44. The comment in the NIO SitRep of 12 March 2020 (INQ00083097) that *“First Minister and Deputy First Minister presented a united message at COBR, not specifically siding with UK Government or ROI and encouraging resolution between the two positions”* reflects that reality. This hope was based on the obvious reality that this jurisdiction is on the island of Ireland but jurisdictionally within the UK. Any response to the outbreak would have to accommodate, as best it could, the fact that we are part of a single epidemiological unit, but also tied into political and economic structures with the UK government. Neither reality could be wished away during the pandemic.
45. On 12 March 2020, I attended a meeting with the First Minister and Sir David Sterling [INQ000232525]. The note of the meeting states that *“HOCS clarified that there are no medical/scientific evidence to support measures announced by Taoiseach earlier today.”* As appears from the minute I responded by expressing concern that the public was moving ahead of the Executive, noting that schools were closing in the South and in Scotland, and stating that it was unsustainable that schools would be closed on one part of the island, whilst open in another. I advocated an all-island approach. As appears, Sir David Sterling, stated that Ministers could *“follow the science or make a*

*political judgment*” I believe that he was implicitly seeking to suggest that I was not following the science. However, what I was trying to do was to seek to reconcile how, on one part of the island, scientific and medical advice, to which I did not have access, was recommending lockdown, whilst our advice was diametrically opposed. Both sets of advice couldn’t be correct, and I am unsure how Sir David Sterling was able to dismiss the approach of the Irish Government in the absence of information as to the scientific and medical evidence the Irish Government had received, which appeared consistent with WHO advice.

46. The Health Minister, CMO and Richard Pengelly then joined the meeting. Robin Swann is noted as stating that *“containment measures are working in NI and following RoI position would crash the NHS and create unnecessary panic and fear.”*
47. As appears from the minute I referenced the fact that we were a single island yet were adopting different approaches and stated that we needed to identify which approach was correct and which wasn’t. The difficulty, as is apparent from the minutes, was that I was a lone voice at this meeting, the clear consensus at that meeting was that the CMO and the Head of the Civil Service were suggesting that the medical and scientific advice did not point towards adopting the approach which had been adopted by the Irish Government. I did not have access to the medical and scientific advice upon which the Irish Government had based their decisions however I was aware that it aligned with the position which had been articulated by WHO and the ECDC.
48. I was concerned that inaction would cause real difficulty for the health service down the line and that by failing to act the Executive was undermining our authority. At this stage individuals were taking the decision themselves to remove children from school and Catholic Church leaders were calling for schools in the North to close. This was happening over our heads and was being done in an unmanaged and uncoordinated way. I raised my concerns at the time both privately and publicly.
49. I raised my concerns in Executive Committee meetings during March 2020 and with the Department of Health and the Head of the Civil Service. The reaction of the Irish Government and its proposal of additional restrictions was, in part, the spur for this.

50. I issued a public statement in my capacity as Vice-President of Sinn Féin on 13 March 2020. It called for the immediate closure of schools and universities. The situation was, in my view, sufficiently grave to justify these public comments. The approach favoured by the Department of Health was not, in my opinion, sufficient. I issued a further public statement on 14 March 2020 the focus of which was on the need for an all-island approach. I issued a further statement on 16 March 2020, expressing my concern about the approach of the British government. The press releases are marked as exhibit MON2C/04 - INQ000226013.
51. I do not believe my public comments had a negative impact upon the population in the North. I felt it was necessary to raise my concern publicly as there was a rapidly deteriorating situation. WHO had declared a pandemic and European governments, including the Irish government, were taking more effective measures to restrict mixing and to curtail events and to begin to lockdown. Not only was the British government not listening to concerns that were being raised, but around this critical time they made decisions to allow Cheltenham and the Liverpool – Atletico Madrid game to go ahead. Thus, the British government was not responding to the pandemic as urgently as appeared to me to be necessary. Moreover, at this time the Department of Health was very much following the lead being given by the British government. As deputy First Minister I believed that I had responsibility to give public expression to the concerns I had at that time as I believed that the situation was critical and that effective action was required.
52. I did think carefully about making the public statements. I recognised that there could be downsides to doing so. Ultimately, I felt then, and still feel now, that the tone and content were appropriate for the situation. I was aware that it would be interpreted as Executive Ministers not speaking with one voice on Covid-19. However, I believed that the statements were warranted. They were aimed at encouraging the Executive Committee to take the decisive action that the moment required.
53. It was my perception that the Executive's perceived inaction was having an adverse impact on trust and faith in our decision and that people were looking for political leadership. People were already making up their own minds. Parents were removing children from school to avoid infection. People were choosing to isolate from others

and to stockpile food. The Executive needed to act and to be seen to act. I spoke out publicly in good faith to try and spur the Executive into making decision to tackle Covid-19 and help all the people we represented.

54. On the same date, a SitRep records that there was a view that *“all NIE Ministers, including First Minister and Deputy First Minister are relying heavily on CMO and SAGE advice as their guidance for decisions - hence no major push for alignment with ROI”* [INQ000083097]. As appears from the notes of the meeting referred to above, I had queried the apparent inconsistency between the scientific and medical advice being given North and South of the border. As I have observed mine was a lone voice in this meeting and my concerns were not being supported by those with medical and scientific expertise in the room. I therefore don't think the SitRep entirely accurately reflects my position, given what I had said earlier in the day. However, the Department of Health was receiving advice from SAGE and was fully aligned with the UK Government position and following its lead. I did not have access to the medical or scientific advice being given in the South and I am not a medical or scientific expert, thus beyond pointing out the apparent inconsistencies in the UK Government approach with that of Ireland and other European countries, it was difficult to challenge the advice we were receiving. Further, it was apparent to me that the majority of Ministers in the Executive were content to follow the UK Government lead.
55. An Executive meeting was then held on 16 March 2020 and Covid was the main item on the agenda [INQ000065689]. My understanding of the Department of Health's strategy, as communicated at that meeting was that a decision had been made, on 12 March 2020, to stop contact tracing strategy and to redeploy those resources. The approach seemed self-defeating to me and I made the point at the Executive meeting that the WHO advice was to test, isolate and contact trace and that we needed to adjust. I said that if everyone who was symptomatic wasn't tested than the efforts to combat Covid will fail. I did not believe that we had reached the point where the prevalence of Covid in the community was such that community testing would have less value.
56. The response from the Health Minister was that he was following his CMO's advice, that circumstances and timings in the North of Ireland were different to the South, and

to Britain, that countries which flattened the curve too soon would have a recurrence and he appeared to question the effectiveness of isolating people and our capacity to do so. He cited modelling behaviours that suggested that 80% of people would comply and expressed the view that if we moved too early, this would impact on families, it would not be sustainable, and that point in time was not the right time to act.

57. I was of the view that we needed to act immediately to contain, delay and mitigate the virus. I was also concerned that we were in danger of losing people's confidence as people were taking their own decisions, irrespective of what decisions we as political leaders were making. This was not a tenable position for the Executive to be in. I was also extremely concerned that there appeared to be contradictory medical advice between that being given by WHO and the ECDC and that being relied upon by the UK Government and our own Health Department's CMO. In such circumstances I was of the view that we needed to err on the side of caution. I also had further concerns that the Executive was being caught between different approaches by the Irish and British Governments. I was of the view, as I have previously stated, that the most effective way to tackle Covid was to treat the island of Ireland as a single epidemiological unit.
58. I have been asked about a reference in the Executive Committee to a comment which was made by Conor Murphy, the Minister of Finance, where he stated: "*people following own science*". I personally, did not have access to nor did I receive any clinical or scientific expert advice which was not also available to the Executive Committee. My decision-making was informed by the medical and scientific advice provided by CMO to the Department of Health and the Executive. I was not however an uncritical observer. I was following closely what was happening in the rest of Europe and internationally and was reading the publicly available WHO and ECDC advice and guidance. I regarded it as unlikely that there was such a dramatic difference between the risk to public safety in the North compared with the rest of the island and it was clear that the medical and scientific advice we were receiving was, for whatever reason, inconsistent with that being received by the Irish Government, and further seemed inconsistent with WHO, so I did question the advice that we were receiving.

59. I believe that the Minister of Finance's comment that "*people following own science*" was a reference to that obvious fact that the public were already deeply worried and had started to reduce their risk of infection. This could be seen most clearly by the fact that some schools had closed ahead of any direction to do so from the Department of Education. In other schools which did not close, I understood, anecdotally, that parents were keeping their children from school. In that way, people were following their own science.
60. At the Executive meeting of 16 March 2020, the Health Minister stated that "*we have been preparing for 7 weeks*". From my perspective, I do not believe that any system could have been fully prepared for the unprecedented scale of the public health crisis that unfolded. This concern was even more acute in this jurisdiction where our public services and a health sector were already impacted by the severe effects of a decade of austerity. Expenditure had not kept up with demand on those services. Initial preparations undertaken in the very early stages of our response were appropriate but as the scale of the pandemic intensified from the beginning of March, the system struggled to cope. I believe that this was a combination of officials being overwhelmed by the sheer volume of work and the frightening and uncertain situation we were in but also because the Department of Health, as the lead department for the Executive, was following the lead and advice coming from the UK Government, who, for whatever reason, appeared to me to be too slow to react to the crisis.
61. Our delay in imposing restrictions inevitably undermined the ability of the Health Service to respond.
62. I have been asked about comments made by the Minister for Justice, Naomi Long, to the effect that the Executive Committee "*always seems to be reacting not leading*" and an observation from the Infrastructure Minister Nicola Mallon, that the Executive Committee was "*mismanaging*".
63. I think Naomi Long was correct when she said that the Executive seemed to be reacting rather than leading. People were already acting independently of the Executive; as outlined above, some schools took the decision not to reopen after the St Patrick's day holiday period while a significant number of parents had already taken

their children from school. Other people, particularly those who were vulnerable, were already self-isolating, while people generally were having less contact with each other and avoiding public/crowded spaces. I do not believe that I would have used the terminology “*mismanaging*”. I did share the frustrations of both Ministers that we needed to do more.

64. At the Executive Committee meeting on 16 March 2020, we agreed upon the phased activation of the NI Central Crisis Management Arrangements (NICCMA) [INQ000048447]. As the Department of Health was the lead Department, they are better placed to answer the timing around the activation of NICCMA arrangements. I will endeavour to give my impressions of that time.
65. I believe NICCMA were activated in line with civil contingency protocols when a judgement is made by the relevant Department that events have reached a serious or catastrophic stage which required a wider formalised response across the whole of Government. This would have included the NI Hub being ‘stood up’. The timing, I believe, reflected the approach which Department of Health was taking at that time, as outlined by the Minister for Health at the meeting of 16 March 2020. I have referred above to the TEO submission “Covid 19: Civil Contingencies, Preparedness and Response Arrangements” (INQ000145786) which provides detail around the changes.
66. Prior to this preparatory work was ongoing particularly in Department of Health supported by officials in TEO’s civil contingency branch. Officials across other Departments were also undertaking preparatory work. With hindsight, instituting these arrangements earlier would have assisted the Executive as Ministers could have stepped in and provided the necessary direction and leadership earlier. However, we were collectively facing unprecedented challenges. This was a steep learning curve for Ministers, officials and the entire Government system. As the situation escalated from early March, I felt that the civil contingency work needed reenergised and to move beyond departmental silos, that structures needed to become more agile and that resources were directed where they were needed.
67. I am aware that the Civil Contingencies Group (CCG) produced an actions log (dated 6 April 2020; INQ000207931). It states that the first actions were generated on 18

March 2020. Officials who were over the operational detail of compiling this action log would be better placed to explain the 18 March 2020 start date. I would surmise that the 18 March date denotes the start of actions being generated in this format and that some of the actions mentioned were already in preparation within the relevant Departments. For example, social distancing, PPE and transport issues are described as being “Completed Actions”.

68. At the Executive Committee meeting held on 19 March 2020 [INQ000065737], Sir David Sterling outlined how the Executive Committee would function in response to the pandemic. While there may have been informal discussions, I do not recall plans being put in place for how the Executive would function prior to this date. As the Inquiry will be aware this Executive meeting pre-dated the lockdown announced by the UK Government on 23 March 2020, but we had been aware from the COBR meeting of 18 March 2020 that lockdown was imminent. I anticipate that this was the context in which Sir David Sterling outlined how the Executive Committee would function, however he will no doubt be able to clarify this.
69. At the same meeting the Minister for Health advised of the outcome in a worst-case scenario. Figures were provided which contrasted the volume of new cases per day (32,000) and likely deaths (9,500) with reduced figures if interventions were implemented (10,000 cases per day). This was not the first time that I, as deputy First Minister, was aware of the possible scale of the pandemic as I had been in regular briefings with officials from the Department of Health and TEO as well as with Sir David Sterling. I do not know the extent of the briefings which other Ministers may have had with the Health Minister, particularly those from other political parties. It was to my knowledge, however, the first time that the figures were presented collectively to the Executive.
70. At the same meeting the DAERA minister stated that “*as an Executive, we are behind the curve*”. As already stated, I was of the view that we needed to do more.
71. The Inquiry has asked me to respond directly to the House of Commons Health and Social Care and Science and Technology Committee’s report entitled “*Coronavirus: lessons learned to date*”. It was published on 12 October 2021. Paragraph 77



concludes that initial UK policy was to take a gradual and incremental approach to introducing NPI and comprehensive lockdown was not ordered until 23 March 2020. The Committee called this the “*wrong policy*” and found that it “*led to higher initial death toll*”.

72. In so far as that conclusion applies to the NI Executive, I think it is clear from the minutes of the Executive meetings, particularly that of 16 March 2020, that there were tensions at the speed of the response. While we all sympathised with the Health Minister’s position and the unenviable position in which he found himself, some of us thought that the response was too slow. I include Conor Murphy, Deirdre Hargey and Naomi Long in that group. I interpreted the comments of the Minister for Justice that we seemed to “*be reacting, not planning*” as consistent with a belief that stronger response was required. The declaration of a pandemic by WHO on 11 March 2020 and the immediate reaction of many European Governments, including the Irish Government, to initiate lockdowns brought all the concerns into sharp relief. I am on record publicly calling for the same approach. The public pronouncements reflected the concerns I was raising privately including how I felt that The Department of Health here was following the UK Government approach. I have already outlined my serious concerns at the UK Government approach and how fundamentally wrong I believed it to be.

#### Herd Immunity

73. “*Herd immunity*”, as I understand the term, in this context was never a consideration or a potential strategy in this jurisdiction. The idea that the virus would be allowed to progress without resorting to the most effective measures we had at our disposal was not suggested by any of my colleagues on the Executive. I do not believe such a strategy was a strategy which found favour with any of my Executive colleagues, and no such policy was ever advocated by any Minister to my knowledge.
74. The notes of the Executive Committee Meeting of 16 March 2020 (INQ000065689) record the Minister for Communities raising a query about “*herd immunity policy*” my recollection is that this was in the context of asking whether the Minister for Health was proposing a “*herd immunity*” strategy. As appears he made it unequivocally clear

that this was not our policy. The Minister for Justice thereafter affirmed the importance of reassuring the public that we were not pursuing a policy of herd immunity.

75. I do not believe that such a policy would have gained support within the Executive in March or April 2020. Regardless of what was noted in her private notes, the First Minister did not, to my memory, ever advocate a herd immunity strategy.

#### The First Lockdown in Northern Ireland

76. I believe that I first became aware that a lockdown was imminent at the COBR meeting of 18 March 2020. In terms of the build-up, it is my recollection that in the briefing to the COBR ministerial call of 9 March 2020 [INQ000258285] the risk to the UK was described as “*moderate*” based on the advice of the UK Chief Medical Officers. The approach was articulated at that point as one of “*containment*” rather than “*delay*”. Lockdown in Italy and other countries was mentioned but there was no clear indication at the time that such measures were imminent in Britain.
77. My recollection is that from the COBR meetings of around 11/12 March 2020 there was a sense that Covid was escalating. However, I believe that it was at the COBR meeting of the 18 March that there was an indication that the approach from the UK Government was changing as Britain was now on the same curve as Italy. The possibility was mooted that from the following Monday (23 March) measures may be enforced.
78. Neither the CMO nor the Department of Health had recommended a lockdown prior to the date upon which the UK Government announced lockdown on 23 March 2020. However, I am aware and as appears above, the CMO and Department of Health were taking their lead from the UK Government. This was increasingly a matter of concern for me as it seemed to be inconsistent with the decisions of other European Governments and as appears above, I articulated this at various stages. I believe the change of advice came following the COBR meeting referred to above.

79. On the 23 March 2020 a UK-wide lockdown was announced by the British Prime Minister. I believed that the lockdown was both inexorable and necessary at this stage and had been for some time prior to that. The health service in the North was in danger of being overwhelmed and we needed to lessen transmission rates. Advice to this effect came from the CMO/CSA and Department of Health during the month of March 2020. Although it was still the containment phase, I understood there was a need to lessen pressure on the health service. At the 2 March 2020 Executive Committee meeting, the CMO referred to community transmission of Covid and its detrimental impact on public services. He also spoke of the need for the Health and Social Services Boards to take difficult decisions on prioritisation, clinical decisions and ethical issues. He spoke about the need to be prepared for weeks/months and that we were dealing with a very transmissible virus. We were warned that peak could last in the region of 15 weeks and that perhaps 50% of the population would be affected.
80. At the meeting of 16 March 2020, the Health Minister reported that hospitals were redeploying wards; that there were not enough ventilators and that the pandemic would have a knock-on effect on theatres, operations and intensive care units (ICUs). He said that work was ongoing but there would be an inevitable need to curtail health care and elective procedures and redeploy resources. I have also attached copies of three press releases from the Department of Health from March 2020 which makes similar warnings. They are marked as exhibits MON2C/05 - INQ000371537; MON2C/06 - INQ000371545; MON2C/07 - INQ000371550.
81. Much of the work within TEO was around co-ordinating the work of other departments and ensuring a joined-up approach across the Executive. I was involved in meetings with British government and the Irish government, officials in TEO and the Department of Health as well as meetings with DFM staff and wider Sinn Féin Ministerial team. The Junior Ministers were undertaking sectoral meetings on behalf of the FM and myself and were reporting back to us.
82. I was acutely aware of the social and economic impacts of a lockdown. All departments responded within their areas of responsibility. The Department for the Economy and the Department of Finance had specific roles around support for

business and traders. The Department for Communities had a particularly important remit in this area and worked to tackle the negative social impact of lockdown.

