

Witness Name: Conor Murphy MLA
Statement No: Module 2C, Statement 1
Exhibits: CMU/1
Dated: 13 March 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF CONOR MURPHY MLA

I, Conor Murphy, MLA, will say as follows:

Introduction

1. I have been a member of Sinn Féin for almost 40 years. I was an elected member of Newry & Mourne District Council from 1989 to 1997 and first elected to the Assembly in 1998. I left the Assembly from 2012 to 2015 to concentrate on my role as Member of Parliament (MP) for the constituency of Newry and Armagh. This was in line with the double jobbing requirements. I had been MP for Newry and Armagh from 2005 to 2015. In my time in the Assembly I have been Group Leader of the Sinn Féin MLAs, Minister for Regional Development, Minister for Finance and chairman of various Assembly committees.
2. I was Minister for Finance in the Executive from 11 January 2020 until October 2022. I am bound to discharge the powers and responsibilities that arise under the Northern Ireland Act (1998) and the Ministerial Code. In that role I was responsible for advising the Executive and the Assembly on the control and management of all public expenditure resources.
3. I was also responsible for setting a budget, liaising with Treasury on behalf of the Executive, overseeing the Civil Service, Property Rates and managing the functions of the Department for Finance. The Minister for Finance is a Minister within the Executive Committee and contributes to decisions within that body.

4. In broad summary I would say that amongst the most important responsibilities I had as Minister for Finance during the pandemic were: engagement with Treasury with regard to financial supports from Whitehall; providing support to businesses through rates relief and grant aid; and, assisting in procurement of PPE through the Department's Central Procurement Directorate. During the relevant period of January 2020 until March 2022 I worked with the following senior civil servants – Sue Gray (Permanent Secretary in the Department), Sue Barclay and Paula Dawson (both Private Secretaries), Joanne McBurney (Head of Budget) and Ian Snowden (Head of Land & Property Services). Special Advisor to the Minister was Eoin Rooney from February 2020 until October 2022. He provided support and advice in relation to all my functions and duties as Minister of Finance. The role also involves working alongside civil servants to ensure the political preferences of the Minister are understood and carried out within the Department.

Development of and Response to the Pandemic

Impact of the absence of power-sharing

5. As the Inquiry is aware power-sharing in this jurisdiction collapsed from early 2017 until 11 January 2020. One of the long term consequences which continued to shape the response to the pandemic after January 2020 was the failure to have progressed the significant reforms of health and social care. They had been recognised as being of critical importance at the time of the publication of the Bengoa report. The absence of the Assembly and of Ministers in the Executive Committee from early 2017 until January 2020 meant that political support for the recommended reforms had not taken place.
6. New Ministers were starting anew as the pandemic was taking hold, and also had to work through a backlog of decisions, whilst this was not ideal, this was not in my view a significant issue. In Government you do have to expect the unexpected.
7. I have been asked about any lack of trust and cohesion between Ministers. In my view there will always be tensions between political parties even in a willing coalition, and mandatory coalition is inevitably more difficult, nonetheless we were all committed to a programme of Government and I did not see this as a major issue. I had been a Minister in a previous Executive and I do not believe there was any greater lack of trust or cohesion amongst Ministers in January 2020 than had previously been the case.

There were some difficult decisions to be taken but new formation was committed to meeting new challenges.

8. The Minister for Health gave evidence to the Assembly Health Committee on 5 November 2020, stating: *“our health system has been underfunded and understaffed for the past 10 years ... Bengoa recommended that Northern Ireland would need to run two health services – a transformation health service and our normal health service – to keep on top of things. We are trying to run three: a COVID health service, an elective and registered operational health service and part of the transformational health service that results from the changes that we have to make”*.
9. I would consider this description to be correct. The lack of policy development and reform to health services impacted upon the Executive's ability to respond to the pandemic.

The Outset of the Pandemic

10. I have been referred to an internal TEO document, dated 20 January 2020 (INQ000092712) which stated that *“EU exit preparations meant that Northern Ireland was more than 18 months behind the rest of the UK in terms of ensuring sector resilience to any pandemic flu outbreak”*. I was unaware of the extent to which Brexit planning had on sector resilience for pandemic flu outbreak. I am unable to comment on its impact on strategic planning. On coming into office in January 2020 civil contingencies response was a responsibility for the TEO and flu pandemic preparedness for the Department of Health. My position as Minister for Finance would require that I have an understanding of the funding of such matters but that would follow from a request for assistance by the responsible department or following Executive consideration. The Department of Finance would not be responsible for the operational response.
11. I have been asked about when I was first briefed about the pandemic. I did not receive a specific briefing on the pandemic from within the Department of Finance. The expertise in pandemic response would have resided in other Departments. I believe that my first briefing about the pandemic would have come from Department of Health advice or a briefing to the Executive Committee. I was aware that the Minister for Health had begun attending SAGE meetings in February 2020 and had been in contact

with Whitehall. I cannot comment on what consideration was given within TEO to Covid-19 being a coronavirus rather than influenza.

12. I have been referred to a letter from the Director of Population Health to the TEO, dated 6 February 2020 (INQ000218470) in which he stated that he did not consider it necessary to activate NICCMA arrangements at that time *“unless or until the infection appears in NI and impacts are experienced here”*. I do not believe I saw the letter at the time. I was not aware of any assessment of sector resilience preparedness, capacity and capabilities across departments occurring at this time.
13. I cannot recall whether there was a strategy at that time not to implement civil contingencies until the infection arrived in this jurisdiction. At that point in time it would still have been a matter for the Department of Health. Steps to prevent the spread of the disease would have been proposed by the Department of Health and considered at meetings of the Executive Committee. I do not recall receiving a specific briefing during this time which stated in clear terms that the arrival of Covid-19 was inevitable. My sense of watching the spread of the pandemic in the media was of how fast and unpredictable it was. The expert advice I was receiving would have come from the Department of Health or CMO updates to the Executive. I was content that the Department of Health were taking the lead at that stage. The activation of NICCMA would have been a matter for the TEO and Department of Health to take the lead on. I was aware that they were in contact with Whitehall. As the Minister for Finance I was not in a position to assess the need to activate NICCMA at that point.
14. On 24 February 2020 the World Health Organization (WHO) published a report from its mission to Wuhan in China. It advised that countries should immediately activate the highest level of national response management protocols to ensure all-of-government and all-of-society approach. It also recommended testing and isolation as well as the employment non-pharmaceutical public health measures.
15. I was aware of the report from media reports. I did not receive, nor did I expect a briefing on it from within the Department of Finance. At a meeting of the Executive that day we had been updated by the Minister for Health. The risk level in the North was described as “moderate” and we were informed that we were still, at that stage, in the containment phase.

16. By the 25 February 2020, a paper sent to the TEO Board stated that *"the Executive and wider society may not be prepared for, or have the capacity and capability to deal effectively with, an emergency situation should a major contingency present"* [INQ000205712]. I do not believe I saw this correspondence at the time. The Department of Health remained the lead department in responding to the predicted global pandemic and the Executive did not have an oversight role, however the Executive were receiving regular updates from the Department of Health and all Departments, including the Department of Finance, were requested to review business case continuity plans. CCG was stood up by the TEO and I believe that the CMOs in both jurisdictions on the island were in contact. The Department of Health released press releases as did the TEO to prepare the public in this jurisdiction for the prospect of a pandemic.

17. On 2 March 2020 the Executive Committee held its first substantive discussion about Covid-19 [INQ000065694]. By that stage I personally understood the situation to be very urgent. We did not have a good understanding of the different strains in those very early days but everyone could see its progress from East to West and its arrival in Europe. It was very clear to me that a significant number of people would become ill with respiratory illness. My parents-in-law live close by, and they were in lockdown by that stage due to their own vulnerability. My wife is a nurse and she had already made arrangements to restrict family access to her parents and minimise the risk of infection.

