

Witness Name: Declan Kearney MLA
Statement No: Module 2C, Statement 1
Dated: 12 March 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF DECLAN KEARNEY MLA

I, Declan Kearney, MLA, will say as follows:

1. I am a member of the NI Assembly and the former Junior Minister in the Executive Office (TEO). I served in the TEO from 11 January 2020 until 5 May 2022. I am making this statement, in answer to questions asked by the Inquiry in relation to this role during the COVID-19 pandemic.
2. This statement and the responses to the Inquiry's questions, are to the best of my knowledge and belief accurate and complete at the time of signing. I have provided the statement in the form requested by the Inquiry. I have considered the Module 2c list of issues (dated 21 November 2023). I am conscious however that there are documents, relevant to my role as a Junior Minister, which I have not yet seen. It may therefore be that I will need to add to my statement upon receipt of any further documents of relevance to the questions which have been raised to date.
3. I have completed this statement with the assistance of my legal representatives.

Section A - Background and Ministerial Role during Covid-19

4. I was elected as a Member of the Legislative Assembly for South Antrim on 5 May 2016. I am a member of Sinn Fein. I served in The Executive Office (TEO) alongside Michelle O'Neill MLA when she was Deputy First Minister. During the period January 2020 until June 2021 Arlene Foster MLA was First Minister. She was replaced by Paul

Givan MLA in that role from June 2021 until February 2022. The Junior Minister role was filled up Gordon Lyons MLA and then Gary Middleton MLA from the DUP.

5. In my first assembly mandate, from May 2016 until January 2017, I served on Committees within the Assembly including Justice, Public Accounts and Agriculture. Junior Minister was my first Ministerial appointment.
6. The role of Junior Minister in the Executive Office is based on section 19 of the Northern Ireland Act (1998). Members of the Assembly are appointed by the First Minister and Deputy First Minister acting jointly. The role involves attendance at meetings of the Executive Committee but does not carry a right to vote in the decisions of that body. The holders of the role have always been from the same parties as the nominating First and Deputy First Minister. The Junior Ministers act jointly as representatives of TEO. They are bound to act consistently with the Ministerial Code.
7. During the pandemic the senior civil servants in the Deputy First Ministers office were Tim Losty, Carol Morrow, Donal Moran and Paula Magill. I worked alongside these individuals together with Karen Pearson in the Covid response team in the TEO and Anthony Harbinson. He worked as head of NI Hub. Donal Moran replaced Tim Losty in and about June 2020 and Paula Magill replaced Carol Morrow in and about July 2020. Junior Ministers do not appoint Special Advisors in the same manner that Ministers in Departments or the First Minister and Deputy First Minister do in the TEO.

Section B – Development of and Response to the Pandemic

8. It is my view that the suspension of the Assembly and the Executive in early 2017 did have long term consequences, impacting on our response to the pandemic.
9. While I am of the view that the most significant adverse impact on our ability, and the ability of the health service, to respond to the pandemic was the legacy of austerity, and consequential underfunding of our health care system, I do also believe that the suspension of power sharing had consequences. My colleague, Michelle O'Neill MLA, had been Minister of Health in the Executive, prior to its suspension in early 2017, and had prioritised securing political support for the implementation of the reforms recommendation by Professor Bengoa. The absence of power-sharing during that period 2017-2020 meant that necessary and long overdue reform of our health care service was not possible, prior to the outbreak of the pandemic in early 2020. I believe

the lack of policy development in healthcare affected how the health care service was able to respond.

10. It was also a reality that just as Ministers took up office, facing into a backlog of decisions which needed to be made, they were rapidly required to deal with an unprecedented global crisis. Ministers were re-starting the process of running the government; establishing, or re-establishing relationships with civil servants within Departments; and building working relationships with Ministerial colleagues, when, very rapidly, the public health emergency began to impact on everyone's priorities for government, becoming the over-arching priority for the Executive. The pandemic response soon became the singular focus of the Executive.
11. I have been asked whether there was a lack of trust or cohesion between Ministers. It is fair to say that there were issues of trust given the collapse of the power-sharing institutions. It is also fair to say that there were tensions within the Executive, which did become more apparent as the pandemic proceeded, however, these tensions were reflective of different approaches in relation to how we should respond to the pandemic, and what measures we should introduce to reduce transmissions. As against that, we had committed to working together and had worked together to agree a programme for Government and I believe that there was a joint commitment to power-sharing and a willingness to move forward as an Executive. Overall, I consider the Executive Committee did a reasonable job in all of the circumstances.

The Outset of the Pandemic

12. I have been asked to comment on an internal TEO document, entitled "Pandemic Influenza" which stated that EU exit preparations meant that Northern Ireland was more than 18 months behind Britain in terms of ensuring sector resilience to any pandemic flu outbreak [INQ000092712]. I understand this refers to redeployment of staff. I do not have sufficient personal knowledge to be able to positively agree or disagree with that assessment. However, I would also add that austerity had also a significant effect on public services in this jurisdiction including in the health and social care system and I assume that this would also have impacted on civil contingency planning.
13. I do not have any recollection of a specific briefing to me about Covid-19 at the end of January 2020. I believe it may have been the case that the Minister of Health would have briefed the First Minister and Deputy First Minister and I would have become

aware of that. At that time preparations would have been undertaken by the Department of Health rather than across the wider Executive, albeit the First and deputy First Minister would have been kept informed.

14. I have been asked about what consideration was being given at this stage to the fact that Covid-19 was a coronavirus rather than a flu pandemic and further whether consideration was being given as to whether flu pandemic plans would be effective in those circumstances. I was not, at the end of January, fully aware of the distinctions between a coronavirus and flu pandemic and how this would impact our response. I can recall that the gravity of the situation did dawn on me early in February 2020, but this was largely a result of watching the story develop on the news, rather than specific briefings or advice to me in my role as Junior Minister.
15. I have been referred to a letter from the Director of Population Health to the Department of Health dated 6 February 2020 [INQ000218470]. It is not my recollection that I saw this letter at the time. It states that TEO Civil Contingencies Policy Branch, needed to urgently consider sector resilience in the face of the threat from Covid-19. I am unsure whether the "assessment of sector resilience preparedness, capacity and capabilities across NI departments and agencies and the emergency services" did occur.
16. 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 rather than TEO. I am aware that the Director of Population Health at the Department of Health advised against the activation of NICCMA arrangements at this point. The letter appears to explain the policy as one of waiting for the arrival of the pandemic. However, officials in the Department of Health would be better placed to explain that initial advice than I am, as I am simply interpreting the letter. Even at this point, however, it did seem to me, inevitable that Covid-19 would reach Ireland.
17. On the 24 February 2020 the World Health Organisation (WHO) published its international mission report to Wuhan. It recommended the activation of the highest level of national response. I did read the report and noted its recommendations, although this may have been after rather than on 24 February 2020. I do not recall discussing the report with anyone after my reading of it. At the Executive meeting of the same day, the advice from the Department of Health remained that the risk level in the North was "moderate" and that we were still in containment phase. On reading the WHO report I was conscious of the dichotomy between WHO's recommended

- response and the advice from the Department of Health at that time. There was fuller discussion of CMO advice and the possible introduction of restrictions in the Executive meetings in March 2020. A review of the handwritten minutes of Executive meetings on the 2 March, 10 March and 16 March 2020 show the concerns being raised by some Ministers including the Deputy First Minister [INQ000065694, INQ000065737, INQ000065689]. Concern about the approach being advocated by the Department of Health advice became greater after the announcement of the measures that were to be taken by the Irish government. Different approaches north and south would, it seemed to me, cause problems for consistent messaging and adherence.
18. I have been referred to a paper sent to the TEO Board, on 25 February 2020 and asked about the role of the Executive Committee at this stage [INQ000205712]. On 25 February 2020, the Department of Health remained the lead department in responding to the predicted global pandemic and the Executive Committee had no direct role in overseeing the response. 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. Communication with the public was still led, at this stage, by the Department of Health.
 19. On 2 March 2020 the Executive Committee held its first substantive discussion about Covid-10 [INQ000065694]. We received an update from the CMO. In retrospect the advice received understated the risk of what was an unparalleled emergency. Personally, I was conscious of the seriousness of the pandemic and the media had started to cover the outbreak in Lombardy in Italy, where local lockdowns were in place. The Italian lockdown was in place within a week of that meeting.
 20. At the time of the Executive meeting on 10 March 2020 [INQ000065695], the First Minister is noted as saying "Civil Contingencies – have we got plans to handle". At the same meeting the Deputy First Minister was noted as saying "Executive approach needs to kick in – all need to contribute". The advice from the Department of Health was that we were still in the containment phase. NICCMA arrangements had not been activated. The Executive's response had commenced at this stage, the Executive was to receive updates regarding the preparatory work undertaken within Departments and TEO officials assisted in co-ordinating that information. There was no formal role for the Executive Committee in directing the operational response in advance of NICCMA arrangements being activated because the Departmental of Health was in the lead at

this time. Instead, the response was to encourage Departments to support the Department of Health.

21. I have reviewed the handwritten notes of this Executive Committee meeting. I note the comments of the former First Minister that “some trying to use politics”. I am unsure what she meant by this comment. I do not believe, at that time, that any of my colleagues were doing anything other than their best to understand and react to the developing situation.
22. 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 still being guided by the advice from the Department of Health. The advice to the public changed. Those suffering mild symptoms were now advised to self-isolate at home for 7 days rather than to phone the NHS helpline.
23. The Irish government announced a package of measures on the same date. Perhaps of greatest significance was the closing of schools, universities and childcare facilities. There was also to be a ban on indoor mass gatherings. In the Executive we did consider closing of schools in this jurisdiction. However, there were Ministers who did not support this move. Their preference was to remain aligned with the approach of the British government despite the slow response.
24. I believed there was justification for an all-island approach to these matters even at this early stage and for treating the island as a single epidemiological unit, for health purposes. I was also concerned that adopting different approaches North and South did not inspire public confidence. However, the need for a united response by the Executive was also important.
25. At a subsequent Executive Committee meeting, on 16 March 2020 [INQ000083097], the Minister for Finance brought forward a proposal to close the schools. This would have ensured consistency across the island, and I believe would have been a prudent move which would not have had significant cost implications. However, the majority of the Ministers in the Executive Committee did not support the proposal when it was brought to a vote.

