

Witness Name: Dr Dara O'Hagan (Special Advisor)

Statement No: Module 2c, statement 1

Exhibits: DHA/1 to DHA/9

Dated: 19 March 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF DR DARA O'HAGAN

I, Dara O'Hagan, will say as follows:

A. Introduction

1. I studied for a BA (Hons) Combined Humanities (history and politics) degree at the University of Ulster, Jordanstown and have an MSc in Irish Politics and a PhD in politics from Queen's University Belfast. I worked as a researcher in economic equality issues before being elected as MLA for the Upper Bann Constituency in the first Assembly election following the Good Friday Agreement. I served as a Sinn Fein MLA from 1998 until 2003. I was the party's Economic, Equality and Energy spokesperson; Member of the Committee for Enterprise, Trade & Investment; Member of the Committee of the First Minister and deputy First Minister; Member of the Assembly Commission; Member of the Committee on Standards & Privileges.
2. From 2003-2007 I was employed as Sinn Fein Policy Manager in the NI Assembly. My role was to collate and provide advice on economic, finance and equality matters including preparing keynote speeches and research papers. I worked on fuel poverty, restructuring of water services and renewable energy issues. I led research on policy papers on developing an all-Ireland economy, promoting Workers' Rights and promoting a green economy.
3. Between 2007-2017 I was a Special Advisor to deputy First Minister, the late Martin McGuinness. I provided advice to the dFM on socio-economic and financial matters. I had particular responsibility to manage and progress the PfG, Investment Strategy,

Budgets, Equality, Regeneration of former military sites, Delivering Social Change as well as economic policy such as the devolution of Corporation Tax and Brexit.

4. I was seconded for a brief period between 2015 and 2016 as a Special Advisor to the Department for Culture, Arts and Leisure, at the request of the then DCAL minister, Cárál NíChuilín, where I worked on stadia development, investment programme and governance arrangements for Arms' Length Bodies.
5. Between 2017 and 2019, when the political institutions were down, I worked as a Post Doctoral Research Associate with the University of Liverpool and was a Visiting Research Fellow in the Senator George J Mitchell Institute for Global Peace, Security and Justice, Queen's University Belfast. I also worked for the Initiative for Civic Space on the promotion of citizen engagement and deliberative democracy in a post conflict society through the use of Mini-Publics/Citizens' Assemblies.
6. During the period January 2020 until 18 April 2022 I worked as Special Advisor to deputy First Minister, Michelle O'Neill. I started in that position on 3 February 2020 and remained in that position until February 2022 when First Minister Paul Givan resigned. I advised the dFM on socio-economic and financial matters with particular responsibility to manage and progress the PfG, Investment Strategy, Civil Service Reform, Budgets, Equality as well as the management of Executive papers. Each advisor within the dFM office had responsibility for specific departments in relation to the policy content of Executive papers. I was responsible for the Departments of Economy, Finance and Health. Therefore, when Covid came about I had lead responsibility for managing the dFM response to Health papers within the Executive.
7. I was appointed by the dFM to take up the position of Special Advisor when the political institutions were re-established in January 2020. As I had to work out a period of notice, I took up position on 3 February 2020. I was not employed as a Special Advisor to Michelle O'Neill MLA in any of her previous Ministerial posts.
8. Part of my responsibilities as a Special Advisor was to consider departmental papers and proposals in the context of Sinn Féin policy positions and advise the dFM if there were any policy implications. I was generally au fait with the issues and with the Sinn Féin policy positions. If there were specific areas that I was not clear on, I would seek

clarification on SF policy to inform my advice to the dFM. I also liaised with the SF spokespersons on Health (Colm Gildernew) and the Economy (Caoimhe Archibald) who kept me up to date and appraised me of issues they were dealing with. After Executive decisions had been taken, I briefed the appropriate representative of the SF Assembly team.

Special Advisor rule during the pandemic

9. My role was to consider Executive papers relating to Covid from the Department of Health, the Department for the Economy and the Department of Finance and provide advice and recommendations to the dFM.

10. I did not, in my role as Special Advisor, provide health advice to dFM as I do not have a competency in that area. My role was to consider the advice received from the departments of Health, Economy and Finance and to provide recommendations and advice to the dFM in the context of public policy and SF party positions. Once lockdown happened in March 2020 and as we moved through the pandemic, the dFM's position was to accept the medical and scientific advice while rigorously interrogating it. In relation to health matters, the main source of advice was that which came from the CMO and CSA via pre-Executive briefings and in Executive papers. I also read briefings, for example, provided by SAGE to the dFM office and kept abreast of WHO and ECDC advice on their social media platforms. I kept up to date with what was happening globally in relation to the pandemic and with what was happening in particular in the south of Ireland and in Britain. I was not providing health advice to the dFM beyond that which came from the Department of Health, the CMO or the CSA.

11. I also liaised with the SF party spokespersons on Health and the Economy as well as the SF Head of Policy in the Assembly to ensure I was up to date with issues and concerns as events unfolded. In all of these areas, I flagged up latest developments and issues for the dFM's attention. During the pandemic and given the seriousness of the issue, the dFM had a 'hands-on' approach to dealing with Covid. She set the priorities and the agenda for the dFM office. The dFM team of ministers and Special Advisors focused on those priorities.

12. During the course of the pandemic I routinely attended dFM political team meetings (i.e. ministers and advisors) as and when they were needed. They were frequent but not necessarily always daily. The daily Hub meeting, when it occurred, was attended by Ministers rather than Special Advisors ministers and was usually attended by dFM and/or Junior Minister Kearney. I did not routinely attend meetings between the dFM and the Head of the Civil Service (HOCS). In advance of Executive meetings there was always a Sinn Féin ministerial team meeting which I always attended. The purpose of the meeting was to discuss issues that were likely to arise and seek to identify a common party position. I regularly attended the pre-Executive briefings with the Department of Health and I regularly attended Executive meetings.
13. I also attended meetings with the British government and the devolved administrations which were hosted by Michael Gove MP. I sat in with the dFM at some COBR/PM meetings when we were physically at Stormont. However, these meetings usually had restricted attendance so I was not in attendance at the majority of them.
14. I have been asked to comment on the nature of the relationship between the First Minister (FM) and the Deputy First Minister (DFM) during the pandemic. I would describe it as business-like and cordial. FM and dFM staff co-ordinated and co-operated regularly with each other as part of the Executive's response to the pandemic. The two Private Offices were in regular and ongoing contact. Special Advisors would usually have held face to face meetings or phone calls to discuss and agree TEO policy positions for ministers to sign off. Some of this work was conducted through the TEO email system and there were also some text/WhatsApp messages. Both teams understood the nature of the joint offices and there were members of each team which had experience from working together in 2007-2017. I can say that good co-ordination and co-operation between the SPAD teams assisted the Ministers.

Initial understanding and response to Covid-19 (January 2020 - March 2020)

Impact of absence of power-sharing

15. Power-sharing was down in this jurisdiction from early 2017 until January 2020. As I did not take up my employment as a Special Advisor in the dFM office until 3 February 2020 I am unable to comment on specific events before then. I can, however, identify to the Inquiry what some of the main challenges were to re-instituting the power-

sharing arrangements in January 2020. They included Brexit; legacy issues around victims of the conflict; the dire financial situation facing the Executive; getting agreement on cross-cutting strategic issues such as PfG, Investment Strategy, Civil Service Reform, and the implementation of the recently published New Decade New Approach (NDNA) document were the immediate priorities for the dFM. These aligned with the priorities for the newly formed government.

16. In addition to advising the DFM on the particular policy areas for which we were responsible, Special Advisors had a role in co-ordinating work with officials. This would involve ensuring appropriate processes were in place for dealing with Executive papers, Assembly related matters such as AQs, Ministerial statements and preparing for Ministerial question time.