83. As a devolved administration, the Executive could adopt a regional approach which responded to our local circumstances. However, we were in a five party Executive and there were different approaches evident in terms of how we should respond to the pandemic. As is apparent I was of the view that imposing restrictions more quickly was the correct approach, but I was aware that this view was not held by everyone around the Executive Committee. The Minister for Health and Department of Health had fully aligned themselves to the UK Government strategy and other Ministers shared that approach. We were also financially dependent on UK Government funding for any major intervention. Thus, whilst I was fairly consistently of the view that we should adopt our own approach, which would reflect the fact that we were an island which had inbuilt advantages in terms of the ability to restrict travel and which would further acknowledge that the island was a single epidemiological unit, and thus engagement with the Irish Government was important, I was also aware that at that time there was no possibility of getting agreement within the Executive to devise our own response to the pandemic if that response was different from that of the UK Government.
84. I was very conscious, as were my Executive colleagues and officials, of the potential impact that the lockdown might have upon communities and individuals at risk including vulnerable and minority groups. I have already referred in my Module 2 statement (para 119) to the equality protections contained within the Good Friday Agreement. Due to the need for a speedy response to the pandemic we could not carry out formal Equality Impact Assessments (EQIAs). While the lockdown aimed to ease pressure on the NHS by protecting our most vulnerable citizens, paradoxically, it would also impact on our most vulnerable.
85. We knew lockdown would affect people on benefits and our lower paid workers the most and would also adversely impact women and young people. Economically the greatest impact would be on the retail, hospitality and tourism sectors. Children and adults with a disability, older people and those with underlying health conditions were also extremely vulnerable. Thus, a raft of supports was brought forward by the

Executive in partnership with the wider public sector, local government, the voluntary and community sector, sporting organisations, religious groups, the private sector and others to try and support those most vulnerable in the community. These included: an enhanced meals on wheels service; food distributions; delivery of medications; provision of accommodation for people who were homeless; continuation of free school meals resourcing while schools were suspended, to name a few. The outreach and connectivity that individuals and groups undertook throughout local communities was a vital lifeline for people who were most vulnerable, and I wish to record my sincere thanks to everyone who showed such a community spirit.

86. In terms of Departmental responses, I outlined in my Module 1 statement the detail of the support for people and business brought forward by the Department of Communities and Department of Finance as the two departments responsible for those particular areas. However, they could not have done it without the help and partnership of departments such as the Department of Education, the Department of Health, the Department for Infrastructure and TEO. In summary, the Executive did recognise the potential impact that the lockdown might have upon communities at risk, including vulnerable and minority groups, and put support and mitigations in place where possible.
87. I do not believe that the initial lockdown could have been avoided if earlier interventions had been adopted. I consider that an earlier lockdown should have happened.
88. I have been asked about my role in the enactment of the Health Protection (Coronavirus, Restrictions) Regulations (NI) 2020 ("the Regulations"). Health is a devolved matter within the legislative competence of the Assembly and the Regulations were brought forward by the Department of Health. They were created using rule making powers in the Public Health Act (NI) (1967). I did not have any input into the content of the Regulations prior to receiving them. I did read the Regulations and was advised upon them after there was a request for Urgent Procedure. The Urgent Procedure Decision was agreed by the First Minister and myself on behalf of the Executive.

89. However, prior to this there had been a level of co-ordination between the First Minister and I and the UK Government. Thus, the First Minister and I had agreed to an Urgent Procedure to grant consent to Westminster legislating on our behalf. This was agreed to at the subsequent Executive meeting of 17 February 2020 by all Ministers. This was a Legislative Consent Motion (LCM) which granted consent to Westminster legislating on behalf of the Assembly and Executive. There was a time pressure to get it agreed – hence the use of the Urgent Procedure (UP) mechanism by the First Minister and I – there would have been a level of scrutiny carried out by the cross-party Assembly Health Committee and its agreement would have been sought. On that basis I was content to agree to the Regulations by Urgent Procedure and felt its use was necessary.
90. I believed that a lockdown was inevitable and necessary by the time it was first imposed. I have some sympathy with the comments of the former First Minister, as set out in paragraphs 39-43 of her statement for module 1, around the negative effects of lockdown across a range of areas, not least hospital waiting lists and mental well-being of people. However, at the time we were dealing with a completely new and unknown set of circumstances. It was an unprecedented global pandemic of a highly contagious virus that had not been experienced before. Even for those providing the medical and scientific advice this was a new phenomenon. So while lockdown could be described as a crude response it needs to be seen in the context of a rapidly deteriorating situation where the health service was in danger of collapse and we were being told of the potential of thousands of deaths, sick people being unable to be treated, bodies piling up for burial and the attendant chaos around getting basic necessities to people especially those who were most vulnerable. In this scenario lockdown was the least-worst option. It was adopted to save lives. More could have been done to prepare for lockdown but I very much doubt could have avoided it entirely. While my concerns remain about the slowness of the UK Government approach and how we were tied into it, I have no doubt that at the operational level officials in Department of Health and TEO in particular, but across all departments, were working hard to prepare for what was coming.

#### Amendment of Regulations

91. I have been asked how the Executive approached the amendment of the Regulations and about Ministers proposing amendments to Regulations at Executive meetings. At the Executive meeting on 30 March 2020 the First Minister and I brought a draft Executive Strategy and Action Plan [E (20) 43 (C)] [INQ000048464] to the Executive meeting where it was considered by Ministers and agreed that it would be updated across Departments and aligned with the Department of Health's Emergency Response Strategy. It was updated and refined at subsequent Executive meetings during April and May.
92. Prior to that Ministers had been raising issues about amendments at Executive meetings and it was in order to enable matters to be approached in a more strategic manner that the Action Plan was introduced. Thereafter, it formed the basis for the Executive adopting a strategic approach to Covid during this period. Its 3 key priorities were the health and well-being of our citizens; economic well-being and preparing for economic recovery in the short/medium/long term; and societal and community well-being.
93. Department of Health guidance and the attendant medical and scientific advice remained the primary process for introducing restrictions or relaxations. However, Ministers could bring forward suggestions for restrictions and relaxations which some did. Any such proposals would be subject to analysis and advice from the CMO and CSA. While I would have preferred a more co-ordinated, strategic approach to amend existing Regulations, Ministers were free to raise issues and concerns at the Executive and this sometimes happened. So, while the Executive put a strategy in place some Ministers did not adhere to it and instead suggested an *ad hoc* approach to amending existing regulations.
94. At the meeting of the Executive Committee on 7 May 2020 the Regulations were discussed. The Minister of Health and CMO introduced a paper entitled "Planning for Recovery: Second Review of Health Protection (Coronavirus, Restrictions) (NI) Regulations 2020". A number of guiding principles were set out in the paper setting out the approach that should be adopted in future reviews of the Regulations. This approach was broadly followed to the extent that the Department of Health, as the lead

Department providing advice and guidance, adhered to what was agreed, as did most Ministers within the Executive.

95. In advance of Executive Committee meeting of 4 June Ministers received E (20) 128 (C) Point in Time Review of the Executive's COVID 19 Strategy [INQ000065637], which described itself in the following way. *"This document serves as a 'point in time' review of the strategy, to enable the Executive to take a holistic look at the state of play for the response phase. Action owners have reviewed the activities they have undertaken, outlined the impacts and outcomes received and also identified future actions required"*.
96. The Executive had agreed a strategy with three key priorities – (i) health and well-being of our citizens; (ii) our economic well-being and preparing to revitalise the economy; and (iii) our societal and community well-being. The Point in Time Review served as a stocktake and future action plan across departments. It was not intended to capture every action progressed across the Executive but rather set out key steps and decisions to be undertaken. In that regard, it served as a useful checklist against progress.

#### Civil Contingency Arrangements in the First Part of the Pandemic

97. The NI Hub was one part of the structures put in place to support the response to Covid. I found the meetings with the NI Hub very informative and useful to aid the decision-making process. Having read the document entitled *"C3 Covid-19 Response: Lessons Learned Review and Future Roadmap"* (the Lessons Learned Review) [INQ000023223], it appears that not all of the information was as accurate and up-to-date as was understood at the time. Internal communication difficulties between the Hub and the Departmental Operations Centres are highlighted.
98. Even with those gaps, the focus of the Hub in providing SitReps, action logs, and the general collation of data and information were useful tools in informing Ministers. Ultimately, the medical and scientific advice and guidance from the CMO and CSA via the Health Department were the main drivers for decision-making; the work of the Hub aided that work.



99. The Civil Contingencies Group sat within the Civil Service structures and was usually chaired by Sir David Sterling although Ministers could also chair it. Its objective was to provide strategic leadership to the operational civil contingences work and strategic support to the Executive. I believe that the Civil Contingencies Group handed the role of decision-making to Ministers and the Executive Committee once the Executive was re-established in January 2020 and the Covid crisis emerged. There were issues around situational awareness given the fast-moving dynamics and the relationship between the operational role of officials and the strategic role of Ministers. The Lessons Learned Review highlights that Ministers did not get all the available information, which they should have, nor was the information as accurate and up to date as thought at the time.
100. After the publication of the Lessons Learned Review, the Hub was scaled down once the position became less critical toward the end of May 2020. Like any arrangements put in place, the Hub would have been subject to tweaks and changes to improve operations. Alternative arrangements were put in place with officials taking over the work of the Hub to maintain cross-departmental co-ordination. These new arrangements were formalised with the establishment of the Executive Covid Taskforce (ECT) in December 2020.
101. The Executive Committee was informed on the 21 May 2020 that CCG was stood down and the NI Hub was scaled down. This was because we were past the peak and the scale of the work undertaken by the Hub was not needed at that time. There was also a view that officials who had been working at pace within the Hub needed a break.
102. Thereafter the work of the Hub was taken over by officials within each department. The SitRep continued, papers came forward on Covid with recommendations and advice, the advice and guidance still came from CMO, CSA and the Department of Health.
103. I have been asked to respond to the comments of the former First Minister in paragraph 19 of her statement to module 1. They relate to the balance between Ministers having as much information as possible and allowing the operational work of officials to

continue. I do not believe that Ministerial involvement in any group hampered such work, in any event it was crucial that Ministers were involved as we had to make fully informed decisions and we were democratically accountable for those decisions. While some officials may have felt that they could not speak as freely as they wanted my preference was to encourage honest and open debate amongst everyone. I saw my role as being part of a team, I was doing a particular job which was to make decisions to steer the Executive response to Covid, officials were supporting the Executive in doing this.

104. I do however believe that a divergence of views and differences of opinion between Ministers could operate to inhibit officials from speaking freely as they would be reluctant to be seen to 'support' one Minister's position over another. This was my impression rather than based on specific instances of seeing such a scenario arise.

#### Overarching View

105. On reflection, and consistently with the views I was expressing in March 2020, I believed that at the outset of the pandemic, the Executive should have responded in a timelier way. It was my expressed belief in March 2020 that we should have been imposing restrictions sooner and that remains my view. With the benefit of hindsight, I would probably have locked down more quickly than when I began to advocate for restrictions.
106. However, in saying this there were a number of factors, at the outset of the pandemic, which contributed to the initially slow response. The realities of Government in the North and the requirement of a mandatory coalition meant that consensus was a prerequisite to imposing restrictions and that consensus was not there in the beginning.
107. In part that was because, the medical and scientific advice we were getting at the early stages discouraged a swift response, Ministers were being advised that they were not necessary and that the steps being taken by the Irish Government were in fact unsupported by medical and scientific evidence.

108. It was also a stark reality that if we were to 'go it alone' with restrictions, we would have needed financial support for this approach from the UK Government. I have no reason to believe that this support would have been forthcoming. Consequently, a lockdown without financial supports to enable people to survive lockdown would have struggled to achieve compliance, undermining its effectiveness.
109. I would have preferred a quicker response and, had it been up to me, I would have initiated measures in the immediate aftermath of the WHO declaration on 11 March. This would also have aligned the approach on the island of Ireland which I remain convinced was the optimum response for responding to the pandemic. While it is impossible to predict what would have happened, I do believe the evidence indicates that this earlier response would have put the figures for the North in a much better place.
110. However, I also believe that, once we got clear scientific and medical advice in support of lockdown, and once the UK Government itself locked down, the Executive worked well and effectively, during the first Wave. I remain firmly of the view that having a local Assembly and Executive made a difference and we were able to respond to local issues and local conditions in a way that the Government in Westminster could or would not do.
111. Five political parties came together and worked through an unprecedented public health emergency. Having local Ministers and MLAs in place, who knew the issues and who were accessible to local people, ensured that the Executive was well informed and abreast of what was happening. There was genuine engagement and consultation across society; local needs of people and businesses were put first; we worked in collaboration to protect the most vulnerable; and to help businesses and people and to protect the health service.
112. I believe our messaging was clear and consistent and worked well and most people accepted and supported the logic and necessity of our approach to reducing the spread of infection. The emphasis on our collective duty to protect the health service and our health workers was in tune with wider public opinion and worked to build a society wide solidarity and unity of purpose.

113. Across Departments, officials and Ministers stepped up to ensure that people and businesses were supported particularly the most vulnerable, for example, arrangements were quickly put in place to help homeless people, vulnerable children who qualified for free school meals, and, people who were shielding. The swift response of the community and voluntary sector, the private sector, sporting organisations and religious groups who worked in coordination with local councils and the health sector to practically support and help vulnerable people in our community was amazing. Everyone involved deserves our appreciation and gratitude.
114. The ongoing engagement by Junior Ministers with a wide range of sectoral representatives and statutory enforcement agencies ensured there was a two-way flow of information at all times. Their work was crucial in conveying understanding of and getting buy-in for Executive decision-making. The establishment of the Engagement Forum was a key part of this work and helped keep businesses and manufacturers running as safely as possible throughout the pandemic.
115. Around procurement, joint working between the Department of Health, the Department of Finance and TEO, ensured a significant order of PPE from China while locally, the Central Procurement Directorate (CPD) and Invest NI, along with officials from the Department of Health, the Department for the Economy, and the Department of Finance, worked with local companies to very quickly repurpose their businesses to supply PPE. This local effort is one of the success stories of Covid.
116. Additionally, procurement remained firmly with CPD with no Ministerial remit or input into the selection of companies. This avoided the controversies that we are now aware of, surrounding the UK Government in relation to procurement. It also helped sustain public confidence in the Executive.
117. The Executive and Departments worked through a coordinated multi-agency and cross-departmental approach with different parts of the public, private and voluntary and community sectors coming together. This approach, while complex, worked well and is a credit to the hard work and professionalism of those involved.

118. In June 2020, a document entitled "*Lessons Learned Review and Future Roadmap*" was prepared by Dr Andrew McCormick, to review the lessons learned from the deployment of C3 structures to manage the Northern Ireland response to the Covid-19 pandemic and how these lessons learned could shape the future roadmap for our civil contingency capability.
119. Furthermore, the Department of Health produced a document entitled "*Cross-Departmental Covid-19 Vulnerable Children and Young People's Plan*" which was developed in response to the challenges and risks facing children, young people and their families due to the COVID-19 pandemic, the associated public health restrictions and the prolonged period of lockdown. The plan was intended to reflect a series of activities that will be or have been undertaken across government to meet the needs of vulnerable children, young people and their families during this time. At the Executive meeting of 6 August 2020 the Executive agreed the revised draft of the plan and agreed a targeted consultation on the plan. A copy of the plan and Executive paper is exhibited as MON2C/08 - INQ000419155 and MON2C/09 - INQ000207271.

#### Decision-making after March 2020

120. On 7 April 2020, I appeared before the Ad Hoc Committee on the COVID-19 Response and said: "*Based on the recent modelling, it looks as though we will potentially face a second surge, and, if that is the case and we have another peak, we need to prepare for that now and for what is coming down the line.*" It was my understanding at that time that preparation for a potential second surge had already begun by April 2020 as CMO/CSA briefings had previously referred to a potential series of surges. The appearance at the Ad Hoc Committee on the Covid-19 Response was just as we were entering the peak of the first surge, so I was very aware that we were likely facing into a long and difficult period.
121. As of 7 April 2020, I was aware that the Department of Health was working up a Surge Plan in and around March and April 2020. Any information I had on it was from Department of Health briefings and updates at Executive and other meetings. Information would also have been contained in the briefing for the committee meeting which was prepared by TEO officials.

122. On 11 May 2020 the UK Government published its Covid-19 recovery strategy. The NI Executive published our Coronavirus Executive approach to decision-making document the following day. Both plans favoured a phased approach to relaxation of restrictions. However, the Executive made the decision not to remove any restrictions at that stage and further did not allocate provisional dates for the relaxation of certain restrictions.
123. At that time there was within the Executive Committee a concern that the easing of restrictions could become date driven as opposed to data driven and the Executive wanted to ensure that easements were based solely on risk assessments and CMO/CSA advice.
124. However, while we did not wish to be date-driven, there was a balance to be struck as sectors that were to be re-opened needed a lead-in time to prepare for re-opening. Businesses needed to clean premises to re-open as safely as possible and they needed to re-stock in advance of any re-opening. This was a particular issue for people within the food service industry. As a consequence, the Executive did change its approach, in order to address sectoral concerns that were raised around the need for businesses to have a timeline to work towards. In responding to the concerns of businesses, the Executive remained clear that any dates were indicative and subject to the transmission rates of the virus at any given time. For example, in the Executive Committee meeting of 18 June 2020 indicative dates were agreed for safe re-opening of places of worship and safe re-opening of certain businesses. They were, however, subject to final decision nearer the time. Those decisions would be taken, taking into consideration health, economic and social factors.
125. At the Executive Committee meeting on 15 June 2020, the CMO is noted as saying that he was *“extremely uncomfortable with move to less than 2m”*. The DAERA Minister appears to have said that the Executive was following science which he described as *“currently unproven, best guess”*. The CSA disagreed [INQ000065730].
126. The criticism that expert advice was not sufficiently certain was an issue raised by the DAERA Minister, Edwin Poots. It was not my perception that his view was shared

by most of the other Ministers, it certainly did not reflect my view. I did not think it realistic to insist that the science should be certain or definitive in relation to both human behaviour and the path which a new virus would take. We were all in a new scenario and that included the international medical and scientific community who were carrying out research and analysis at pace. I understood that the CMO/CSA were plugged into this research and were giving advice and guidance based on ongoing analysis and the latest findings.

127. I recall that there was ongoing debate around social distancing based on 1m or 2m. The Minister Poots' remark was based, I believe, on his preference for 1m distancing rather than 2m, as his position was in favour of maximum easements as quickly as possible. Both the CMO and CSA were urging caution and citing scientific research that suggested 2m was better than 1m to offset transmission rates. The majority of Executive Ministers agreed with this more cautious approach.
128. I have been asked what Ministers believed was the catalyst for the increased rates of Covid-19 in August 2020. Ministers believed that the cause of increased rates of Covid in August 2020 were the relaxations that had come into effect in July 2020, this was based on our understanding that there was usually a 2 - 3 week period for easements to impact on transmission rates. We received written advice from the CMO/CSA on the issue of reopening of pubs and both experts referenced "*relaxed attitudes of some people towards social distancing*" [INQ000207272]. Therefore, our perception was that the relaxation of the rules was a factor, but it also appeared that there was less stringent adherence to the rules that remained, which also contributed to the increased rates.
129. There was resistance to and non-compliance with the Rules from some people in the community. For example, reference is made in the Executive Committee minutes of 13 August 2020 to complacency amongst young people. Again, it should be stressed that it was not all young people. The majority of young people, particularly those who were vulnerable themselves or had elderly or vulnerable family and friends remained cautious.