18. As an Executive, we were reliant on the medical evidence presented by CMO. On that date I did not consider that full national lockdowns for everyone across Ireland and Britain were inevitable. During the course of the discussion in the Executive Committee I did enquire about the extent to which we could benefit from being an island away from the mainland of continental Europe and asked whether there were any particular measures that might give us an advantage. The CMO responded that the modelling indicated that the pandemic would be widespread in UK and Republic of Ireland. It was stated that there had been contact with the health authorities in the south. I was not in a position, as Minister for Finance, to test the response any further or make a judgment that contact between north and south would yield anything. I was satisfied, at that time, that the CMO had considered the issue of all-island outbreak and response. A summary of the exchange is recorded in the handwritten notes of that meeting [INQ000065694, pg.4].

19. At the meeting of the Executive Committee on 10 March 2020 an update was provided by the Minister for Health [INQ000065695]. The approach was described as still being based on the "*containment phase*". NICCMA arrangements had not yet been activated. The Executive Committee was updated rather than directing the civil response. I understood my role as a member of the Executive to take advice, ask appropriate questions in relation to that advice and then consider the best ways to protect the public. I believe that officials within TEO were, by now, co-ordinating some aspects of the response together with officials from the Department of Health.
20. The comments of the First Minister at that meeting of the Executive Committee that "... *some trying to use politics*" may have been a response to disagreement. My own contribution to the meeting was to point out the obvious reality that a consistent and coherent health message would be necessary across the island. This would require co-operation with the Irish Government. Whether this could be achieved with the current North-South Ministerial Council was less clear.
21. Differing health advice across the island would be criticised by the public when in reality the health risks North and South were going to be the same. I represent a border constituency and the public, particularly in border constituencies, would be very aware of what steps the respective Governments were taking to reduce the risk of infection and sickness, and differences as between the different jurisdictions would inevitably cause difficulties. My impression, even at that stage, was that there was reluctance on the part of the DUP to recognise the seriousness of the situation and react promptly. This impression was based on public comments and contributions to Executive meetings. We did not get a satisfactory answer from the Department of Health as to why there was different advice North and South.
22. I had formed the view that the approach Boris Johnson and his Government were adopting was not as robust as it should have been. The UK Government approach did not appear to be consistent with WHO and ECDC advice and appeared to be less forceful than many other European governments. I believe the announcement to move from the "*contain*" to the "*delay*" phase on 11 March 2020 reflected this. This step could, it seemed to me, have been taken at an earlier date. In the Executive we were caught in a bind. The health advice we were receiving was coming from London to the Department of Health. At the same time we could see that there was a more proactive approach being taken by the Irish Government in the South. I believe there was some

- change in the advice given to the public in that those suffering mild symptoms were now advised to self-isolate.
23. The announcement on 11 March 2020 of a package of measures from the Irish Government was in contrast to the lack of comparative measures from the UK Government [INQ000083097]. My memory is that public perception was that the British Government was not doing enough and that they were likely to have to adopt equivalent measures relatively quickly. I think there was little confidence that the approach of the British Government would last very long in the circumstances. Ministers did consider imposing some equivalent measures in the North such as closing schools and I was of the view that we should have taken that step, however, the necessary political consensus was not there.
24. I did not attend the meeting between the Head of the Civil Service (HOCS), Sir David Sterling, and the First Minister and Deputy First Minister on 12 March 2020. I have read a copy of the document (INQ000232525) in preparing for the Inquiry. I do not feel I am able to comment on the statement that *"there was no medical/scientific evidence to support measures"*.
25. I was not privy to the information being provided to either the Irish Cabinet or the British Cabinet. However, there must have been some medical and scientific evidence to justify the drastic measures being adopted by the Irish Government. There was also quite a strong scepticism regarding the approach being adopted in Britain, both in the Executive and in general terms by the public. There was quite a lot of criticism of the approach when compared to what seemed to be the mainstream approach across Europe. The British response seemed more liberal than that recommended by the WHO or the ECDC. My concern, and I think the concern of some of my Executive colleagues, was about the divergence in approach North and South. The United Kingdom approach also appeared to contradict the WHO advice, while the approach in the South seemed to be broadly consistent with it.
26. We also knew that the island was a single epidemiological unit and the public would not understand a divergence in measures along the border. The Department of Health advice that equivalent measures were not necessary seemed to be based on advice from Britain and I was not sure how much confidence we could have that it was necessarily and automatically the right decision for this jurisdiction. I did raise with the CMO the issue that an effective all-island response would be needed and different

approaches north and south would cause difficulties. This was raised by me in the meetings of the Executive Committee on 2 March [INQ00065694], 10 March [INQ00065695] and 16 March 2020 [INQ00065689].

27. The Executive Committee was dependent on the advice it was receiving from the Department of Health and the Chief Medical Officer. There was no other independent source of public health advice. As outlined above, we were concerned that what we were being told was at variance with the response of the Irish Government. That issue was raised and it was not, in my view, satisfactorily answered at this time. We could also see that the approach of the British Government was different to the approach being adopted by other European states. The CMO was undoubtedly taking his lead from SAGE at this point.
28. On 12 March 2020, a Situation Report (SitRep) records that "*David Sterling chaired an emergency meeting of the Perm Secs this afternoon at 330. From this meeting there is a view that all NIE Ministers, including FM and dFM, are relying heavily on CMO and SAGE advice as their guidance for decisions – hence no major push for alignment with the ROI*" [INQ000232525]. At this time the Executive could be described as dependent upon or following the lead of the UK Government. That was because the advice it was receiving from the Department of Health was based on SAGE advice for Britain. This was a cause of concern for me and others. I am aware that at the meeting that the Deputy First Minister, Michelle O'Neill, did interrogate the advice and did raise the possibility of alignment. I was of the same view. We are on a small island which is a single epidemiological unit. I represent a border constituency. Residents may live in the North and work or go to school in the South or vice versa. Different rules for the same small geographical area did not make sense. In order to maximise public buy in there were good reasons to have a consistent approach. The approach advocated by the British government appeared to be less robust than other states.
29. I am unsure why community testing was stopped on 12 March 2020. We received an update at the next meeting of the Executive Committee on 16 March 2020 and testing formed part of the advice from the Minister of Health. During that meeting there was some questioning of the Department of Health approach and discussion of the need for greater alignment with the Republic. Information gathered from testing would have assisted the Executive in its role in overseeing the response by the department of Health to the pandemic.

30. At the meeting of the Executive Committee on 16 March 2020 the Minister for Health advised that he would be following the advice of the CMO. He was warning against moving too early or too fast in a way which might undermine the sustainability and effectiveness of the measures. I was not convinced by this approach. In my view Britain was now an outlier in its response to the pandemic. Further, the fact that the Irish Government had closed the schools was significant. At the Executive meeting I did push back and question the basis of the approach, I also highlighted the fact that community concerns needed to be considered. However, I could not offer a different evidential base to win over a majority of the Executive. We did not have access to the scientific and health advice that had moved the Irish Government to take a decision to close the schools in the Republic.
31. We understood that children were not at heightened risk of the effects of Covid-19, but were also aware that schools were an environment in which significant transmission could take place. The community were already taking their own steps to protect against infection at that stage. Thus schools were reporting large numbers of children absent and some schools were closing. A vote was taken on closing the schools and the majority of the Executive voted against it.
32. The two jurisdictions on the island would have to secure maximum community buy-in if measures were to have effect. It was clear that the community was already ahead of the majority view in the Executive. When I said at the meeting that "*people were following own science*" that is what I meant. People had already taken the view that schools and other environments with many people were a risk to be avoided. It could be seen everywhere and was being widely reported in the media.
33. I did not receive any expert scientific or health advice at this time other than what was presented to Executive Committee by the Minister for Health or the CMO.
34. I do not believe that I am in position to comment on whether or not the Department of Health's preparations were adequate or inadequate. I would not agree with the comments of the Minister for Infrastructure that we were mismanaging. I am not sure what convinced her to take that view. I was concerned at the time of the meeting that the Minister of Health was saying that things were in hand but I could see for myself that he was following the lead of the British Government. I was not convinced that it was the correct approach because of the fact that other Governments were taking much more urgent action by then. I would acknowledge that we were probably not

proactive enough at this stage and to that extent could be described as *“reacting not leading”*.