26. Ultimately, of course individual schools, Councils and other organisations started taking their own decisions to reduce risk and protect against infection. It was an occasion when the Executive Committee ought to have led but did not.
27. I have been shown the minutes of a meeting attended by the First and deputy First Minister on 12 March 2020 where the Head of the Civil Service (HOCS) stated that there was no medical/scientific evidence to support the measures announced by the Taoiseach the day before (INQ000232525). I was not in attendance at the meeting but understand that the Deputy First Minister challenged that assertion. From my perspective, I did not believe that the Irish government would announce such measures without any basis, their approach was undoubtedly informed by medical and scientific advice, and their approach was also consistent with the approaches of other countries and consistent with the advice from WHO, it was the United Kingdom government, rather than the Irish Government which appeared to me to be the outlier.
28. I note that the Health Minister stated that adopting the Irish government's approach would crash the NHS and create unnecessary panic. While I was not at the meeting, that was not a view I shared.
29. I and many others believed that Ireland should be treated as a single epidemiological unit which I would have regarded as a factor to weigh in favour of alignment, ultimately however, my view was that HOCS and the Minister for Health were aligning themselves too closely with the United Kingdom Government and my main difficulty with that approach was that it appeared inconsistent with the advice from WHO and the approach more generally being adopted in Europe.
30. I have been referred to a Situation Report (SitRep) of 12 March 2020 [INQ000083097] which records that *"David Sterling chaired an emergency meeting of Perm Secs this afternoon at 3.30pm. From this meeting there is a view that all NIE Ministers, including the FM and dFM, are relying heavily on CMO and SAGE advice as their guidance for decisions – hence no major push for alignment with ROI"*. I disagree, at this stage I and other Ministers were advocating for greater alignment, hence the response of the deputy First Minister at the meeting on 12 March 2020 and the subsequent proposal by Conor Murphy that we close schools.
31. I am not certain why community testing and tracing was halted on 12 March 2020. I recall that, at a subsequent Executive meeting on 16 March 2020, the Executive was

advised about the decision and was advised that it was a decision based on a need to redeploy resources. My view was that there was a value in building our testing and tracing capacity and I believed that it would have assisted the Executive Committee in understanding the development of the pandemic and taking steps to combat it. Greater knowledge of the spread of Covid-19 would, I believe, have been of benefit in shaping the response.

32. At the meeting of the Executive Committee of 16 March 2020 [INQ000065689] the Minister for Health explained that he was following the advice of CMO. He expressed concern that there was a danger that *"countries which flattened Covid"* too early could experience difficulties. I did not agree with the strategy being outlined by the Minister, it was my perception that it was too hesitant and that we needed to show greater leadership and to make decisions, such as closing the schools, which was advocated and voted on at that meeting. My own contribution to the meeting is recorded as advocating the need for greater testing and a common approach across the island. Having reviewed the handwritten minutes, my comments after the vote were not recorded in their entirety. I stated that I thought we needed to test and intensify our efforts. I also said we cannot track the progress of the pandemic without testing and that a common approach across the island was needed [INQ000065689, pg. 37].
33. At the time of that meeting the scientific advice and information available to the Executive Committee was coming from the CMO and the Department of Health. The comment by the Minister for Finance that *"people are following own science"*, I believe, was based on the fact that at this stage, the United Kingdom Government and the Executive were reacting in a manner which was too slow to secure public confidence. The comment meant that people were taking their own decisions about safety. Some schools and parents had already taken steps to protect from the risk of infection. I was concerned that the advice we were getting appeared to be different from the advice which the Irish government was receiving. The advice of CMO also appeared to depart from the approach of WHO and ECDC. I understood that approach to include the closing of schools but the CMO was not tabling that advice to the Executive at that time. More decisive action was being taken by other European governments at this time than was being proposed to the Executive.
34. At that same Executive Committee meeting of 16 March 2020 the Health Minister stated *"we have been preparing for past 7 weeks"*; the Justice Minister stated *"Exec always seems to be reacting not leading"*; and the Infrastructure Minister said *"we are*

mismanaging". I believed then, and still do now, that the preparations of the Department of Health should have included support for greater restrictions at an earlier stage in the pandemic. It was my view that the steps we had taken by that stage, and the ones that were being proposed by the Department of Health, were an insufficient response to the seriousness of the pandemic.

35. At the Executive Committee meeting of 16 March 2020 it was agreed that the phased activation of the NI Central Crisis Management Arrangements (NICCMA) would commence [INQ000048447]. The impetus for this was a change in the advice from the Department of Health. I accept that implementing them earlier would have helped. In hindsight, the levels of transmission and the pressures on the health service meant that the response was too slow. The Department of Health was the lead department although preparatory work was also being undertaken in other Departments. Thus, the Departmental Operation Centres had started the week before. In my view the Department of Health was slow to react and appeared to be tied into UK Government structures. In any event, I doubt whether there would have been Executive Committee agreement to move with any significant interventions in this jurisdiction in advance of UK Government taking any equivalent steps.
36. The NI Hub was stood up on 18 March and became active from 26 March 2020. I do believe that instituting these arrangements earlier would have assisted the Executive Committee. I say this as any steps to centralise the necessary information for the Executive to consider interventions may have been beneficial. The sooner the information was gathered the sooner it could be considered by the Executive alongside the scientific and medical advice. It would also have brought a tighter resilience to the co-ordination of all the agencies and organisations on which we would come to rely.
37. The Inquiry has asked me to comment upon an Actions log from the CCG and dated 6 April 2020 (INQ000207931). Although it states that the first actions were generated on 18 March 2020, I recall, and from review of the document now, it seems to me that some work had already been undertaken within individual Departments.
38. I do not recall any formal discussions about how the Executive Committee would, in practice, operate during lockdown prior to the meeting of 19 March 2020. At that meeting Sir David Sterling outlined how meetings would be conducted. I believe there was also a need to provide updated software to some of my colleagues.

39. At the Executive Committee meeting of 19 March 2020 the Minister for Health set out the worst case scenario in terms of Covid-19 deaths for this region [INQ000065737]. He said there could be 9,500 deaths and described those were "*scary numbers*". It was the first time the possible scale of the disaster was formally introduced at the Executive Committee, and it may have been more shocking for other Ministers, however in TEO we had been kept informed by the Department of Health of the modelling and, prior to the Executive meeting, I had been aware of the speed with which Covid-19 was spreading and the seriousness of its impact on public health.
40. I have been asked about the comment by the Minister for Agriculture that Ministers "*were behind the curve*". My view was that we should have taken more effective steps earlier in the response to the pandemic, but that as appears from the minutes of the Executive Committee meeting of 16 March 2020, there was no consensus in the Executive on that issue, at that time.
41. The Inquiry has asked me to comment on 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 United Kingdom policy was to take a gradual and incremental approach to introducing non-pharmaceutical interventions and that 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*".
42. I agree with those observations, and I also agree that those observations apply with equal force to the initial response of the NI Executive. Some of us had advocated for a more robust response but were unable to secure consensus, even around school closures. By the time the Irish government made its announcement of restrictions, I believe it was inevitable that restrictions would soon follow and it would have been preferable if that response had come earlier than it did.

Herd Immunity

43. I do not believe that the First Minister, or any other Minister, suggested that "*herd immunity*" be adopted as a potential strategy in this jurisdiction. Ministers wanted to protect as many lives as could be protected and there was an acceptance that restrictions on normal life could achieve this and should be adopted. It was my view that there was no support at all within the Executive for the "*herd immunity*" approach

as it had been described in the media around that time that the pandemic would just be allowed to proceed without taking any measures to combat it. No Minister advocated that approach at the meeting or at any subsequent date.

The First Lockdown in Northern Ireland

44. I first became aware that the United Kingdom government was likely to announce a lockdown after the Deputy First Minister attended COBR meeting on 18 March 2020. It was not stated that it was certain to happen but there was a sense of inevitability about it. I was aware that lockdown had been used in Wuhan and later in Lombardy in Italy but there had never been a recommendation from the CMO or Department of Health that full lockdown was necessary. I agree that there was no scientific advice presented to the Executive recommending a lockdown prior to the announcement by the United Kingdom Government.
45. In her statement to Module 1 of this Inquiry the former First Minister stated: *"it is important to highlight that the main factor that influenced the timing of the introduction of the first lockdown was that the Northern Ireland Executive was following the advice of scientific and medical advisers and that advice did not support a lockdown in Northern Ireland any earlier than in fact took place, particularly as Northern Ireland was behind England in terms of case numbers"* [INQ000205274].
46. It is correct to state that we were not getting advice from CMO or CSA to lockdown. On this issue, it is noteworthy that there was a very significant shift in the medical and scientific advice we received on 2 March and thereafter on 19 March 2020 about the likely risks of Covid-19 and the extent to which public health was at risk. Yet despite the discussion about the potential scale of the pandemic and the worst-case scenario painted at that meeting, there was still no recommendation by the Department of Health that we lockdown. Inasmuch as it is being suggested by Baroness Foster that because case numbers in the North were behind those in England then an earlier lockdown was not necessary, I disagree, I believe that we should have locked down earlier than we did.
47. Ultimately, the decision to lockdown was one taken by the United Kingdom Government. The Executive Committee never received advice from CMO/CSA to lockdown prior to that decision being announced, albeit it was clearly inevitable.

48. By 23 March 2020 it was clear the lockdown was necessary, and I do not believe that it was avoidable, rather I believe that it was a step which should have been taken earlier.
49. I have been asked whether consideration was given to a North-specific response. Given that my position was that lockdown should have happened earlier and that lockdown was now happening, I did not see a benefit, at that juncture, for a North-specific approach, the approach which I regarded as the correct approach was being adopted, albeit later than I would have liked, so departure from that approach, at that point in time, would have made no sense.
50. It was my understanding that the Health Protection (Coronavirus Restrictions) Regulations (NI) 2020 were drafted by officials within the Department of Health. I did not play any role in their enactment. I considered that the urgent decision mechanism was appropriate on 30 March 2020. The situation was an unprecedented public health emergency and the objective of the Regulations, and their effect, was to save lives.
51. I have been asked about the extent to which an assessment was made as to the impact of the Regulations upon groups with protected characteristics or those who would be disproportionately disadvantaged. I am aware that the Minister for Communities introduced a number of important mitigations, designed to mitigate the impact of the Regulations on the most vulnerable, in the areas of housing and social security benefits and other Departments were also seeking to ensure that the Regulations did not disproportionately disadvantage some groups, albeit the priority was obviously to prevent transmission of the virus and to save lives.
52. I have been asked to comment upon the comments of the former First Minister in paragraphs 39-43 of her statement to Module 1 of the Inquiry. In my opinion, the urgency and danger of the moment meant that lockdown was justified. The restrictions were adopted for the objective of saving lives and preventing the health service from being overwhelmed and I believe that they were necessary. Lockdown in this jurisdiction was not implemented earlier because Department of Health did not present that advice as an option. In any event, there would not have been full Executive Committee agreement to move in advance of the UK Government.