130. I have been asked to explain what steps were taken to engage directly with young people and try and improve their compliance. Within TEO, Junior Ministers had meetings with the NI Commissioner for Children and Young People in July 2020 and April 2021 on behalf of the First Minister and me. The meetings covered a wide range of issues including Covid. Measures were also taken to provide supports for young people during the pandemic and I supported Department of Education proposals for summer activities to support children and young people, and I also supported a Department of Health Cross-Departmental Covid-19 Vulnerable Children and Young People's Plan in Summer 2020.
131. At the Executive Committee meeting of 20 August 2020 we received an update from the Minister of Health. It included the worrying news that there had been an increase in positive cases and that the "R" number was above target. On the 10 September 2020 a number of localised lockdowns were imposed. On 5 November 2020 the CMO gave evidence to the Assembly's Health Committee that the "R" number had increased since the Summer.
132. I have considered whether what happened in August 2020 and onwards demonstrate that restrictions were eased too quickly or without adequate planning. I do not believe so [INQ00048486]. The position in August was not unique to the Executive; similar scenarios were happening in other countries. The Executive was aware, and had received CMO/CSA advice, that once relaxations came in then transmission rates would rise. Non-compliance and risky behaviour from some people were not unexpected; the majority of people remained careful and cautious.
133. I do not recall any details of "Eat Out to Help Out" being shared with the Executive prior to it being implemented. I am unsure whether the Executive had the legal capacity to prevent its extension to this jurisdiction. I am also doubtful whether such a move would have achieved consensus in the Executive at that time.
134. I was of the view, and I know that it was shared by other Executive Ministers, that people needed some relief from restrictions and that this should happen over the Summer months when the weather would give people more opportunities to be outdoors, in circumstances where it was known that transmission was less likely when



outside. We also considered that giving people some latitude at this stage would help with behaviour management in the coming Winter months, which carried the potential for more virus transmission and greater restrictions.

135. While it was not possible to predict exactly the course of events over the Summer, the position was being monitored and managed as far as possible. There was a balance to be struck, which the Executive tried its best to do, in the knowledge that some rise in transmission rates would occur. At times, decisions can only be made on the basis of what is the least bad option and I believe that was one of those times. Officials were still working at pace and the structures were working well. It was not felt that the formal civil contingency structures needed to be reinstated at this stage. The situation was not identical to that which we were faced with in March 2020.
136. As referred to earlier, the Hub had been scaled down once the position became less critical toward the end of May 2020. Alternative arrangements were put in place with officials, some of whom had worked in the Hub, taking over the work of co-ordinating all Covid related work and bringing it to the Executive for decision. These new arrangements were formalised with the establishment of the Executive Covid Taskforce (ECT) in December 2020.
137. At the Executive Committee meeting on 1 October 2020 a reset of the Executive's approach to the management of the pandemic response was announced by the First Minister and I. Reference was to be made to the Framework for Decision Making [INQ000048491] and it was announced that family impacts were to be given greater prominence in decision-making process. A reset was necessitated because transmission rates were rising and there was a concern about the next phase of the virus. The increase in transmission rates was concerning in its own right, but we were also conscious of the traditional Winter flu spike, which could exacerbate the impact on the health system.
138. As with other Governments we were trying to balance the health consequences of increased transmission rates, with the economic and mental health and well-being consequences of further restrictions. We were aware that restrictions would exacerbate poverty issues and adversely impact the vulnerable in society, whilst also

conscious of the health consequences to the vulnerable of the transmission rates increasing. We were also aware that closing pubs, restaurants, gyms, and salons would have a severe economic impact, particularly on small businesses, which represent the primary business model in the North. There would also be resistance to further restrictions amongst some people, which would in turn create a compliance and enforcement issue for the police, local councils, and other statutory agencies.

139. We were now 8 months into the pandemic, and we were of the view that we needed to address the expectation that we were in this for the long haul and to proactively manage the pandemic rather than always being reactive. I was of the view that there was the need for a reset - or stocktake - which was essentially an attempt to get the Executive to think and act more collaboratively and collegiately and to take the pressure, where possible, off the Health Minister and his Department who had been carrying a lot of the workload.
140. Some Ministers were already extremely uncomfortable with the level of restrictions in place so they would need persuading to enact the additional restrictions when and where such measures were needed. The media was covering stories of tensions and divisions within the Executive which was undermining confidence.
141. Some Ministers were more responsive than others to the proposals. However, the core problem was that some Ministers were uncomfortable with the restrictions already in place and did not want additional restrictions even in the face of rising transmission rates.
142. The Public Health Agency attended the Northern Ireland Health Committee meeting on 15 October 2020 and at that meeting it was suggested that the modelling work had significantly underestimated the development of the pandemic at that point. It appears from the records of that meeting that this was the case. However, I was always aware that producing and modelling the data was never an exact science. The CMO and CSA had said on more than one occasion that modelling was a tool and not a prediction. Everyone, including the medical and scientific community, was in a completely new and unprecedented global pandemic. I don't believe that Ministers were blindsided given all the caveats we were aware of around the modelling. My

consistent approach in dealing with Covid was to work for the best outcome but to prepare for the worst so that we could minimise the risk of being blindsided by any eventuality.

143. At the Executive meeting on 8 October 2020 the Department of Health presented a paper to the Executive, which identified very concerning trends in terms of increased transmission [INQ000065756]. While various options were presented in the paper, the paper did not actually make clear recommendations. I thought that this was unhelpful. While it was clear from the rising transmission rates that we needed to begin looking at restrictions and how they might be implemented, the fact that the paper made no specific recommendations made it more difficult to persuade Ministers, some of whom were already deeply unhappy with the existing restrictions, to actually increase restrictions in order to save lives and protect the health system.
144. As referenced in the minutes, it appeared to me clear that the CMO thought we needed to move to restrictions. Thus, he stated that he was never more concerned as CMO than he was at that point in time and further stated that there was a short window of opportunity, and that intervention was needed now to avoid a worse situation in 2-3 weeks.
145. I was extremely alarmed at the developments. It was clear to me that society re-opening in August coupled with cases of non-compliance had driven the transmission rates up, it was clear to me that we needed immediate intervention.
146. However, the reality is that I was also aware that it would not be possible to get the agreement of all Ministers in the Executive to do that as there was strong opposition to any further restrictions and those views were voiced loudly and clearly in the meeting.
147. For example, at the meeting, the Minister for Agriculture, Edwin Poots, described the CSA as *“looking for a very damaging approach”*. He then appeared to try to shift the blame onto particular communities stating *“people are not listening to us ... not going after where the problem exists. Afraid to say where the problem is”*. It seems to me a matter for Mr Poots to explain what he meant.

148. It is correct that, at different times during the pandemic, transmission rates fluctuated geographically, and different factors impacted on different communities at different times, I don't think it was ever helpful to seek to stigmatise communities and as appears I and some of my colleagues expressed concern at the meeting about stigmatising particular areas and particular communities. The Minister for Justice, Naomi Long, also articulated the need to avoid "*picking on people*".
149. The apparently trenchant opposition to further restrictions is also illustrated by the decision of the Minister for Education who, with the agreement of his party colleagues, forced a vote in the Executive with the aim of ruling out school closures in the event of further restrictions being introduced. I believed the motion was reckless and divisive. Thankfully it was not agreed.
150. As appears from the meeting, I suggested that the Executive meeting that day was for the purposes of discussion and that no decisions were required on the paper. To like effect the Minister for Justice said we would have more detailed discussion in the next few days. From my perspective, I did not believe that further restrictions would be adopted at that meeting given the strong opposition to restrictions which was being clearly articulated. However, I hoped that with a little time and further engagement around the issues my Ministerial colleagues could be persuaded to adopt restrictions moving forward.
151. A further Executive meeting was held on 13 October 2020 [INQ000065753]. At that meeting the Minister for Agriculture commented that there was "*no science, just assumptions ... want to see science didn't get science. Sick of assumptions from experts*". This criticism was in no way representative of my views. I thought the CSA had explained the position and the basis for the proposed restrictions reasonably well. By this stage we were aware that modelling did not allow for the type of precision that was being asked for by the Minister. In my opinion, our task as members of the Executive was to consider and address the risks to public health in the light of what we were being told. Mr Poots was opposed to restrictions, and he had stated this both publicly and within the Executive.

152. The decision to implement a circuit breaker on 16 October 2020 was, in my view, the correct one. However, it would have been more effective if it had been implemented earlier. This was not possible because of the opposition of DUP Ministers.

Executive Meeting of 9 November 2020

153. The Minister for Health had brought his paper “*Modelling the course of the COVID epidemic and the impact of different interventions and recommendations*” to the Executive meeting of 5 November 2020, recommending that existing restrictions be extended for a further 2 weeks. The DUP Ministers objected, and it was agreed that the Executive would come back to the issue at the next Executive meeting which was scheduled for 9 November 2020.
154. As appears from the minutes, the Executive meeting of 9 November 2020 proved to be a very difficult meeting. The DUP Ministers were totally resistant to the extension of restrictions. Up until this stage, whilst DUP Ministers raised concerns and objections to restrictions, they usually went along with the majority Executive decisions. Thus, a level of consensus, if not on the policy but on the approach to applying the policy, was reached within the Executive. However, on 9 November, the Minister for Agriculture, Mr Poots, called for a cross-community vote, which had never happened previously in the context of decisions around Covid.
155. As may be apparent from the minutes, the 9 November Executive meeting turned into a three-day meeting which lasted at times until late into the night. It started at around 10am on 9 November. It was adjourned until the early afternoon and then again that evening in the hope that the Department of Health could produce a paper which would achieve consensus. We reconvened the following day.
156. As outlined above, the Minister for Health’s proposal was for a two-week extension, however DUP Ministers were totally opposed to the extension, notwithstanding the health and scientific advice that had been provided to us. Minister Poots requested a cross-community vote. On 10 November 2020, all Ministers except the DUP Ministers voted in favour of the Department of Health proposal, but because the DUP Ministers all voted against, the measure did not pass due to the need, as a result of the cross-

community vote, to secure a majority of Unionist votes in the Executive. I should say that I personally considered that seeking a cross-community vote was unacceptably divisive and entirely inappropriate in the context of the public health crisis we were dealing with.

157. The meeting was thereafter adjourned again and reconvened later that evening. When it did so I stressed the benefit of seeking agreement and the fact that we were facing a situation in which the CMO was advising us about deaths within the community. A paper from the Department for the Economy was circulated. The Minister for Justice observed that it was clear that we could not get consensus and the meeting was adjourned to continue the following day.
158. On 11 November 2020 I again stressed the gravity of the situation to my colleagues in the Executive and the benefits of consensus. The Department of Economy paper was voted upon by the Executive and did not pass. Only the DUP Ministers voted in favour.
159. The Minister for Education then indicated that the Department of Health proposals would, again, face a cross community vote which would ensure their defeat despite simple majority support. A further adjournment was necessary.
160. In the reconvened meeting on 12 November 2020 a paper from the Department of Justice was provided but then withdrawn. The Department of the Economy paper was discussed and, although I considered them to be insufficient in the circumstances prevailing at that time, I stated that Sinn Féin would not veto them. It was inappropriate to use a cross-community mechanism on a public health measure.
161. The Department of Economy paper was passed. No cross-community vote was called. The Minister for Justice voted in favour and described her vote as being “*solely to reach consensus*” and “*closure*”. Her favoured approach was to follow the original advice from the Department of Health. The Minister for Health voted for the proposal even though it was against the advice he had presented. He did, however, record his view that the measures did not go far enough. I voted against the paper as did my two Ministerial colleagues in Sinn Féin. The Minister for Infrastructure abstained.

162. It was a very challenging experience for all the Ministers and highlighted the very real pressures of dealing with such a complex life and death issue as Covid. The CMO advice to the meeting clearly stated that a two-week extension to the current restrictions were necessary to avoid excess deaths. Despite this, the DUP twice blocked the outworking of the health paper, firstly the proposal for an extra two weeks and then a compromise paper for an extra one week. I was very conscious of the pressure to get Executive agreement as the Health Regulations would have fallen by the end of the week.
163. The inflexibility of DUP Ministers in the face of a very clear warning from the CMO as to the health consequences of refusing to extend restrictions, and the vetoing of the majority view of the Executive, by the use of a mechanism designed to protect minorities, with the resulting damage to Executive cohesion, were all sources of deep frustration for me at the time.
164. As to why a two-week extension of restrictions, as advocated for by the Minister for Health, Robin Swann, proved so controversial, I can only speculate, and it seems to me that only the DUP Ministers can explain their reasoning. It seemed, in the scheme of things, a relatively modest extension, which was being sought for cogent reasons by the Minister for Health. The level of opposition appeared disproportionate, and the invoking of the cross-community vote remains, in my view, entirely unacceptable.
165. At the same meeting the Minister for Communities, Carál Ní Chuilín, complained about flaws in the modelling. There was a general concern about some of the modelling coupled with, at times, a lack of clarity around recommendations and advice being presented. Ministers were asking for more information that could assist our decision making for issues such as the hospitality industry, mass testing and the Liverpool pilot. There were also concerns that because much of the modelling was English based, it appeared that local conditions - which could be different - were not being taken into account and that absence left a gap in our knowledge. There was an acceptance from most Ministers that modelling was not an exact science, and that human behaviour brought an added unpredictability. However, there was frustration at times over the gaps identified.

166. A SitRep dated 17 November 2020 [INQ000065956] recorded that *"The Executive will do all it can to "protect" as much of the Christmas period as possible, However, Prof Ian Young said mid-December could be the "big risk period" (BBC News)."*
167. This was a dilemma for the Executive. The importance of the Christmas period, which for many people is a time for family gatherings and togetherness, was an obvious consideration for the Executive. It could not be ignored. We had to recognise that people's expectations of 25 December would be different. At the end of a very difficult year, we all wanted to give people some hope that it would not always be like this. There was an awareness that some would not adhere to restrictions.
168. However, for me, saving lives, reducing the spread of the virus, protecting the capacity of the health service and providing support for workers and their families were my priorities in the run-up to the Christmas period. In whatever way people were celebrating Christmas it needed to be done in a manner that reduced the risk to themselves and their loved ones.
169. The next Executive Committee meeting that considered Covid-19 after the meeting on 9 November 2020 was on 19 November 2020. Executive Paper E (20) 267 (C) *Modelling the course of the COVID epidemic and the impact of different interventions and recommendations* stated: *"As much as we agree that we must be informed by the science, that science, and the modelling, can only support our decision-making – there is no one definitive and specific response or guide to the challenges we face"*. The recommendation in the paper was *"that the Executive considers the information above and concludes on the appropriate response"*.
170. As appears, in a letter to the Minister for Health, Robin Swann, from the Finance Minister, Conor Murphy, was critical of the lack of a clear recommendation from the Minister of CMO/CSA.
171. I agree with that criticism. From the outset of the pandemic we had adopted an approach of following the guidance of the medical and scientific experts, whilst acknowledging we were still ultimately responsible for the decisions made. The



absence of clear recommendations was I believed a reaction to the tumultuous Executive meeting of 9 November 2020. I believe there should have been specific recommendations in the Department of Health's paper on the appropriate response given the Health Minister's access to the requisite expertise and based on the medical and scientific advice provided to him. I thought it was unhelpful not to have specific recommendations or options based on public health advice. I considered that this was even more important given what had happened in the recent Executive meeting of 9 – 12 November and risked a similar scenario. I am unable to say why the Minister for Health presented his paper in this manner. The Department of Health ought to have presented a recommendation and the scientific and health rationale underpinning that recommendation. Whether that was ultimately adopted by the Executive Committee was a matter for the Executive.

172. At the meeting of the Executive Committee on 19 November 2020 we were faced with the consequences of decisions which had been made in October and early November. Both the Justice Minister and the Minister for Infrastructure noted that decisions inconsistent with the medical/scientific advice had been taken and that consequently the “R” number had risen. While acutely aware of the economic and social difficulties around lockdowns and NPIs, my position has consistently been that they were a necessary response to tackling such an unprecedented global health crisis. They do save lives. I also remain of the view that generally an earlier intervention is more effective than a later one. The priority for the Executive, to keep transmission rates below 1, to protect lives and to take pressure off the health service, would have been better served at this time had action been taken in October 2020.
173. I do believe that there were tools that could and should have been used better and much earlier and which were not used to their maximum benefit. Test, Track, Trace, Isolate and Support, is one example. WHO advised this course of action from the beginning of the pandemic to manage Covid. It was a concern that I and others raised with the Health Minister.
174. On 3 December 2020, the Executive discussed the restrictions that would be put in place when the Regulations expired on 10 December 2020. The minutes of the meeting record that the Executive agreed the proposals “*as set out at Annex A to*

*Executive Memorandum E (20) 277 (C) - Restrictions from 11 December 2020, and as amended following discussion” [INQ000048501].*

175. The Executive amended these proposals at the meeting on 17 December 2020 to come into operation on 26 December 2020 [INQ000048504, page 8]. It was announced on 18 December 2020 that we would enter into a period of restriction on 26 December 2020. These restrictions would be in place for six weeks. There would be a one-week period of additional restrictions from 21 December to 2 January. On 21 December it was announced that there would be an additional limitation in that Christmas bubbling would be reduced to one day only on a date between 23 and 27 December.
176. December 2020/January 2021 was a particularly difficult period. There were consequences from the Executive meeting in early November when DUP Ministers deployed the cross-community veto to block the restrictions proposed in the Minister for Health’s paper. The consequence meant that lesser restrictions were put in place, and, predictably, this led to a spike in transmission rates, as we had been warned would happen, which thus necessitated further restrictions from 27 November 2020.
177. On 20 December the CSA advised that, with the new variant and its probable presence in the North, the balance of risk had shifted. I understood this to mean that greater restrictions were necessary. The CSA’s advice was discussed and clarified as a routine part of the decision-making process around determining whether restrictions were necessary and if so, what restrictions would meet the situation we were facing. I and some of my ministerial colleagues wanted a clear understanding of why it was that more stringent travel bans, in line with what was being proposed in Scotland, and the South, were not considered necessary.
178. It appeared to me that people and businesses affected wanted, more than anything, certainty and quick decision-making even if that meant more restrictions. In such a scenario financial support would be provided. Thus, in early December the Executive showed a unity of purpose and took a series of decisions to try and give that certainty. There was a balance to be struck, as already stated, between putting NPIs in place but also giving people and businesses some latitude. For many businesses in particular, the Christmas period was crucial to their survival. The measures taken were the ones

that could gain approval within the Executive Committee. They were an attempt, as best we could in the circumstances, to reconcile all the relevant factors, including the public expectation that they would be able to see friends or family members at Christmas. In addition, the Executive's messaging encouraged people to make sensible choices to protect themselves and others.

179. The deteriorating situation in the week before Christmas, with rising transmission rates, and the confirmation of a new variant in London, Southeast England, and Wales, led to tighter restrictions and the reduction in bubbling arrangements. The decisions sought to achieve a balance, responding to the new restrictions, and taking on board people's mental health needs, while reiterating the need for a sensible approach and personal responsibility. People were encouraged to limit travel. It was hoped that because bubbling arrangements had been reduced to a single day, this would discourage long distance travel, in particular from Britain, where the new variant had appeared.
180. The Executive meeting held on 21 December 2020 had been requested by Sinn Féin, in light of the threat posed by the new variant. We were concerned that the Executive was not responding with the necessary urgency to the new variant, and we believed that we needed to get ahead of rising transmission rates by limiting travel from Britain, which was the epicentre of the new variant. I supported the Finance Minister's proposal to limit transmission of the new variant, in order to protect public health.
181. As both the Minister for Health and the Justice Minister acknowledged, the Finance Minister's proposal differed from the proposals in the Department of Health paper only in relation to timing and were in line with the advice of the CMO or CSA.
182. My main concern was that with potential increased travel from Britain to the island of Ireland for Christmas the North would be a funnel of travel for the island. There were already reports of people arriving into airports in Belfast and Derry who then took onward journeys across the island.
183. When the Finance Minister's proposal fell I subsequently supported the proposal put forward by the Health Minister. In my view it rendered the Executive's response less

stringent but at least proposed guidance against non-essential travel between Britain and Ireland and between the North and South of Ireland.