17. Once agreement was reached in negotiations and the institutions were restored, FM and dFM got down to business. Because of the joint nature of the office and the need to get agreement on every aspect of the work, a dual system operates in that there is a Private Office each for FM and dFM which are key to co-ordinating the work of ministers and advisors. The Private Office is staffed by civil servants. There is a step by step process for all papers and communications within TEO, whether TEO internal papers or Executive papers. This process entails an advisor examining the document or paper and making a formal recorded recommendation to Private Office for their own minister. This recommendation could be to agree a paper in full; to raise queries on aspects of the paper; to amend a paper; and to not agree a paper (with reasons given). Subject to ministers' agreement, any comments then go into a brokerage system to get the agreement of the other FM. If there is no agreement Special Advisors liaise to try and reach an agreed position that can be put to each minister. Depending on the content of the paper or document this process can be fast or laborious. Covid related work was treated as a priority and dealt with quickly. There were also regular FM/dFM meetings in TEO with officials as well as FM/dFM meetings as specific issues arose.

18. In my view the absence of power sharing impacted the response of the Executive to Covid through the absence of policy development and more critically policy implementation. These circumstances, combined with a legacy of under-investment in public services, put the new Executive at a disadvantage in its response. This was particularly acute in the area of healthcare. While the Bengoa reforms had been agreed in the previous mandate they had yet to be implemented in any strategic way.

19. As well as departmental priorities, the Executive had a significant in-tray to agree quickly – a new outcome focussed and cross-departmental PfG, Budget, Investment Strategy and implementation of NDNA including civil service reform. Implementing Bengoa and addressing the long-term Health and Social Care problems were also key Executive priorities with the most immediate concern in January 2020 being to resolve the nurses' strike.
20. While some of the Ministers taking up post in January 2020 had previous experience in the Executive this was not the case with all of them. Ministers were barely in office when concerns about Covid-19 first arose. This meant that responding to the pandemic soon became the dominant priority over all other normal policy activity of departments and the Executive. All of the ministers were seasoned politicians so working relationships already existed. Processes around Executive decision-making were already in place from previous mandates so they could be scaled up quickly once the political institutions were up and running. Officials would have done a large amount of preparatory work in anticipation of ministers coming into office.
21. The First Day Brief for TEO highlighted priority issues and outstanding decisions for ministers to address. So, while there was a backlog of decisions across departments, Ministers would have been able to focus in on them. However, Covid overtook other TEO priorities and much of the early priorities had to be set aside to focus on the response to Covid.

Initial understanding and readiness

22. I have been asked by the Inquiry to recall the first time I became aware of Covid-19. I began working in the dFM's office on 3 February 2020. My remit at that time was to work on and progress the PfG, the Executive's Budget, the Investment Strategy and NDNA commitments. I was not present at any internal TEO meetings with HOCS or other officials where Covid-19 may have been discussed. Attendance at HOCS meetings usually fell to other advisors. I believe the first time I personally became aware of the existence of the pandemic was not from any specific briefing but from watching news reports from Wuhan. This would have occurred before 3 February 2020. On that date I attended my first meeting of the Executive Committee.

23. At this time, the response to Covid-19 primarily lay with DoH as the Civil Contingency protocol had not yet been activated. Therefore, at this stage, I was not specifically involved in the dFM response to Covid. I was aware of what was happening and was briefed as part of the regular dFM team meetings that were held. I also had a remit to manage Executive processes within the dFM office. Within the dFM team, Special Advisors had policy responsibility for specific departments. Mine were Health, Economy and Finance Executive papers; the other advisors had responsibility for other departments. My role was to ensure that all departmental papers were progressed onto the Executive agenda as quickly as possible. This involved liaising with other advisors and private office staff to resolve any difficulties or differences in policy areas and to get an agreed agenda. With the exception of the Urgent Decision request on the Coronavirus Bill I do not recall any other papers coming to the Executive on Covid from DoH or other departments during February. While I personally was aware of the media reports throughout January and February of what was happening around Covid globally, the first official briefing that I attended was the 3 February Executive meeting when Health Minister Robin Swann updated the Executive on Covid. During February, the Executive briefings given by the Health Ministers were my only formal source on Covid. I would also have been updated on Covid at dFM team meetings between ministers and advisors where we all regularly updated each other on progress and issues within our respective areas of responsibility. The dFM team was collectively concerned about Covid as February progressed and the virus spread within Italy and other parts of Europe. I was involved in progressing the Urgent Procedure decision which brought us within the provisions of the UK Coronavirus Bill. I understood that the situation was grave and that this needed to be done with speed and I expedited the UP as a matter of urgency.

24. Briefings and policy papers from the Department of Health, the CMO and the CSA were the principal sources of information available to Ministers relating to the likely spread and impact of Covid-19 during February 2020.

25. I am unable to confirm the type of briefings being given to the DFM (or the DFM and FM jointly) during January 2020 as to the development of Covid-19. I was not in position at that time. The only briefings I was present at during February 2020 relating to Covid-19 were the ones provided by DoH to the Executive committee.

26. From January 2020 until the time of the announcement of the first lockdown in this jurisdiction, I believe that any SAGE views or advice were being conveyed as part of the advice being given by CMO/CSA and DOH. The views, advice or minutes of SAGE were not provided to DFM until sight of the minutes was requested. I believe that meetings of the Executive Committee were the only meetings I attended at this stage where direct advice was given to ministers. It was conveyed orally in Executive meetings. In my view there were limitations on the effectiveness of SAGE's work in that it was generally focused on England and, as far as I could detect, did not take account of regional differences and variations.

27. I am not aware of any other early, principal sources of information used to inform briefings to the DFM regarding the transmission and likely impact of Covid-19.

Initial strategy and decision-making

28. In January and February 2020 the Department of Health was leading the response to Covid. Any initial strategy would have been developed by that department. No detailed policy options were being drawn up within the dFM's team of staff. While I was not at HOCS or other official meetings in the early period, I was aware that the Civil Contingencies Group (CCG) was making preparations around Non-Pharmaceutical Interventions (NPIs). This would have been done in liaison with FM and dFM. Specific direction, agreed between FM and dFM, would have been conveyed to officials. For example, communications and conveying clear public messaging were a priority for the dFM from an early stage.

29. Any strategy around producing a single peak closer to the summer months was a health matter and was not within the competency of TEO. There was no policy within TEO based on herd immunity. The only reference that I was aware of around shaping the curve in the early days were ongoing references at Executive meetings from the CMO/CSA and the Health Minister to flatten the curve to keep infection rates down.

30. The early understanding within the dFM's office as to the likely trajectory of Covid-19 in this jurisdiction would have been based on briefings from the Department of Health. The risk was initially described in those briefings as moderate. The first case did not occur in the north until the end of February 2020, there was concern that the images from Italy could be replicated here unless there were effective interventions

implemented. At the 2 March 2020 Executive meeting, the CMO made reference to modelling across the UK and Ireland and the need to be prepared for widespread transmission with the peak potentially lasting 15 weeks.

31. Around that time the understanding within the DFM's office was that the peak of the virus would occur at the end of May 2020 or perhaps the beginning of June 2020. On 16 March 2020 ministers were informed that the peak would come sooner and we were a week further on than first thought
32. There were no specific policies or plans being drawn up by the DFM's office as part of the early response to the pandemic. TEO operates as a joint office with FM/DFM drawing on departmental and wider Executive Committee expertise. Outside the specific policy areas assigned to TEO, its primary responsibility is to co-ordinate Executive policy. This was also the case with the response to the pandemic. Therefore, it was not the function of the DFM private office to develop plans or policies of this type.

Concerns with suppression of Covid-19

33. I have been asked what, if any, concerns there were on the part of the DFM (and/or the DFM and FM jointly, or within devolved government here) about a policy based upon initial suppression which could subsequently result in increase in infection rates. We were all in a completely unprecedented situation and were heavily dependent on the medical and scientific advice coming from DoH. We were concerned about every aspect of Covid particularly that the health service would be overwhelmed so a policy of suppression of the virus, coupled with speedy intervention, was seen by dFM as the correct response. As highlighted in Executive committee minutes, not all ministers agreed with the dFM's position. DFM advocated for a more forceful response early on. She was particularly concerned with the advice given to her following the announcement of a package of interventions by the Irish government in mid-March 2020.
34. Regarding concerns about a second wave happening later in 2020, I can only speak from the perspective of the dFM team. In the early days of the pandemic the main priority was to slow the spread of the pandemic and reduce transmission rates to the greatest extent possible. This was to prevent the health service from being overwhelmed. While concerns around a second wave and behavioural fatigue around

lockdown were a consideration, the DFM and her team of Advisors came to the belief that a lockdown was the only effective option given what was happening globally. The adoption of greater restrictions in the south also affected this view. The DFM would have preferred a lockdown sooner than it actually happened. Any advice given concerning “behavioural fatigue” did not alter this view.