35. With regard to the activation of the NI Central Crisis Management Arrangements (NICCMA) it was up to the Department of Health to bring such a recommendation. When it was brought to the Executive it was agreed. I was not in a position, as Minister of Finance, to pre-empt that request. With the benefit of hindsight, instituting the NICCMA and the NI Hub earlier might have assisted the Executive in its response but the initial problem was a difference in the realisation by different Ministers that urgent action was needed. There was no consensus at that point about how early and how far we would go with restrictions on ordinary life in order to slow and prevent the transmission of the pandemic.
36. I have been referred to actions log from the civil contingency structures dated 6 April 2020 (INQ000207931). I can only comment on those matters which involved the Department of Finance. The matters that were co-ordinated by TEO will have to be explained by others. My Department had undertaken some work related to the pandemic prior to 18 March 2020. Consideration was given by the Department to DfE Pandemic Infection Business Plan and likely staff absences [INQ000130634]; the human resources implications for NICS [INQ000130632]; contingency planning for Department staff [INQ000130638]; new grants scheme and business eligibility [INQ000146181]; seeking Executive approval for use of Covid-19 funding to businesses [INQ000146092]. Work had also commenced on rates relief.
37. At the Executive meeting on 19 March 2020 Sir David Sterling explained how the Executive Committee would function during the pandemic. We would be moving to online meetings. In the Assembly the Speaker, Alex Maskey MLA, had proposed new arrangements which included reduced business questions. By that time we had been issuing guidance on working from home to civil servants. There were new IT requirements for our homes and this took some time to set up. In my own case there was a need for work to be done by BT engineers. It is my recollection that there was no decision taken by the Executive Committee prior to that time about how the meetings would function.
38. At that same meeting the Health Minister informed other Ministers on the Executive that the worst case scenario for the North could involve 32,000 new cases per day with a possible 9,500 deaths. This might have been the first time those numbers were

communicated to me. However, the scale of the pandemic had by then become obvious after watching media reports from China, Italy and Spain. At that time I understood how grave the scale of pandemic deaths could be if there was no dramatic response from Government.

39. I have been asked what the Minister for Agriculture meant when he said, "*we are behind the curve.*" I don't know and have no comment to make.
40. I have been referred to the House of Commons Health and Social Care and Science and Technology Committee's report entitled "*Coronavirus: lessons learned to date*" which concludes that initial UK policy to take a gradual and incremental approach to introducing non-pharmaceutical interventions and comprehensive lockdown was the "*wrong policy*", which it concluded "*led to higher initial death toll*". I agree that a slow and gradualist approach was the wrong policy in March 2020. The assessment provided by the House of Commons Health and Social Care and Science and Technology Committee to which I have been referred by the Inquiry seems correct. It could be applied to this jurisdiction also, at least for the beginning of March 2020. A more emphatic early policy might have saved lives. The proposal to close the schools was one measure which had been proposed with the aim of reducing contacts and thus reducing transmission, this proposal had however been rejected at a vote in the Executive Committee.
41. A comprehensive lockdown was not ordered until 23 March 2020. My own view is that we should have moved at the same time as the Irish Government announced its restrictions. However, the advice we were getting from the Department of Health did not support those steps at the time. I believe this is reflective of adherence to the United Kingdom Government approach. We could all see that most European Governments were taking a different stance. If it had been a Sinn Féin government, then I believe that the response would have been consistent with WHO and ECDC advice. As it developed there was no consensus in the Executive Committee. The lockdown decision was eventually taken by the United Kingdom Government. However, it was my view then, and continues to be my view now, that it could and should have happened sooner.

Herd Immunity

42. There was no support for a “*herd immunity*” approach within the Executive Committee. To my recollection at no stage did the First Minister or any of her DUP colleagues advocate for it at any stage. The joint ambition was to reduce the loss of life to the greatest extent possible in the first wave.

The First Lockdown in Northern Ireland

43. I became aware that the UK Government was planning a lockdown on 23 March 2020 after the Deputy First Minister learned of this following a CBR meeting on 18 March 2020.
44. In her statement to Module 1 of this Inquiry, the former First Minister states “*It is important to highlight that the main factor that influenced the timing of the introduction of the first lockdown was that the Northern Ireland Executive was following the advice of scientific and medical advisors 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]. The Executive did not, at any time prior to that announcement, receive advice from the Department of Health or the CMO that a full lockdown was required. Nonetheless, it is the case that when some Ministers advocated for greater restrictions, after the announcement by the Irish Government, those measures were not supported by a majority in the Executive Committee.
45. By the time of the announcement of the lockdown it seemed to me that such wide ranging restrictions were necessary and justified to protect the public from the spread of the pandemic. It was bound to happen. I do not see how the initial lockdown could have been avoided. Earlier interventions could not, it seems to me, have prevented it. The situation across Europe was much the same.
46. Prior to this consideration had been given to the Executive developing its own distinct approach to the pandemic. This was attempted at the meeting of the Executive Committee on 16 March 2020, when school closures were proposed, however there was no consensus in support of moving to restrictions ahead of the United Kingdom Government.
47. By the time the British Government decided that lockdown was necessary, it was in my view inevitable, and there would have been no justification for adopting a different

approach at *that* stage, given that with the announcement of lockdown on 23 March 2020 the British Prime Minister had, in effect, adopted the measures that we believed were necessary. The steps necessary to reduce the spread of the pandemic and to protect lives had been taken. As the pandemic progressed, the Executive did, when appropriate adopt a response to the pandemic, distinct from that taken by the United Kingdom.

48. The Executive Committee did recognise that lockdown would have a greater impact on some sections of our society than others. This was factored into decision-making throughout the pandemic. Vulnerable and minority groups would be assisted with mitigations, and these were issues addressed variously, within the Department for Communities and also the Departments of Education and Health. However, on 23 March 2020, the imperative was saving lives through the imposition of restrictions to halt the spread of the pandemic. The fear of the health service being overrun was very real. We had all seen the shocking scenes from hospitals in Italy and Spain and wanted to avoid that happening in this jurisdiction.
49. I did not play any role in the enactment of the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 of 28 March 2020. I believe they were drafted within the Department of Health. They were created using rule making powers in the Public Health Act (NI) (1967). I did not have any input into their content but I believe that I would have been provided with a draft before the Executive meeting of that date. Matters were moving at very fast pace at that stage and urgent legislative response was justified.
50. They were adopted pursuant to the urgent decision mechanism. It was clearly justified in the unprecedented circumstances we found ourselves in.
51. The Executive recognised that restrictions would have a greater adverse impact upon vulnerable groups and constructed a number of mitigations and supports to try and alleviate that in the weeks and months ahead. The Department for Communities identified mitigation measures to protect social welfare recipients, low income families and the homeless, amongst others. There was genuine co-operation between Departments in identifying and taking measures to assist the most vulnerable in our society through additional financial supports. In the Department of Finance we provided financial support for proposed mitigations and generally the Executive would approve them.