184. The first week of January 2021 recorded a peak in transmission rates. However, by 12 January Professor Ian Young (CSA) reported that transmission rates had fallen significantly as the restrictions began to take effect.
185. I note the comments of Holly Clark (NIO) in her statement to the Inquiry [INQ0000148325]. She states that the UK government proposed a joint approach with the devolved administrations towards restrictions during the Christmas 2020 period. Instead, the NI Executive published its own statement on 21 December 2020. The divergence was reflective of our own particular circumstances, the devolved nature of health in the North, and the reality that Ireland is an island. Devolution allowed us to respond to local conditions and I believe it was the correct position for the Executive to adopt. The most important point was to adopt the most effective and appropriate approach. Alignment with England, Scotland and Wales was less important in these circumstances than ensuring we had the right approach and that it had broad support in the Executive.
186. I understand that the Health Minister sent a WhatsApp message to the Health 4 Nations Group on 24 December 2020 [INQ000095177]. It made reference to a “*joint PM/FM&DFM/FM statement last week*”. I do not have a copy of the draft statement referred to so am unable to make any specific comments on it. However, as a general observation, I think it is important that the Inquiry is aware that TEO as a joint office requires the agreement of both First Minister and Deputy First Minister for sign-off of any documentation coming from that office. Wording would routinely be amended to address political and policy concerns. This would go into a system of brokerage to get the required agreement between the First Minister and the Deputy First Minister. Without such agreement there would not be a joint position to set out in a statement.
187. At meetings of the Executive on 20 and 21 December 2020 the Executive discussed international travel and travel between Britain and the North. I do not believe the matter of travel from Britain to the North was treated with the urgency it needed. My preference was a more robust response by implementing more stringent travel

restrictions. Despite the attempts of my ministerial colleague, the Minister of Finance, we were not able to get Executive agreement to do so. The Executive voted on the matter and a proposal which would have limited this type of travel was voted down.

188. The Executive's Covid Taskforce (ECT) was established in December 2020 to respond to the evolving nature of the pandemic. It was part of the reset referenced that I have described already.
189. The ECT, led by the Interim HOCS, had four workstreams: Protect; Recovery; Adherence; Strategic Communications. As well as the health aspect of responding to Covid, the Taskforce was designed to co-ordinate a whole of Government strategy around rebuilding the economy and societal well-being by drawing together the work that was already taking place across departments, local Government and public sector agencies. This was particularly important given the autonomy of each Minister in her or his department and the multi-party structure of the Executive. This could lead to a silo approach when we needed maximum co-operation.
190. The ECT monitored the ongoing work and reported to the Executive on the development and implementation of the overall strategy. The establishment of the ECT was an Executive initiative. It may have reflected changes at Westminster, but I believe that this was simply a consequence of Governments putting different initiatives in place as we all headed into the second year of the pandemic. Officials across the devolved administrations and Westminster were in ongoing regular contact so undoubtedly ideas and practices were discussed and shared.
191. Initially some Ministers did raise concerns and questions about ECT. For example, the Minister for Health was concerned about duplication of work already undertaken by the Department of Health and how it would work in practice. Concerns were raised by the Economy Minister that it would add an extra administrative burden and reduce the accountability of departmental officials to their ministers.
192. However, it is my recollection that Ministers were reassured that it was established to be helpful; that the ECT was an Executive Taskforce, not a TEO Taskforce; and that it would be a strategic approach designed to co-ordinate ongoing work and prevent

duplication across departments. Ministers agreed a Terms of Reference for the ECT. Ministers also agreed 'Moving Forward: The Executive's Pathway out of Restrictions' to guide the ECT and the Executive in their work.

193. I believe ECT was effective in bringing a more co-ordinated, strategic approach to the work of the Executive. This was particularly so, as the pandemic took its course and required a more balanced approach between health, the economy and social considerations, a change in approach was also viable in view of the prospects of a vaccine.
194. It facilitated more medium to long-term thinking and helped move Executive Covid business into a more managed structure which resulted in better policy discussion and decision-making. The work of the ECT also sped up the turnaround for Executive decisions to translate into Regulations and aided both stakeholder engagement and communication of Executive decisions.
195. Given the nature of this work, it required continual fine tuning and improvement. I believe the ECT was flexible enough to respond to that. The ECT worked to the Executive so ministerial direction and co-operation informed its work. While the majority of Ministers preferred a cautious approach and were guided by Department of Health alongside the CMO and CSA, some Ministers wanted the Executive to rush the pace, opposed the cautious approach to reopening business and society more generally, and often challenged Executive decisions publicly which impacted on the effectiveness of both the Executive and the ECT.

#### 2021 and beyond

196. The restrictions imposed at the end of December 2020 were part of a range of measures designed to assist and support efforts to protect people and the health service. The Executive was conscious of the negative impacts which they had on people, businesses and communities but, after much consideration, took the collective view that they were necessary, justified and in these circumstances proportionate. Given the rapidly evolving situation there was no opportunity to carry out the typical Equality Impact Assessments (EQIAs).

197. Assessments and mitigations would have been carried out by relevant departments, however. For example, I understand that the Department of Finance and Department for the Economy provided business supports; the Department of Education supported families entitled to free school meals; and the Department for Agriculture, Environment and Rural Affairs provided help for farmers affected. The bulk of support for people and vulnerable groups fell to the Department for Communities who put supports in place. Supports were provided in the areas of private rental housing, homelessness and social housing. The Department also established teams to engage with vulnerable persons such as young people leaving care, disabled persons, persons with dementia, the homeless and persons suffering or at risk from violence in the home.
198. On 2 March 2021 the Executive published the document “*Moving Forward: The Executive’s pathway out of restrictions*”. The inquiry reference is INQ000104467. The approach proposed in “Moving Forward” was cautious, but it looked forward and, I felt, gave hope while recognising that there was still a risk from Covid especially the potential for variants. It was important to put in place an Executive strategy to break the cycle of lockdowns and circuit breakers. The development of the vaccine helped to do this.
199. “Moving Forward” represented tentative preparatory steps towards the lifting of restrictions in an incremental and transparent way. The time built in between key steps and relaxations was to allow for decisions to be properly informed by the health, community, and economic data and to see the real time impact of the steps taken on the prevalence of the virus. This allowed us to use the ongoing modelling and take risk-based decisions on next steps. The Executive did not want to be driven by dates but by the evidence. A commitment was made to only keep restrictions in place as long as necessary.
200. While the Executive would take its own decisions based on our regional and local conditions, we also committed to work closely on a North/South and East/West basis with the Irish and British governments and with the other devolved administrations. We would also take account of global experience and guidance outlined by WHO.

The breaking down of the steps for reopening into nine sectors was to aid transparency and allow the Executive to monitor and measure progress. I believe that the approach outlined above represented an appropriate, balanced, and reasonable strategy for reopening society.

201. While the Executive was not able to undertake an EQIA on “Moving Forward”, financial supports were taken forward. For example, there were additional fuel payments, and free school meals were extended to holiday times. Homeless people continued to be supported with shelter and food. The network of community groups, sporting organisations and NGOs continued to provide support and help for people within communities who needed it most. I believe that the framework in “Moving Forward” for emerging from lockdown was generally adhered to.
202. At the Executive Committee meeting of 4 March 2021, the Justice Minister is recorded as having commented that the pathway had *“only launched but then undermined within hours. Other Exec Mins should have taken part - but v difficult when doc shot in the knees”*. At the time I understood this comment to be directed at the Minister for Agriculture Edwin Poots MLA, who had publicly undermined collective decisions of the Executive. The document reference is INQ000065711.
203. At the Executive meeting on 25 March 2021, both the Economy Minister and the DAERA Minister expressed concerns. The Economy Minister expressed the concern that the length and complexity of the Executive’s review process was threatening the continued existence of business already heavily impacted by the ongoing restrictions, while the DAERA Minister complained about the *“glacial pace of easing”*. There were tensions between Ministers in trying to balance public health priorities and the economic consequences of maintaining restrictions. As outlined above, some Ministers were uncomfortable with the restrictions already in place and wanted them lifted more speedily than was envisaged by the document “Moving Forward”. However, I believe that the document “Moving Forward” already addressed the competing concerns between public health priorities and the need to protect public safety and the need to protect the economy. It seemed to me that the document struck an appropriate balance and that therefore whist there were concerns being raised, the Executive ultimately continued on the course which had already been agreed.



204. On 2 August 2021, the Executive published its “*Building Forward – Consolidated Covid Recovery Plan*” [INQ000101002]. This was, as the title suggests, an Executive plan. The civil service officials were to be responsible for the implementation and operational delivery of the plan, which would have been monitored and assessed through the RAG reporting system with Senior Reporting Officers (SROs) in the relevant Department responsible for driving specific interventions.

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

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

205. Sir David Sterling, the Head of the Civil Service, retired at the end of August 2020 and his position was filled, on an interim basis by Ms Jenny Pyper on 1 December 2020. While the loss of any senior manager during a critical time will always have an impact, there were enough senior officials to step in and cover the work carried out by the Head of the Civil Service and I was confident in their ability to do that. It was not my perception that Sir David’s retirement had an adverse impact upon the response to the pandemic.
206. A recruitment competition to fill the role had taken place but no suitable candidate was initially found. This caused some delay. Ms Jenny Pyper was then recruited as interim HOCS through the Strategic Investment Board (SIB) in line with NICS recruitment policy. As the Inquiry will appreciate, recruiting suitable senior management can take time particularly if individuals need to work out their notice. As a senior civil service role, the HOCS position also required vetting which added further time to the process.

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

207. Throughout the pandemic, the Executive was being guided by CMO/CSA guidance although that guidance and advice did not come without interrogation by Ministers. The discussion in the Executive Committee on the 16 March 2020 was an example of this. The question was in the context of the WHO declaration of coronavirus as a

pandemic, the shutting down of many parts of society across Europe, and the south of Ireland announcing restrictions and closing schools. We were being advised that it was too early to lockdown. I and other Ministers had real concerns about this advice and its consistency, or lack of consistency, with WHO advice and what we were witnessing happening in other countries. In circumstances where all Governments were receiving scientific advice, the gap between the advice we were being given and the response of other Governments was concerning and Ministers sought, as best they could to interrogate the advice being given and the discrepancies in the approach being adopted by the UK Government, which was being echoed by the Department of Health, and what was happening elsewhere. I was also concerned that a worrying gap was emerging between the approaches being taken between the North and South of Ireland and that this would have negative implications for our ability to tackle the virus. In that meeting I stated that I was not convinced that it was right to keep the schools open.

208. I note the Minister for Health's reference, in correspondence of 29 March 2020, wherein he referred to being in reactive mode. At this early stage of the pandemic the Executive was seeking to respond to a global pandemic whilst following the scientific and medical advice as to the most appropriate response, to the pandemic, from a public health perspective albeit, as outlined above, we did interrogate that advice. I think in the very early stages of the pandemic, the Executive, as with other Governments, was more reactive and became more proactive as the pandemic progressed.
209. The "*Rapid, Focused External Review of Public Health Agency*" [INQ00001196] found that there were "*difficulties and tensions*" which arose around the reporting of daily death figures. I am aware at this time that there were issues of concern with the gathering of data in this jurisdiction. There was no effective test and trace model or capacity at the beginning of the pandemic. The difficulty in finding, testing and tracing those who were exposed to the virus impaired the ability to model the data and the ability to isolate and support those affected. Data limitations contributed to other measures (such as lockdown) becoming more necessary to slow the spread of infection and prevent health services becoming overwhelmed.

210. In my view, it is questionable whether the Public Health Agency had the resources or expertise to scale up quickly enough to meet the challenges particularly in the early stages of the pandemic.
211. The Executive Committee was provided with scientific and expert advice by the Chief Medical Officer and the Chief Scientific Adviser, who from March 2020 attended Executive Committee meetings. The advice was formally presented as part of the Executive papers for Executive meetings and there was an opportunity for Ministers to interrogate that advice at Executive meetings. During the course of the pandemic a pre-meeting in advance of the Executive meeting was institutionalised between the First Minister, deputy First Minister and the Health Minister, Junior Ministers could also attend. The CMO, CSA and other officials were usually in attendance. The advice was discussed at these meetings.
212. Outside of these processes the First Minister or deputy First Minister could raise Further Information Requests with the Department of Health if there were any specific queries. This was a formal process operated through departmental Private Offices. There was also an ability for Ministers and/or advisors to contact each other informally to raise queries or seek advice; this was usually done by telephone.
213. I only received SAGE briefings after I put in a specific request to get them. The briefings which I requested usually arrived days after they had been produced. They came via the deputy First Minister's Private Office. I was concerned that SAGE was too "England-centric" as much of the information and data appeared to focus on the data as it related to England rather than the variations which were apparent from time to time in this jurisdiction.
214. I am aware of the statement of Holly Clarke, Deputy Director of the Constitution and Rights Group from the NIO, where she references concerns about SAGE publishing individual SAGE-calculated R numbers for the devolved administrations as well as a UK-wide figure. The R number was one of the key tools which assisted the Executive in its decision-making. Caveats were given by the CMO and CSA as to its precision, particularly around its reliability as the number of cases fell. As with much of the medical and scientific advice, I understood that it was not a precise science, however,

I found the R number to be particularly useful in tracking transmission rates over time, which allowed the Executive to ascertain how the NPIs were working and to adjust accordingly. There were some issues around the publication of two R numbers as they were based on different data. However, they were countered by press statements and by the Executive Information Service and the Department of Health briefing specific journalists on how data and R numbers were produced.

215. At an Executive meeting on 11 June 2020 the CSA gave a presentation about R numbers to assist Executive Ministers [INQ000065729]. At that meeting I asked the CSA how it was measured. I understood, in a broad sense, how the R rate was calculated but, from memory of this discussion, I wanted to be clearer about the accuracy of the data when dealing with smaller numbers. I cannot recall now for how long I was concerned about the accuracy of the R number before making that request. However, I received the clarity sought at the meeting.
216. On the 9 July 2020 the Executive Committee was told by the Health Minister that the use of the R number was being suspended [INQ000065764]. The Department of Health would, instead, use a wider set of figures. My understanding was that the use of the R number was being suspended because transmission had reduced to such a level that it was no longer a useful calculator in those circumstances.
217. I am aware that the Department of Health set up its Strategic Intelligence Group (SIG) in April 2020. However, I cannot at this remove, recall SIG advice being either formally recorded or pointed out as a separate piece of advice, as distinct from that provided by the Department of Health or CMO/CSA. Any advice relating to the pandemic came to Ministers on the Executive Committee from the Department of Health and the CMO/CSA. I do not recall, at this remove, being specifically briefed about the role of SIG and its remit. Neither do I recall ever being provided with minutes of the SIG meetings. Instead, the Department of Health's advice would be communicated to the Executive Committee. Directly, through the Minister, the CMO and the CSA.
218. At a session of the Ad Hoc Committee on the Covid-19 response on 7 April 2020 I said modelling "*is what determines what we do next, when we do it and why we take*

*the measures that we have to take*". Modelling provided the basis for the Executive's decision-making as it indicated trends in transmission rates throughout the pandemic. The Executive then made decisions based on those transmission rates. A key Executive priority was to keep the R rate below 1.

219. In an Executive Strategy Plan dated 3 April 2020 it was recorded that *"an independent model tuned to specific NI circumstances is under development. Initial meeting with ROI colleagues held 27/03/20 at 4pm to discuss options around all-island monitoring"* [INQ000023187]. There were issues as to the reliability and availability of data specific to this jurisdiction to inform modelling given the absence of an effective test and trace model or capacity at the beginning of the pandemic. I cannot recall now for how long there was a lack of clarity about data before the publication of that strategy plan. The situation required urgent decision making and we did our best with the data available to us.
220. The CMO and CSA in providing their guidance caveated the information provided so that the Executive was aware of its limitations. I was aware that it was not an exact science and that we were in an unprecedented situation that required decisions no matter the limitations on the information provided. We had to rely more heavily on other measures (such as lockdown) to slow the spread of infection and to prevent health services becoming overwhelmed. The information became more reliable as more data and information was collected and analysed during the course of the pandemic. This, combined with the roll-out of vaccinations, allowed the NPIs to be more targeted and less intrusive than the full lockdown at the beginning of Covid.
221. I believe that, as far as it was available, use was made of behavioural science and management as part of the response particularly in relation to reactions and compliance with NPIs, for example, use of face coverings, social distancing and interaction between people. I recall that the CMO and CSA provided advice and information about behavioural science and management. I believe it helped inform the Executive's response as part of the advice received from the Department of Health.
222. The late arrival of briefing papers or proposals before meetings of the Executive Committee was an ongoing problem. It is important to explain at the outset that before

a paper goes before the Executive it has to go through the Executive Office and both the First and deputy First Minister have to agree that it should be placed before the Executive. There is thus an inbuilt delay in the system which reflects the nature of the devolution settlement in his jurisdiction. Given the pace of events there was a short space of time between papers coming into TEO and the Executive meeting taking place. Papers needed to be reviewed and agreed within the joint office of TEO. They were assessed and advised on by officials and by Special Advisors, read by the First Minister and I who would then jointly agree the papers to go onto the Executive agenda. We were often dealing with a number of detailed papers at the same time within a compressed and limited timeframe. If there were concerns or further queries about a paper this would have elongated the process.

223. The delays which were inbuilt within the system were exacerbated by the pandemic and the need to make decisions at speed. Thus, in the normal course of events late papers would have been put back to the next Executive meeting to allow more time for all Ministers to read and assess them. However, we were in a crisis situation, and we frequently needed to make decisions at pace, so late papers were accepted, as we were all aware that officials across Departments, especially in Health, were working at pace to produce Executive papers and were already under significant pressure.
224. In advance of Executive meetings there was always a flurry of activity around papers and agreeing agendas for the meeting. Papers routinely came in the evening or night before an Executive meeting and required immediate attention. None of this activity would have involved Ministers in other Departments who understandably complained about papers and agendas arriving late. Unfortunately, this was the consequence of the urgency and the workload and pressure on officials, advisers and Ministers in TEO. Late arrival of papers did not, in my view, change the response or the decision-making by Ministers either collectively or individually in the Executive. Its effect was to cause frustration and annoyance for some Ministers. Executive meetings had to be postponed or delayed to allow extra time for papers to be read.
225. In general, I believe that the scientific / expert advice that I received was sufficient for decision-making, albeit in saying this the Inquiry will be mindful of the concerns I expressed at the start of the pandemic about the fact that the advice we were receiving

appeared at odds with the advice that WHO and CDC were giving. If there were particular points or areas that needed clarified the CMO and CSA were on hand to discuss the detail and respond to any queries or concerns. As I have addressed above, there were times when the advice did not translate into clear recommendations, and I did not always find this helpful. While Ministers ultimately were the decision-makers clear recommendations from the Department of Health would, in my opinion, have been helpful. The medical and scientific data that was made available to the NI Executive was provided by the Department of Health who I believe were well connected into the UK Government system, however that was not without issues, given that sometimes the advice emanating from the UK was unduly England-centric, as time moved on, however, the advice became more focussed on the North. Also, a general issue was that the medical and scientific advice we were receiving did not appear to give sufficient weight to the fact that we were part of a single epidemiological unit on this island.