35. The CMO/CSA and DoH were the source of information provided to the DFM around modelling and behavioural responses of the population to a lockdown including the possibility of “behavioural fatigue”.
36. I do not recall if the information conveyed at the SAGE meeting on 10 March 2020 as to likely transmission in the UK impacted upon the thinking of the Executive. I was not au fait with specific meetings that DoH officials were having with officials from the British government or with SAGE. By this point in the pandemic, and in the days immediately following 10 March, the dFM and her team were increasingly concerned at the British government’s handling of the pandemic and the lack of decisive actions. It seemed to be inconsistent with the advice provided by WHO and ECDC and out of step with the majority of European governments.
37. As we moved into March 2020 concerns grew within the DFM team. The situation was becoming more critical with transmission rates rising exponentially. The 11 March declaration of a pandemic by WHO was met with a swift response by the Irish and other European governments. Yet there was a muted response by the British government which continued to allow large scale events such as Cheltenham and the Atletico Madrid/Liverpool game to go ahead. At this point, it was felt that Covid was not under control, that the peak was imminent and health services could be overwhelmed. The dFM’s view – which I agreed with – was that we needed to move swiftly to tackle Covid yet this was not happening. There was a growing sense of frustration that the Executive’s hands were tied due to being linked into British government strategy. The Executive meeting of 16 March highlighted the tensions and concerns at that time at the hesitancy on the part of the Department of Health to recommend more decisive interventions with disquiet, in particular, around school closures and the downgrading of the test and trace capability by DoH.

Early Understanding of data, testing and tracing capabilities

38. The dFM's team understood that there was no effective test or trace capacity in place at the beginning of the pandemic. I am personally not aware of any work that was done to test those capabilities but would assume that such work would be carried out by the Public Health Agency and DoH. For my part, it became clear at 10 and 16 March Executive meetings that small numbers were being tested and that there was insufficient capacity to maintain community testing on any scale.
39. In relation to the reliability of data or modelling for the North I recall two issues. The first was that there was a reliance on data from England which did not seem to take account of regional variations. The second issue was that the small numbers being tested here affected the reliability of the data and subsequent modelling.
40. From the briefings provided by DoH to the Executive Committee it appeared that there was a lot of reliance placed upon the figures being produced by the British government.

Health Services

41. During my time as Special Advisor information about the impact that Covid-19 would have on health services (in terms of potentially overwhelming it) was being provided to the DFM and her team from the Department of Health. This would primarily have been in the form of briefings and papers to the Executive Committee. The main source of update would have been the Minister of Health's oral briefings to the meeting. He, or the CMO or CSA, would respond to questions from Ministers and explain the basis for such concerns. I do not recall the DFM or TEO asking for separate advice on any issue.

Planning documents

42. I was not involved in the Covid response in the early days between January and March 2020 but I do know that principal planning documents for the development of the pandemic which were formulated and in place and upon which the dFM was relying between January and March 2020 would have been drafted primarily by officials in the Department of Health and also officials in TEO.
43. I was not involved in the Covid response in the early days so was not dealing with any documents at that stage. I am, therefore, unable to say how sufficiently detailed such plans were.

Borders

44. The dFM team was of the view that we should have used our advantage as an island as a defence against Covid on the basis that Ireland is a single epidemiological unit. This had precedent in the response to the outbreak of Foot and Mouth disease in 2001. This would have required the agreement of other ministers in the Executive. Policy positions to close the north's borders with the south was not a practical option given the porous border which exists. A common position with the south of Ireland to close all borders on the island was not politically viable as there would not have been support across the Executive. In any event, the outworking of travel restrictions limited travel across the island and between Britain and the island of Ireland while still allowing for open borders and essential travel. There was no formal advice provided in this regard. The dFM team reached this view based on our own internal discussions and political experience.

Alignment with UK Government (January to lockdown)

45. Alignment with the decision making of the British government in responding to the pandemic between January and early March 2020 was the de facto position of the Executive. This was not the result of consideration and consensus by all Ministers in the Executive Committee. Rather it was as the outcome as the response was being led by DoH who were fully tied into UKG structures. For political and practical reasons divergence from the approach of UKG was not possible.

46. I was of the view that the dFM had serious concerns about British government decision-making and its slowness in response to the onset of the pandemic. The basis for policy alignment, despite the concerns, was that it was the position adopted by DoH which was leading the response. There was no positive decision of the Executive to follow the approach of the British government. Instead, it was the adoption of the approach which was advocated by the Department of Health which, itself, seemed to be following that response. At a political level divergence from the approach in Britain would not have achieved Executive agreement. At a practical level, there was a financial dependence on Westminster which did not allow the Executive to take independent decisions with large financial implications such as lockdown. The British government also had access to a broader pool of information, data and analysis to

draw upon. Also, reliable data on the arrival, spread and development of Covid-19 across the island of Ireland was not available.

47. I did not provide specific political advice to the DFM either in support of or opposition to the adoption of an approach of alignment with the British government. For political and practical reasons divergence from the approach of UKG was not possible so long as the Department of Health was adopting the approach it was.
48. I do not know the extent to which either the CMO or the CSA provided advice to the dFM and FM which was independent of that given by their counterparts in Britain. Equally, I cannot comment on whether they were providing briefings to the Executive Committee based upon their interpretation of the information coming out of SAGE (or other sources of information or data) or whether it was based upon the views of their UK counterparts.
49. I do not believe the Executive Committee had sufficient resources to act independently or undertake significant interventions in the early part of the pandemic in advance of the UKG lockdown. It did have the expertise based within the Department of Health which was tied into the UKG Covid response structures. Executive Ministers were not, at any stage prior to 23 March 2020, formally advised that a lockdown for this jurisdiction was necessary despite the reaction of the Irish government a week earlier. The DFM was first advised that lockdown was unjustified and would cause great harm to the health service and then, only a matter of days later, told that the UK national lockdown would be necessary here also. Scientific and medical advice which was based on the fact that Ireland was a single epidemiological unit would, in my view, have assisted the Executive Committee in identifying the best way for the north to respond to the pandemic.
50. I do not believe that between January 2020 and the first lockdown there was sufficient and informed debate here about the available options for responding to the pandemic. All governments and societies were in a completely unprecedented situation with a need to react quickly to unfolding events. In such a scenario, prolonged debate was not possible. I consider that, at the time and given transmission rates of the virus, lockdown was the only feasible option and that it should have happened when WHO declared a pandemic earlier in March 2020.

The decision to lockdown

51. The main factor which influenced the decision to lock down was the British government decision to do so. It was this decision which, in turn, led the DoH to recommend the same action. From memory, the possibility of a lockdown had been raised by the British government towards the end of the previous week although it was only to take effect on 23 March 2020. This was in the context of an escalating situation in March, rising transmission rates and a warning that Britain was on the same curve as Italy.
52. As stated previously, the dFM and her team wanted an earlier lockdown. By early March, it appeared that events were escalating. There was a lot of focus on whether the Cheltenham Festival would go ahead between 10 and 13 March as it attracted large numbers of visitors from across the island of Ireland. I remember increased concerns and anger at the British government decision to let it go ahead. By the second day of the Festival, on 11 March, WHO declared Covid a pandemic. FM and dFM cancelled their annual St Patrick's Day trip to the US around this time although I cannot remember the exact date that the decision was made.
53. At its 16 March meeting the Executive agreed the phased activation of the Central Crisis Management Arrangements to deal with the impacts of Covid. From this time the Executive agendas were wholly or largely dedicated to Covid matters. The dFM was doing rounds of meetings and I know she was concerned and frustrated that the Executive was not responding quickly enough to the emerging crisis. I was focused on Executive meetings, clearing papers and getting agendas agreed as quickly as possible.
54. The 16 March Executive meeting marked the first disagreement and it was over school closures. Many schools were already closed from the previous Friday, 13 March, for St Patrick's Day. There was a lot of public debate around schools and ongoing events. Many people were panicked. Parents, teachers, trade unions and churches called for school closures. Some schools announced extended holidays and publicly criticised the Executive's handling of the crisis.
55. By 18 March, the British government announced the closure of schools. The Executive followed suit. I remember a general feeling of relief in the dFM office that the decision had finally been taken. On the same day, 18 March, the Assembly suspended all non-essential Assembly business and was closed to the public from 19 March. On 19 March, the first Covid death in the north was confirmed. Over the weekend prior to