Amendment of Regulations

53. There was a draft Executive Strategy and Action Plan [E (20) 43 (C)] which was brought to the Executive Committee by the First Minister and Deputy First Minister on 30 March 2020. There was agreement that it would be updated across Departments and aligned with the Department of Health's Emergency Response Strategy. Ministers could, however, suggest changes to the Regulations and regularly did. Whether they would be accepted would then be a decision for the Executive taking into account all relevant circumstances but with an emphasis on the available medical and scientific advice. Some Ministers were consistently advocating for exemptions for certain groups and for greater relaxation of existing measures. This led to a need for a more consistent approach to amending the regulations which was outlined in the Executive paper E(20) 90 (C) Planning for Recovery: Second Review of Health Protection (Coronavirus, Restrictions) (NI) Regulations (2020). In my opinion, the approach outlined in the Executive paper was broadly followed from May 2020 onwards.
54. The following month the Executive Committee was provided with a Point in Time Review. We agreed that there would be three key priorities – (i) health and well-being of citizens; (ii) our economic well-being and preparing to revitalise the economy; and (iii) our societal and community well-being. In my view the document was useful in assessing progress. I believe that the review was sufficient to meet its objectives at that point.

Civil Contingency Arrangements in the first part of the pandemic

55. I consider that the NI Hub was effective in meeting its objective of supporting strategic level multi-agency coordination and shared situational awareness. It was able to support the Executive and CCG in making timely and informed decisions.
56. The way that CCG interacted with the Executive Committee was that officials from that forum would have reported to the Executive. Anthony Harbinson was the Chief of Staff from 18 March 2020 and he would have attended some meetings and briefed Ministers. I do not believe that CCG was a centrally co-ordinated body. It gathered information rather than made decisions. At the outset of the pandemic it reported every morning, but thereafter reports were weekly rather than daily. There were some difficulties in CCG acquiring relevant information from Departments and providing it to the Executive Committee.

57. The NI Hub was scaled down in May 2020, that was before the publication of the *Lessons Learned Review* [INQ000023223] and was not a response to it. The NI Hub was scaled down because a working assumption was made that the worst effects of the first wave were over and those systems were no longer required to be in place. The role played by the Hub was eventually incorporated into the Executive Covid Taskforce (ECT). During the period June to October 2020 the work of the NI Hub was undertaken by officials. I believe that Karen Pearson became the lead. There would also have been interface between TEO and the Department of Health.
58. I have been referred to the statement provided to Module 1 of the Inquiry by the former First Minister. She stated that *"I was however conscious at times that the Senior Officials may have preferred meetings to be limited to officials only so that they could speak more freely ... There is a balance to be struck between ensuring Ministers have as much information as possible, or that they feel they need, to make decisions for which they are accountable, and potentially hampering the operational work of officials"* [INQ000205274].
59. Throughout the pandemic I felt that I had a good working relationship with officials. I did not have a sense that Ministerial involvement in any group or in any meeting hampered their operational work. No such concern was ever conveyed to me directly or indirectly. My view was that officials valued clear direction from democratically elected politicians.

Overarching View

60. I do not consider that the Executive adopted, in a sufficiently timely way, a comprehensive and coherent strategy. I believe that the decision to lockdown was taken too late and should have been adopted earlier. I believe that schools should have been closed following the Executive meeting of 16 March 2020. Some Ministers argued for this approach, however, it was not agreed by the Executive.
61. I am also of the view that there should also have been greater efforts to co-ordinate the response of Governments across these islands. Both the obvious delay in the United Kingdom Government response and the lack of warning from the Irish Government about its decision, made it more difficult for Ministers in the Executive to adopt as effective a response as possible as early as possible.

62. As against that, I believe that there were many positives in our response. Across Departments, both Ministers and officials responded quickly and effectively once lockdown was in place. We ensured that financial measures were put in place to protect the most vulnerable. The community voluntary and private sector worked together with Ministers and officials to seek to identify and protect the most vulnerable, and I believe such efforts were largely successful.
63. There was direct engagement by Ministers with civic society in its various forms throughout the pandemic, which meant we kept ourselves informed about the impact of the pandemic on the most vulnerable, and on those disproportionately impacted by the pandemic, or by the restrictions imposed in response.
64. I believe the steps taken by the Department of Finance, Department of Health and TEO around procurement was a success story, and procurement was achieved without the type of financial irregularities which have been identified in the United Kingdom.
65. I would characterise the Executive's response to wave 1 of the pandemic as collaborative. There was a joint ambition to protect the population and, as best we could, to provide additional assistance to the most vulnerable. My own role as Junior Minister involved many outreach meetings. I was then able to communicate concerns to the TEO and to the Executive Committee. Those concerns came from business, community and workers groups.
66. I have been asked whether, after Wave 1 of the pandemic, steps were taken to analyse or consolidate learning from the response to Wave 1 and further, whether any analysis was done to assess the impact of the pandemic, or the restrictions imposed to mitigate the pandemic, on vulnerable groups.
67. 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. 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. These papers were circulated amongst Ministers and informed our approach for the remainder of the pandemic.

68. It is also important to emphasise that, as locally based Ministers we were consistently engaged with, and getting feedback from groups who were either vulnerable or who were disproportionately impacted by the pandemic and by the restrictions. Thus the Minister for Communities, Deirdre Hargey, had set up a Voluntary and Community Sector Emergency Leadership Group, which ensured that she received constant communication and feedback from the voluntary and community sectors.
69. Within The Executive Office, Junior Ministers were involved in the Engagement Forum. This forum was chaired by the Labour Relations Agency and included employers' organisations and trade unions, it was designed to ensure that issues in relation to the health and safety of workers could be addressed promptly and in a forum which was designed to ensure that problems could be addressed and resolved without conflict. We thus, had in place a structure which enables us to get continuing feedback from employers and employees about the impact of the pandemic, and the impact of the restrictions, and could react to seek to mitigate adverse impacts upon those disproportionately affected. Our interaction with sporting organisations such as the IRFU, the IFA and the GAA was also important.
70. Junior Ministers also regularly engaged with the hospitality industry, through regular meetings with Hospitality Ulster and the Hotels Federation. We engaged with the business community through regular meetings with Retail NI and the Chamber of Commerce. The Church leaders quickly got together and created their own group and Junior Ministers engaged with them about issues identified by them, which were arising among the different faith groups in the North.
71. Thus, over the course of Wave 1 of the pandemic we were constantly engaged, both with vulnerable groups, primarily through the Department of Communities, and the Departments of Health and Education, but also with those experiencing a disproportionate impact in different ways, through regular engagement with representative organisations. As a local Executive, I believe that we put in place mechanisms which ensured that disparate groups within the population were able to communicate directly with the Executive and this enabled us to be alive to issues as they arose, and to respond in manners consistent with the medical and scientific advice.

Decision-making after March 2020

72. The possibility of a second surge of the pandemic was a feature of CMO/CSA briefings in February and March 2020. I believe that there was preparation undertaken for such a possibility in April 2020.
73. On 11 May 2020 the United Kingdom Government published its Covid-19 recovery strategy. The Executive published our Coronavirus Executive approach to decision-making document the following day. Both plans favoured a phased approach to relaxation of restrictions, although the Executive made the decision not to remove any restrictions at that stage. Provisional dates for the relaxation of certain restrictions were not initially set out in our strategy as it was our view that actions should be determined by data rather than target dates. The advice of the CMO/CSA would be important for any reconsideration of restrictions that were already in place to protect public health.
74. However, as a result of our engagement with the business community, it became clear to us that businesses needed advance warning prior to re-opening. That led to a change in approach, wherein we gave indicative dates, to enable business to prepare for re-opening.
75. The comments by the Agriculture Minister on 15 June 2020 that the Executive was being provided with "*currently unproven, best guess*" by the CMO was not a view shared by all Ministers [INQ000065730]. I understood that our decisions were being informed by scientific evidence and I also understood that the advice was a guide. It was not realistic to insist that the science should be certain or definitive in relation to human behaviour and the path which a new virus would take. I was satisfied that the advice was properly grounded in evidence and followed careful analysis. For our part, in the Executive Committee, we did interrogate the advice before making decisions.
76. I believe that the increased rates of Covid-19 in August 2020 were attributable to the relaxations that came into effect in July 2020. We had received written advice from the CMO/CSA to that effect in their communication concerning the proposed reopening of pubs. An additional factor was less stringent adherence to the rules that had remained in place that summer. Most people, including most young people, did continue to adhere to the restrictions on their previously enjoyed freedoms. They did so to help the

effort to combat the spread of the disease. They should be commended for doing so for so long.

77. On 20 August 2020 the Executive agreed that while the imposition of restrictions in response to high rates of transmission in local areas should not be adopted at that time, it was an option which should be kept open. During the summer months there had been a greater number of people outside. There was less risk of infection outdoors in the summer months than would have been the case with meeting indoors during the spring. On 10 September a number of localised restrictions were introduced. I do not believe that restrictions were eased too quickly or that there was inadequate planning on our part in the Executive. The population had been in lockdown conditions for months by that stage and easements were necessary and broadly consistent with the advice we received. Other societies faced the same dilemma. There were a number of factors which had to be considered and it was important to maintain public support for the restrictions that were in place. The civil contingencies structures were not reconstituted immediately as it was not judged to be necessary in August 2020.
78. The NI Hub was scaled down after May 2020. It was eventually replaced by the ECT in or around December 2020. By October 2020 I understood that many of the officials initially involved in the Hub had been relocated. In their new positions they contributed to co-ordination of work on Covid-19 responses. Their work informed decisions of the Executive. The work of officials was then consolidated in the ECT.
79. By 1 October 2020 the Executive was concerned about rising transmission rates in the community and the oncoming winter flu season. The First Minister and Deputy First Minister introduced a reset of approach and priorities [INQ000048491]. The reset was designed to prepare for decisions which would need to be made, given the expected increase in Covid-19 in the winter months, and to seek to ensure that we worked as a united Executive to deal with the anticipated challenges.
80. There would, again, be a need to try and balance protection of public health with other aspects of normal life such as employment and economic and social activity. There was a growing reluctance amongst some Ministers to impose additional restrictions, and some Ministers wished to remove existing restrictions. The aim of the reset was to ensure that we continued to make decisions which prioritised the protection of lives.