226. I have been asked to comment on whether I consider that core decision makers, including Ministers and senior civil servants, had a sufficient “scientific mindset” to grasp the scientific, medical and mathematical concepts to understand the advice we were being given. I believe our role, as Ministers, was to take the scientific, medical and mathematical assessments and consider these in the wider societal and economic contexts before making important decisions. The scientific and medical advice aided Ministers to do that. Epidemiology was new to us all. It was a steep learning curve but we did learn as the pandemic went on and, in my view, were better able to understand the data as we became more familiar with it.

#### Relationship with the United Kingdom

227. There were occasions on which the advice to the Executive Committee was that the North was behind other countries in relation to the spread of CV19. It was also sometimes described as us around 2 weeks behind London. That may have given us a slight advantage relative to the UK, inasmuch as we were able to predict increases in transmission rates. However, the advantage should not be over-estimated, in the first instance, the Inquiry knows that I think the initial decision to impose a lockdown was taken too slowly, in part because the UK Government was too slow to react. Thus,

while the adverse impact of that delay may have been less severe than it would otherwise have been, I remain of the view that we ought to have moved more quickly. The Inquiry is also aware, given the issues which were evident in November 2020 in particular, that there were those within the Executive who were reluctant to respond to rising transmission rates by imposing restrictions, which also slowed our response time to new information.

228. I have been asked about the relationship between the Northern Ireland Executive and the United Kingdom Government and how that informed our approach to the pandemic. This is a topic I have addressed in some detail in my Module 2 statement, and I exhibit a copy as MON2C/10 - INQ000273783.
229. As I have already stated in my Module 1 and 2 statements, I believed that the UK Government response from the beginning of the pandemic was slow and inadequate. My perception was that they did not learn lessons from what was unfolding in other countries and that they were slow to bring in restrictions. With the benefit of hindsight, I remain of that view.
230. This did directly impact upon our response at the initial stages of the pandemic, for two reasons. In the first instance it was clear that during the early stages of the pandemic, the Department of Health and our CMO were following the lead given in the UK and following the advice being given by the UK. That advice was that a lockdown was unnecessary and that was the medical and scientific advice being communicated to the Executive and I believe that it was a key reason as to why restrictions were not imposed by the NI Executive more quickly, despite the fact that a number of members of the Executive, myself included, were pushing for a swifter response. It was also the case, as I have stated previously, that we needed financial support from the UK to impose an effective lockdown, so our hands were tied, even if the Executive had agreed with my position.
231. I further believe that, throughout the pandemic the UK Government was both too slow to impose restrictions and too quick to lift them. While, as the pandemic progressed, the NI Executive moved from the initial position of following the UK's lead, to mapping our own path through the pandemic, the UK Government's approach was



nonetheless problematic for a number of reasons. Firstly, their decisions were broadcast directly to the public in the North, so sometimes the public were faced with conflicting advice, from the UK Government on the one hand, and their own devolved administration on the other. That had the capacity to undermine our message. A notable example was when the United Kingdom Government moved from the initial messaging of “Stay Home, Protect the NHS, Save Lives” in May 2020. That message was changed in Britain but not for this jurisdiction. A further example would be the “Eat Out to Help Out” scheme. In my view it encouraged people to mix in public in a manner that was unhelpful to our own efforts to restrict transmission. Secondly, their approach remained influential. It influenced other members of the Executive who wished to remain closely aligned with the United Kingdom approach. The Department of Health also continued to work closely with the United Kingdom, and I make no criticism of that, it was clearly both necessary and important that they did so, but policy developments in the United Kingdom did, I believe, influence the advice we received. Finally, throughout the pandemic we remained financially linked to the United Kingdom which did limit our ability to respond and provide the level of financial supports which would render other NPIs more effective.

232. It was also the case that throughout the pandemic, the UK Government did not take on board our call for an all-Ireland approach, an approach which was motivated by the objective of taking advantage of our being an island and ensuring a co-ordinated approach across the island.
233. I have already outlined in some detail in my Module 2 statement, my participation in meetings with the UK Government, through the following structures: COBR; meetings between the Chancellor of the Duchess of Lancaster, Mr Michael Gove, and the devolved administrations; and meetings with Michael Gove and the devolved administrations in his role as Secretary of State for the Department of Levelling Up, Housing and Communities.
234. As outlined, neither the Joint Ministerial Committee, the British-Irish Council or the UK Governance Group were used. The First Minister and I specifically requested a British-Irish Council meeting (which needs to be convened by the 2 Governments) but that request was never acceded to.

235. I do not know why the Joint Ministerial Committee was not used. In the past I have acknowledged that it was an imperfect forum and did not meet as regularly as it might have but the Joint Ministerial Committee did have the advantage of a Joint Secretariat staffed by officials from the Cabinet office and the devolved administrations.
236. Representatives from the devolved administrations were present at COBR meetings in the early stages of the pandemic but as decision-making moved from COBR meetings to Ministerial Implementation Groups, and later to Covid-O and Covid-S, we were no longer invited to attend as a matter of course. There was no consultation from UK Government about the changes.
237. Although we attended COBR meetings in the early stages of the pandemic, there was throughout the pandemic, a complete absence of a genuinely collaborative decision-making body, which included the devolved administrations in a meaningful way.
238. I found that the UK Government meetings, regardless of which structure was used, and regardless of who convened it, were at best fora for information exchange rather than a collaborative decision-making body. These fora did not provide any scope for the devolved administrations to have any meaningful input into decision-making by the UK Government, even by way of seeking to influence thinking on policies. The input of the devolved administrations was not sought, and when communicated, appeared unwelcome. Thus, as we headed deeper into the pandemic, I became increasingly frustrated with the meetings chaired by Mr Gove as I felt that concerns I consistently raised around communications, the importance of a two-island approach and the need for resources and finances to allow us to take policy decisions were not taken on board.
239. I am also aware that at civil servant level, the frustrations experienced by Ministers, appeared to be shared. Thus, officials within TEO were frustrated at the engagement with UK Government Departments although I believe that personal relationships were generally positive.

240. Moreover, even the provision of information at these fora was last minute as I have previously described. Consequently, those of us representing the devolved administrations would often receive information just prior to it being announced in Parliament or at a Press Conference.
241. There was moreover little or no sense of cohesiveness from the UK Government. Their responses to the pandemic were England-centric, and yet while they themselves were not responding to the different experiences of the other jurisdictions, they were also unwilling to allow the devolved administrations meaningful input into policy decisions which impacted on them. I would cite the examples of Cheltenham festival and the Liverpool match as examples of policy decisions which impacted on this jurisdiction. There were many racing and football fans from the island of Ireland who would have travelled to England for those events and returned. That would not have occurred had the UK Government adopted greater restrictions earlier.
242. I would have welcomed a more cohesive approach with UK Government, the devolved administrations, and the Irish government as I believed a two-island approach to be the most effective way to maximise the effectiveness of our responses to, and defences against, the virus. Unfortunately, that was not the approach that was taken.
243. There were considerable difficulties experienced by the devolved administrations with the approach taken to information sharing by the UK Government with the devolved administrations. There were, as I have outlined above and in paragraphs 141 – 146 of my first statement for module 2, instances of the UK Government announcing decisions before consulting with, or even informing, the devolved administrations.
244. That was a consistent problem and it persisted over the currency of the pandemic. In general, the UK Government seemed to approach the devolved administrations with a degree of suspicion and as a problem to be managed. This view was exemplified by the comments of the Secretary of State for Northern Ireland in a meeting of 22 April 2020. I became aware of this document in drafting my statement for module 1. The comment is that *“DAs are dispersed in wider UK Government meetings; if we convene*

*them in a smaller meeting, they may prove difficult to handle*". The Inquiry reference for the document is INQ000091348.

245. I believe the UK Government approach to information sharing with the devolved administrations was primarily because the UK Government simply did not consider that the devolved administrations were partners, not to mind equal partners, to be consulted with or engaged with. Their view was that the UK Government were the decision-makers throughout the United Kingdom and whilst engaging with us was something which had to be done, our views or input appeared to have no value. It may also have been a factor that they were aware that some of us within the devolved administrations were critical of their response to Covid from the beginning and they did not appear to be willing to engage with different perspectives as to how to approach the response to the pandemic. It seems to me that, had the UK Government wished to engage in a meaningful way with the devolved administrations, arrangements could have been put in place to ensure meaningful discussion and participation, it is my view that the views of the devolved administrations were not welcomed by the UK Government.
246. I participated in Quad meetings. They comprised of attendance by members of the Executive, the UK Government through the attendance of the Secretary of State for Northern Ireland and representatives of the Irish Government. They were helpful, as a step towards, co-ordinating our responses across the island of Ireland and in conjunction with UK Government decisions, albeit I remain of the view that greater co-operation should have occurred. It was particularly important for border regions to align our actions as far as possible to discourage and reduce unnecessary travel and activity. It was also a forum where issues could be raised, for example, data sharing from south to north for Passenger Locator Forms for travellers coming into Dublin and travelling to the north was an ongoing problem that needed resolution.
247. On the question as to whether the United Kingdom Government adequately involved Northern Ireland Ministers or senior Civil Servants in decision-making that impacted Northern Ireland. As a general observation, key decisions, such as when we should lockdown, a decision in respect of which for financial reasons we were heavily dependent upon the UK Government, were decisions in respect of which we had no

meaningful input. Most decision-making by the UK Government impacted Northern Ireland quite significantly. So given that we had no real voice at the table, then it is my perspective that we were not adequately involved throughout the pandemic. I am firmly of the view that neither First Minister nor I were adequately involved in decision-making that impacted on the North. Travel in the Common Travel Area (CTA) is one such example.

248. In my statement in Module 1 of this Inquiry, I stated that “Actions by the British government did, at times, hinder our ability to reach consensus within the Executive Committee.” That remains my view. The problem largely arose when there was a misalignment on the island of Ireland with implications for a rise in transmission rates. I have previously highlighted misalignment at the outset of the pandemic, where we imposed restrictions too slowly as a result of taking a lead from the UK. The Executive meeting of 21 December 2020 highlighted the difficulties caused to the Executive when the new variant became prevalent in London, Southeast England and South Wales. While travel from the affected Tier 4 areas was banned, travel from other areas in Britain was still permitted. There was a public health justification to prevent such travel but there was insufficient political support in the Executive Committee. The Irish government instituted a ban on all travel from Britain while the Executive could not agree to do the same. This created an anomaly on the island which allowed travel to funnel through the North with the potential for increased transmission across the island of Ireland. An agreed approach between the Irish and UK governments, along with the Executive, would have allowed for a more effective and consensual response. There were also periods when hospitality rules, for example in pubs and restaurants, differed North and South which led to more travel and mixing.
249. I have been asked to comment on how effective the Secretary of State for Northern Ireland, the NIO and the Minister for Intergovernmental relations were during the pandemic and in co-ordinating the response of the devolved nations.
250. The meetings with the Secretary of State for Northern Ireland allowed information sharing and were a forum to raise issues, for example, that office played a positive role in resolving the freight and haulage concerns.

251. The Secretary of State for Northern Ireland also contributed to intergovernmental relations during the pandemic. There were regular meetings between the office of the Secretary of State and the First Minister and Deputy First Minister. It was a forum to flag up issues and concerns and exchange information, but the meetings with the Secretary of State never had a decision-making role. It could be described as keeping open an additional line of communication with the UK Government. I understand that the concerns and priorities of the Executive would have been relayed to the UK Cabinet, but I cannot recall a specific issue which was raised in this way by the First Minister or myself which led directly to a change in UK Government policy.
252. The role of Minister for Intergovernmental Relations was created in September 2021 and Michael Gove MP was appointed. However, as I have stated previously, I do not consider that it made any real difference to a more effective response to the pandemic and meetings with Mr Gove, whilst always courteous, produced little of substance and were ultimately frustrating as I outlined above.
253. Both Ministers could, had they been prepared to work collaboratively with the NI Executive, have identified the opportunities to take a two-island approach across these islands and could have promoted a more consistent approach across the islands. It is a matter of regret that neither did so.
254. I have been asked about a perception amongst some within the UK Government that representatives from within the devolved administrations were not truthful or did not provide accurate information, and I have further been asked whether there was a lack of trust on the part of the UK Government in terms of its dealings with the devolved administrations and whether there was a mutual lack of trust or understanding. It was never communicated directly to me that persons within the UK Government did not trust individuals within the devolved administrations and it seems to me a matter which it is for those persons to explain. I personally had positive working relationships with those representing the devolved administrations that I dealt with and I found them trustworthy in their dealings with me. It seemed to me the real problem was a lack of any willingness on the part of the UK Government to engage meaningfully with any of the devolved administrations.

255. I am aware that within the devolved administrations, we collectively shared a sense of frustration with the manner in which the UK Government was communicating with us and their refusal to take on board our views.
256. Further, as outlined in my statement in Module 2, there was a divergence between the approach of the UK Government and the devolved administrations from a relatively early stage in the pandemic. An example is when the UK Government decided to change its messaging, in May 2020 from “Stay home, Protect the NHS, Save lives”. to “Stay alert, Control the virus, Save lives”. The devolved administrations adopted a different approach. I believe this reflected the concerns of all the devolved administrations that the UK Government was moving too early to change the public messaging. The divergences in approach were not, in my opinion, about personality issues, or personal distrust, they reflected a divergence in policy, and reflected in my view the fact that the UK Government was persistently an outlier in its response to Covid, locking down too slowly and lifting restrictions too swiftly.
257. In the Executive Committee meeting held on 10 March 2020 the Minister for Finance spoke about the apparent distinction in advice North and South on the island [INQ000065695]. He said the North-South Ministerial Council (NSMC) was overly bureaucratic. He was, I believe, making the case for a consistency of approach and policy alignment across the island of Ireland. This would require resources and political will. The normal NSMC plenary arrangements did not lend themselves to agile or quick responses. However, the NSMC provided an existing and potentially useful forum for all-island coordination and cooperation and could have adapted to address the pressures of the pandemic. In my view the NSMC provided a ready-made secretariat of officials from North and South who were familiar with all Ireland working arrangements. It is, typically, a very formal arrangement. I believe that the NSMC structures already in place could have been adapted to a more agile arrangement for the purposes of tackling Covid.
258. The DUP began boycotting the NSMC in September 2021 over their opposition to the post-Brexit arrangements. The High Court held such conduct to be unlawful in the case of *Re Napier* (2021) NIKB 86. The date of judgment was 11 October 2021. As

attendance at meetings require cross-community agreement and participation, the NSMC did not meet for an extended period of time.

#### Relationship with Republic of Ireland

259. The Independent SAGE Report dated 12 May 2020 (“Recommendations for government based on an open and transparent examination of the scientific evidence”) (the Independent SAGE Report), at page 21, states:

*“One of the main criticisms of the response by the UK government so far has been the highly centralised approach that it has taken, in some cases excluding the governments of the devolved administrations from key decisions. The elected administrations in Scotland, Wales and Northern Ireland have the powers to determine their own policies in many aspects of the response to the coronavirus pandemic. While the general position has been to adhere to the decisions made in Whitehall, each administration has the opportunity to determine the distinctive measures needed to safeguard the well-being of the population for which it is responsible. The pattern of infection with the virus appears to vary markedly across the UK and the devolved administrations should take the opportunity, where possible, to engage fully in the introduction of our strongly recommended approach of case finding, testing, tracing, and isolation. This should be a cornerstone of their approach. Northern Ireland is a particular case, having a land border with the Republic of Ireland. We urge the Northern Ireland Assembly Executive to seek to harmonise their policies with those of the Republic of Ireland in keeping with the commendable Memorandum of Understanding that has been agreed between the two jurisdictions in relation to the coronavirus crisis.”*

260. It was certainly my position that the response to Covid across Ireland should be aligned so as to take advantage of being an island. Ireland was treated as one epidemiological unit for animal health purposes and this approach was adopted in response to the outbreak of Foot and Mouth disease in 2001. This approach did not cause any political controversy and it made sense to me to treat the island as one epidemiological unit for public health.



261. I argued, both publicly and privately, for this position to be adopted. Indeed, my view was, and remains, that both Ireland and Britain, as islands, should have taken advantage of their geographical position and adopted a two-island approach. However, the political agreement to get a more aligned position across the two islands or on a North/South basis in Ireland, wasn't there, despite the fact that we had a very obvious island advantage, and the fact that epidemiological benefits would flow from harmonisation.
262. I would bring the following documents to the attention of the Inquiry. They relate to an approach adopted in the Foot and Mouth Outbreak of 2001 and referred to as "Fortress Ireland". I understood it to mean dealing with the island as a single epidemiological unit. The first is an academic article from 2002. It was authored by Patricia Clarke for the Centre for Cross-Border Studies. It is exhibited as MON2C/11 - INQ000419158. I have also attached the statement of former Minister for Agriculture, Michelle Gildernew, to the Assembly on 10 September 2007. It is now marked as exhibit MON2C/12 - INQ000419159. I have also attached media article from An Phoblacht of the 9 August 2007. It is marked as exhibit MON2C/13 - INQ000419160.
263. I believed that treating the island as a single epidemiological unit, would have prevented the anomalies which arose around: the timing of the imposition of restrictions, as happened at the outset of the pandemic; and issues around travel, as happened in December 2020 when the new variant was confirmed in London, Southeast England, and South Wales. Different approaches between the two jurisdictions also led to an increase in cross-border travel at various times over the course of the pandemic, with people seeking to avail of the less restrictive regime, effectively undermining the restrictions which were in place.
264. This approach should also have ensured that the Executive and the Irish Government would have been discussing and agreeing a co-ordinated response. The reality was that this didn't happen. Thus, when the Irish Government announced the first lockdown, we were taken by surprise by that announcement and while it is my opinion that their decision was the correct one I believe that it should have been communicated to the Northern Ireland Executive in advance, and it would have been helpful if their

medical and scientific advisors had engaged directly with ours, to explain the medical and scientific rationale underpinning their decision-making.

265. The non-alignment also created particular problems in border areas which needed careful management and alignment, as different regimes for retail, leisure and hospitality opening, had the potential to increase movement on a cross-border basis with an attendant rise in transmission rates.
266. Another issue which remained a running sore throughout the pandemic was the issue of the Irish Government failing to share data from Passenger Location Forms, in relation to people travelling into airports in the South, with the intention of travelling to the North. This issue was never resolved over the course of the pandemic, and I don't believe that we ever received a satisfactory explanation as to why this could not be done.
267. There was an All-Ireland Memorandum of Understanding (MoU) between the Departments of Health and their agencies. I am aware that there were good working and inter-personal relations between the CMOs North and South and between teams North and South working on Covid. The MoU was a formal arrangement to ensure co-ordination and co-operation at a political and operational level. It did not however create legal rights or duties. While its aims and aspirations were met to a certain extent, it wasn't as effective as I would have liked it to have been.
268. The MoU could only work within the parameters in which it was set. Thus, when there were political decisions taken by the two Governments on the island that did not align the two jurisdictions, this inevitably impacted on the efficacy of the MoU and its objective of a joint approach to the pandemic.
269. I believe that a greater degree of co-operation and co-ordination was possible. Structures did exist through the North South Ministerial Council and the workstreams flowing from them. More fundamentally, it was within the gift of the Ministers of Health, both North and South, to put in place and develop closer working relationships and closer practical co-ordination and co-operation on a North/South basis.