- lockdown I spent most of my time assessing papers and statements in preparation for the lockdown announcement.
56. From memory, I think around St Patrick's Day was the point at which it was understood by the dFM's office that the UK government was going to announce a lockdown. It may have been after the COBR meeting of 18 March 2020.
57. The meeting schedule (attached) shows there was a series of COBR meetings around this time. It is exhibited as DHA/1 - INQ000226006. I did not attend these meetings with the dFM. I did not have any communications with any of my counterparts in the UK government at this time. I was not in formal or informal contact with anyone in the UK government regarding this issue at this time.
58. Given the pace of events I consider that the planning in TEO was as detailed as was possible in the limited time that was available between when it became inevitable that there would be a lockdown and its eventual announcement. There was not consensus in the Executive on the closure of schools, for example, and this contributed to delayed response.
59. I have been asked to comment on the extent to which the Executive had been able to take into account and plan for the needs of those who stood to suffer disproportionate disadvantage by a lockdown. Many of the mitigation measures and planning for the needs of such persons (for example, people with a disability, those living in socioeconomic deprivation, women and children exposed to violence in the home) lay within the remit of the Department of Communities with domestic violence being a Department of Justice and policing matter.
60. Preparatory work was taking place across all departments in preparing for Covid. For example, the Department of Education worked on support for children with special needs and the provision of free school meals for children while schools would be closed.
61. The Department of Health worked to identify people with chronic conditions and those who were particularly vulnerable (elderly people, children and adults with a disability, vulnerable people who lived alone) who would need to isolate and required extra help. The Department of Health and GPs/local pharmacies worked in conjunction with the Department for Communities, which had undertaken a series of engagements with

the community and voluntary sector, sporting organisations and local councils, which resulted in practical help around deliveries of food and medications for people who needed them. This was also crucial in helping to alleviate social isolation and helping with people's mental health.

62. The FM and dFM roles were to undertake governmental meetings and outside of the specific policy areas of TEO, co-ordinate the work of Executive departments. Once the Civil Contingencies protocol was activated, and there was a move beyond Covid being solely a health matter, there was a formal role for the whole Executive around NPIs. TEO under FM and dFM played a key communications role in preparing for the pandemic with the Junior Ministers, acting on behalf of FM and dFM, undertaking a round of sectoral engagements with business, trade unions, religious bodies to communicate government thinking and to get feedback. The business engagement forum, chaired by the Labour Relations Agency, was a TEO initiative which was handed over to the Department for Economy once it was established.

63. Any action that could have been taken to avoid the need for a lockdown would have required Executive agreement. In advance of the 23 March lockdown such agreement was absent as evidenced in the 16 March Executive meeting which could not get agreement to close schools. Given the pace of events around Covid and rapidly rising transmission rates, the imminent possibility of many deaths and the health service being overwhelmed, at the time I did not consider that there was any alternative to a lockdown.

64. I would consider that the reliance on SAGE data relating to England by the Department of Health rather than producing more credible data of our own was a particular weakness. Given regional variations and time differences in that we were about 2 weeks behind England, this meant there was a strong likelihood that the data was not as relevant to our own circumstances as would have been the case with data specific to this jurisdiction. The absence of a more widespread and systematic strategy of Test, Trace and Isolate from the beginning was another disadvantage which impeded our ability to have our own more reliable data. I also believe that DoH should have had a more integrated and proactive island wide perspective with the Department of Health in the south of Ireland. This could have been across a range of issues such as aligning decision-making, public health messaging, capturing relevant data and managing border areas in particular.

65. In terms of strengths I consider that communications generally worked well as did the engagement across key sectors. This resulted in buy-in and understanding across much of society for what the Executive was trying to do while local organisations provided invaluable help and support for vulnerable people within the community.

Civil Contingency Arrangements in the first part of the pandemic

66. The role of the NI Hub is described as having supported strategic level multi-agency coordination and shared situational awareness in respect of the response to the Covid-19 epidemic. [INQ000145786]. The NI Hub was able to meet its objectives *“to support the Executive and the Civil Contingencies Group to make timely and informed decisions in response to the strategic management of any Covid-19 outbreak here”* to a certain extent in that information was provided to ministers and officials on a regular, ongoing basis. However, its usefulness was limited in that the Lessons Learned Review *“C3 Covid-19 Response: Lessons Learned Review and Future Roadmap”* [INQ000023223] subsequently concluded that there were internal communications difficulties between it and departments and the data was not always accurate and up-to-date. However, I would emphasise that we were facing into an unprecedented public health crisis that demanded immediate actions and responses and on that basis I believe officials working in the Hub did their best in the circumstances and I personally found the officials themselves and their work to be extremely helpful in aiding my job of advising the dFM.

67. CCG was the strategic body which headed up the civil contingencies response across departments and supported Executive decision-making on Covid. It sat within TEO and was chaired by HOCS (Ministers could also chair it). I believe it was not an effective decision-making body as the civil service does not traditionally like to make decisions particularly when ministers are in situ. Once ministers were in place, decision-making was quickly handed over to them. At the time I was unaware of issues as to the sharing of situational awareness. It has subsequently transpired from the Lessons Learned Review that ministers were not given all the information nor was the information given always accurate.

68. It is my understanding that changes were made to the operation of the NI Hub once we were past the peak of the first wave with transmission rates decreasing. Alternative arrangements were put in place centred around officials in TEO co-ordinating cross-

departmental activity. This was subsequently formalised into an Executive Covid Taskforce (ECT).

69. The immediate reason for standing down the CCG and scaling down the NI Hub on or around 21 May 2020 was that infection rates were going down and the first wave of the virus had passed its peak. The CCG and Hub were an immediate short-term response to a civil contingency crisis. As more information on Covid became available it was clear that it would need longer-term management which balanced health, societal and economic considerations. Thus, ministers wanted a 'reset' in responding to Covid which involved taking some of the pressure off health and bringing more ministers into the formal response, for example, other ministers taking the Covid Regulations through the Assembly. There was also a need to formalise social and economic advice alongside health and scientific advice so that once the immediate crisis was past decision-making took a more rounded approach. This involved replacing the existing structures of the Hub by officials within TEO who co-ordinated and pulled together the wider issues and advice from across departments which then became part of formal submissions provided to ministers.

70. I have been asked to comment on my overall assessment of the civil contingencies arrangements. I would say that they worked well in parts, for example, providing ongoing information sharing and co-ordination across departments. They also served as a focus and support for ministers. However, these aspects were also limited in that the arrangements were unwieldy and complicated, consisting of many moving parts and points of contact. As a result, communication was not always up to standard and data and information was at times inaccurate and outdated. I agree with the conclusions and recommendations of the Lessons Learned Review and would add an additional recommendation that a small team of officials, with appropriate authority, should manage co-ordination and communication across departments so that information is distilled quickly into a suitable format with clear recommendations for ministerial decision-making.

The response to Covid-19 after Summer 2020

71. The easing of restrictions over the summer period was planned by Executive ministers. It was in line with advice from the Department of Health on the basis that the pandemic was with us for a sustained period. Once restrictions were eased and there was more contact between people an increase in transmission rates was the expected

outcome. The view within the Executive was that people should get some relief from restrictions and have a semblance of normality. It was best to do this during the summer when the weather was better and there was more opportunity for outdoor activity which helped lessen transmission. There was also an expectation that we would be facing into a second wave in the autumn and a difficult winter. While transmission rates did rise, and perhaps rose higher and faster than expected, I believe that FM and dFM and the wider Executive were managing the situation as best they could.

72. At a meeting of the Northern Ireland Health Committee on 15 October 2020 there was a suggestion that modelling work had significantly underestimated the development of the pandemic at that point. In terms of planning for a pandemic, from the very beginning the CMO and CSA always stressed that modelling work, gathering data and particularly modelling human behaviour was not an exact science. Therefore, ministers were as prepared as possible for transmission rates as they developed in autumn 2020.