81. There was some underestimation on the part of the modelling as to the development of the pandemic in October 2020. While the CMO/CSA had regularly explained that precision in their evidence was not always possible, the underestimation, supported my view that a cautious approach to the lifting of restrictions was justified. I don't think we were "*blindsided*" by the transmission rates, but we were certainly concerned.
82. I was concerned by the update provided to the Executive Committee by the CMO on 8 October 2020. I did not doubt the gravamen of what he was saying. His statement that he was "*never more concerned as CMO than I am now*" was a clear warning that very difficult times were close. I was not entirely happy that the CMO did not give clear advice as to how we should respond to his update, rather he gave a series of options. I think clarity from the CMO as to his advice would have been more helpful, recognising that ultimately the decision as to whether to act on his advice was ours.
83. My own comments at the meeting are recorded in the handwritten minutes [INQ000065756, pg.16] I was of the view that we had the information and we needed to take more significant steps to suppress and control the virus. The only ideology which should matter is protecting public health. We could see what was coming and I agreed with the CMO that we needed to act.
84. I have been asked to comment upon the statement by the Minister for Agriculture, on 8 October 2020, that "*people are not listening to us ... not going after where the problem exists. Afraid to say where the problem is*". I am of the view that it the Inquiry should hear from Edwin Poots about what he meant and who it was directed at and I don't think my commenting is appropriate.
85. I considered that the decision to implement the circuit breaker on 16 October 2020 was the correct decision. I believe it should have been taken earlier, on 8 October but at that stage there was no consensus. The lack of consensus was the reason for the delay. The comment by the Edwin Poots that he was "*sick of assumptions from experts*" [INQ000065753] was not, in my view representative of views held by other Ministers. I did not agree that such comments were in any way justified or helpful in decision making within the Executive Committee.

Executive Meeting of 9 November 2020

86. The CMO proposed extending the existing restrictions and this proposal was opposed by DUP Ministers at the meeting of the Executive Committee on 9 November 2020. Ministers from SDLP, Alliance, the Ulster Unionist Party would have supported such an extension, as would my own party of Sinn Féin. I felt that the extension was justified and would contribute to saving lives. The economic impact could be justified in such circumstances and there were to be some mitigating factors also.
87. However, the DUP opposition prevented the extension from being approved, not because there was not a majority on the Executive in favour of extending the restrictions, but rather because the DUP forced a cross-community vote. It is my view that the cross-community safeguards were not intended to be used in that way.
88. I agreed with the position, as expressed by the Deputy First Minister during the meeting. Seeking a cross-community vote in these circumstances was deeply divisive and was not appropriate in the context of the public health crisis.
89. The proposal by the Minister for Health was a modest one, a two-week extension of existing restrictions, which in my view was entirely reasonable in the circumstances. I did not profess to understand why this proposal provoked such strong opposition from the DUP, particularly as the ultimate compromise was a one-week extension. It seemed an entirely disproportionate response, given the narrowness of the issue.
90. I have been asked about Carál Ní Chuilín's query about the modelling. I believe she is best placed to answer this question. In a general sense we were aware that modelling was not an exact science, but it was a useful guide to decision-making.
91. I have been directed to a number of comments made by Ministers over the course of the meeting of 9 November 2020. My own memory is that it was a heated discussion, more so than any other meeting prior to that date. We had been provided with data from the Department of Health and a recommendation for extension of existing measures. The meeting was brought to breaking point because DUP opposition to the Minister for Health's proposal led to the use of a cross community vote, whereas prior to this, the approach had been to try to seek consensus, but if consensus was not possible, the majority would prevail. I think the DUP Ministers are best placed to explain their approach to the Inquiry. It was not an approach that was shared by Ministers from any other party in the Executive.

92. I have been asked to comment upon SitRep dated 17 November 2020 and its recording of *"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"* [INQ000065956]. The desire to enable people to spend Christmas together was a consideration in looking at the measures to be imposed in the autumn and winter of 2020. It was a dilemma for the Executive. However, the prevailing view was the population would not regard Christmas, as simply another day and that needed to be factored in. We wanted to keep public support for the restrictions and recognise the significance of the day for much of the population while seeking to ensure that the measures we adopted kept people safe.
93. The next Executive Committee meeting that considered Covid-19 took place on 19 November 2020. The Department of Health provided an equivocal paper. No clear recommendation(s) were offered. The Minister for Finance responded, in a letter dated 19 November 2020, that this was unsatisfactory [INQ000130122]. I agree that his criticism was justified and that the Department of Health ought to have presented a clear recommendation, along with the scientific and health rationale underpinning that recommendation. Whether that was ultimately adopted by the Executive Committee was a matter for the Executive. Given the difficulties the previous month it was my view, and that of the Finance Minister, that clear recommendations as to what action would best protect lives, was to the benefit of the decision making process. I do not know the full reasons for the manner that presentation by the Department of Health.
94. I have been referred to some observations made by Ministers during the meeting of the Executive Committee on 19 November 2020 [INQ000065739]. The Infrastructure Minister said that we were *"presented with medical/scientific advice 5 weeks ago, made different decision. We had hoped R would fall, stay down during restrictions"* to which the CSA is noted to have added *"thought R would reduce further, stay down longer"*. The Justice Minister is said to have observed *"agreed 4 weeks, schools 2 weeks – clear advice from CSA, we took different decisions"*.
95. I considered that the wrong decision was taken by the Executive Committee in October 2020 in delaying the extension of restrictions. As appears the Ministers quoted above, made express reference to the fact that we should have taken a different decision earlier and I agree with that assessment. It seems clear now that earlier intervention would have been more effective. The management of the response to the pandemic in autumn 2020 was hampered, in my view, by the approach taken by the DUP in the

Executive Committee. We had, for the most part, managed to avoid such divisive disagreement up until that point.

96. On the 3 December 2020 the Executive discussed and considered the restrictions that would be put in place when the Regulations expired on 10 December 2020. They would come into effect on 26 December 2020 and be in place for 6 weeks. There was then an amendment to the proposals on 17 December 2020 in response to updated information on the spread of a new variant. The CSA advised that "*balance of risk*" had shifted. It was thought that the restrictions would achieve greater compliance if they came into effect after Christmas. The perception was that people would more readily accept restrictions after Christmas than they would if they impacted Christmas Day. I personally would have preferred if a stronger response had been adopted at this time.
97. The evolution of the approach at Christmas 2020 was informed by our seeking to protect public health in a way which would be understood by and adhered to by the public. By introducing restrictions, which were to begin on 26 December we hoped to reduce the number of people bubbling and to reduce the number of people travelling. It was our view that people would be less inclined to travel significant distances for a single day, so there was a benefit to starting restrictions on 26 December 2020.
98. The Executive meeting of 21 December 2020 was convened specifically to look at the issue of restricting travel from Britain to the North given the emergence of the new variant and the travel restrictions which had been imposed in Scotland and in the South. The proposal to limit such travel was not supported by a majority of Ministers.
99. As Christmas 2020 approached the United Kingdom Government proposed a joint approach towards restrictions with the Devolved Administrations. The Executive did not endorse the proposed joint statement and instead chose a different course regarding non-pharmaceutical interventions. I did not regard the United Kingdom Government's approach as adequate for our circumstances at that time in this jurisdiction. I considered that a stricter or more robust response was justified.
100. In relation to the proposition that the difference in approach would cause confusion. By Christmas 2020 the public here understood that there could be different rules in the North than applied in England. They were used to seeing the First Minister, the Deputy First Minister and/or the Minister for Health explaining the rules. They knew that when devolved Ministers spoke it was in relation to this jurisdiction. While it may have been

preferable to move as one, it would have been wrong for the Executive to simply follow the approach of the United Kingdom government where we did not consider that they were adopting the correct approach.

101. I have been referred to a WhatsApp message from the Minister for Health, referring in turn to a joint statement which, according to the message, the deputy First Minister had not agreed to [INQ000095177]. I have not seen a copy of the proposed statement and am unable to make comment on the statement or the Minister's WhatsApp message.
102. At meetings of the Executive Committee on 20 and 21 December the issue of international travel and travel between Britain and the North was discussed [INQ000065740] INQ000065742]. The proposal of the Minister of Finance was to restrict such travel in the face of the new variant. The proposal did not secure Executive approval. In those circumstances the proposal of the Health Minister was adopted. It did not impose the measures that I thought necessary but was the most that could be achieved at the time. There was no consensus for restricting travel from Britain. I do not believe that enough was done to try and reduce the spread of the new variant by use of travel restrictions.
103. The Executive Covid Taskforce (ECT) was established in December 2020. It was the result of our own review in the Executive and TEO and was not in direct response to the establishment of comparable taskforces by the United Kingdom Government.
104. 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.
105. There may have been some initial reluctance in the Department of Health that the Taskforce was assuming some of the work that had previously been undertaken by the Department. However, that hesitation did not last for any length of time and did not, in my view, hamper the operation of the Taskforce. I regarded the ECT as effective.

2021 and Beyond

106. The Executive Committee considered the impact that the restrictions imposed at the end of December 2020 were having, and would have, upon vulnerable groups and

upon those who stood to be disproportionately affected by them. However, in relation to vulnerable groups, the work of such assessment was essentially delegated to key officials within the TEO and by drawing upon work undertaken by other Departments such as the Department for Communities (DfC), and the Department of Health (DoH). The engagement by Junior Ministers with Church leaders also identified issues in relation to the most vulnerable in society.