270. At a Quad meeting on 13 October 2020 [INQ000091398], I raised the question of whether the MOU should be reviewed to see if there were any areas for closer working. I wanted to see this review happen so that we could identify and enhance, where possible, our response to the pandemic by maximising the advantages of greater coordination and co-operation across the island. As the MOU was an MOU between the Health Departments, it was ultimately a matter within the remit of the Department of Health and its Minister, rather than the TEO. I do not recall ever having been provided with an update or outcome of such a review.
271. I am not aware of the NI Executive or any key decision-makers commissioning any research aimed at understanding the impact of Covid-19 along the border.
272. I have been asked to comment on views expressed in the document entitled “*Obstacles to Public Health that even pandemics cannot Overcome: The Politics of Covid-19 on the Island of Ireland*” [INQ000137387].
273. The 6 Implementation Bodies<sup>1</sup> and 6 Areas of Co-operation<sup>2</sup> including health<sup>3</sup> under the North South Ministerial Council provide examples of some public policy alignment between the South and North of Ireland. The study highlighted how public health responses, NPIs and their timings were in some respects aligned North and South, by way of example, both Governments cancelled St Patrick’s Day celebrations. School closures and testing policies were less aligned. Please see exhibits taken from the North South Ministerial Council website ([www.northsouthministerialcouncil.org](http://www.northsouthministerialcouncil.org)) and marked as exhibits MON2C/14 - INQ000419161; MON2C/15 - INQ000419162; MON2C/16 - INQ000419163.
274. Alignment was self-evidently beneficial given that Ireland is a single geographical and epidemiological unit. Given the relatively small size of our population, sharing resources, services and expertise had obvious advantages in terms of costs and outcomes. In health, for example, the Northwest Cancer Centre based at Altnagelvin Hospital in Derry provides chemotherapy and radiotherapy services to a population of

---

<sup>1</sup> [Implementation Bodies | North South Ministerial Council](#)

<sup>2</sup> [Topics | North South Ministerial Council](#)

<sup>3</sup> [Health | North South Ministerial Council](#)

approximately 500,000, who reside on both sides of the border. Also, the all-island Congenital Heart Disease Network provides high quality and timely access to specialist cardiac services for children and young people wherever they live across the island of Ireland. Tourism is another good example with the all-Island body Tourism Ireland set up to market the island of Ireland overseas as a leading holiday destination. The all-Ireland approach has been a key factor in the growth of tourism. In terms of infrastructure, the A5 Derry to Dublin motorway, will be funded by both the Executive in the North and the Irish Government and will be vital to economic development and improving road safety.

275. The document quotes Deirdre Heenan's view that comparative analyses of health outcomes is actively discouraged between administrations North and South and that there is a culture of opposition to external oversight with the Department of Health in the North.
276. Individual Ministers have the remit within their own Departments to develop working relationships on a North/South reciprocal basis. I accept that there are good relationships between the Ministers for Health and their respective officials, nonetheless I believe that there was scope for greater co-operation between the Health Ministers and I think it would have been beneficial for our public health response North and South. It is my view that much more could and should have been done to co-operate and co-ordinate the response to the pandemic on a North/South basis.
277. I have been asked whether the timing of announcements about Non-Pharmaceutical Interventions by the Irish Government caused issues, as they were not communicated to Ministers in the North, I understand from a Quad meeting I attended, [INQ000091381] that there was an issue with communicating with the Executive before communicating with their own Cabinet. It did cause problems. Many members of the public in the North watch Irish television channels and the public were extremely alert to the variances in approach between the two Governments. While I recognise that decision-making during the pandemic was often done under pressure of time, I would have preferred the Irish Government to have been more communicative with us about their decision-making, because it did impact upon us and had the potential to cause us difficulties.

278. I have been asked whether there was a reluctance on the part of the Irish Government to share information with the Executive because of the presence of Sinn Féin Ministers on the Executive and the fact that Sinn Féin is an opposition party in the South. As outlined above, the explanation for not sharing information was that they couldn't inform our Executive before informing their Cabinet, I don't have any basis upon which to doubt that explanation. Clearly, party political considerations should not influence any responsible Government's response to such a serious health crisis.
279. I have acknowledged the reality that the Irish Government was not as communicative with the Executive as I would have liked. It is also the case that the North of Ireland is politically divided and a contested space in relation to its constitutional position. This has created political barriers to all-Ireland cooperation and resistance to greater North/South coordination and action from Unionist Ministers and political parties across many policy areas. In my opinion this resistance influenced attitudes to possible alignments in pandemic responses and was a factor throughout the course of the pandemic.
280. I consistently made the argument for all-island approaches to the pandemic. I considered that it would have maximised our natural defences as a single epidemiological unit and would have produced better outcomes for the North.
281. I believe that the Irish Government responded much more quickly and decisively to Covid. This was particularly evident at the beginning of the pandemic. I believe that greater alignment would have produced better outcomes, for the North but communication would have had to be two ways.
282. Given that we are part of the same legal jurisdiction there was a clear need for close alignment with the UK, as well as with the South. It was always my view that there was considerable scope for both Governments to work more closely together. Further the fact that both were island nations was an advantage which I believe that neither Government exploited as fully as they could have.

283. The reality, however, is that alignment with the UK Government led to our being too slow to lockdown at the start of the pandemic and that was not in the interests of the people I represent. From the beginning the British Government was slow to respond, appeared to pursue a policy of herd immunity, changed course when the number of potential deaths became stark and then belatedly put restrictions in place. Once restrictions were in place there was, I believe, a rush to open too quickly, and policies such as 'Eat Out to Help Out' were deployed which clearly caused spikes in transmission rates. It seemed to me that the UK Government was an outlier both in Europe and globally in its response to Covid.
284. Thus, while I believe that the current constitutional reality necessitated close co-operation with the UK and I also believe that regardless of the constitutional reality, it would have been for the benefit of the people across these islands for their Governments to work as closely together as was possible, the stark reality is that the UK Government response to the pandemic was in my opinion, too slow and was irresponsible.
285. Alignment with the approach being taken by Boris Johnson's Government was not the best option. The evidence already available indicates a dysfunctional administration, a failure of leadership and a pattern of bizarre behaviours (including parties and excessive drinking) and events at the top of the British Government system during the Covid crisis. I can assure the Inquiry that parties or gatherings while everyone else was in lockdown would have been unthinkable amongst Executive Ministers and staff.
286. While I have acknowledged the difficulties which we experienced in the North in trying to arrive at compromises, I am nonetheless thankful that, despite the ideological tensions, political differences and policy disagreements that existed, Executive Ministers collectively tried our best to steer a way through the pandemic. This was done despite the constraints and shortcomings of the wider UK Government approach that we were tied to, financially and otherwise.

Legislation and Regulations: Their Proportionality and Enforcement

287. We recognised that lockdown was a significant and far-reaching change in how society conducts itself. It was, however, crucial that there was widespread compliance or lockdown would ultimately prove ineffective in protecting public health, which was our objective. The Regulations which we introduced imposed criminal sanctions for breaches of lockdown. While I recognise that criminal sanction should be a step of last resort, it was difficult to see who, other than the police, would be in a position to enforce the restrictions in a consistent manner throughout the North. I thus considered that criminal sanctions were necessary to enforce the Regulations. The greater the adherence to the restrictions the more effective they would be in protecting public health. The possibility of sanction for breach of the restrictions was, in my view, a necessary element in ensuring compliance.
288. In creating restrictions, the Executive like many governments, was balancing the consequences for the population to health, economic and mental health and well-being. Our preference was to bring people along with us, to highlight the importance of social distancing and good hygiene and to encourage people to act responsibly. Enforcement, whether through the councils, health and safety and other statutory agencies, and the police was seen as a last resort. The preference was persuasion before taking legal or criminal proceedings.
289. The Junior Ministers, on behalf of the First Minister and I, undertook a series of engagements with various sectoral representatives including retail, hospitality and religious leaders. Other Ministers had undertaken similar engagements relating to their portfolio, for example, the Minister for Communities worked with the sporting codes and community organisations, the Finance Minister engaged with businesses and sectoral representatives in relation to rates and other supports that could be put in place, the Economy Minister engaged with business representatives.
290. The Junior Ministers played a key role in the establishment of an Engagement Forum which eventually came under the remit of the Department for the Economy. It was chaired by the Labour Relations Agency (LRA) and played a hugely important and helpful role in the initial stages of lockdown and as we worked our way through re-opening society.

291. It brought together employer and employee representatives and regulatory bodies around workplace safety and compliance. This included manufacturing, retail and hospitality. There was ongoing consultation and input with those most effected by Executive decisions. It headed off potential conflicts and had everyone working towards opening up in as safe as manner as possible while adhering to the guidance and regulations. Everyone involved in the Forum deserves our thanks and appreciation for the work they did, particularly the LRA for their excellent chairing of the Forum. The majority of people worked with us. The minority who did not became the focus of enforcement. While our overarching approach was to try and bring the population with us by engaging with the community through a variety of different for a, and being responsive to genuine issues which arose, ultimately, I am of the view that criminal sanction was necessary as a last resort.
292. At the outset I should make clear that, from my perspective, our primary objective was to achieve compliance through engagement and persuasion. Enforcement by means of criminal sanction was, to my mind, a measure of last resort.
293. As part of the round of Junior Ministers' also meetings, they met regularly with the PSNI and Councils on compliance and enforcement. The reference in the minutes of the Executive meeting on 10 September 2020 to establish "*a working group on compliance and enforcement of the regulations*" was a formalisation of steps which had already been taking place. This was in the run-up to the proposal at the Executive meeting of 1 October 2020 for a reset of the work of the Executive [INQ000048491].
294. At the Executive meeting of 20 August 2020, there were concerns raised by a number of Ministers and the CMO suggesting that the financial penalties being imposed for breaches of the Regulations were too low. The Executive did respond to these concerns and moved to increase financial penalties. I should make clear, however, that I do not consider that there were any issues around the criminal enforcement of Regulations which were unique to the North, there were issues, as time passed, with maintaining a restrictive lockdown, which impacted on people in different ways. I believe that this was a universal problem.



295. The Justice Minister also raised concerns about compliance and enforcement being seen as exclusively a policing issue and wanted more input from councils and health and safety and statutory agencies. I am unsure why the Minister was more inclined than others to suggest enforcement by Councils. The Junior Ministers did conduct meetings with Councils on compliance and the Minister for Communities was also in ongoing contact with Councils but it was not my perception that they would ever have had the resources or powers to enable them to enforce the Regulations.
296. There was also the reality that the legal environment around guidance and regulations was not always clear and was changing regularly due to the fast-moving nature of the pandemic. There were localised problems in particular areas of non-adherence amongst sections of the population. The PSNI, with the support of the Executive, wanted to resort to enforcement only when absolutely necessary. At times the PSNI were overzealous and admitted that it did not always get it right, for example, during the Black Lives Matter protests in the wake of the murder of George Floyd in Minneapolis.<sup>4</sup>
297. For the Executive, as with many of the responses to Covid, there was a balance to be reached in not infringing the rights and liberties of people while simultaneously protecting the population from a serious and highly transmissible virus. Enforcement was a final resort and, when imposed, it needed to be done in a way that was transparent and even-handed.
298. It is my view that adherence to the Covid Regulations was generally good in the community. Most people did their best to observe the rules and understood that they were imposed to protect public health. I consider that this view was shared within the Executive Committee, but the possibility of criminal sanction had to remain a possibility for those who breached the Regulations in a manner which undermined public safety.
299. I have been referred to a number of documents and observations which suggest a reluctance on the part of the PSNI to enforce the Regulations. Between March 2020

---

<sup>4</sup> Black Lives Matter protest fines: PSNI reputation 'damaged' - BBC News

and March 2021, I understand that the PSNI had issued more than 8,000 Covid fines.<sup>5</sup> In early April 2021 more than 500 fines were issued in a week.<sup>6</sup> These figures do not suggest that Regulations were not being supported by criminal sanctions. There was agreement that we wanted to work with people, to get their buy-in to act responsibly and that enforcement and fines/sanctions would be a last resort. Public messaging, engaging with people, working collaboratively with sectoral representatives and supporting people and business were key elements to getting that buy-in. It was not the case that there was sensitivity around criminal enforcement. Convincing people of the necessity and effectiveness of the measures was the best way to achieve widespread compliance and therefore protect public health. The police were the only organisation with the capacity and the resources to enforce the Regulations across society. I attach a number of media articles to assist the inquiry. They are marked as exhibits MON2C/17 - INQ000419164; MON2C/18 - INQ000419165; MON2C/19 - INQ000419166.

#### Scrutiny by the Assembly

300. Given the unprecedented situation of a serious public health crisis, the Executive had to balance decision-making and enacting legislation quickly to protect people and ease pressure on the health service. This did impact on the level of scrutiny to which Executive decisions could be subjected by the Assembly, however I believe that was a consequence of the reality of responding rapidly to a global pandemic. In recognition of the restrictive nature of the Regulations they were subject to 3 weekly reviews and scrutiny by the Health Committee and Assembly.
301. The need for speed combined with a large volume of Covid related papers and work put pressure across the whole civil service including TEO. Changes were being made to working routines including working from home protocols. At the height of the pandemic the Executive was meeting three times a week which increased the workload within TEO and across departments. I am aware that officials, advisors, and

---

<sup>5</sup> [Coronavirus: More than 8,000 Covid fines issued since pandemic began - BBC News](#)

<sup>6</sup> [Covid-related sanctions jump by 533 in week, latest PSNI figures reveal | BelfastTelegraph.co.uk](#)

ministers were working long hours. Officials in the Department of Health were under particular work pressures.

302. A lot of non-Covid related work within Departments was suspended. The Speaker of the Assembly suspended non-essential business while Committee work was scaled back. Voluntary limits were applied to written questions, by agreement through the party Whips, to ease the pressure on departmental officials including within TEO.
303. Covid related legislation was still subject to scrutiny, but it was carried out in a much more compressed timeframe. Ministers still engaged with their departmental committees in addition to the specially appointed Ad Hoc Committee on Covid 19 (made up of all MLAs). Ministers continued to answer questions in the Assembly through Ministerial Question Time and gave both written and oral statements to the Assembly with time set aside for questions during oral statements. Ministers also continued to answer Assembly Written Questions though not in the same numbers as pre-pandemic, this reduction in the number of questions was the result of a voluntary agreement between the Assembly and the Executive Committee.
304. Ministers also undertook more frequent and regular press conferences with daily Executive updates at one stage. This was designed to get Executive messaging across publicly but was also to enhance transparency around Executive decision-making.

#### Funding the Response to the Pandemic

305. I have been asked to comment upon my response to the Ad Hoc Committee on the Covid-19 Response of 7 April 2020 when I was asked about resources and whether the Health Department had enough money. I said that “money is not the issue ... we have said that we will find whatever is required”. In the early stages of the pandemic and the first lockdown, when I spoke to the Ad Hoc Committee, finances were not the major issue. The priority was to act as swiftly as possible in response to the immediate crisis. Financing was provided by the UK Government through a mixture of Annually Managed

Expenditure (AME) and Departmental Expenditure Limits (DEL).<sup>7</sup> Initiatives such as the furlough scheme were part of the AME budget so didn't adversely impact on the finances available to the Finance Minister in the North. There were enough resources at that point for Executive interventions.

306. To assist the Inquiry in understanding these terms I should say that Departmental Expenditure Limits (DEL) cover budget plans that departments are committed to and are announced at spending reviews/budgets. They are often set for a multi-year period, and spending is limited, meaning ministers cannot overshoot their allocated DEL budget. They are allocated to departments in Whitehall and to devolved administrations through the Barnett formula. Annually Managed Expenditure (AME) is defined as spending that 'cannot reasonably be subject to firm limits'. AME is harder to predict and often relates to functions that are demand driven, such as pensions or welfare payments. AME is additional to monies received through the Barnett formula. It is a separate funding stream so does not impact on monies available to the Department of Finance.
307. However, as time went on and the Executive considered acting independently of UK Government initiatives, finance did become an issue. The NIE could not fund any significant measures or NPIs ourselves as we did not have the finances or the ability to obtain additional resources. We only received additional finances on the back of policy decisions made on a UK-wide basis by the UK Government, which generally followed a policy of being slow to impose additional restrictions and being too quick to lift them. To my knowledge there were no specific measures proposed by the Department of Health that the Executive Committee considered necessary but were not implemented due to lack of funding. There was on occasion in delay in bringing forward measures. This was understandable given the pressure that officials were working under at this time.
308. In her statement in Module 1, Baroness Foster stated that the *"reliance on UK government to bring forward the economic package to support lockdowns . . . was one factor that limited Northern Ireland in making decisions about the imposition of Non-Pharmaceutical Interventions before the UK Government."*

---

<sup>7</sup> AME (Annually Managed Expenditure) is demand led spending such as welfare, tax credit or public sector pensions and comes directly from Westminster. DEL (Departmental Expenditure Limits) is the budget given to Whitehall departments and devolved administrations through the Barnett formula.

309. I agree that dependence upon the UK Government financially was an inhibiting factor in imposing lockdown, lockdown to be effective needed a range of financial supports to enable people to lockdown.
310. Nonetheless, I and my party colleagues had advocated for the closure of schools in March 2020 in advance of the decision by the UK Government, but we were unable to secure the agreement of the majority of Executive Ministers. I don't believe that the lack of financial supports was the only factor in delaying lockdown, other Ministers were content to align with the UK Government at that time, and I don't believe that finance was a major consideration at that stage.
311. At the Executive Committee meeting on 17 December 2020, the First Minister was recorded as saying "*terrible position – asking business to close – 4 weeks, review for 2 further weeks – but don't know how we can pay – need to reflect on that*". In my opinion these comments were a reflection of the difficulties the Executive could encounter in seeking to independently finance NPIs. At the same meeting the Minister for Finance stated that the Executive should not bank on anything additional coming from London. I do not believe that this demonstrate a lack of financial planning by the Executive, rather it demonstrates the extent to which we were dependent upon the UK Government for financial support and a concern about the lack of willingness of the UK Government to financially support NPIs which they themselves had not decided upon. As a matter of fact the Department of Finance was never an obstacle to the introduction of non-pharmaceutical interventions, and any interventions sought by the Department of Health, and approved by the Executive were funded.

#### Controlling Northern Ireland's Borders

312. The statement of Holly Clark, on behalf of the Northern Ireland Office (NIO), correctly states that immigration is an excepted matter. This is clear under section 4 and paragraph 8 to schedule 2 of the Northern Ireland Act (1998). However, public health matters were transferred and within the legislative scope of the Assembly. The Executive had the power to control its borders and/or impose restrictions on people arriving either from the CTA or internationally on public health grounds should any

particular measure secure the agreement of a majority of Ministers in the Executive Committee.