73. At the 8 October 2020 Executive meeting the CMO is reported to have said “never more concerned as CMO than I am now. Short window of opportunity. Sooner rather than later – intervention now to avoid situation in 2/3 weeks”. I believe there was a sense that we were in a deteriorating situation and that the Executive needed to intervene quickly. The easing of restrictions over the summer, aligned with more contact between people and a sense of complacency amongst some of the population had contributed to the increase in transmission rates.

74. There was no particular sensitivity around identifying geographical areas with higher rates of infection. Throughout the course of the pandemic, transmission rates waxed and waned in different locations for a variety of reasons, for example, at one point the Derry/Strabane/Donegal border area had particularly high rates. At another time the North Antrim and Ballymena areas were particularly problematic. The Health Minister himself and the CMO/CSA proposed at Executive meetings that special measures would need to be put in place at sub regional levels throughout the north and the Executive agreed to this.

75. I considered that the decision taken on 16 October 2020 by the Executive Committee to implement the ‘circuit breaker’ was the correct decision. However, I think it would have been more effective if the decision had been taken sooner. The CMO had referred to the grave situation pertaining at the 8 October Executive meeting and

wanted an intervention at that time. I believe the Executive should have acted then on foot of the CMO's concerns but there was not political agreement to do so.

76. The minutes of the Executive Committee meeting on 13 October 2020 record the DAERA Minister as saying that there was "*no science, just assumptions...want to see science - didn't get science. Sick of assumptions from experts*" [INQ000065753]. I believe that those comments were a reflection of his position that he did not want to see further restrictions being brought in despite the rising transmission rates. It did not reflect the views of the majority of ministers and certainly not that of the dFM. The DAERA minister's comments were indicative of broader tensions within the Executive in that he, along with other DUP ministers, was generally opposed to more restrictions and usually challenged proposals for further restrictions from DoH at the Executive.

77. At the meeting of the Executive Committee on 9 November 2020 there was a proposal from the Department of Health that the existing restrictions be extended for two weeks [INQ000116294]. I have been asked whether I can provide any insight into why this matter became so controversial. I would respond that it was not controversial for the majority of Executive Ministers. They understood the need for additional protections and supported the proposals. The proposal was controversial for DUP ministers who would not agree to the two-week extension and made a stand on this issue by the use of the cross-community veto. What should have been a routine Executive meeting to extend existing restrictions instead turned into a three-day crisis. I am unable to say why the DUP ministers found the two-week extension controversial though it was consistent with a general resistance from them to restrictions on individual freedoms.

78. While the CMO and CSA were always clear that the modelling, like much of the scientific data and advice they gave, was not an exact science there were concerns expressed at times around the specificity of the data being presented and how much it reflected local modelling as opposed to being England centric, for example, the local economy is more rural based and more dependent on small independent businesses than would be the case in England. There were concerns that such differences were not fully taken into account.

79. The tensions between Ministers centred around opposing views on implementing lockdowns and NPIs and their timings came to a head at the 9 November Executive meeting. Up to this point, DUP ministers had adopted a position of raising their concerns and opposition to further restrictions but usually let the majority view

- prevail. For whatever reason, they changed tactics at the 9 November meeting. The decision to actively oppose the Health Minister's proposal for a two-week extension and their use of the cross-community veto caused considerable anger amongst the other ministers. I believe that those Ministers saw it as a wholly inappropriate use of a mechanism designed to protect minority rights. I was aware that this was the view of the DFM. It was also seen as a tactic to thwart the majority position in a health crisis.
80. In addition, and to add to the pressure, it was imperative to get agreement by the end of the week otherwise all the restrictions in place would fall and society would fully reopen. I believe ministers who agreed to the extension felt they were being placed in an invidious position of either going against the original health advice to go for a lesser extension or have the restrictions fall. The CMO had also commented during the course of the meeting that the level of excess deaths would depend on decisions made at this meeting. I believe this increased the pressure and tension on ministers.
81. 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).*" I have been asked to comment on the extent to which enabling people to spend Christmas together was driving the response to the pandemic at that time. I would say that this was true to a certain extent. I believe it was recognised by Ministers that many people regarded Christmas as a special time for families and that it was hoped to be able to accommodate that, particularly for older and more vulnerable people who had been alone. However, the over-riding concern from the dFM's perspective was to make Christmas as safe as possible. This also involved consideration of the impact on mental health and the extent to which there would be adherence to restrictions.
82. The next meeting of the Executive Committee that considered Covid-19 after the meeting of 9 November took place on 19 November 2020. Executive Paper E (20) 267 (C) did not contain a clear recommendation to Ministers. Instead, it asked that information be considered and the Executive conclude on the appropriate course. This approach resulted in a letter from the Finance Minister to the Health Minister [INQ000130122] which requested that clear and concise advice be provided to identify the appropriate response.
83. I recall that there was a concern that there was insufficient direction and no recommendation from the Health Minister particularly after the difficult meeting on 9

November. Experience had shown that clear, concise information and recommendations allowed for a more informed debate and focused decision-making. It was also felt that it was the job of the department and officials with expertise in the area to make clear recommendations to the Executive and explain those recommendations. A broad recommendation that the Executive consider and conclude on the appropriate response was not helpful to ministers in making decisions and was inviting a replay of 9 November meeting.

84. During the meeting of the Executive Committee on 19 November 2020 there were a number of comments by Ministers to the effect that previous advice from the CSA should have prompted a response and did not. I believe that there was a view amongst the majority of Ministers that the extensions to the restrictions should have taken place earlier in October 2020.
85. Undoubtedly, earlier interventions such as lockdown or some form of restrictions on people mixing would have been more effective and would have achieved better outcomes. However, the Executive did not speak with one voice on this and, as seen in discussions at the Executive meetings and what happened at 9 November 2020 meeting, some ministers were opposed to such interventions and restrictions. Given the political realities and the complexities of decision-making within an enforced coalition I believe that the response to the pandemic was managed as best as it could be in the circumstances. Attempts at reaching consensus were reasonable.
86. 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]. 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 Northern Ireland 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 26 December to 2 January. On 21 December 2020, 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 2020.

87. In the period, late November into December 2020, the Executive acted with more cohesion in its decision-making. I believe that ministers did not want a repeat of the 9 November meeting. Executive meetings settled into a routine and, after discussion, acted in accordance with the advice of the CMO and CSA. It appeared that the outcome of the 9 November meeting had resulted in a spike in transmission rates at the end of November and additional restrictions were agreed by the Executive at that point. The rationale for the decisions outlined (above) and taken during December 2020 was to set a balance between getting political agreement for the restrictions while giving people and businesses some relaxations in the run up to the crucial Christmas trading season.
88. The bubbling arrangements, while still in place, were subject to further restrictions. On balance, it was deemed better not to abolish them altogether having regard to the mental health and well-being of more vulnerable people. Allowing them to be with family and friends was also a factor. Messaging focused on personal responsibility and what to do to reduce the chances of infection. The reduction in the amount of days allowed to bubble was geared towards discouraging travel over Christmas particularly with the identification of the new alpha variant in the south east of England and Wales.
89. After the decisions in November and December 2020, there was a rise in transmission rates as we moved into 2021. This was not unexpected. However, transmission rates began to fall in mid-January 2021 as the 26 December restrictions began to take effect.
90. As Christmas 2020 approached, the British government proposed a joint approach towards restrictions during this period with all Devolved Administrations. A joint statement was to be issued. The Executive did not endorse the statement and instead published its own statement on 21 December 2020. I believe that the adoption of a different course by the Executive reflected different local circumstances. Having an approach that reflected and dealt with our own circumstances was the important factor and rationale. It was not thought confusing or damaging to public confidence that there was some distinction with the approach in Britain. The most important matter was to have the right message for this jurisdiction.
91. I have been made aware that the Health Minister sent a WhatsApp to the effect that there had been a draft statement for PM/FMdFM/FM's to consider but it did not issue

as “our dFM refused to sign at the last minute for political reasons”. [INQ000095177]. I do not have a copy of the statement referred to by Minister Swann. I am not aware of the background to it or any discussions in relation to this draft statement. I cannot comment on why he made those comments. Officials in Private Office would normally email documents to the advisor whose remit covered the relevant area. Therefore, I may have seen a draft statement at the time. I cannot, however, recall it. There was a large volume of emails received by advisors on a regular basis. I have been unable to ascertain what statement is being referred to or its content. I do not recall any discussion around not signing a statement. The Special Advisor dealing with correspondence and communication from governments was Stephen McGlade.