52. The Executive also recognised the adverse impact upon business, in the Department of Finance we re-purposed the work of the Land & Property Service, which collects rates. Instead of collecting rates they became responsible for identifying businesses which needed financial support and provided timely grant aid to such businesses.
53. In the weeks leading up to the first lockdown it was not clear that a lockdown along the same lines as that which had been imposed in Wuhan was going to be the inevitable response in this jurisdiction. Preparations for our response to the pandemic were led by the Department of Health. Steps were being taken within other Departments to mitigate the effects of the pandemic but a full lockdown of the scale that was eventually brought in was not anticipated in February 2020. It was not certain what steps would be needed so it was not possible to take steps to mitigate them. Once the scale and nature of the likely restrictions became known the Departments considered how best to mitigate them for those most adversely affected. Within the Department of Finance the initial steps being taken were concerned with civil service workforce. Steps to update IT systems and remote working facilities were being addressed. The Department did not, however, conduct our own scientific or medical research into the effect of NPIs on the population at this stage ahead of any Executive decision on adopting restrictions. That was not a function of the Department. Instead, the Department would assist with the financial consequences of such NPIs, and how people could be compensated for adhering to them, after a decision of the Executive. The Department would also have liaised with Treasury in London to consider what financial supports would be made available and when the Executive could expect to receive additional funds. The Department also assumed some of the responsibilities that would have been within the remit of the Department for Economy during the pandemic.

Amendment of Regulations

54. I have been asked how the Executive approached the amendment of the Regulations. Prior to May 2020, when a formal strategy was introduced, Ministers could raise issues around the potential easing of restrictions. The Executive Committee would consider such matters but any such suggestions would be tested against the advice of CMO/CSA. It was my view that Ministers were entitled to raise such issues at the meeting.

55. On 7 May 2020 the paper *E (20) 90 (C) Planning for Recovery: Second Review of Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations (2020)* was considered by the Executive [INQ000048464]. Its 3 key priorities were the health and well-being of our citizens; economic well-being and preparing for economic recovery in the short/medium/long term; and societal and community well-being. The approach set out in Executive paper was broadly followed. It required subsequent reviews to be conducted with timely re-appraisal of specific restrictions and requirements.
56. In advance of Executive Committee meeting of 4 June Ministers received E (20) 128 (C) Point in Time Review of the Executive's COVID 19 Strategy [INQ000065637], described as. "*This document serves as a 'point in time' review of the strategy, to enable the Executive to take a holistic look at the state of play for the response phase. Action owners have reviewed the activities they have undertaken, outlined the impacts and outcomes received and also identified future actions required*".
57. The Introduction section to the document describes its purpose. The strategy had three key priorities – (i) health and well-being of our citizens; (ii) our economic well-being and preparing to revitalise the economy; and (iii) our societal and community well-being. All actions taken by the Executive in its response to the pandemic have been aimed at securing best outcomes against those three priorities. It was described as a point in time review and that it was essential that further actions be delivered in line with the R rate. All discussions were to be guided by the science and by regular updates from the Minister for Health. In that regard, it served as a useful checklist against progress. At the time I considered the review to be sufficient.

Civil Contingency Arrangements in the First Part of the Pandemic

58. The role of the NI Hub was described as having supported strategic multi-agency co-ordination and shared situational awareness in respect of the Covid-19 epidemic. Its objectives included supporting the Executive and Civil Contingencies Group in decision making. As Minister of Finance, however, I had limited direct interactions with the NI Hub. It was never brought to my attention that there were any significant problems with it which required my direct intervention or required a reworking of how it and the Department of Finance interacted. I believed it was working reasonably well and resulted in better connectivity internally.

59. I have reviewed the document entitled "*C3 Covid-19 Response Lessons Learned Review and Future Roadmap* (June 2020) [INQ000023223]. I note its conclusion that CCG was not an effective forum for debate and decision-making. The CCG was a forum which brought together different response organisations, including the PSNI. In the early stages of the pandemic Ministers attended meetings and issues identified by organisations attending the CCG could be taken forward by Ministers to the Executive. It was a useful fora for information exchange, it was not however intended as a decision-making body, and could not take decisions that were properly within the remit of Ministers sitting together as the Executive Committee.
60. The Lessons Learned Review was published in June 2020. By that stage the NI Hub had begun to scale down its work. My understanding was that this would have begun in the middle of May 2020. By that time there had been some relaxation of the original lockdown conditions and attention began to shift to recovery measures. The harm caused by the initial wave had not been as severe as might have been the case. I do not have any recollection of the NI Hub experiencing significant problems. I believed it had served its initial purpose and many of its tasks subsequently became part of the remit of the Executive Covid Taskforce (ECT).
61. CCG was stood down and NI Hub scaled down because we were past the peak of Wave 1 and the scale of the work undertaken by the Hub was not needed at that time. By that time I think all Ministers had a better understanding of the nature of the spread and effects of Covid-19 and how to target our responses and support for the vulnerable. The work of the NI Hub was taken on by officials within each Department and reports were provided, as and when necessary, to the Executive Committee.
62. The Executive Committee continued to receive the advice and support of the CMO during that period of June to October 2020. 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. I am not sure of the precise description or name given to those teams. However, there would also have been interface or working relationship between TEO and the Department of Health.
63. In her statement provided to Module 1 of this Inquiry, the former First Minister said "*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]

64. I do not consider that Ministerial involvement in any group hampered the operational work of officials. I considered that I had a good working relationship with officials in the Department of Finance and we could speak candidly to each other about any issue. For my part I would welcome forthright advice from officials and it is my perception that officials engaged in lengthy and frank discussions about what measures were necessary in a given situation.

Overarching View

65. I consider that the Executive should have recognised and accepted the need for lockdown earlier in March 2020. The most obvious example of a missed opportunity was the failure to agree a direction to close the schools on 16 March 2020. My party colleagues and I spoke in favour of it but could not secure a majority in the Executive Committee. The reason this did not happen was the alignment of the Department of Health to advice from United Kingdom Government.
66. I think that once the decision was, in effect, taken for us to have lockdown a comprehensive, coherent and responsible strategy to Wave 1 did emerge. The priority shared by all Ministers during this period was to protect as many lives as possible. I also believe that it was very important that the response to the pandemic was led by a locally elected and democratically accountable Executive comprising of five parties.
67. I am aware that Dr. Andrew McCormick published a "*Lessons Learned Review and Future Roadmap*". It concerned the civil contingencies response. The Department of Health also provided a review of cross-departmental approach to Covid-19 and Children and Young People.
68. Considering the impact of steps taken on vulnerable groups or those disproportionately affected by restrictions was one of the key functions of Executive Committee decision making. Departments would bring concerns to the Executive Committee and they would be considered. Initiating such analysis would not have been a primary function of the Department of Finance.