313. In my statement to the Inquiry for module 1, I explained that the First Minister and I had asked for a British-Irish Council to be convened to address concerns around travel. However, the British-Irish Council was not convened, despite our request. From my perspective, there was not sufficient consultation with members of the Executive about issues of border control and/or travel restrictions. It seemed to me that the UK Government generally made decisions on these issues and then informed the devolved administrations, ourselves included, of those decisions, this despite the fact that we were in a particularly unique position and our perspective ought to have informed their views. The unique challenges and the unique advantages of Ireland were not properly considered.
314. The traffic light system adopted by the UK Government, identifying countries as Red/Amber/Green, was clear and easy to convey and to understand. What was not clear was the methodology used to inform the red/amber/green lists. The Executive asked for an explanation on methodology and decision-making. I understand that point prevalence; estimated proportion of the population currently infectious; incidence rate; and rate of new infections – were the main measures used but caveated with being subject to uncertainty and assumptions. A more critical issue for me was the interpretation of the data which did not appear to me to be entirely consistent. I believe there were at least some occasions when the UK government differed in decisions on travel rules from other European governments including the Irish government. It was not always obvious whether this was the result of different data or different risk analysis from the national governments. The result, however, was different decisions on which countries were on red/amber/green lists.
315. It seemed to me there was also an inconsistency across the five administrations on these islands regarding categorisation. The Irish Government appeared to be taking a more cautious approach. My preference was to have a consistent and co-ordinated approach across all five administrations when it came to international travel.

316. I believe that more should and could have been done to control movement into the North. However, it was not possible to get an agreed Executive position on this. An example of the difficulty in achieving consensus can be seen in the meeting of the Executive Committee on 21 December 2020. There was a new variant reported in London, the south-east of England and Wales. However, the Executive Committee would not adopt a ban on non-essential travel. The proposal was brought to a vote but not carried.
317. I think there should have been a more co-ordinated and agreed approach in relation to border control between the Irish and British governments and the devolved administrations. The request from the First Minister and I for a British-Irish Council summit to discuss travel could, I believe, have assisted in getting an agreed approach. Had there been a two-island approach in response to the Covid crisis, international travel and travel within the Common Travel Area would have been a central part of that approach.

#### Care Homes

318. At the outset I should state that I am conscious that the Inquiry will have a specific Module devoted to care homes. I want to recognise and acknowledge that there were significant issues around care homes, including issues in relation to: the adequacy of testing in care homes; the release of patients who had had Covid into care homes; the availability of PPE to staff working in care homes; and the ability of families to maintain relationships with family members in care homes. I recognise and acknowledge that the issues around the management of vulnerable people in care homes has been a source of particular pain and distress, both for the residents of care homes, and their families. In this Module I have been asked some specific questions about care homes which I will address, however, I would not wish the families of those impacted by the management of care homes to think that this is all that I have to say about the topic and I am willing to address any and all issues surrounding care homes in the Module devoted to that painful issue.
319. As the question asked, acknowledges, the notes of the Executive Committee meetings of 8 April 2020 and 15 April 2020 demonstrate that Ministers were aware of the issue

of testing in care homes and the need to prioritise it [INQ000065725] and [INQ000065735].

320. As further appears on 20 April 2020 the Executive discussed the issue of making PPE available, as well as testing in care homes [INQ000065691]. Care homes were again discussed on 27 April 2020 and 11 May 2020. Finally, a briefing paper for the meeting of 6 August titled “*2020 E (20) 187 (C) Executive COVID-19 Action Plan: Quantitative Information on the Actions Taken within Care Homes to reduce Infection and their Effect*” identified the actions that had been taken in relation to care homes [INQ000208770].
321. I was very concerned about care homes from the outset of the pandemic given the numbers of vulnerable people resident in them. The discussions around care homes in the Executive Committee indicate they were a matter of concern for the whole Executive with Ministers consistently seeking information around testing people within care homes and about the availability of PPE for care homes. There were particular concerns about testing within care homes as a means of infection control. In addition, issues were raised around care homes getting the necessary support including PPE and adequate staff with the requisite training and skills.
322. Thus, as appears from the Executive Committee meeting of 6 April 2020 and 15 April 2020, I was asking about our testing strategy as it related to care homes and querying whether care homes were getting the support that they needed. Further, at the Executive meeting of 20 April 2020 and 11 May 2020 I was suggesting universal testing in care homes, once a case had been detected within the home.
323. I have been specifically asked about the extent to which Ministers were briefed about care homes during the first wave, and as appears from the minutes of the Executive meetings, this was an issue in respect of which we were being briefed, and about which we were asking questions. The responsibility for care homes lay with the Department of Health so other Executive Ministers would not have had direct involvement for operational decision-making. However, that did not preclude us from seeing them as a priority, a position shared with the Minister of Health who referred to care homes



being a priority from the outset (8 April 2020 Executive meeting). The Executive was prepared to give whatever help and support it could to care homes.

324. I have also been asked about whether there was concern within the Executive about PPE for care home staff. Again, the minutes document this issue being expressly raised by Ministers and there are discussions around ensuring that care homes, which are largely privately run, and therefore are not run by the Department of Health in the same way as hospitals, nonetheless had access to publicly sourced PPE. The Minister for Health references guidance to be given to care home staff about PPE on 5 April 2020 and references to getting PPE to care homes at that meeting, and the meeting of 15 April 2020.
325. The availability of, and access to, PPE for all front-line staff was a concern and a priority for the Executive. This included care home staff. This is reflected in the handwritten minutes of the meeting of the Executive Committee on 8 April 2020 [INQ000065725\_0005]. There were also concerns that care homes, being in the independent private sector and not a full part of the NHS, were not getting proper PPE. The Minister for Health was aware of their position and was following up on PPE stocks for care homes. There was some reassurance when he also reported that he was in the process of receiving ten containers of PPE from UK stockpiles. I believe that the minutes reflect that the Executive were mindful of the need to ensure that, as with hospital staff, care home staff had access to adequate PPE, both for the safety of their residents and for the safety of care home staff themselves.
326. I believe that the Department of Finance and the Department of Health worked closely to source PPE from a variety of sources: both, in conjunction with the British and Irish governments; and, independently of the two Governments from China; while also seeking to source PPE from local businesses, with some local sports and clothing manufacturers repurposing to make PPE. It is clear from the minutes that in sourcing PPE, there was always an awareness within the Executive of the need to ensure that PPE was available for care home staff.

### Inequalities

327. My attention has been brought to the CMO's statement in Module 1 where he suggested that Ministers "*initially felt less informed of the wider societal and economic consequences of NPIs*". From my perspective, I don't agree. From the outset it is apparent that the economic consequences of restrictions were recognised, they informed, in part, why restrictions were not imposed immediately. All Ministers clearly understood that there were economic consequences to closing down society.
328. We were also very alive to the societal consequences. Prior to lockdown we were alive to the fact that measures taken to reduce the spread of Covid, were likely to adversely impact upon the more vulnerable in our society, including those impacted by poverty, people with a disability and homeless people. I am aware that the Minister for Communities played an active role in engaging directly with community organisations, in recognition of the need to ensure that we were responsive to how measures we introduced were impacting on people's lives. She and her Department took a lead role in engaging with community groups and voluntary organisations and she can provide more detailed information about her Department's responses.
329. The Junior Ministers in TEO, Declan Kearney and Gordon Lyons, were tasked with engaging with vulnerable groups. This included engagement with various advocacy groups, for example the disability sector. Junior Ministers also engaged with the Churches. They would then inform TEO and where appropriate the Executive Committee of concerns and difficulties in implementation of, or adherence to, particular restrictions. An engagement forum chaired by the Labour Relations Agency (LRA) was established by the Department of the Economy, but largely attended by Junior Ministers, it sought to bring various business bodies and trade unions together and regular engagement with his forum, also assisted with informing the Executive as to the impact of NPIs. Junior Ministers also held regular meetings with representatives of the hospitality sector.
330. MLAs and Ministers were also actively engaged with their constituents, again from the outset we had access to direct feedback as to the adverse impact of measures and were constantly engaged in balancing the need to protect public health, whilst trying to mitigate the adverse impact of measures taken to stop the spread of the virus.

331. The regular process under section 75 of the Northern Ireland Act (1998), whereby public authorities must have due regard to the need to promote equality of opportunity between certain categories of persons, could not operate as it normally would. The process was suspended as there was simply not the time to fully assess decisions that were being implemented. The protection of public health was the imperative.
332. However, that is not to say that the Executive was not aware of the impact of its decisions on people's lives and livelihoods. The intent of Executive decisions was to save lives and protect the health service from being overwhelmed. We were in an unprecedented situation responding to a global pandemic and there was no other choice but to move away from normal practice.
333. The Executive tried to mitigate those impacts as much as possible by putting supports in place. I have already listed in my response to Module 1 of this Inquiry [INQ000183409, paragraphs 53 – 63] the initiatives which the Department of Communities Minister, supported by the Executive, put in place: to address homelessness; support people on benefits; and the collaborative and joint working undertaken with the community and voluntary sector, sports clubs, and local groups to assist and protect the most vulnerable in our community.
334. The Department of Finance and Department for Economy initiatives were primarily aimed at supporting businesses, but they also took initiatives to support individuals who could no longer work. The Department of Education ensured that all children who were entitled to Free School Meals received money to compensate them while they had to stay off school. The Executive subsequently extended Free School Meals to the school holiday periods.
335. While the Executive would have looked at the broad scope of the impact of NPIs it is my understanding that each Department carried out an initial assessment of the impact of policy decisions that fell within their remit. Further, as outlined above, the Department of Communities was actively, on an ongoing basis, engaged with community organisations on the ground. Junior Ministers also had an active outreach role, while the Minister for the Economy was consistently engaged with the business sector.

336. The Executive was very conscious of the impact of NPIs on specific groups of people within society particularly those who were most vulnerable and mitigating measures were put in place as listed previously. It did inform decision-making, but the overriding concern was to protect people by slowing the spread of the virus.
337. I believe that the relatively small population of this jurisdiction combined with local knowledge, the network of family and social connections and the strong community and voluntary sectors proved to be a huge asset in reaching and helping vulnerable people. The phenomenal community response was a credit to everyone involved and a fantastic example of what could be achieved by working together.

Public health communications, behavioural management and maintaining public confidence

338. I have been asked to consider to what extent the Executive Committee had oversight of public health messaging and whether it assessed how effective public messaging was.
339. Early in the pandemic it was clear that the Executive Information Service (EIS) wasn't geared up to deal with an emergency such as Covid and the accompanying public messaging campaign that was needed. Its focus was on distilling Executive decisions into press statements and communicating them to the press and media. They were reactive rather than proactive and did not have a particular focus on social media aside from tweeting on an official Executive Twitter account. There was a tendency by EIS to use the more traditional media outlets. While this had its place there was a need for the Executive to be sharper and to communicate more directly with the public.
340. I recognised, from an early stage, that communications needed to be improved to ensure that the public were provided with up-to-date information about the public health crisis and how to respond.
341. To that end a PR agency, Genesis, were commissioned early in the pandemic. Their remit was to improve communications of Executive decisions to the public. They

utilised graphic designs and digital messaging to make our messages clear and accessible.

342. Once the whole Executive approach kicked in, we moved to regular, and for a period, daily updates. The daily updates took the form of joint Press Conferences by the First Minister and I, further, at a relatively early stage, we took steps to ensure that those Press Conferences were supported by sign language interpreters, for both British and Irish sign language, to ensure that the deaf community had access to Executive advice.

343. We were extremely alive to the need for effective communications and clear messaging. In my Module 2 statement I explained why our Executive did not adopt the changing in messaging advocated by the UK Government in May 2020. As the Inquiry will know the initial message from the UK Government adopted by all of the devolved administrations was *"Stay home, Protect the NHS, Save lives"*. When the message changed, in May 2020 to *"Stay alert, Control the virus, Save lives"*, the devolved administrations adopted a different approach. I believe this reflected the concerns of all the devolved administrations that the UK Government was moving too early to change the public messaging and the new message lacked the clarity of the original messaging.

344. Disinformation relating to Covid-19 was an ongoing problem. In the Executive Committee we recognised that it could undermine the effectiveness of our public health messaging. Much of it was on social media and while it was often on the fringes it did spill over at times into the mainstream. In my view, the best way to combat it was to calmly and clearly provide people with advice and as much accurate and up-to-date information as possible.

345. There was a particular issue for the Executive in ensuring that our public health messages reached some younger people. We did make efforts to communicate our message on media which would have been appealed to younger people. By way of example, I did a Facebook live programme with young people broadcast by Cool FM (which caters for a younger demographic than the BBC) and answered questions put to me directly by young people. This was an attempt to communicate more effectively with a younger demographic and to engage directly with the issues which they were

raising. I should state that while we did proactively seek to engage effectively with younger people, I also recognise that we could probably have done more.

346. I am aware that the Northern Ireland Commissioner for Children and Young People is critical of the failure to have a specific Press Conference directed at younger people, and that this is something which she had requested [INQ000221928]. Such a Press Conference was planned, but ultimately did not proceed. I believe that it did not proceed as the First Minister was not prepared to participate in joint public engagements after my attendance at the Bobby Storey funeral.
347. The Inquiry is aware that the consistency of public health messaging was a matter of concern. The inconsistencies around public health messaging, whether from the rest of Ireland or from Britain, had the capacity to confuse the public, particularly when the messaging was conflicting or inconsistent. Most people in the North watch and listen to media from both Ireland and Britain as well as local news bulletins. This also applies to social media. They were thus exposed to different messaging from the different Governments.
348. Different approaches across different administrations, in my view, hampered the Executive's ability to provide clear and consistent messages to the public. This was particularly the case when there were big policy gaps such as in March 2020 when the Irish government made the announcement that it was closing schools. This action caused a chain reaction in the North with some schools following the example of the south of Ireland. It was also problematic in the mid to latter stages of the pandemic when NPIs were being applied at different times and different rates throughout the different jurisdictions. This was one of the reasons for the introduction of daily Press Conferences at the start of the pandemic, so that people here got a clear message from local political leaders.
349. I believe that the decision to commission a PR agency, Genesis, was a positive step, it ensured that Executive communications to the public were clear and effective in communicating our message. I also believe that the decision to engage with radio stations with a younger audience demographic and the decision to conduct Q&A sessions on Facebook were positive steps to engage with a younger audience.

350. I believe that the clarity and consistency of our messaging worked well, broadly speaking, and most people accepted and supported the logic and necessity of our approach to reducing the spread of infection. The emphasis on our collective duty to protect the health service and our health workers was in tune with wider public opinion and worked to build a society wide solidarity and unity of purpose.
351. In hindsight, I would place a greater emphasis on using more social media platforms to communicate as widely as possible.
352. I have been asked whether I received threats and abuse during the course of the pandemic, I did. These were both public and private threats, the latter being conveyed to me by the PSNI. I did not let them stop me from carrying out my job as deputy First Minister.

#### Executive Committee Decision-making

353. I have outlined in previous statements that the Northern Ireland Executive operates as a mandatory coalition, bringing together the main political parties. That meant that each party had representation on the Executive commensurate with their electoral strength rather than having negotiated compromises in advance to form a Government. Inevitably, this made getting agreement more complex as compromises were talked through and negotiated out which led to, at times, lengthy Executive meetings. This did not happen with every Executive paper. Often Covid papers came in late and required a rapid turnaround. Ministers in the Executive tried, for the most part, to work in a spirit of cooperation given the unprecedented challenges we were facing.
354. The make-up of the Executive sometimes impeded decision-making, a prime example being the 9 November Executive meeting which went on for 3 days, had 2 cross-community vetoes tabled and ended unsatisfactorily in that adequate restrictions were not put in place.
355. Despite what happened at the 9 November meeting, I believe that more often than not, Ministers did set aside party-political differences to make decisions in the public

interest. As the Inquiry has seen from the detailed minutes of Executive meetings, there was robust and at times rancorous discussions at Executive meetings. There was also detailed interrogation of proposals with Ministers generally contributing to the debate on the basis of the advice and information available. Generally, the Executive did come to agreed positions despite differences of opinion and emphasis.

356. The divisions within the Executive around how to respond to the Covid pandemic, were in my view reflective of global divisions around how best to respond to Covid. There were Ministers who wanted to be responsive to the advice of the medical and scientific experts and who wanted to take prompt action to stop the spread of Covid and also wanted to adopt a cautious approach to the lifting of restrictions, while there were also Ministers who were less inclined to impose lockdowns and who wanted Non-Pharmaceutical Interventions lifted more quickly. In broad terms the majority of Ministers fell into the first category, with Ministers from Sinn Fein, the Alliance Party, the SDLP and the Ulster Unionist party broadly supportive of accepting recommendations and advice from the CMO when that advice was that intervention was required to stop the spread of the virus. As is apparent from the Executive Committee minutes and statements made in public, DUP Ministers, particularly at the 9 November meeting, were more reluctant to impose Non-Pharmaceutical Interventions and in general favoured a swifter lifting of restrictions.
357. The differences in the approach to the pandemic and the public health advice was a constant issue, nonetheless, despite these divisions, up until the 9 November Executive meeting, and indeed following it, a consensus was usually reached within Executive meetings. While DUP Ministers raised their concerns and objections, they usually went along with the majority Executive decisions and made compromises in the public interest, as did Ministers from all other parties.
358. While robust discussions and disagreements took place during Executive meetings, the Executive generally came to decisions based on consensus. While all Ministers were free to disagree with decisions taken, the Executive was collectively responsible for those decisions and by and large Ministers respected that.



359. Sinn Féin and the DUP were the only parties with more than one Minister. I can only speak on behalf of Sinn Féin in terms of our consultation as a party prior to Executive meetings. Our normal practice was to hold a Sinn Féin ministerial team meeting and discuss papers and issues in advance and agree our broad approach and identify any points that needed further clarification or exploration in the Executive meeting. That did not mean that we arrived with a pre-determined view on every issue, and we were open to what other Ministers had to say on the issues we discussed. Our broad policy approach was that we would be guided by advice on the measures needed to protect public health. We did not form a bloc with other Ministers and every Minister had equal opportunity to contribute to the discussion in the Executive.
360. I have been asked about the use of the cross-community vote during the pandemic. At the outset it seems to me useful to understand why the cross-community vote exists. The cross-community mechanism was negotiated, agreed and voted on as an integral part of the Good Friday Agreement which has delivered 25 years of peace and has transformed relationships on these islands. The intent of the cross-community agreement mechanism was the protection of minority rights.
361. While, as I explain below, I believe that the use of the cross-community vote in the midst of a public health emergency was wrong, it shouldn't trigger a kneejerk response to the existence of the cross-community vote. Any change to the criteria for the deployment of the cross-community vote mechanism would be a matter for detailed consideration by the Assembly and Executive Review Committee which is a standing committee of the Northern Ireland Assembly and I would not want to prejudge any of the necessarily detailed work that the Assembly and Executive Review Committee may decide to undertake.
362. As the Inquiry is aware there were 5 cross-community votes held during the pandemic and 2 of those occurred on 9 November and related directly to Covid. As I stated at the time, I believe that the use of the cross-community vote by the DUP to block a majority Executive position was an inappropriate use of the cross-community mechanism. This was a mechanism negotiated as part of the Good Friday Agreement to protect minority rights in the context of institutional discrimination and abuse of human rights.