Executive Covid Taskforce

92. The Executive Covid Taskforce (ECT) was established in December 2020 but a team of TEO officials worked informally much earlier as a replacement for the Hub. It was led by Karen Pearson. FM and dFM wanted a reset of the Executive response to reflect more long term thinking and management around Covid and to formally establish a whole Executive approach rather than leaving the responsibility solely to Health. It also reflected a wider societal response to Covid particularly around the economy and the impact of NPIs across society. If the ECT model mirrored the changes adopted by the British government this was incidental. ECT was not established to reflect such changes although it may have replicated some of the thinking around Westminster in moving to a more long-term response to Covid.

93. Both the Health Minister and the Economy Minister raised queries about how the ECT would operate. Those queries included how it would fit with ongoing work so as not to create duplication; where the lines of accountability lay within departments and how it would operate strategically. I also believe there was some initial concern that it was a TEO Taskforce. However, ministers seemed reassured that its function was to bring existing work together into a more manageable framework and that it was an Executive Taskforce with the Terms of Reference to be agreed by ministers. In that respect it was owned and directed by the Executive Committee rather than TEO.

94. In my view there was a definite improvement that could be attributed to the ECT. This was seen in the process around the Executive receiving Covid papers, they became more formalised, there was a wider aspect to the advice from officials in that it referenced socio-economic impacts as well as health impacts and it was written in a

more concise, clearer manner. I also believe that stakeholder engagement and communication became better and less ad hoc than it had been. Overall, the ECT improved the support and advice to aid ministers in their decision-making. I personally found the officials working in the ECT to be a great source of information and support.

95. I have been directed to the minutes of the ECT meeting of 23 June 2021 [INQ000291318]. They record the FM as being hopeful that further relaxations of restrictions on 5 July would be possible, especially in relation to the cap on outdoor gatherings. On behalf of the dFM, I am noted as having *'indicated that the deputy First Minister did not share those views and was led by the medical and scientific advice. Policy and adherence needed political leadership.'*

96. The ECT meeting of 23 June 2021 took place a week after a new FM (Paul Givan MLA) had come into office. The note by officials is a very brief outline of the discussion that took place. The FM spoke about adherence from the public to restrictions being a problem and that he would like to see further relaxations being agreed. I was concerned that this comment undermined the joint nature of TEO and, in response, I spoke briefly to reiterate the joint nature of the office which required political agreement for any policy position. It was important to make clear that the dFM did not share the views outlined by the FM, and that political leadership was needed to implement existing policy and promote adherence to the restrictions amongst the public. There was always a fine balance within the Executive to maintain consensus and to ensure that ministers would continue to follow the advice by the CMO and CSA. I witnessed the dFM working to ensure that unanimity of purpose. The medical and scientific advice underpinning the dFM's position was that provided by the CMO and CSA via the Department of Health.

Co-ordination with the Republic of Ireland

97. I did not provide political advice to the dFM with regard to engagement and/or coordination with the Irish government. Any advice I provided to the dFM on engagement or co-ordination with the Irish government was related to Executive papers on Covid and would have been officially recorded on the NICS system via Private Office.

98. The all-Ireland MoU between the Departments of Health was, in my view, effective to a certain extent in that there was engagement north and south at a political and

operational level. I am aware that officials communicated with each other; that the CMOs north and south had a good working relationship and spoke relatively frequently; and the public health agencies within each jurisdiction co-operated. However, co-ordination and co-operation could have been better. The statement that “everything possible will be done in coordination and co-operation” did not come to pass. For example, the Inquiry is aware that the Irish government announced interventions which took the Executive unawares such as the decision in March 2020 to close schools. There was an ongoing matter around Passenger Locator Forms for travellers coming into the south of Ireland who were then travelling north. The sharing of their data with our Department of Health remained unresolved for the duration of the pandemic. The cooperation could have been improved upon by more communication and openness, either formal or informal, by which each jurisdiction on the island kept each other informed of issues and impending decisions as a matter of course.

99. All Ireland structures such as the North South Ministerial Council (NSMC) and its various strands already existed. There are a number of areas of co-operation between the Health Departments north and south that I am aware of. For example, reciprocity around elective and emergency surgery; the North West Cancer Centre at Altnagelvin Hospital in Derry; and medical places at Magee College in Derry. Ministers can also work together outside of the formal structures. I believe that it was both possible and pragmatic to have achieved a greater degree of co-operation or co-ordination across the island of Ireland during the course of the pandemic. However, I also believe that some individual ministers lacked the will to do so while collectively there would not have been agreement from all Executive ministers. I am unaware of any review of the MoU taking place. The Departments of Health north and south would be responsible for undertaking such a review.

100. I believe the Irish government would have operated under the constraints similar to any government in relation to informing their own cabinet of any announcements. However, this would not, in my view and experience, have precluded informal communications and it would have been possible to provide confidential briefings on what was likely to be announced. There were issues around timing of announcements and not communicating them which did leave Executive ministers under pressure. A prime example, in my view, was the Taoiseach's announcement in March 2020 on school closures which created a huge fallout across the north amongst the Executive, parents and schools. At a practical level co-ordination was vital as closures in one part of the island which left similar venues open in the other jurisdiction

created the potential for greater travelling and more mixing of people with a resultant rise in transmission rates. Border areas were particularly vulnerable in this regard.

Advice in relation to public health communications

101. I have been asked to set out and explain the extent to which there was a joint approach by the FM and DFM in communications to the public about Covid-19. Other advisors were dealing with communications so they are better placed to address this issue in greater detail. They are Stephen McGlade and Michelle Canning (who was in position for a short period only). The power-sharing arrangements of the Good Friday Agreement and the joint nature of the Executive office places a requirement for agreement between ministers within TEO. To that end, all documentation within TEO, including public statements, must be jointly agreed. There was a single narrative around Covid produced by EIS which was updated regularly and emailed to ministers and advisors. This addressed issues and answered questions as they arose and would have formed the basis for public communications.

102. In my opinion alleged breaches of rules and standards by Ministers, officials and advisers impacted on public confidence and made it more difficult to ask people to adhere to the restrictions being implemented.

103. The population in the north follows both Irish and British media as well as local news. Therefore, public health messaging was complicated at times by different messaging coming from the Executive, the Irish government and the British government. It not only caused confusion but raised questions as to why some measures were being implemented in one jurisdiction but not in the other. In my experience, the most effective way to combat such confusion was for the Executive to be very clear in its messaging and the reasons for the measures it was putting in place. A "two island" response to Covid was the obvious way to avoid confusion.

Leaks

104. I was aware of my obligations in the important role to which I was appointed. It is my understanding that "Special Advisors should not disclose official information which has been communicated in confidence on official business or received in confidence from others". That requirement is set out clearly in the Special Advisors

Code of Conduct. A copy of that document is attached to this statement. It is marked as exhibit DHA/2 - INQ000400976.

105. I understood this to mean that I could not discuss or reveal the content or discourse around official documents or discussions outside of the relevant people who were dealing with or who needed to be made aware of such documents or discussions. GDPR; FOI legislation; the Public Records Act; the NICS Code of Ethics; and Standards of Conduct in the NICS Staff Handbook would also be relevant in this respect.

106. I understand that the Inquiry has noted occasions when Ministers complained about leaks of Executive Committee papers. The leaking of information from the Executive Committee was an ongoing issue and was more likely to happen when there was controversy or disagreement within the Executive. It created anger and frustration and a level of distrust which made Executive meetings more difficult. It inhibited discussion to the extent that ministers and officials were not confident that their words would not be repeated and potentially misrepresented. I do not think it affected the decisions which ministers made but it did undermine the authority of the Executive and public confidence at such a crucial time.