Decision-making after March 2020

69. On 7 April 2020, the Deputy First Minister appeared before the Ad Hoc Committee on the Covid-19 response and said: *“Based on the recent modelling, it looks as though we will potentially face a second surge, and, if that is the case and we have another peak, we need to prepare for that now and for what is coming down the line”*.
70. I had been informed by the Minister for Health and the CMO that a second surge was possibility. This formed part of their reasoning for the delay in adopting restrictions in March 2020. I believe that preparations for such a reality had commenced by April 2020. This would have been primarily within the Department of Health. I am unable to recall, at this remove, what specific work was being undertaken within the Department of Finance by April 2020 for a second wave. I am happy to comment on any documents provided to me. The possibility of a second wave was discussed in the Executive Committee however.
71. The publication of the Executive Committee's Covid-19 recovery strategy on 12 May 2020 followed the publication of the United Kingdom Government document. An important point of distinction was that we, in this jurisdiction, chose not to remove any restrictions at that stage. No provisional dates for relaxation were given either. The main concern was to keep the restrictions in place for as long as necessary but to remove them as soon as possible. This meant that we would be led by data on the pandemic rather than time frames. If conditions allowed for removal of restrictions we would do so. The advice of the CMO and CSA would be important to those considerations.
72. However, it became clear that businesses needed more advance knowledge of when, and under what conditions, they could re-open. The Department was in regular contact with businesses. I would also have been informed of this need after contact from the Department for Economy and the TEO. In consequence indicative dates were given for the relaxation of certain restrictions relevant to re-opening retail, religious venues and the food service industry. Those indications were, however, going to be subject to careful consideration if there was any change in transmission levels within the community.
73. The comments of the Minister for Agriculture at the Executive Committee meeting of 15 June 2020 that the advice we were receiving from the CSA were *“currently unproven”* and *“a best guess”* were not reflective of mine view or, I would suggest, the

views of the majority of Ministers. By that stage the Minister had made clear that he was opposed to retaining many of the public health restrictions. I understood that the expert advice could not be categorical but it remained a guide our decision-making. Ultimately, the question of what restrictions were necessary was a matter for the Executive Committee acting together. However, the views of the CMO and CSA weighed very heavily in that consideration. Our priority was to save lives.

74. I considered that the increased rates of Covid-19 in August 2020 could be attributed to the relaxation of many of the lockdown measures over the Summer. People had stayed at home for most of the first wave. With more businesses open, a gradual return to work for many and better weather it was likely that there would be interaction between people.
75. Ministers had also received a joint note from the CMO and CSA on the reopening of pubs [INQ000207272]. There was some resistance to and non-compliance with rules from some people but I do not believe that should be overplayed. The vast majority of people, including young people, adhered to very significant restrictions for a long time.
76. It was the considered view of the Executive Committee that some relaxation of the initial restrictions imposed in March 2020 had to occur. It was unrealistic to expect that level of restriction to continue indefinitely. The increase in the R number was concerning so it was met by localised lockdowns from September 2020 onwards. There was also concern that further interventions in normal life would be needed in the winter months. It was more likely that people would adhere to those restrictions if they had some freedom of movement during the summer months. I do not think it was the case that there was insufficient planning by Ministers. The civil contingency structures were not reinstated immediately as we did not consider them to be necessary at that point.
77. I am aware that the NI Hub was scaled back in May 2020, following which alternative arrangements were put in place with officials, some of whom had worked in the Hub, taking over the work of co-ordinating all Covid related work and bringing it to the Executive for decision. These new arrangements were formalised with the establishment of the Executive Taskforce in October 2020.
78. On 1 October 2020 the First Minister and Deputy First Minister advised the Executive Committee that a reset of our collective approach to the management of the Covid-19 response was needed. My understanding of the rationale for the reset was that it was

- about preparing for the future. By that stage we had been through Wave 1 and the subsequent easing of restrictions in the summer months. We had to prepare for moving into the winter months with the risks of increased transmission that entailed. I believe this was an appropriate time for such a reset of where we were at that time and there was a need to improve our collective effort for the second wave. The reset, therefore, took stock of what Ministers had learned about the management of the pandemic response from the first wave.
79. This announcement coincided with our being informed of increased transmission rates particularly in Derry and Strabane and Trust concerns regarding hospital and care capacity. A major concern for the Minister of Health, and for all of us, was increased pressure on the health system over the winter months.
80. The Executive Committee was, at this stage, used to taking decisions regarding restrictions but there was a need to adopt a more Executive led approach to take the pressure off the Department of Health. That Department had been under very considerable pressure and had faced the brunt of the response throughout the pandemic. If there was anything the Executive Committee could do to reduce such pressure we should do it. Reducing pressure on the Department had been a consideration throughout. It was not the case that it was only now in October 2020 that it had occurred to Ministers.
81. The reset did occur, albeit, ultimately as appears, it could not entirely overcome the underlying differences of view within the Executive as to how to respond to the pandemic as transmission rates increased.
82. I understand that there were problems with the modelling work undertaken by PHA. I believe this related to data and staffing but it was not something that would have been examined within the Department of Finance. My understanding would have been based on updates to the Executive Committee by the Minister for Health or the CMO or CSA at the time. However, I do not believe that Ministers were blindsided by transmission rates in autumn 2020. The problem was that there was not sufficient consensus within the Executive Committee to take prompt and effective measures to reduce the rates of transmission. With regard to confidence in the modelling, overall I regarded it as a useful tool and the often the best one we had available to guide our decision making. Confidence was based on how it performed in response to our decisions.

83. At the meeting of the Executive Committee on 8 October 2020 I considered the situation to be grave. The Minister for Health explained the current pressures the hospitals were operating under. I took very seriously the words of the CMO that he was *"never more concerned as CMO than I am now"* [INQ000065756]. It meant that there would have to be an effective response from the Executive. I considered that the relaxation of restrictions over the Summer had played at least some part in the increase in transmission rates.
84. I have been asked to explain what I understood by the comments made by the Minister for Agriculture at the meeting of the Executive Committee on 8 October 2020. He said *"people are not listening to us ... not going after where the problem exists. Afraid to say where the problem is."* I do not believe there was any fear of identifying particular locations by reference to transmission rates. If targeted restrictions could be effective we would have considered them at this stage. The priority at all times was to protect public safety. That is not done by refusing to recognise or confront the real issues. I would direct the Inquiry to comments which I made in response to the Minister at the meeting of the 22 October 2020. I was concerned that the Minister for Agriculture comments were regrettable as they were introducing a sectarian element to discussion on public health which clearly affected all sections of the population. [INQ000065701, pg.1]
85. I supported the decision to implement the circuit breaker on 16 October 2020. It was intended to reduce rates of transmission ahead of what was bound to be a very difficult winter period. It may have been more effective if implemented earlier but there was no consensus for that in the Executive Committee. I would have supported a circuit breaker when proposed by the Department of Health based on medical or scientific advice.
86. I do not believe that the views of the Agriculture Minister, expressed in the meeting of the Executive Committee on 13 October 2020, were representative of views held by me or other Ministers. The comment that he was *"sick of assumptions by experts"* was not helpful and was unjustified. By that time the Minister for Agriculture was opposed to any continuation of or strengthening of restrictions. That was not the view of the Executive Committee as a whole. The assistance we got from the CMO and CSA was very useful. It would not always determine the approach of the Executive Committee

on its own but we were certainly guided by it. For example, the advice did not result in the adoption of suggested measures at the meeting of 9 November 2020.

Executive Meeting of 9 November 2020

87. The proposal at the meeting of 9 November 2020 was that existing restrictions would be extended for two weeks. Transmission rates were again on the rise and there was justified concern that the situation would deteriorate coming into the Winter months. The two week recommendation was in accordance with the recommendation from the CMO. There was some concern amongst Ministers about public messaging and financial supports being in place in time, however, the proposal itself was not, in my view, a radical one.
88. The disagreement was between the DUP Ministers on the one hand, and the rest of the Executive Committee, which was supportive of the Department of Health [INQ000116294]. The disagreement was reflective of a broader issue about responses to the pandemic. The DUP were consistent in their desire to minimise the extent and scope of Covid-19 restrictions. They viewed the impact on business and the inconvenience to people as too much. However, the majority of the Executive Committee were more cautious and paid greater regard to the advice of the CMO and CSA.
89. It was the DUP who rejected the medical and scientific advice and sought to use the cross-community veto to ensure their opposition prevented the extension the majority of Ministers supported. I believe the use of the cross-community veto on this occasion was totally irresponsible. It is for the DUP Ministers to explain why the proposal of a modest extension of restrictions of two weeks, as proposed on 9 November 2020 was so controversial.
90. At the same meeting the Communities Minister was recorded as having complained about flaws in the modelling. My understanding was that the R number was indication of how things were going. We frequently asked questions around it. It was not perfect but it was, in my experience, a useful tool for decision making. I would have become familiar with the modelling as explained by the CMO and CSA to meetings of the Executive Committee. It sought to demonstrate predicted outcomes relating to the spread of the pandemic and how government action could hope to impact that spread.