107. I, together with my Junior Minister colleague, were often the direct interface between representative groups and the Executive Committee, with a view to engaging with those who were disproportionately affected by the pandemic. This involved direct engagement, including through the Engagement Forum, which had been established by the Department of the Economy, and was chaired by the Labour Relations Agency, but which was primarily attended by Junior Ministers. As outlined above there was also regular engagement with the hospitality sector, and the retail sector, which were disproportionately impacted by the restrictions imposed in response to the pandemic. The work referred to at paragraphs 68 to 71 above assisted in understanding how particular restrictions impacted upon particular groups.
108. I considered that the approach proposed in "Moving Forward: The Executive's pathway out of restrictions" (INQ000104467) was appropriate. I believe it adequately considered the effect pandemic restrictions had on disadvantaged groups. Mitigations were included.
109. The framework for emerging from lockdown proposed was, subject to some important, caveats broadly adhered to. We did need to retain some flexibility in reacting to new circumstances. The strategy also took account of the roll-out of the vaccine. When there appeared to be a conflict between safety to public health and reopening we were, in general, cautious as an Executive. There was, however, a constant need to remain engaged with affected sectors. In adhering to the strategy there were occasions when synergy and feedback was not optimal. I do not say that as a criticism but more planning and information gathering would have helped.
110. At the meeting of the Executive Committee on 4 March 2021 the Justice Minister complained that the pathway document had only been launched but then undermined within hours [INQ000065711]. I understood this to be directed at comments made in the media by Edwin Poots MLA, the DAERA Minister.

111. There were tensions between Ministers concerning the economic consequences of maintaining restrictions during 2021. In broad terms, I think it is fair to say that the fault line was between the DUP Ministers and the rest of the Executive. There was a libertarian ideological element to the DUP's approach, and it was not, in my view, based primarily on constitutional preferences. It had surfaced in March 2020 in relation to the closure of the schools. That said DUP Ministers nonetheless adopted a pragmatic approach based on the health and science advice in the Executive but subsequently criticised those measures in public. This, in my view, undermined consensus decision making.
112. On 2 August 2021 the Executive published its "Building Forward – Consolidated Covid Recovery Plan" (INQ000101002). It was an Executive plan, but it was civil servants and officials in the respective Departments that were responsible for implementation of the plan, which would then be assessed through normal civil service processes.

Part 3: Overarching and Thematic Issues

113. The Head of the Civil Service, David Sterling, retired at the end of August 2020 and was replaced by Jenny Pyper on 1 December 2020. I believe that the time taken to find his replacement may, at least in part, have been due to the pressures created by the pandemic. I did not form the view that his retirement had an adverse impact on the Executive's response to the pandemic.
114. I have been asked by the Inquiry to comment upon what I understood by the phrase "*following the science*". I understood this to mean being guided by, and informed by, the scientific evidence as to the spread pandemic and the measures which ought to be taken to reduce transmission.
115. I have been referred to correspondence from the Health Minister dated 29 March 2020, wherein he stated that "*we – as a system – have largely been in reactive mode.*" I think that is a reasonable description of the situation on 29 March 2020 where following the decision of the United Kingdom government we had just locked down. I do not take the view that "*following the science*" meant that we were simply responsive, rather than being pro-active.

116. At the early stages of the pandemic the Executive's responses could have been characterised as more responsive, but as the pandemic continued, we became more pro-active, and heeding scientific advice was not inconsistent with being pro-active.
117. I have been referred to the "*Rapid, Focused External Review of Public Health Agency*" and asked about my understanding of the difficulties with the production of reliable data. We did not have an effective testing and tracing system, which adversely impacted on access to reliable data and that in turn would have impacted on modelling.
118. I have been asked whether there were particular issues in relation to the Public Health Agency. I believe that there were resource issues which impacted on the ability of the Public Health Agency to meet the scale of challenge of the pandemic. This related to staffing, data and capacity in the service.
119. Scientific and expert health advice was provided to me, as part of the Executive Committee, by the CSA and CMO. Further, the First Minister, deputy First Minister and the Health Minister, along with their Junior Ministers, and TEO and Department of Health officials, had a regular meeting prior to Executive Committee meetings at which we would get advice from CMO and CSA.
120. Both CMO and CSA had access to information and advice from SAGE and would have communicated that through the Department of Health and to the Executive Committee. The Deputy First Minister made a specific request to obtain SAGE briefings, which would have arrived days after the briefings had been produced. It was my perception that SAGE was too "England-centric". I do not recall it providing advice which was specific to this jurisdiction or that it addressed the island of Ireland as a single epidemiological unit.
121. The R number was an important tool to assist the Executive Committee in making decisions. We were aware, from the advice given by the CMO and CSA that there were limitations with the R number. While a United Kingdom-wide R number and a local R number were produced, this may have caused some confusion, although we tried through effective communications to counteract that. That said, as Ministers we benefitted from being briefed about the R number, more widely it may, on occasion have been misunderstood. I believe I had a good understanding of the R number and its relevance to decisions the Executive Committee had to make.

122. We were advised by the Health Minister on 9 July 2020 that the use of the R number was being suspended, I understood that this was because the rate of transmission was such that it was no longer regarded as a useful tool.
123. I am aware that the Strategic Intelligence Group (SIG) was established around April 2020. However, I have no clear memory of the significance of this group in shaping the response of the Executive Committee to the pandemic. I do not recall any specific briefing to Ministers which was from the SIG. Generally, advice came to the Executive Committee from the CMO or the Minister for Health.
124. I have been asked to comment upon the extent to which modelling informed the approach of the Executive Committee to the pandemic. It was important and modelling often was used to make the case for restrictions. For example, a key Executive priority was to keep the R rate below 1. Modelling was also helpful in explaining to the Executive Committee the potential for an exponential increase in deaths and how spikes in infection could arise.
125. However, there were some issues in this jurisdiction concerning the reliability and availability of data to inform modelling, in circumstances where we did not have an effective test and trace model at the beginning of the pandemic. When the modelling was reliable it was helpful as we had solid basis for taking decisions.
126. I believe that there were adjustments and refinements made over time and we came to understand and be able to rely on the modelling more over time. There was, for example, a projection of maximum number of deaths that was very concerning but, thankfully, did not materialise. The modelling system was much improved by 2021. We had, by that stage, clearer picture of distribution across the North and could see areas where there were clusters or spikes in infection. A particular area might be affected differently at a particular time.
127. I do not believe that the Executive Committee was provided with much in the way of behavioural science and management as part of the government response in this jurisdiction. I do recall raising it with the CSA on occasion. We did discuss the benefit it could provide in the TEO and DOH advance meetings. We were given presentations but it was often difficult to see how it was being implemented in an operational sense.

128. The late arrival of briefing papers or proposals prior to a meeting of the Executive Committee was a problem. There was an in-built delay inherent in the manner in which issues come on the agenda and that was exacerbated by the nature of the pandemic when information from the Departments might only become available quite late.
129. I have been asked whether I consider, overall, that the scientific / expert advice I received was sufficiently timely, detailed and reliable to provide a proper foundation for decision making by the Executive Committee. In the initial stages of the pandemic we were concerned by the obvious difference in the advice from our CMO, which aligned with the United Kingdom Government approach, and which contrasted with the measures already being adopted by other European Governments including the Irish Government. The information certainly improved over time, and I think Ministers were better able to understand it as the pandemic continued.
130. I understand that the Department of Health had sufficient access to the medical and/or scientific data and expertise available to and used by the United Kingdom Government and I am aware that CMO and CSA were fully informed of what SAGE was considering and the advice they were providing to United Kingdom Government. I do not believe that the Executive had sufficient access to that same medical and/or scientific and expertise. The greater concern on my part was the extent to which there was access to reliable information of the spread of Covid-19 across the island of Ireland.
131. At the outset of the pandemic I would say that I, and other Ministers, were not completely equipped with a scientific mindset. I do not believe any of the Ministers came from scientific background for example. However, we did soon develop the ability to understand the terms and concepts.

Relationship with the United Kingdom

132. I do not believe that this jurisdiction enjoyed any great advantage due to being behind other countries. We were often told that there was a time lag of perhaps 6 or 7 days, but the spread of the pandemic was swift and that period, and any possible advantage, would soon disappear if there was disagreement within the Executive Committee or if there was a delay in receiving information.
133. I have been asked about how the relationship between the Executive and the United Kingdom Government informed the approach to the pandemic and in particular about

mechanisms for communication between our Executive and the United Kingdom Government. I would have attended some meetings with United Kingdom Government officials and was also aware from the deputy First Minister how the meetings she attended were being conducted.

134. I do not consider that the mechanisms for communications between Government in this jurisdiction and the United Kingdom Government worked particularly well. My sense was that at COBR meetings the focus was on England. Neither COBR nor the Ministerial Implementation Groups (MIGs) appeared to me to be an adequate means of ensuring the involvement of the devolved administrations. Essentially decisions were being taken by the United Kingdom Government and the devolved administrations were being informed about decisions which had already been taken. It was not my perception that the input of the devolved administrations was welcome. The Conservative government, as a matter of political philosophy, was not enthusiastic or supportive about devolved government and I believe that this impacted their approach to the devolved administrations during the pandemic.
135. I attended Quad meetings as part of my functions as a Junior Minister. Unfortunately, I did not find them to be of any great value. It was important to get, and to keep, the Irish government in Dublin and the British government in London in conversation with us on the importance of all-island or a two-island approach. However, I encountered a reluctance on the part of United Kingdom Government Ministers to fully exploit these opportunities.
136. Also, one of our objectives at Quad meetings was to secure the sharing of information on passenger arrivals in Dublin Airport, this never materialised. I do not know the full reason why this information was not forthcoming, but it was disappointing. Had that information been provided it would have been useful in tracking the spread of the pandemic across the island. In that respect the Quad meetings were not able to solve a practical issue for us in the NI Executive.
137. In my opinion neither COBR nor MIG meetings were structured to adequately address the needs of the devolved administrations and, in particular, the challenges faced by the Executive. In my view this was a result of the England-centric nature of those committees. Decisions were made by the UK Government with no input from devolved administrations. They were characteristic of how the UK Government met the challenges of Covid-19 in a way that was not compatible with effective, joint and equal

working with Ministers and officials from the devolved administrations. I recall that representatives of the Scottish and Welsh governments raised similar concerns.