107. Throughout the Specified Period, I did not personally ever disclose the whole or part of an Executive paper or brief a journalist about the contents of an Executive paper beyond the Executive or the NICS. I did not personally ever disclose the contents of an Executive Committee meeting to a journalist whilst that meeting was ongoing. I have no knowledge of any other individual ever having disclosed the whole or part of an Executive paper or briefed a journalist about the contents of an Executive paper beyond the Executive or the NICS or disclosed the contents of an Executive Committee meeting to a journalist whilst the meeting was ongoing.

Communications and documents

108. I was issued with a laptop, mobile phone and Ipad by the NICS in my capacity as a Special Advisor on taking up my position in February 2020. I returned the devices in February 2022 when my employment in TEO ceased with the resignation of the FM.

109. I had a personal mobile phone which I used for text messages, iMessage and WhatsApp. I also had an NICS issued mobile phone which I sometimes used but less frequently than my personal mobile phone.

110. I believe that I would have communicated on those messaging platforms with the persons listed below:

- i. Minister Michelle O'Neill
- ii. Junior Minister Declan Kearney,
- iii. Stephen McGlade, John Loughran and Michelle Canning - dFM Special Advisors
- iv. Philip Weir, Richard Bullick. Emma Little Pengelly – FM Special Advisors
- v. Ronan McGinley – DfC Special Advisor
- vi. Eoin Rooney – DoF Special Advisor
- vii. Mark Ovens – DoH Special Advisor
- viii. Paula Magill, Donal Moran, Tim Losty, Carol Morrow, Gerard Willis – dFM Private Office
- ix. Karen Pearson – TEO official
- x. Jayne Brady – HOCS
- xi. Erin Craig – Executive Information Service,

111. In the TEO Group – Executive Meeting Comms - DFM Executive Meeting Comms – Carol Morrow, Donal Moran, Paula Magill, Gerard Willis, Michelle O'Neill, Declan Kearney, Stephen McGlade, John Loughran and Michelle Canning.

112. The purpose of communications with individuals was to arrange and confirm meetings, raise queries, get clarification and follow up on issues. The purpose of the group was to arrange and confirm meetings, raise queries and get clarification.

113. I am familiar with the Northern Ireland Code of Conduct for Special Advisors. It requires that official email systems are used and that information generated in the course of government business must be handled in accordance with the applicable laws.

114. I can confirm that any meetings I attended in an official capacity had an official minute taker from the civil service present. It may be helpful to explain to the Inquiry how the dFM team ensured that a formal record was kept in relation to Covid papers

which were either internal to TEO or which came through the Executive. Responses to internal TEO papers were recorded as laid out as described in Paragraph 18 and involved advisors making formal on the record recommendations to the dFM. Once her agreement was confirmed it was then recorded by Private Office as the formal dFM position which would then go into brokerage to get an agreed TEO position. Executive papers on Covid had a different process due to the time pressures, the number of papers coming in, the complexity of the issues being dealt with and the lateness of papers.

115. Before Executive meetings there was always a SF ministerial team meeting consisting of all SF ministers and advisors. The meetings were a mix of face to face, zoom and hybrid depending on transmission rates at the time. The meeting went through the Executive agenda and advisors gave their assessments and recommendations orally on each paper with some discussion if necessary. The dFM position or comment on an Executive paper would then have either been formally recorded by advisors in an official departmental email to Private Office or ministers would have spoken to the paper during discussions in the Executive committee thus having a formal record in that format.

116. There were no specific terms of the Code of Conduct for Special Advisers around the use of Messaging Platforms. Messaging platforms were used to arrange and confirm meetings or agendas, to raise queries or to seek clarification or to follow up on issues. I did not use these platforms to discuss substantial 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. I was not aware of any other policies which related to the use of Messaging Platforms during this period.

117. I was aware that officials would retain any communications that took place with officials on either my government issued mobile device or my personal mobile device. I did not, therefore, seek to duplicate such records by creating my own.

118. To my knowledge and belief, the Messaging Platforms used on Ministers' NICS-supplied devices or personal mobile device(s) were not used as an alternative to formal or minuted meetings.

119. I reset my NICS supplied mobile devices prior to returning them. At the time I had understood this to be standard procedure. The messages on the devices would have contained arrangements for meetings, queries and possible clarification or updates around issues. They did not contain policy formulation. Any information relating to policy formulation would have been formally recorded by departmental officials who will have retained these records. My emails were linked to the NICS email system so they would have been retained. I did not delete any emails. I had presumed that any devices would be recycled and used again within the civil service. I do not know what TEO have done to retrieve the content of any deleted messages from my devices.

120. I do not still hold the personal device I used during the Specified Period.

Personal

121. I have been asked whether I kept any personal diaries, notebooks, daybooks or planners during my post as Special Advisor during the specified period. I did not keep any personal diaries, notebooks, daybooks or planners (either physical or electronic) during my post as Special Adviser during the Specified Period. The only notes I took were action points that I needed to follow up on during the course of meetings or discussions. These action points would have contained notes which I subsequently emailed on the NICS email system as formal dFM responses and positions on papers and documents.

122. I do not retain the originals or copies of these notes as they were scribbled action points and notes which I crossed off and routinely disposed of once I had followed up on them.

Particular Messages

123. I have been referred to particular messages that I sent to or received from Donal Moran (DFM Private Office) on 16 October 2020. The messages should be considered in the light of what was occurring at meetings of the Executive Committee around that time. I attach the handwritten minutes of the Executive meetings of 13 and 15 October 2020; and a statement by the FM to the Assembly on 14 October 2020 as an aid to this response. They are exhibited as DHA/3 - INQ000065753, DHA/4 - INQ000065686, DHA/5 - INQ000237647.

124. The context for this exchange was the increasing transmission rates of Covid at this time; the Executive meeting of 13 October to agree additional restrictions as a result; and the Executive meeting of 15 October to agree the Third Review of Coronavirus Regulations. This was heading into the second wave and there was a large volume of Executive business on Covid.
125. The 13 October Executive meeting had convened at 9.35pm to deal with the emerging situation. The DfI minister raised concerns about five substantial papers being on the agenda and asked for an adjournment to go through them. The meeting was adjourned and reconvened later that night at 11.15pm. After discussion, the Executive agreed additional restrictions as set out in Executive paper *E (20) 244 (C) COVID-19 Consolidated Impact Assessment, and Proposals for Restrictions*. A statement to the Assembly by the FM on 14 October 2020 sets out the additional restrictions.
126. There was a further meeting of the Executive on 15 October to discuss the Third Review of the Coronavirus Regulations which needed agreed and renewed by 16 October as well as a DOJ paper on offences and penalties for breaches of Coronavirus rules. The Regulations were agreed on 15 October although the Executive meeting itself reconvened later that same day and the next morning to discuss other business.
127. This period of intense activity within the Executive was followed by a meeting of officials and drafters of the Regulations on 16 October which was the immediate context for the WhatsApp exchange between Donal Moran and I. I did not normally attend such meetings but advisors had been asked to go given the time pressure to get the Regulations and associated guidance agreed by 6pm that day. I think the meeting was by zoom.
128. I have not been able to find any minutes for the meeting. It was an official level meeting with no ministerial involvement and did not usually involve advisors. My recollection is that it was a fairly large meeting of officials and drafters and there was an endless round of discussion about the detail of the Regulations in respect of the additional restrictions agreed at the Executive meeting on 13 October.

129. I recollect being somewhat surprised and annoyed that the drafting had not reached a more advanced stage given that there was Executive agreement on 13 October meeting and an announcement had been made in the Assembly on 14 October. It was known well in advance that the Regulations needed laid by 16 October. Therefore, the exchange highlighted the frustrations felt that the official element of the work was not more advanced given the time pressures and my comment reflected my view that there needed to be improvements in the processes to support Executive decision-making.

130. There was a further exchange on WhatsApp between Donal Moran and I on 17 February 2021 [INQ000308424].

[17/02/2021, 21:26:42] Donal: Draft DE paper with DoH for comments at the moment. The DoH assessment will dictate if the paper is for tomorrow or not.

[17/02/2021, 21:27:47] Dara O'Hagan SPAD1: Thanks

[17/02/2021, 22:46:02] Dara O'Hagan SPAD1: Any idea of time yet?