91. The meeting was challenging. There was a fundamental disagreement between the DUP Ministers and the rest of the Executive. I knew the potential impact on lives and livelihoods of the decisions that were before us. Nonetheless, the extension was clearly justified to my mind. Our main priority was protection of life. The CMO advice had been grave and we needed to respond to it. The tone of the meeting was difficult. It was immediately obvious consensus was not present and as the meeting progressed the DUP opposition became more entrenched.
92. A SitRep dated 17 November 2020 [INQ000065956] recorded that *"The Executive will do all it can to protect as much of the Christmas period as possible. However, Prof Ian Young said mid-December could be the "big risk period"*.
93. There was concern about increased transmission, however the advice received from CMO and CSA, throughout the pandemic, also recognised that measures imposing restrictions on human contact, had a significant adverse psychological impact on individuals and families. We recognised that this would be particularly acute at Christmas time and that formed part of the discussions considering proposals for further restrictions. The importance of Christmas to the population was, I believe, recognised by all Ministers. I would not however describe it as driving the response to the pandemic but it was relevant to the debate. The impact on mental health was a factor to be weighed in favour of allowing individuals to see family members at Christmas. We were also concerned that a failure to lift restrictions in any way to facilitate Christmas, could undermine adherence to the rules. A rule which was not going to be supported by the public, or at least large parts of the public, would not be effective.
94. The next Executive meeting that considered Covid-19 after the meeting on 9 November 2020 took place on 19 November 2020. It had been the position in previous Executive papers that the Department of Health would bring proposals recommending actions which the Executive should consider to deal with the Covid outbreak. However, Executive Paper E(20) 267 (C) *"Modelling the course of the COVID epidemic and the impact of different interventions and recommendations"* [INQ000048498] paper did not bring any specific recommendations, rather it identified a number of potential responses.
95. Given the disagreement in previous Executive meetings over the extent of the measures required, I felt it was more helpful to have suggested actions to accompany

the analysis from Department of Health. As Finance Minister I had undertaken to provide support packages quickly to businesses impacted by Executive decisions and was therefore seeking clarity as to which businesses would need that support. I am not aware why the Health Minister chose to make no recommendations to that Executive meeting. I was of the firm view however that it was his role was to provide Ministers, comprising the Executive Committee, with recommendations based on the medical and scientific evidence that was available to him and his Department. This was even more important after the disagreement that had occurred in the 9 November 2020 meetings.

96. I have been referred to comments of some of my Ministerial colleagues from the handwritten minutes of the meeting of the Executive Committee on 19 November 2020. They relate to the fact that there was a delay between presentation of medical and scientific advice and decisions of the Executive in consequence. I believe that more effective measures should have been adopted in October 2020. These would have been those measures proposed by the Department of Health. Given the resistance from the DUP to the full extent of the restrictions proposed, the Executive secured consensus for the restrictions in respect of which it was possible to secure consensus under those circumstances. I have always believed we should act on the advice available from the CMO/CSA and do all in our power to prevent and suppress the spread of Covid. Managing a strategic response to the pandemic in a five party Executive was extremely challenging, if there was a fundamental disagreement about the correct approach. I am of the view that a better outcome could have been achieved if the Department of Health proposals had gained full support from Ministers at an earlier stage.

97. On 3 December 2020, the Executive discussed the restrictions that would be put in place when the Regulations expired on 10 December 2020. They were subsequently amended at the meeting of 17 December 2020. The CMO and CSA had identified concerns about the need to adopt further measures and we were guided by their concerns. We were also alive to issues, such as limiting isolation and separation of families at that time of year and we sought to achieve a balance between the need to introduce restrictions and the need to mitigate the impacts of restrictions and to maintain community adherence to restrictions. It was not an easy balance but, at that particular time, greater restrictions were needed. The new variant may have contributed to this outcome as may have the delay in October and November 2020 in adopting the measures recommended by the Department of Health. At the time the

decision was based on full consideration of all matters including transmission rates, the effect of isolation on individuals and the need to secure community buy-in. With the benefit of hindsight it is now my view that we should have shut down earlier. The Executive Committee was required to balance all matters in taking the decisions it did in the run-up to Christmas 2020. It was important to keep public support for and adherence to the restrictions. Families and friends were bound to get see each other in some form and our objective was to make that as safe as possible in the circumstances. The advice of the CMO and CSA reflected these matters. I believe the decisions we took were broadly in line with their advice. I have been asked to consider whether the restrictions were effective given the peak of transmission came in the first week of January 2021 [INQ000104467]. I believe that we had to balance different considerations and matters could have been worse if we did not reduce the scope for travel or if we had prevented all interaction and caused a significant reduction in respect for and adherence to the restrictions. There was no clear and simple answer to the dilemma that confronted us at this time.

98. I have been referred to the witness statement of Holly Clark in the NIO. She states that *"as Christmas 2020 approached, the UK government proposed a joint approach towards restrictions during this period will all Devolved Administrations ... Alignment on this statement was encouraged by the NIO and CDL but the NIE decided not to endorse this statement, which was published with the support of the Scottish and Welsh governments. Instead, the NIE adopted a different course regarding NPIs over the Christmas period, and published their own statement on 21 December 2020 to this effect"*. [INQ000148325].
99. The Executive acted on the basis of advice from the Department of Health relating to circumstances in this jurisdiction. The development and impact of the Covid pandemic was not identical across England, Scotland, Wales and the North. Our public message was focused on the population within our jurisdiction. Ministers were, by that stage of the pandemic, content that the public understood that there could be different rules imposed in different jurisdictions. They would look to what the Executive was advising.
100. 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. 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.

101. At meetings on 20 and 21 December 2020, the Executive discussed international travel and travel between the island of Britain and this jurisdiction. The minutes of the meeting record the disagreement between Ministers. My own contribution to the meeting was to question why Scotland and Wales had restricted travel to avoid the spread of the variant. I was concerned that travel from Britain to the island of Ireland would end up coming through the North in circumstances where there were different restrictions on direct arrival in the port and airport in Dublin. I made clear my concern that we were not preventing people from travelling here for Christmas when there seemed to be a need to do so.

102. I did not believe that enough was being done to reduce the spread of the new variant by the use of travel restrictions. I wrote to the Minister of Health to such effect on 21 December 2020. The letter said:

"I have received your paper circulated to Executive Ministers this evening relating to Covid-19 travel. The paper acknowledges that the variant form of the virus is widespread in parts of England, especially the South East, and may also be present in Scotland, and it is believed to be present in the North of Ireland also, albeit not confirmed.

Your paper articulates the view that we should immediately issue guidance advising against all but essential travel between the North of Ireland and Britain, and the South of Ireland with immediate effect – and that this should include asking all new arrivals to self-isolate for 10 days following entry.

You argue the case for urgently processing a number of things, including undertaking preparatory work on the form of any necessary changes to the legislation to instigate such a ban, and associated consideration of proportionality and human rights implications – so that we can move swiftly if we determine that such a move is necessary.

In response I want to state my dismay and astonishment that as Minister for Health you are not moving now to complete the legislative preparatory work in order to move immediately and without further delay, and impose a travel ban from Britain into the North of Ireland, particularly since the primary legislation exists which gives you the legal powers to do so.