138. I would agree with the statement of Michelle O'Neill to Module 1 of the Inquiry when she stated that *"Actions by the British Government, at times, hindered our ability to reach consensus. For example, regarding travel restrictions on the island of Ireland"*. Actions by the British Government did, at times, hinder our ability in the Executive to reach consensus. The early United Kingdom Government response was distinct from that adopted by other European Governments and the closing of schools by the Irish government. That affected our ability to reach consensus in a timely manner. This was also seen in the early lifting of restrictions in England. The response of my DUP colleagues on the Executive was to follow the approach of the United Kingdom Government.
139. I have been asked to comment on the overall effectiveness of the Secretary of State. I attended a number of meetings with Brandon Lewis MP. My role was primarily to observe rather than contribute. The meetings were to raise issues but little in the way of outcome would follow. Similarly, in meetings with Northern Ireland Office staff we could raise issues and would receive some information on United Kingdom Government intentions but it was not a forum in which we could shape their response. I also met with the Minister for Intergovernmental Relations, Michael Gove MP, during the pandemic. Those meetings were about co-ordinating the response of the devolved administrations. The meetings with Michael Gove MP were always professional and courteous but I found them to be frustrating as it was clear the Executive was unable to contribute to policy decisions of the United Kingdom Government. Instead, we were informed of the steps that the United Kingdom Government intended to take. We could raise issues of importance from our perspective, but I cannot recall any substantive outcome.
140. I cannot comment on whether or not there was a lack of trust on the part of the United Kingdom Government in terms of its dealings with the devolved nations. In terms of the Executive, we have a working model which requires transparency and agreement. When there is no agreement in the TEO we have to communicate that clearly in any external meeting.

141. The North – South Ministerial Council (NSMC) was conducted online during the pandemic. It is usually sectoral and there were only a few plenary sessions when Covid-19 was discussed. The arrangements were workable during the pandemic but they are, by their nature, very formal and structured. They are supported by relevant officials from the respective departments. The NSMC was not the sort of dynamic institution which could take the lead on pandemic response. It was not able to take emergency decisions for example. The NSMC provided a forum for all-island coordination and cooperation but its procedures and working system would have had to be significantly changed to be able to address effectively the pressures created by the pandemic.

Relationship with Republic of Ireland

142. Consideration was given within the Executive to whether the North might have an island advantage if it aligned its policies more closely with the South. Sinn Féin Ministers, including the Deputy First Minister and myself, did raise this issue throughout the pandemic. We understood that Ireland was a single epidemiological unit for the purposes of animal health and agriculture and believed that a similar approach could be adopted in relation to health. I believed that there was scientific and public health justification for greater harmonisation with the Republic.

143. I was aware of the “Fortress Ireland” approach that had been employed across the island during the 2001 Foot and Mouth outbreak. The adoption of consistent policies across the island would, in my view, have been beneficial and would have avoided anomalies whereby different sets of rules had the potential to undermine the spread of the virus or confuse the public. I acknowledge of course that there are, however, obviously important differences between the control of human behaviour and measures that can be adopted in agriculture.

144. The All-Ireland Memorandum of Understanding (MoU) was an attempt by the Governments to ensure co-ordination and co-operation between the health departments North and South in relation to Covid-19. The respective Governments did their best to combat the spread of the pandemic but, in my view, greater co-ordination of policy approaches could have been achieved and I think it would have been possible for the Health Ministers to give greater prominence to the MoU when working together.

145. There were structures in existence which could have achieved a greater degree of co-operation and/or co-ordination between the governments North and South, while I think the North South Ministerial Council was too formal a structure to adapt, I do believe that structures could have been developed to achieve greater co-operation and co-ordination. The pandemic led to Governments and health services adapting significantly in response to the pandemic and I believe that effective structures could have been developed had the political will existed.
146. As far as I am aware there was no review or update to the MoU despite the Deputy First Minister requesting such at a Quad meeting on 13 October 2020.
147. I do not believe that the Executive commissioned any research aimed at understanding the impact of Covid-19 along the border. There may have been some elements of research or data gathering within individual Departments, however.
148. Public policy alignment between the Republic of Ireland and Northern Ireland, where mutually beneficial, should be progressed. Where benefits to such alignment is identified, I believe co-ordination of policies in each jurisdiction, should happen. This did not always happen. The current North-South policy areas are agriculture, education, environment, tourism, transport and health. There are also a number of North-South implementation bodies. They are Waterways Ireland, Food Safety Promotion Board, Intertrade Ireland, Special European Union Programmes Body, The Language Body (consisting of An Foras Teanga and Ulster-Scots Agency) and Loughs Agency. The bodies are funded by the two administrations and staffed by civil servants from each jurisdiction. The article "*Obstacles to Public Health that even pandemics cannot Overcome: The Politics of Covid-19 on the island of Ireland*" (INQ000137387) considers health policy alignment. The structures do exist for closer and more effective public policy alignment but that can only occur with sufficient political will and ambition.
149. I have been asked about issues around the timing of announcements by the Irish Government and the lack of notice to the Executive. My own view is that the Irish Government could have been more helpful with the timing of announcements. Early communication of their intentions to the Executive would have assisted. The divergence between public health policies North and South, aimed at combatting the spread of the pandemic were problematic. It could confuse the public, but it could also undermine adherence to particular measures, if the measures were not replicated in the other jurisdiction. I would not attribute this reluctance to share information to

hostility or distrust towards Sinn Féin, and I am unaware of any proper basis for that assertion. I understand that the Irish Government, at various times, cited the State's data protection duties with respect to the sharing of passenger information and I am also aware that there is a constitutional requirement for cabinet confidentiality. This may have hampered early communication of the intentions of the Irish Government. However, I do not believe either barrier was insurmountable, and I was disappointed with the reluctance of the Irish government to communicate its policies to the Executive in a more timely fashion.

150. I consider it to be regrettable that better co-operation was not achieved between the Irish Government and the Executive but I am not aware of any other barriers (political, diplomatic or practical) that existed beyond those I have already mentioned.
151. Within the Executive Committee I consistently advocated greater alignment of public health policies on the island. I am not aware of any work undertaken by the TEO or any other Department which examined the extent to which greater harmonisation or co-operation with the Republic of Ireland might have produced better outcomes in the North.
152. I am aware that there are various expert reports which have been obtained by the Inquiry. I would not wish to express any expertise in epidemiological comparison. My general view is that the reputation of the United Kingdom Government with members of the public in this jurisdiction was not enhanced by the response to Covid-19. This was particularly true in March 2020 when there was a very obvious reluctance to lockdown. I did not regard alignment with the United Kingdom Government as the best option for the North. The reality, however, was that government in this jurisdiction must recognise the geographical and political realities of Northern Ireland being part of the island of Ireland and part of the United Kingdom. Neither reality can be ignored.

Legislation and regulations: their proportionality and enforcement

153. Criminal sanctions were considered necessary to enforce the Regulations as opposed to guidance or ordinary public messaging. The purpose of the Regulations was to save as many lives as possible by preventing and slowing the spread of the virus to vulnerable sections of the community. The Executive Committee took the view that such an objective justified the imposition of lockdown and other measures restricting individual liberties. The effectiveness of such measures depended on wide adherence

by the public. This was largely achieved. However, the possibility of criminal prosecution, conviction and monetary penalty was needed in those limited circumstances when there was defiance.

154. The possibility of enforcement by Councils or simply by way of public messaging was considered by the Executive Committee but there was broad agreement that possible recourse to the criminal law was needed. The police were the obvious public authority to enforce the law. Gordon Lyons MLA and I undertook engagement work with business and community representatives to promote safe adherence with Covid-19 restrictions. We also worked together with those engaged in the LRA forum.
155. I do not recall any particular issues with the criminal enforcement of Covid Regulations in the North. There were some limited occasions when it appears the PSNI response was disproportionate such as the "Black Lives Matter" protest. However, on the whole and in the main, it seemed to me that there was public support for the rules and the police's role in enforcing them.
156. Part of my role as Junior Minister was to encourage compliance through engagement. I met regularly with the PSNI and local councils to assist on explaining what the rules were, what the intended benefits of the rules were, and that the Executive did have a plan in place for when they could, consistent with the health and scientific evidence, be relaxed.
157. The maximum fine available to a court on conviction, or to police by way of fixed penalty notice, was increased during the course of the pandemic. This was approved by the Executive Committee to demonstrate the need for continued vigilance. I accept that the Regulations were often confusing due to late publication or because public announcements did not always coincide completely with the letter of the law. However, I believe that public compliance remained high in what were extremely trying circumstances.

Scrutiny by the Assembly

158. I consider that there was an appropriate level of scrutiny of the actions and decisions of Ministers by the Assembly. The ability to debate legislative changes, including the rules underpinning lockdown, had to be balanced against the urgency and importance of the purpose of the legislation – namely to protect lives and ensure the health service

was not overwhelmed. I accept that there was reduced ability of MLAs to scrutinise Covid legislation before it came into effect. However, as most of the Assembly parties were represented in the Executive Committee there was opportunity to consider different perspectives. The TEO continued to receive and respond to Assembly Questions for Written Answers (AQWs).

159. I had a role in explaining Executive business to the Assembly. Initially the Coronavirus Regulations were drafted in the Department of Health and then presented by the Minister. Thereafter, Regulations were drafted within TEO, I and my colleague Junior Minister would present the Regulations. I recall that Chris Stewart had an important role in assisting with the drafting. They would have had input from sectoral interests and been agreed by the Executive Committee.

Funding the response to the pandemic

160. In her statement to Module 1 of this Inquiry, the former First Minister states *"my overall impression is that, within Northern Ireland, there was no difficulty with funding the Executive response to the pandemic ... I consider that, overall, funding was made available when required."* The Deputy First Minister, in speaking to the Ad Hoc Committee on the Covid-19 Response on 7 April 2020, said that *"money was not the issue"*. I have been asked whether United Kingdom Government funding was sufficient to enable the Executive to take the steps needed to respond to the pandemic.
161. As the pandemic progressed, the Executive was more restricted in being able to fund non-pharmaceutical interventions if they diverted from the approach adopted by the United Kingdom Government. It could not have imposed lockdown measures before or for significantly longer than those proposed and funded by institutions of the United Kingdom Government such as the Treasury. While the Executive may have taken the view at different times that the United Kingdom Government was too slow to adopt NPIs or too quick to lift them, it did not have the financial resources to adopt a significantly different response and act entirely independently. Increased funding would have given the Executive greater flexibility in how we tackled the health emergency, whilst maintaining economic and societal resilience.
162. I have been referred to the former First Minister's statement to Module 1 which states that *"the reliance on UK government to bring forward the economic package to support lockdowns, including the closure of schools and business was one factor that limited*

Northern Ireland in making decision about the imposition of Non-Pharmaceutical Interventions before the UK government.” I don't entirely agree, inasmuch as the decision not to close schools in March 2020 was not the result of a lack of funding. Rather, it was the consequence of the lack of agreement to introduce what would have been an important non-pharmaceutical intervention. The lack of funding may have amounted to an additional obstacle to the other measures but it doesn't explain the refusal to close schools.