[17/02/2021, 22:47:11] Donal: Dara, still no sign. Really sorry about this. A ridiculous time to be submitting papers!

[17/02/2021, 22:50:28] Dara O'Hagan SPAD1: Don't apologise, it's not your fault. You're stuck with this madness as much as the rest of us

[17/02/2021, 22:50:58] Dara O'Hagan SPAD1: This whole process needs gripped. How many times have we said that!

[17/02/2021, 22:51:41] Donal: Absolutely. But Covid is the free pass for everyone. No deadline sticks.

[17/02/2021, 22:52:23] Dara O'Hagan SPAD1: And health know it. There's a lot of game playing going on in my view

131. The late submission of papers was an ongoing issue throughout the pandemic. It was sometimes a problem before the pandemic but this was much more marked during the relevant period. This was understandable given the fast pace of events and

the pressure that officials were under, particularly in the Department of Health. It was nonetheless frustrating to try and get a whole Executive approach put in place where people understood they were part of a process that clogged up if they did not or could not deliver their part of the work in a timely manner. The impact of late submission of papers meant that there was less time to review and give consideration to the content of papers particularly around such a crucial issue as Covid. The work was often carried out late the night before an Executive meeting. This caused administrative difficulties but, more crucially, caused political difficulties with other ministers regularly raising concerns about the lateness of papers. At times, the meeting of the Executive Committee had to be delayed or adjourned to allow ministers time to review papers.

132. Executive meetings were agreed in advance and deadlines were set for submission of papers to allow time for consideration yet papers were continually late. The Department of Health and the Department for the Economy were particularly culpable in this regard. My comment, *“And health know it. There’s a lot of game playing going on in my view,”* reflected the frustration that I felt that the situation around late papers pertained despite repeated requests to follow processes and timelines for submission of papers.

133. The general rule was that late papers would only go onto the Executive agenda by exception. Papers on Covid were treated differently; they were always processed quickly and usually accepted for the Executive agenda no matter how late they came in. I felt, at times, that this was taken advantage of, hence the game playing comment.

134. While there was a responsibility on ministers within their respective departments to review and clear papers once they received them, the administrative responsibility for Executive processes lay with officials. I felt that the process needed ‘gripped’ by HOCS, who was the Secretary to the Executive, via Permanent Secretaries of Departments giving direction to officials around timelines and deadlines for Executive papers.

135. On the 29 December 2021 there was a further exchange on WhatsApp between Donal Moran and I [INQ000308424]. Again, to assist in understanding context I have set out the text of the conversation below.

[29/12/2021, 11:10:26] Dara O’Hagan SPAD1: Cc’d you into a response to corr 1425, Robin Swann is obviously laying a paper trail for a public inquiry. Think

we need a brief response from officials around collective decision making in the executive!

136. This exchange should be considered alongside related correspondence. Exhibited to this statement are a letter from Health Minister Robin Swann to FM and dFM dated 23 December 2021 together with advice and a draft response from TEO officials dated 31 December 2021. They are marked as exhibits DHA/6 - INQ000303814 and DHA/7 - INQ000438172. The response was drafted in response to the following dFM comment which was agreed by FM:

"Brokerage Amendments - Deirdre/Kevin - dFM is of the view that a response from officials around 'collective decision making in the Executive' is required on this one - for FM consideration please."

137. The FM then proposed amendments to the original letter, which dFM cleared, and a final agreed letter was issued to Minister Swann on 13 January 2022. It is exhibited as DHA/8 - INQ000304949.

138. The letter and response are largely explanatory but I wish to explain the context and the basis of my comments. To clarify, CORR 1425 is the DoH identifier number for this case; in TEO it is CORR/1177/2021.

139. A discussion and decisions had taken place at the Executive meeting of 22 December 2021 on additional measures to tackle the omicron variant of Covid. The handwritten notes of that meeting are attached and marked as exhibit DHA/9 - INQ000065687.

140. The discussion reflects the balances that the Executive had to deal with in order to obtain agreement for the additional measures. From the tone of Minister Swann's letter he clearly felt the measures did not go far enough. I was aware that the measures did not go far enough for the dFM either but I also knew that she was engaged in a delicate balancing act to obtain Executive agreement to the measures. She did not want either a private or a public falling out over Covid decision-making.

141. I felt that the Minister of Health's letter was unnecessary as he had been part of the Executive discussion yet he had not raised some of the points which he raised

in his letter to FM and dFM. His officials had worked on the papers with officials in TEO and the CMO/CSA had provided advice. He could, and should, have raised these issues at the meeting and sought to persuade his colleagues. I felt that the Minister of Health was putting a position on the record that he had not put forward at the Executive meeting the day before in anticipation of being asked questions down the line. I spoke to the dFM about my concerns on receipt of the letter and suggested that we ask officials to draft a response relating to the collective decision-making of the Executive. The dFM agreed with my assessment and I submitted a dFM comment to that effect.

142. On 22 March 2021 I sent the following message to Donal Moran [INQ000308424]:

[22/03/2021, 15:14:46] Dara O'Hagan SPAD1: When's the next normal exec? Not that any aspect of the exec can remotely be described as normal! 🤔

143. By this stage in the pandemic, March 2021, non-Covid business was also on the Executive agenda. My question around the next normal Executive was asking when the next non-Covid Executive meeting was due to take place. The latter part of my remark – “not that any aspect of the exec can remotely be described as normal!” – was a reference to how normal practices around Executive meetings were largely suspended and we were working remotely, with long hours, late nights and a large number of Covid related business being dealt with.

Leadership, key challenges and lessons learned

144. It is my view that the professionalism and business-like relationship fostered by both FM and dFM was key to providing leadership in extremely difficult and unprecedented circumstances. I believe they provided effective leadership. Any difficulties they encountered was due to the tensions and political differences in the timing and responses to the pandemic.

145. Throughout the pandemic I shared the dFM's view that earlier and more widespread interventions were likely to be more effective. A key challenge was that a consensus amongst ministers for that approach did not exist. Thus, the political management of the pandemic became a delicate balancing act which worked most of

the time. However, the meeting of 9 November 2020 showed this was not always the case.

146. Even with these difficulties, in my view, the Executive managed the response to the pandemic as well as did the other devolved administrations despite the constraints under which they operated. I often thought during the pandemic how much more effective the Executive, Scotland and Wales could have been if they had had greater resources and more independence to operate.

147. A Special Advisor is uniquely placed to be part of and observe both the political and civil service elements within government. It is my view that the majority of people working within the machinery of government involved in the Covid response, whether at political or official level, did their level best to respond to an unprecedented and evolving crisis. While I was frustrated and critical at times when processes did not work as they should, I was always aware of the extreme pressures that everyone was under. I wish to formally record my thanks to those officials.

148. It is now clear with hindsight that there was insufficient preparation for the crisis that arose. That should come as no surprise for a system that was under-funded, under-staffed and was struggling with the day to day demands of government never mind looking to 'what if' scenarios. Even if ministers had been in place, government would still have been struggling to manage resources.

149. In terms of lessons learned I believe the single most important lesson is that public services, particularly health, need to be properly resourced and functioning effectively if we should face a similar crisis or pandemic in the future. Civil Contingency management and preparation is a key part of that. Strategically, embedding systems management into the machinery of government, i.e., applying thinking that government is a system of inter-related parts and for public services to work efficiently each part must work in tandem with, and operate to reinforce, the others, would improve internal processes and lead to more effective decision-making and outcomes. I believe such a system would be much better prepared and able to respond to a crisis. It would take a period of time to embed the change required but the outcome-focussed PfG could provide the impetus to move to a cross-departmental, more agile civil service geared to deliver public services. This will require resources.

150. Finally, Executive and civil service sectoral and community engagement largely worked in getting buy-in and understanding for restrictions and interventions even if there wasn't full acceptance across society. It also allowed a two-way flow of information where problems could be addressed and mitigated where possible. The small but vocal opposition to measures around lockdown, wearing masks, vaccinations etc was unrepresentative of the majority of people and groups who recognised the need for government intervention, who were driven by a sense of community and co-operation, and who acted responsibly to protect themselves and others.

Statement of Truth

151. 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: 19 March 2024