I do not need to remind you that this is the biggest public health crisis we have faced in a generation, and that this pandemic continues to escalate daily, with this new variant causing serious alarm which requires urgent action.

I am therefore calling on you to reconsider your approach set out in the Paper and asking that you move urgently to complete the legislative preparatory work in order to introduce a travel ban between Britain and the North of Ireland". [INQ000130079]. I exhibit this document as CMU/1 - INQ000130079.

103. The establishment of the ECT was the proposal and initial responsibility of TEO. However, thereafter it was directed by the Executive Committee. Its establishment was not a response to any changes at United Kingdom Government level. It followed consideration of how best to respond in this jurisdiction. By that time we had the experience of how the various Departments, the NI Hub and CCG had worked. I do not believe it to have been any conscious or deliberate effort to follow the changes that had been adopted at UK government level.
104. I recall there was some concern to ensure there was no duplication of functions between the Taskforce and the Department of Health. I believe there was some requests for reassurance from the Minister for Health. It was important there were clear lines of responsibility for all involved. Senior officials were tasked to resolve these issues and agreed Terms of Reference. Ministers also agreed '*Moving Forward: The Executive's Pathway out of Restrictions*' to guide the ECT and the Executive in their work. Any such hesitation or reluctance did not last long and there was no refusal to co-operate by any Minister or Department.
105. The ECT was set up to co-ordinate an Executive wide approach to dealing with the pandemic. It performed its role as mandated by the Executive. I regarded it as doing so in an effective manner. It was reporting directly to the Executive. It was engaging with people and coming back to us with a clearer picture and clearer advice than had been the case earlier in the pandemic with other bodies. There was much engagement with business organisations and this assisted our decision making. My view is that the ECT was more co-ordinated than had been the case with CCG in the initial outbreak.

2021 and Beyond

106. The restrictions put in place by the Executive Committee at the end of December 2020 were part of a range of measures to reduce transmission rates. We did recognise their potential to impact upon vulnerable groups. There were also those who would be disproportionately affected by them. The manner in which they came for consideration meant that the ordinary equality impact assessment could not be undertaken. There simply was not time in the face of the risk to public health. Instead, targeted mitigations were brought in by Departments. The Department of Finance, for example, provided business supports. The Department for Communities adopted measures to assist with housing, domestic violence and isolation.
107. On 2 March the Executive published "*Moving Forward: The Executive's Pathway out of restrictions*" [INQ000104467]. My view was that the approach adopted was appropriate. In developing our strategies the Executive was alive to the impacts of restrictions on disadvantaged groups within society and these issues were factored into our approach. Such issues are perhaps between addressed by the Ministers for Health, Education and Communities in particular. Within Finance we were always responsive if issues were identified which required mitigations to assist the most vulnerable. The vaccination programme was up and running by this stage and that development offered the best hope of emerging from the pandemic. The framework for emerging from lockdown was broadly adhered to.
108. The comments of the Minister for Justice at the Executive meeting of 4 March 2021 that the pathway document had been "*shot in the knees*" was, I believe, directed at the Minister for Agriculture. Although a member of the Executive Committee which had adopted the strategy he had criticised the approach in public.
109. There was some tension between Ministers in Spring 2021 about the pace of removal of restrictions. The Ministers for Agriculture and for the Economy made clear their preference for swifter easing of restrictions. However, the majority of the Executive favoured a more cautious response. We did support the removal of any restrictions once the scientific and health advice was supportive.
110. While protection of public health was the over-arching concern, the economic consequences of reducing restrictions too early or too fast was also a concern. Adverse economic consequences flowed from a need to reintroduce restrictions, in the event of having lifted them too speedily. Bouncing in and out of restrictions was an unsatisfactory approach for businesses. Such an approach could also result in the

loss of important financial support from Whitehall. For example, if furlough was to stop it would be difficult to set it back up again. A more cautious approach to relaxation of rules was, in my view, the safer approach.

111. Furthermore, removing restrictions only to reintroduce them shortly thereafter, had the capacity to undermine public confidence in our decision making as an Executive. This in turn had the potential to cause issues around compliance in the future. Thus, whilst public health was the priority, there were other factors which also indicated that a cautious approach was to be preferred.
112. The *"Building Forward – Consolidated Covid Recovery Plan"* was published on 2 August 2021 [INQ000101002]. The strategy was the responsibility of the Executive as a whole. However, implementation of the interventions would be carried out within Departments. It was to be monitored and assessed by civil servants through the RAG reporting system in each Department.

Part 3: Overarching and thematic issues

113. Sir David Sterling was a long standing civil servant and he assisted the Executive Committee at the outset of the pandemic. I do not believe, however, that his retirement in August 2020 impacted upon our response to the pandemic. I do not believe that either his retirement, and the loss of an experienced HOCS, was significant for the response adopted by the Executive. There were sufficient senior civil servants to continue to manage the operational response. The decisions taken were generally guided by advice from the Department of Health and the CMO/CSA.
114. To my mind the phrase *"following the science"*, used at the Executive meeting of 16 March 2020, meant adopting measures to combat the spread of the pandemic which had a sound scientific basis. That meant adopting measures that were likely to be effective in reducing the risk to lives and the functioning of the health service. In my view such an approach was proactive, it anticipated, and sought to prevent, rising transmission rates, in order to protect public health.
115. It did not mean that we delegated decision-making to the experts, decisions as to how to combat transmission rates, protect public health, and protecting the most vulnerable in society were ultimately matters for the executive to make decisions on. However, in

- a global pandemic, listening to and being informed by the advice from medical experts was an appropriate strategy.
116. On 16 March 2020 for all the reasons I have addressed above, the Executive did not adopt an independent approach, although it did so as the pandemic progressed.
117. The Executive Committee was advised of the spread of the pandemic and the effectiveness of counter-measures throughout 2020 and 2021. This would often involve consideration of modelling. Some data proved to be unreliable such as, for a period, the daily death rates. There was some concern that the Public Health Agency (PHA) was struggling to collate and present data in an efficient and reliable manner. The more reliable the data the more confident the Executive Committee could be in taking decisions. However, we all did understand that this was not an exact science and that the modelling was a guide. There may have been some concern about reliability. The R number could be up and down within a week. We were aware that there were limitations with the data. However, I do not believe there was any widespread view that we did not have sufficient data to be able to make key decisions. I do not feel about to make any assessment of the performance or ability of the PHA in respect of its role in the pandemic response.
118. Scientific or expert advice was provided to me through papers provided to the Executive Committee. The advice came from the CMO and the CSA to the Executive.
119. I am aware that the CMO and CSA attended SAGE meetings and the information they received would have informed their advice to us. There was a concern, particularly in the early stages of the pandemic, that advice coming from the Department of Health was too "England-centric". That view was based on the obvious differences between UK Government approach and what was happening across the continent and the reaction of the Irish government in March 2020. I did not believe the fact of Ireland being a single epidemiological unit and the need for consistent all-island approach by the population was given sufficient prominence. It seemed to me the focus was on the Britain rather than this jurisdiction.
120. The R number was an important tool to assist the Executive Committee in making decisions but it was not the only one. We were also aware of hospital admissions and daily death figures. The public became familiar with the R number from Government briefings in the media. I think there was some confusion caused by the reporting of

different R numbers for different jurisdictions. It was, however, a useful if blunt measure of how things were going. In broad terms, we could gauge the extent of community transmission or how restrictions were working from review of the R number. The advice was to try and keep R below 1 and preferably below 0.7. If the R went above 1 or went significantly above 1 we knew that even greater trouble lay ahead. A stable or reducing R number would suggest good community buy-in. As time went on I think the public knew there was different transmission rates in different councils. They understood that R number might differ between different jurisdictions on these islands and even internally within jurisdictions.