363. I believe that the use of the mechanism undermined Executive decision-making and public confidence, given that leaks from the meeting meant that the public were aware of the divisions. This mechanism operated to exclude the Justice Minister and to deprive her of a vote, because she is officially designated as ‘other’. The use of the mechanism also overruled the majority of Ministers who were in favour of putting restrictions in place.
364. The use of the mechanism meant that there was a one week extension in restrictions, instead of a two week extension as had been proposed by CMO. I believe that this led directly to a spiking in Covid rates, with a resultant increase in deaths. I am also of the view that taking restrictions more quickly and getting ahead of transmission rates might have meant that the restrictions and the lockdown which had to be implemented on 26 December 2020 might have been avoided, albeit I recognise that I cannot say that this was definitively the case.
365. In the notes of the Executive meeting of 30 March 2020 I am noted as saying “*DoH see Exec as thorn in side*” [INQ000065748]. The comment was made at the beginning of the pandemic in the context of a very detailed discussion at the Executive with a range of questions posed to the Minister for Health and departmental officials by other ministers. The comment reflected a frustration that I believe was felt by everyone. The Department of Health, as the Department with primary responsibility for the pandemic, had been working at pace for a number of weeks on Covid matters. At this time, the end of March 2020, the response to Covid had moved beyond Health and into a wider societal response. Ministers were rightly raising concerns and questions with the Minister and departmental officials. From the Department of Health’s perspective those questions and concerns may have appeared irksome and undermining of their efforts to date. In my view that was not the intent of the questions. Other Ministers, myself included, were drilling into the detail in order to get as full a picture as possible and in order to ensure that we were collectively providing the supports that were needed to respond to the pandemic.
366. I don’t believe there were particular tensions between the Department of Health and the broader Executive, beyond the normal cut and thrust of political debate. It was a

ministerial right to question other Ministers and raise concerns particularly on such a crucial issue as Covid and it was important that we did so. At the same time, Ministers understood and appreciated the pressure that the Minister for Health and his departmental officials were under.

367. I believe that the Executive was supportive of the Minister for Health, given the enormous pressures on him and his Department. Detailed questioning and critique of the Department of Health's response did not equate to lack of support. Ministers posed questions and comments because they wanted to be certain that the response was adequate and appropriate and that everything that could be done was being done. We also needed as much information as possible in order to make decisions. Other Ministers were sympathetic to the pressure that the Minister for Health was under but equally we all had a responsibility to ensure that the Executive response was as effective as possible.
368. Once the Civil Contingencies protocol kicked in, other Ministers formally took up their departmental responsibilities, in response to the pandemic. Thus, by way of example, the Finance Minister moved quickly to lessen red tape and allow for speedier distribution of finances throughout Executive Departments, including in particular Health. Further, Junior Ministers eased the legislative burden and took many of the Regulations through the Assembly on the Health Minister's behalf.
369. Junior Ministers also carried out a series of ongoing engagements, on behalf of the First Minister and I, with sectoral representatives, enforcement agencies and the Engagement Forum. The purpose was to build consensus and get direct feedback on the Executive position. They reported back to TEO and to the Executive and the information and insight they provided was crucial to Executive decision-making.
370. Within TEO, as Joint Chairs of the Executive, the First Minister and I, cognisant of the pressure on the Minister for Health and his Department and the need to move quickly, prioritised Covid papers and in many cases turned complex and lengthy papers around overnight so they could get onto the Executive agenda, get agreement and move quickly to implementation.

371. I have been asked about whether Ministers had any concerns about the extent of the responsibilities held by the Chief Medical Officer and the Chief Scientific Adviser (Department of Health). As appears from the evidence I gave to the Inquiry on 12 July this year I became aware at the outset of the pandemic that whilst the Department of Health had a Chief Scientific Advisor, and the Department of Agriculture had a Chief Scientific Advisor, the Executive itself did not have its own Chief Scientific Advisor. We identified this as an issue, and we subsequently commenced a recruitment process to secure the appointment of a Chief Scientific and Technology Advisor for the Executive.
372. I have been asked about the issue of leaks of both of Executive Committee papers and the content of Executive Committee meetings to journalists.
373. Firstly, I should state clearly that there was no policy, informal or otherwise, of leaking proposed policies or their amendment in order to test public reaction.
374. Further I consider that leaking of papers or the discussions which were ongoing, was a completely unacceptable way to conduct business in general, but even more so during a public health crisis. To my mind it undoubtedly caused problems for the Executive and undermined public confidence in the Executive.
375. While I don't believe that the leaks affected or changed the decisions ultimately arrived at, they caused a huge amount of frustration internally. Officials and Ministers could not feel fully confident that any discussion or activity was confidential, and it did engender a level of mistrust. Such leaks certainly did not help in an already fraught situation such as that which pertained during the critical Executive meeting of 9 November during which journalists were aware of and tweeting about the proceedings.
376. In my opinion, data leaks without context or explanation could be easily misinterpreted and had the potential to mislead and misinform the public and cause confusion. As an Executive we were trying to manage a very difficult situation. Leaks undermined our ability to do that.

377. I have been asked about tensions between the respective roles of the Department of Health and the Department for the Economy in terms of the Executive's ability to formulate a collective response to the pandemic.
378. I should acknowledge that there was, in some respects, an inherent tension in the respective roles, particularly in the context of a pandemic which required as a public health response a lockdown which shut down the economy. The Department of Health's primary role is the protection of public health, whilst the Department for the Economy was responding to the economic consequences of the lockdown necessitated by the public health response to the pandemic.
379. However, in saying that, it is my view that the restrictions imposed for public health reasons were also designed to ensure the long-term wellbeing of our society and economy. The consequences of failing to protect public health were that people would die and people would be left with long-term health consequences, neither of which are good for society. The primary function of any government, from my perspective, is to serve its people and in the face of a pandemic, that means saving the lives of its citizens. The economy suffered as an inevitable consequence of the public health measures, but people must come first and the economy must serve and benefit the people.
380. I believe that the tension was exacerbated by the fact that the Minister for the Economy had a political outlook in relation to Covid which favoured an approach of being slow to impose restrictions and quick to lift them.
381. That tension came to a head at the Executive meeting of 9 November when the two Ministers presented competing papers to the Executive and ultimately, because of the use of the cross-community vote in relation to the Minister for Health's paper, the Minister for the Economy's paper was reluctantly passed. As the Inquiry knows I believe that this led to an increase in transmission rates and ultimately required a further lockdown immediately after Christmas.
382. As I have outlined above, I remain firmly of the view that having a local Executive was the most effective structure for the Government in the North to respond to the

2 pandemic. Having local Ministers and MLAs in place, who knew the issues and who were accessible to local people, ensured that the Executive was well informed and abreast of what was happening. There was genuine engagement and consultation across society; local needs of people and businesses were put first; we worked in collaboration to protect the most vulnerable; and to help businesses and people and to protect the health service. On this issue I re-iterate, but do not repeat what I have stated in paragraphs 110 to 113 above.

383. It is also a reality that as the pandemic progressed, the approach of the Tory Government to the pandemic was not consistent with the approach taken by the Executive. As I have acknowledged we were at the start largely aligned with the UK for the reasons I have explained, but as the pandemic progressed, we did adopt a more localised response which responded to the realities of the pandemic in the North. The approach of the Tory Government to the pandemic is in many ways, epitomised by the evidence which has emerged of the partying in No. 10 Downing Street, in breach of the Regulations introduced to protect the public from the pandemic. Staff parties of the type which are now a matter of public knowledge did not occur in our local context and would frankly, have been unthinkable. I believe it is emblematic of the failure to the Johnson administration to appropriately engage with and respond to the gravity of the pandemic and its impact on the lives of those we are elected to represent.
384. I have been asked about the impact of differences between Ministers at various stages of the pandemic and the impact those public differences had on public confidence.
385. As a general proposition I agree that public disagreements between Ministers did risk undermining public confidence and a cohesive approach by the Executive. I would have preferred that there was more consensus within the Executive around Covid. However, that was not the political reality.
386. I nonetheless believe that in certain circumstances, Ministers do have a responsibility to make a public intervention. As the Inquiry knows I publicly called for the closure of schools, when the Executive had adopted a different course. I also criticised the Minister for Health's early decision to align his decisions with the approach adopted

by the Johnson administration meaning that restrictions were imposed more slowly than they should have been.

387. While I recognised that public disagreement could undermine public confidence, as deputy First Minister I had a responsibility to promote the best public health response. The decision of the Irish Government to close schools whilst ours remained open, was a source of public disquiet and the public were responding, by taking children out of school and ultimately some schools took the initiative themselves. Many people were despairing of the response of the UK Government and contrasting it with the response of other Governments across the world. I believed as a political leader, trying to influence the Executive to change its approach, and trying to influence the UK Government to change its approach, it was appropriate for me to make a public call for the approach which I considered to be the correct one.
388. The statement I made in April which criticised how the Minister for Health had initially aligned himself with the UK Government approach, simply echoed what I had said previously with the objective of seeking to secure a swifter response to the pandemic. As appears while critical of the previous approach, which was a matter of public knowledge and public record, I made it clear that I was committed to working with the Minister and the Executive moving forward.
389. At all times, the public interventions I made were to urge action to head off the spread of the virus. My intention was to encourage a response which would reduce transmission rates and ease pressure on the health service.
390. I have been asked further about public statements made by Minister Poots in April 2020 where he called for “more normality” and a statement by Minister Dodds in September 2020 when she stated that the North couldn’t afford another lockdown. Both statements directly contradicted the approach being advocated by the Minister for Health at the relevant time.
391. My view is that both statements undermined the public health messaging and had the capacity to undermine public support for the restrictions which had been imposed, which could in turn impact on compliance and drive transmission rates up. The

comments were made at a time when the Executive had an agreed strategy to keep the R rate below 1 and were at variance with that key target.

392. I have been asked about the comment made by Minister Poots to the effect that there were higher rates of transmission in nationalist areas than in unionist areas. I believe that those observations were entirely inappropriate, as well as simply untrue. They sectarianised the issue and were divisive at a time when we were trying to ensure unity of purpose across all communities in the North.
393. I have been asked whether public confidence in the Executive's decision-making was impacted by breaches of rules and standards by public figures in the ~North or in the United Kingdom.
394. I believe there was an impact on public confidence. I have previously referred in my responses in Module 1 and Module 2 to my attendance at the funeral of my close friend, Bobby Storey, in a personal capacity. I fully accept that my actions caused hurt to many families who had lost a loved one during the pandemic at that time. That was never my intention, and for that, I offered my heartfelt and unreserved apology. I repeated my apology in the Assembly Chamber, at the TEO Scrutiny Committee, at the Executive Committee, at the party leaders' forum and via media press conferences. I repeat my apology to this Inquiry. I am not sure whether there was, as a matter of fact, a deterioration in public compliance with the restrictions, but clearly I cannot rule that out, and if there was it is a matter of deep regret to me.

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

395. I was issued with a mobile phone and an iPad device for business purposes by the Northern Ireland Civil Service, which I held from January 2020. I returned the phone and the iPad, from memory, at the start of 2023.
396. I would occasionally have used WhatsApp, text messages and iMessages to communicate about logistical or administrative matters. This would have included confirming availability or changing timings for meetings and notifications that papers



had been emailed or were cleared. I did not use WhatsApp, text messages or iMessages to communicate about matters related to the response to the pandemic during the Specified Period other than logistical and administrative matters. I did not use these platforms for any policy, financial or political discussions of our response to Covid. I did, however, use these platforms for non-sensitive exchanges with my private office and others, for example, for making or changing diary or travel arrangements or to confirm receipt of papers by the recorded email system. I would emphasise that these platforms were not used as an alternative to discussions at Executive meetings nor could they have been used as such an alternative given the varied and strong opinions held across the Executive parties and the nature of Executive decision making itself.

397. The people I would have communicated with in this manner were: Tim Losty, Principal Private Secretary, Private Office, Donal Moran, Principal Private Secretary, Private Office (from June 2020 when he replaced Tim Losty), Carol Morrow, Private Secretary, Private Office, Paula Magill, Private Secretary, Private Office (who replaced Carol Morrow in July 2020).
398. I also think it is possible that I would have exchanged that type of administrative or logistical messages with other Ministers and I would have sent such messages to Sinn Féin advisors: Stephen McGlade, John Loughran, Dara O'Hagan and Michelle Canning.
399. I was a member of a DFM Executive Meeting Comms which consisted of Carol Morrow, Donal Moran, Paula Magill, Gerard Willis (who was Private Secretary to Declan Kearney) Junior Minister Declan Kearney, Stephen McGlade, John Loughran, Dara O'Hagan and Michelle Canning. As I set out in my statement to module 2 I recall that there was some limited WhatsApp contact between an advisor in the CDL office who later moved to No 10 and my advisor. I also believe, from recollection that there were sometimes informal communications between myself and the First Minister for Scotland and/or the First Minister for Wales, prior to meetings with the UK Government. We did not have a WhatsApp group but would sometimes have communicated informally in advance of any meeting.

400. Any messages I sent on these platforms would be to arrange and confirm meetings or agendas, to raise queries or to seek clarification about something. I did not use these platforms to discuss matters of policy. Any information or communication relating to decision-making or policy formulation concerning the pandemic would have been formally recorded by departmental officials who will have retained these records.
401. I understand that the Northern Ireland Civil Service supplied devices would have been reset which was the standard procedure when such devices were returned. The devices were linked to the Northern Ireland Civil Service email system, so any emails would have been handled in line with Civil Service policy.
402. I would in the normal way delete redundant messages from my personal telephone and I no longer have the personal phone I had during the pandemic as I upgraded my phone and reset it prior to upgrade. From memory I recycled my old phone.
403. I have been asked to consider whether my use of WhatsApp, text messages and/or iMessages were conducted solely on my NICS issued devices or on personal devices or both. Given the pace of events and the frequent pressure to respond immediately to some messages, for example agreeing a change of time for a meeting, I cannot say with absolute certainty which device I used at any particular time. Given the long hours we were working, one device might have lost power or was not immediately accessible. I believe my use of WhatsApp, text messages or iMessages was conducted in all likelihood on both my government-issued mobile phone and possibly on my personal mobile phone. I do not have access to any WhatsApp, text messages or iMessages relevant to the response to the pandemic but I believe that these should be available from my private office.
404. I believe that I reset my devices prior to returning them to Northern Ireland Civil Service because they would have contained considerable amounts of sensitive political, policy, commercial and financial information and personal and other data relating to others in both my private and professional lives. It would have been entirely irresponsible for me to hand over devices with this information without any knowledge of who would have access to the devices and I was also confident that all records relating to my role as deputy First Minister were already recorded on the

official system which I was satisfied complied with the requirements to record discussions and decisions on Covid and across all other areas of government that I was involved with as deputy First Minister.

405. I further believed that these devices would be reset and possibly recycled for use by others given their cost. I was not aware of any particular policies in relation to the return of these devices however. I had in previous positions on the Executive adopted the same approach. There was never any indication given that this was not the correct way to return NICS devices.

406. I was not aware that on or around 12 September 2021 the Head of the Civil Service, Dr. Jayne Brady, had raised the issue of a letter being sent to the Permanent Secretaries regarding preparation for the Covid Inquiry with Special Advisors to the First Minister and Deputy First Minister. I do not believe that I was made aware that Dr. Brady had then written to all to all NICS Permanent Secretaries on 16 September 2021 requiring them to ensure that no material of potential relevance was destroyed and to provide guidance on retention of electronic communications. I was not aware of a specific instruction to that effect but was aware that the general requirement on the civil service and on private offices, in particular, to record and retain all material relating to Ministers and Executive business.

407. I have been asked about references to the term “chat” in handwritten Executive minutes. As the Inquiry will appreciate Executive meetings were conducted remotely and the chat function on Zoom would normally be used by someone seeking to give a point of information, to ask a question, or to indicate that they wished to speak. I don’t recollect the use of text-based communications during Executive meetings.

408. I did not keep a personal diary, or equivalent, either physical or electronic during my time as deputy First Minister.

#### Lessons Learned

409. Despite the complexities of our political arrangements and political differences, 5 political parties came together and worked through an unprecedented public health

emergency. Having a local Assembly and Executive made a difference and we were able to respond to local issues and local conditions in a way that the government in Westminster could or would not do. Having local ministers and MLAs in place, who knew the issues and who were accessible to local people, ensured that the Executive was well informed and abreast of what was happening.

410. I believe our messaging was clear and consistent and worked well and most people accepted and supported the logic and necessity of our approach to reducing the spread of infection. The emphasis on our collective duty to protect the health service and our health workers was in tune with wider public opinion and worked to build a society wide solidarity and unity of purpose.
411. Across Departments, officials and Ministers stepped up to ensure that people and businesses were supported particularly the most vulnerable, for example, arrangements were quickly put in place to help homeless people, vulnerable children who qualified for free school meals, people who were shielding. The swift response of the community and voluntary sector, the private sector, sporting organisations and religious groups who worked in coordination with local councils and the health sector to practically support and help vulnerable people in our community was amazing. Everyone involved deserves our appreciation and gratitude.
412. The ongoing engagement by Junior Ministers with a wide range of sectoral representatives and statutory enforcement agencies ensured there was a two-way flow of information at all times. Their work was crucial in conveying understanding of and getting buy-in for Executive decision-making. The establishment of the Engagement Forum was a key part of this work and helped keep businesses and manufacturers running as safely as possible throughout the pandemic.
413. Around procurement, joint working between the Department of Health, the Department of Finance and the Department for the Economy ensured a significant order of PPE from China while locally, the Central Procurement Directorate (CPD) and Invest NI, along with officials from Department of Health, the Department of Finance and the Department for the Economy, worked with local companies to very

quickly repurpose their businesses to supply PPE. This local effort is one of the success stories of Covid.

414. Additionally, procurement remained firmly with Construction and Procurement Delivery with no ministerial remit or input into the selection of companies. This avoided the controversies that surrounded UK Government on procurement and helped sustain public confidence in the Executive.

415. The Executive and departments worked through a coordinated multi-agency and cross-departmental approach with different parts of the public, private and voluntary and community sectors coming together. This approach, while complex, worked well and is a credit to the hard work and professionalism of those involved.

416. Obviously, mistakes and errors of judgement were made. Disagreements in the Executive were damaging and on occasion hindered efforts to present an agreed and unified health message and undermined public confidence. Tensions delayed a speedier response especially at the start of the pandemic. There has always been an ideological tension within the Executive and this manifested throughout the period of the pandemic. I have avoided as far as is possible political arguments but it is hardly controversial to point out that the DUP is a conservative party with a strong libertarian tendency and this was evident and influenced the response to the pandemic. DUP Ministers were less comfortable than other Ministers with: Government interventions; restriction on individual behaviour; and decisions that could impact negatively on the economy. Despite this tension, the Executive was, for the most part, able to navigate and manage these differences and adopt and present publicly unified and collective positions.

417. I remain firmly of the view that having the Executive in place made a significant and positive difference. There was genuine engagement and consultation across society; local needs of people and businesses were put first; we worked in collaboration to protect the most vulnerable and to help businesses and people and to protect the health service. The work that the Executive and Assembly did locally would not have been undertaken by UK Government. Political events during the pandemic (as before and

after the pandemic) demonstrate that our interests, concerns and welfare rank very low in the thinking of the UK Government or on its priority list.

Statement of Truth

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

Signed:

**Personal Data**

**Dated: 12 March 2024**