163. In December 2020 the Executive was discussing the possibility of imposing Regulations which required businesses to close for longer than expected. The First Minister commented that she was unsure how that restriction was to be funded. The Finance Minister replied that funding could be sought from United Kingdom Government but that it was not certain that it would be received. It is my view that this situation was not indicative of a lack of planning, rather it reflected the reality that the Executive was unable to independently raise fund to put in place measures with significant financial costs, without assistance from the United Kingdom Government.

Controlling Northern Ireland's borders

164. Whilst immigration is an excepted matter, the Executive was in a position to impose restrictions on those arriving from the Common Travel Area (CTA), or internationally for public health reasons. Any such measures would have to be justified and proportionate in response to the risks of the pandemic.
165. I am aware that the First and deputy First Minister had requested an urgent dedicated British-Irish Council meeting to resolve issues in relation to the Common Travel Area, despite that request, no such meeting was ever convened. I do not believe that the United Kingdom Government sufficiently consulted with and considered the views of the Executive regarding issues of border control and travel restrictions. I believe this was consistent with a broader view that the essential features of the pandemic response were for the United Kingdom Government to decide upon and inform others rather than to build a truly collaborative approach.
166. The system adopted by the United Kingdom government for identifying countries as Red/Amber/Green was easy to understand for the public. The methodology behind such designations was, in my view, less clear. It seemed to me there were some inconsistencies in how the different administrations across these islands would

interpret the same data. For example, there were differences with the approach of the Irish government. On a small and connected island such as ours this apparent inconsistency had the potential to undermine public confidence.

167. I believe that more should and could have been done to control movement into the North. However, there was not sufficient consensus in the Executive Committee to do so. A vote to restrict travel from Britain was not carried in a vote in December 2020. It was proposed as a means of reducing the risk posed by the new variant. The consequence was a difference in travel rules North and South, with the consequential risk that people would travel into the North to travel South and avoid the impact of the restrictions.

Care Homes

168. I am aware that the issues surrounding Care Homes will be investigated by the Inquiry in a Module devoted to that topic. If the Inquiry requires further assistance from me on that topic I am more than happy to assist. The short statement on this issue, at this time, should not be taken as a failure on my part to recognise the very significant issues which the Inquiry will need to address, in terms of: the releasing of patients with Covid into care homes; the access to PPE in care homes; and, the difficulties with family members ability to visit their family members in care homes, and the impact that had on families and care home residents, but is rather reflective of the matters which the Inquiry has specifically asked me to address in this statement.
169. As appears from the minutes of Executive Committee meetings, the Executive was being briefed about concerns about care homes in April and May 2020, and members of the Executive were deeply concerned about and pro-actively asked questions, in particular, about ensuring that there was adequate PPE in care homes and that there was adequate testing.
170. The responsibility for care homes lay with the Department of Health which meant that other Ministers would not have had direct involvement in operational decision-making but as appears Ministers were actively engaged with the issues and on the particular topic of PPE, Ministers were aware of the need to secure PPE for care homes, as well as hospitals. The Department of Health and Department of Finance worked together to secure access to PPE and that included securing access to PPE for care homes.

Inequalities

171. The CMO in a statement to Module 1 of the Inquiry made the observation that *“Ministers initially felt less informed of the wider societal and economic consequences of NPIs”* [INQ000203352]. I do not agree. It was my perception that Ministers were acutely aware that the restrictions being imposed to protect lives and halt the spread of the pandemic would have significant economic and societal consequences.
172. As an Executive, we were, of course aware, that closing down the economy would have significant economic consequences and would, inevitably, adversely impact business. The Department of Communities, under the leadership of Deirdre Hargey, had, from the outset, identified the need to address the potential adverse consequences of lockdown on the more vulnerable and had sought to address that, through measures directed at seeking to mitigate the inevitable adverse impact.
173. We recognised that restrictions would have impact negatively upon the most vulnerable in our society. My role as Junior Minister involved outreach to and engagement with many representative groups including those from the community, religious communities, trade unions and employer groups. This outreach and engagement was aimed at ensuring that we, as an Executive, could keep ourselves informed as to potentially unanticipated adverse impacts of the instructions, and could seek to respond and mitigate the impact of the restrictions if such an approach was consistent with the over-arching aim of protecting public health.
174. I was also kept informed of the difficulties non-pharmaceutical interventions caused through my work as a constituency MLA. In politics there are occasions when the choice presented is between good and bad and sometimes when the choice presented is between bad and worse. I don't believe that we underestimated the impact of non-pharmaceutical interventions, and I believe that we were alive to trying to mitigate the adverse impacts. That doesn't mean that, with the benefit of hindsight, more could not have been done, but we, as an Executive Committee, took the view that the risk to lives and to public health was sufficiently grave that each measure was justified and proportionate for the period of time for which it was in force.
175. 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 in the usual way. 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.

176. As outlined above, this did not mean that we were not aware of the potential adverse impact on vulnerable groups within society and that is why, we as Ministers, pro-actively engaged, on a constant basis with civil society, in order that we could seek to understand the impact of the measures we were imposing, on people's lived experiences, and respond if appropriate and consistent with public health objectives.
177. In terms of seeking to mitigate the adverse economic impacts, this was principally achieved through work in individual departments such as the Department of Finance, the Department for Economy and the Department for Communities (which was responsible for social security). Adverse consequences, in terms of health and education would have fallen within the remit of the respective Departments. In terms of engaging with civil society more general that would have been primarily carried out under the auspices of the department of Communities, and the work of Junior Ministers.
178. The relative size of our jurisdiction, did confer an advantage, as did the fact that we there exists a strong voluntary community sector, which meant that there were identifiable organisations, operating at community level, who were aware of what was happening on the ground within local communities. We also have five MLAs for each constituency in the Assembly, which means that public representatives are relatively accessible. Further, the fact that we had a five party Executive Committee meant that there was a spread of political viewpoints within the key decision-making body in this jurisdiction.

Public health communications, behavioural management and maintaining public confidence

179. Public health messaging was initially the responsibility of the Executive Information Service (EIS). However, from an early stage in the pandemic we recognised that we needed a more effective communication strategy. Thus, a PR agency, Genesis, was engaged to improve our communications with the general public, and I believe that their involvement did ensure that we were more effective in communicating our message. We also introduced daily press conferences conducted by the First and deputy First Ministers to inform the public about our decision-making. Throughout the pandemic, the Executive maintained oversight of public health messaging.

180. Disinformation regarding Covid-19 was an issue of concern for the Executive. It could take the form of undermining our own public health messaging, or discouraging adherence to the restrictions, or in the latter stages, seeking to undermine vaccine take-up. Ultimately, we felt our communications strategy minimised the impact of disinformation.
181. I have been asked about whether there were particular issues with engaging with young people. There were some concerns that our messaging was not always as effective at reaching young people and we were conscious that young people didn't necessarily engage with traditional media and were more engaged with social media. The First Minister and Deputy First Minister undertook specific steps to remedy this at various stages. There were, for example, interviews on Facebook and Cool FM. I understand a press conference was planned with NICCY but did not take place. I believe the press conference did not take place as a result of a political position adopted by the former First Minister and the DUP following the Bobby Storey funeral.
182. At a briefing on 11 May 2020, the NIO Permanent Secretary refers to the request by the devolved administrations, that the United Kingdom Government, not run its new messaging campaign in the devolved administrations [INQ000091366]. As the Inquiry will know the initial message from the UK Government, which was 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. This reflected the concerns of all the devolved administrations that the United Kingdom Government was moving too early to change the public messaging and further that the new message lacked the clarity of the original messaging. While it would have been preferable that there was consistent messaging on the part of all of the administrations, as appears the devolved administrations were united in seeking to maintain the original message, and it was the United Kingdom Government who decided to go it alone, despite the views of the devolved administrations. It would have been preferable for there to have been consistent messaging, but ultimately, we felt our communications strategy would be equipped to ensure that our messaging to the population in the North was clear.
183. The different messaging from the South was also an issue and I accept that lack of consistency in public health messaging did have the potential to confuse the public. Ultimately, that was a product of different non-pharmaceutical interventions being

adopted across the island and the Inquiry already knows that I would have preferred the North and South to have been more aligned, for reasons I have previously addressed. The population in the North received public health messaging from a variety of sources during the pandemic. There is local news media but also media from Britain and from the Republic of Ireland.

184. In relation to public health messaging in this jurisdiction, I am of the view that it worked well when Executive Ministers were on the same page and spoke with one voice articulating a clear message. It was problematic when in the aftermath of a press conference or public message, individual Ministers made public interventions that ran counter to the message being promoted by the Executive.
185. I did not receive any threats or abuse arising from the response to the pandemic.

Executive Committee decision-making

186. Mandatory coalition in this jurisdiction means that Government contains Unionist, Nationalist and additionally Ministers from the Alliance Party, do not categorise themselves as Unionist/Nationalist. This ensures the broadest possible participation in the Executive Committee. All political persuasions contribute to decision making. Such an arrangement was endorsed by both electorates on the island of Ireland in the referendums of May 1998 endorsing the Good Friday Agreement.
187. Nonetheless, it can present practical and political difficulties in achieving consensus in the Executive Committee and as appears, this was an issue during the pandemic. It sometimes took time to achieve consensus, when speedier decision-making would have been preferable. Moreover, the need for consensus sometimes impeded decision-making, the obvious example being the Executive meeting which commenced on 9 November 2020.
188. Nonetheless, leaving aside, the 9 November meeting, more often than not, Ministers did set aside party-political differences to make decisions in the public interest. While discussion was robust, generally, the Executive did come to agreed positions despite differences of opinion and emphasis.
189. The divisions within the Executive around how to respond to the Covid pandemic, reflected global divides on how best to respond to the pandemic, rather than party

political views per se. Some Ministers, were more receptive to the advice of medical and scientific experts and wanted to take prompt action to stop the spread of Covid and 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.

190. Ultimately, consensus was generally arrived at, and the Executive as a whole, and individual Ministers, made compromises, in order to respond effectively to the pandemic.
191. A Sinn Féin ministerial meeting was held prior to Executive meetings in order to discuss papers and our approach to them. It was not the case however that Ministers arrived with a pre-determined view on every issue. We were open to what other Ministers had to say on the issues we discussed, and as appears from the minutes, our ultimate objective was to try and secure consensus, which inevitably led to compromises. Our broad policy approach was that we would be guided by advice on the measures needed to protect public health.
192. The five cross-community votes that were held within the Executive Committee during the pandemic were each called by the DUP Ministers. I do not believe that such an approach was justified in the context of public health matters and I do not believe that it was consistent with the objective of the cross-community vote, which was to protect minority rights.
193. While I disagree with how the cross-community vote was used during the pandemic, any change to the mechanism, should be a matter for detailed consideration, and not simply a response to its misuse during the pandemic. Any reform of the cross-community vote mechanism would require consensus and I believe this is a matter which is best left to the Assembly itself and the Executive Review Committee.
194. Despite the disagreements that periodically emerged within the Executive Committee during the pandemic, in the end we arrived at a collective decision which was aimed at ensuring the most appropriate response to the risk posed by Covid-19. Ministers may not have all agreed with every aspect of every decision but once a collective decision was taken everyone understood it to now be the decision of the Executive. While there were occasions when the Executive decisions were undermined by Minister's public statements, in general there was collective responsibility.

195. I have been referred to a statement made by the deputy First Minister on 30 March 2020 where she states that *"DOH see Exec as thorn in their side"* [INQ000065748]. While Michelle O'Neill is best placed to answer this question, my understanding was that the comment was made at a stage when the Minister and his Departmental officials were being subjected to rigorous questioning about the decisions which were being taken, and I believe they may have found that frustrating.
196. Ultimately it was my view that the pandemic was an issue of such a magnitude that the Executive Committee would have to take many of the most important decisions, albeit the Department of Health, was the lead Department and the source of medical and scientific expertise. We introduced a system of meetings between the First and deputy First Minister, the Minister for Health and their respective Junior Ministers and Departmental officials to seek to achieve a unified approach around issues, and to provide the Minister with support from his Executive colleagues and, in particular TEO.
197. I do believe that the Minister for Health was adequately supported by the Executive Committee. There are several occasions recorded in the minutes when colleagues expressly recognised the pressure he and the Department were under and sought to assist as best they could within their remits or by way of support in the Executive Committee.
198. I have been asked about whether there were any concerns as to the extent of the responsibilities of CMO or CSA (to the Department of Health). Both the Department of Health and the Department of Agriculture had their own Chief Scientific Advisors. The Executive did not have its own CSA at the outset of the pandemic. We identified this as an issue, and there will in the future be a Chief Scientific and Technology Advisor to assist the Executive in future decision-making.
199. There were consistent areas of tension in the Executive Committee's decision-making. In my view the principal tension was between the approach of the DUP Ministers and the rest of the Executive. The DUP tended to be more sceptical about non-pharmaceutical interventions, and Minister Poots in particular, express scepticism about the medical and scientific advice which we were receiving.
200. There was also some tension between the Department of Health and the Department of the Economy. While there was, arguably an inherent tension, given their respective

roles, and the fact that, restrictions inevitably adversely impacted the economy, it also has to be acknowledged that, failing to take appropriate action to protect health and lives, also adversely impacts the economy.

201. It was also a reality that the Economy Minister in general adopted a position of seeking to have restrictions lifted more quickly than was consistent with the medical and scientific advice being received from the Department of Health, and it was my perception that this was clearly a source of tension.
202. There was no formal or informal policy of leaking proposed policies to test public reaction before their official announcement. Moreover, when leaks were happening, in live time, during Executive meetings, they were clearly unhelpful, and a distraction from the business in hand. Leaks did have the capacity to undermine relationships and trust within the Executive and, more importantly, public trust. As a consequence of leaks the media were communicating the differences in opinion about non-pharmaceutical interventions, which existed within the Executive, when our preference was to present the public with the ultimate consensus arrived at, and a united Executive delivering that message. It would have been preferable had they not occurred.
203. I believe that the Executive Committee was the most effective structure for government in this jurisdiction. While I have concerns about the fact that we did not lockdown more swiftly, once lockdown happened, the Executive pulled together to secure an effective response aimed at protecting lives, I say that recognising that tensions emerged from time to time which contributed to delayed responses to medical and scientific advice.
204. I believe that local representation ensured an effective response to local needs. Members of the Executive and MLAs were accessible to the population. There was genuine engagement with different representative groups across society, whether that be in the context of: the economy, and business and trade union organisations; the voluntary and community sector; or church groups. I believe that we were responsive to local needs in a way which would not have occurred under direct rule.
205. While mandatory collation has its difficulties, it also has the advantage of five party membership meaning that all sections of society are represented in decision making. This ensured greater public confidence in the Executive than would otherwise have been the case.

206. While I accept that public disagreement has the capacity to undermine public confidence, there is also a tension between the need to present a united front, and the need to provide leadership. At the very early stages of the pandemic, I and other Ministers firmly believed that we needed to be taking more effective measures to respond to the pandemic, and the Department of Health was not, in my view, engaging critically, with the approach of the United Kingdom Government.
207. There was also a reality that public confidence was being undermined, by the different approaches being taken North and South and many members of the public, including schools, were taking their lead from the approach of the Irish Government. That was undermining public confidence in our Executive and ultimately, while recognising the issue, I think it was necessary for the deputy First Minister to articulate her views about the case for moving to restrictions more quickly and advancing the case for school closures. Otherwise I believe that public confidence in the Executive would have been fundamentally undermined at the very outset of the pandemic.
208. At a later stage of the pandemic, as appears DUP Ministers were publicly opposing restrictions, from my perspective I don't believe that such an approach was helpful, because I think it had the capacity to undermine adherence to the Regulations.
209. Any suggestion, as was made by Minister Poots, at one stage, suggesting differential rates of transmission on the basis of community background was, in my view, entirely unhelpful, as well as lacking any evidential basis. The aim of the Executive was to bring the public with us, not to seek to blame sections of the community for increased rates of transmission, and I believe that the suggestion was an unhelpful distraction.
210. I have been asked about public confidence in Executive decision making and any alleged or perceived breaches of regulations by politicians or civil servants. Clearly all those in positions of responsibility had an obligation to maintain the highest standards of conduct and adherence to rules. Any perceived or actual breach would indeed impact upon public confidence. I am conscious that my attendance at the funeral of a close friend, given my public position, at that time did contribute to anger and hurt for other families who had lost a loved one in this period and for whom it was impossible to organise funerals.

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

211. When appointed as Junior Minister to The Executive Office I was supplied with a mobile phone and an iPad device for business purposes by NICS. I kept these from January 2020 until my term of office ended in May 2022. Both devices were returned at that time to my Private Secretary, Gerard Willis in the Deputy First Minister's office.
212. I was in communication on messaging platforms with all my Sinn Féin Ministerial colleagues, all relevant private office officials, Michael Mc Bride CMO, Denis Mc Mahon Permanent Secretary of TEO, and my DUP junior minister counterparts, Gordon Lyons and Gary Middleton. I had limited contact with David Sterling, the former HOCS. I was also in contact with the Special Advisors to the DFM within the TEO.
213. I believed it was appropriate to communicate with others in respect of technical, timetabling or logistical or practical matters. I never made or advised on any policy decisions through any messaging platforms or devices. Any of my meetings were recorded as per procedure by officials in the private office. I held no records on any devices or in personal hard copy form. There was no policy discussion on this forum before or after Executive meetings. I did not discuss decisions generally on this platform. I would say that I used WhatsApp routinely and perhaps even daily but it was not a substitute for formal decision making. The nature of the office meant that responding promptly to timetabling and logistical matters was important. I have not retained copies of any of this category of messages. I did not delete any. Instead, I returned them to the office when I finished in my post.
214. I used WhatsApp on the phone. The messaging service was used for routine, and informal communications about office administrative and logistical matters, such as travel arrangements, meetings, etc.
215. The established practice for managing information and communications relating to policy and decisions concerning the pandemic was through formal records kept by departmental officials. I understand that upon return of this equipment in May 2022, data would have been deleted due to the expiry of contracts.
216. I can assure the Inquiry that informal messaging platforms used on Ministers NICS-supplied devices or personal phones were not, and could not have been, an alternative to formal or minuted meetings. The nature of decision making in the Executive Committee and within TEO requires formality and consensus. To the best of my

knowledge all decisions were recorded formally by officials. This would typically have been from the Private Office. I did not save any matters to TRIM or content manager. I did not seek to duplicate records that I was aware were being made elsewhere. I have never deleted any records.

217. I did not delete any messages from the device before returning to the TEO.
218. I am not aware if the devices were wiped on their return to the TEO.
219. I did not keep any personal diaries, notebooks, daybooks or planners during my post as Junior Minister. I did not keep personal records as every meeting would have been attended by and recorded by officials.
220. I am not aware what the reference to "chat" means in various handwritten notes of Executive Committee meetings.

Lessons Learned

221. I have reflected upon my experience in government during the pandemic. I think one of the most important lessons that I have learned is that government needs to be able to react with agility to any public emergency. Structures must be adaptable and good communication is paramount. There has to be clear line management and reporting lines. I believe that to a large extent the Executive worked collectively and cohesively. This was a particular positive given the involvement of 5 separate parties with distinct ideological, political and public policy positions.
222. By and large the Executive was effective in its approach to public messaging. The experience of managing the pandemic introduced a significant step change in how regional government in the North engaged with civic society. I am pleased to have helped advise on and introduce positive models and processes which hopefully will provide templates for how relationships between the Executive and government departments and with other sectors and sections of society should be conducted in the future.
223. I would also regard the agility used in helping to procure PPE from China, and successful integration of all sports codes into the wider community response to the pandemic were particular successes during this experience.

224. I would also say that the manner in which the sports organisations co-operated and assisted was admirable. The IRFU, the IFA and the GAA really contributed to community solidarity and assisted in reaching and helping the isolated and the vulnerable in our society. Our battle against the Coronavirus pandemic is a testament to the solidarity of local community spirit and our society's concern for one another: and also the sacrifice and selflessness of ordinary workers and their families; particularly those employed within the health and social care system, and other emergency services.
225. The challenges posed by the Coronavirus pandemic underlined in stark terms for me the imperative on implementing very close all Ireland cooperation and alignment, particularly in critical public policy areas such as health.

Statement of Truth

226. 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: _____

12/03/24