121. I felt that I had an adequate grasp of the concept of the R number and its relevance to decisions regarding NPIs.
122. On 9 July 2020 the Minister for Health informed the Executive Committee that the use of the R number was being suspended and the Department was looking to use a wider set of figures [INQ000065764]. My memory is that at this time the R figure had reduced and after the first wave the Department was looking to use a wider set of figures. With transmission at lower incidence than previously the Executive Committee could look at other areas. The purpose of the restrictions was to protect public health and prevent the health service from being overwhelmed. I am unsure whether the basis for calculation of the R number changed at this point.
123. I do not recall being briefed in April 2020 or any date thereafter about the scope, responsibilities, composition or working methods of the Strategic Intelligence Group (SIG) within the Department of Health. Advice to the Executive Committee came from the CMO, the CSA or from the Minister for Health.
124. At a session of the Ad Hoc Committee on the Covid-19 response on 7 April 2020, the then Deputy First Minister said that modelling "*is what determines what we do next, when we do it and why we take the measures that we have to take*". I can confirm that modelling was an important factor in informing the approach of the Executive Committee to the pandemic. One of the consistent priorities was to keep R below 1. This was informed by modelling.
125. In the Covid-19 Executive Strategy and Plan dated 3 April 2020 it was noted that "*an independent model tuned to specific NI circumstances is under development*". It is my understanding that shortcomings in test and trace capacity undermined the reliability

and availability of data to inform modelling during Spring 2020. Ultimately, the advice of the CMO and CSA provided the evidential base which informed decisions taken by the Executive Committee. As time progressed I believe Ministers became more familiar and knowledgeable about epidemiology. I did not regard myself as an expert but over the course of the pandemic we did learn and, I believe, were better able to understand the advice being provided and make use of it in decision-making.

126. I am not aware of the extent to which the CMO and CSA used behavioural science and management in their advice to the Executive Committee. Ministers did not, however, have direct access to such information separate from health advice. I do not recall any occasion when I was advised that there was expert advice that a particular measure would result in widespread defiance from the population. In the run up to Christmas 2020 we were aware that there was strong expectation that people would visit family members. However, that knowledge was not the result of advice from an expert in behavioural science. Without being able to identify specific examples, I do recall some advice being based on behavioural science but this would not have originated from within the Department of Finance to me as Minister. Instead, it was likely to have formed part of CSA or CMO contribution to Executive meetings.
127. The late arrival of briefing papers or proposals before meetings of the Executive Committee was frustrating. The nature of the pandemic meant that officials were often working up to the wire on certain papers. During the pandemic the most important papers came from the Department of Health and then went through the First Minister and Deputy First Minister in TEO. When the health paper was late this inevitably slowed things down.
128. The Inquiry should also note that there was a greater demand for papers as the Executive Committee moved from fortnightly meetings to twice weekly meetings. This impacted on the ability of Departments to present timely papers and the ability of TEO to consider those prior to coming to the Executive Committee. Officials were under a significant and unprecedented degree of pressure to make available papers. I had some sympathy for their position.
129. Overall, I considered the scientific / expert advice I received was reliable and sufficient to assist with decision making. There were occasions when I was concerned that the advice from the CMO or Department of Health was derivative of the position in England (such as in March 2020 when the advice did not support the closure of schools) or the

advice was not sufficiently clear (such as in November 2020 when the Department of Health briefing paper listed options rather than recommended response). These matters were subsequently raised for discussion in the meetings with Ministers and the CMO/CSA. Nonetheless, I respected and relied upon the expert advice I was receiving, while recognising that I should interrogate the advice which we were receiving. There were often occasions when Ministers, myself included, would have asked sought fuller explanation in relation to the advice being given.

130. I do not know for sure but presume that the Department of Health had sufficient access to medical or scientific data available to and used by the UK Government. I was aware that they were attending SAGE meetings from early in 2020. My concerns were more directed at the distinction between advice provided to us in the Executive and the information that must have been given to the Irish government. It was a source of concern to have two different approaches on the island. I represent a border constituency and what appeared to be two separate sets for medical advice for the same pandemic on the same island did cause public concern.
131. I do believe that I was able to understand the advice that was being provided. The more you become familiar with the concepts and the way in which the data is collected and presented, the more effective use can be made of expert advice that was provided.

Relationship with the United Kingdom

132. I do recall at various stages being advised that the North was one or two weeks behind the trajectory of the pandemic in London. It assisted with predicted the development of the pandemic but I do not think the importance of that extra week should be overplayed. It was indicative of what was coming our way but it was not an exact science. There were different circumstances in this jurisdiction.
133. In my role as Minister for Finance, I had regular meetings with finance ministers from Scotland and Wales and with the Chief Secretary to the Treasury. I believe they were productive in terms of information sharing and identifying issues. This communication was important and helpful to me as Minister. However, it is not my perception that such interactions altered UK Government policy in any significant way. The main topics that were discussed in these meetings were the level of finance available to support restrictions, the nature and scope of the Treasury furlough scheme, the financial resources available to the Executive in response to increased Whitehall spending. I do

not recall being advised of the roll-out of "Eat Out to Help Out" before its public announcement.

134. There were difficulties in information sharing between UK government and the Devolved Administrations. The urgency of the situation probably contributed to this. There was not the usual time for consultation. With regard to my interactions with Treasury I was aware that it was carrying out the decisions of the British cabinet. It was also my experience that Treasury liked to be in control of its own public announcements.
135. I have been asked whether the UK Government adequately involved Northern Ireland Ministers or senior civil servants in decision-making that impacted Northern Ireland. As outlined, my own interactions were relatively limited, with a focus on Treasury and securing financial assistance to respond to the pandemic. In general it is my perception that the UK Government does not adequately involve Ministers from the executive or civil servants in decision-making. I cannot recall any specific instance when a UK government decision was revised in response to my or my officials' response. From my perspective, the obvious policy gap was the failure to take seriously the need for an all-island aspect to pandemic response on the island of Ireland. We are part of a single epidemiological unit. The need for a consistent approach across the island was clear. I would accept, however, that there could have been greater awareness of this reality from the Irish Government also.
136. In her statement to Module 1 of the Inquiry Michelle O'Neill stated: "*Actions by the British government, at times, hindered our ability to reach consensus. For example, regarding travel restrictions on the island of Ireland*". [INQ000183409] I would agree that the approach of the United Kingdom Government impacted upon the ability of the Executive Committee to come to agreement. Notable examples include the closure of schools in March 2020 and the issue of travel between Britain and the North in December 2020. If the UK Government adopted a particular measure it was easier to get consensus in the Executive. It was the case that some Ministerial colleagues followed the lead of UK Government.
137. I have been asked to comment on working relationship between certain representatives of the United Kingdom Government and representatives of the devolved administrations. I simply do not know if there was a lack of trust on the part of the United Kingdom Government in its dealings with the devolved administrations.

138. During the Executive Committee meeting of 10 March 2020 I said that the North-South Ministerial Council (NSMC) is overly bureaucratic and that we need to be able to react [INQ000065695]. This statement was made because the nature of the NSMC is based on the achievement of long term projects between both jurisdictions. The way it works is very structured and formal. Papers are drafted, circulated and then agreed before their being presented. The meetings themselves are held every couple of months. There can be sectoral meetings or plenary meetings a couple of times a year. The NSMC is an important feature of the current constitutional arrangements on the island. It has its place and has achieved some real success in the past. However, at the time I was speaking it was simply not an effective decision making forum for the type of rapid and far reaching responses that were needed in both jurisdictions on the island. It would have had to be adapted or some other method of all-island response was needed.
139. I did not have any significant direct dealings with the Secretary of State for Northern Ireland, the Northern Ireland Office (NIO) or the Minister for Intergovernmental Relations Michael Gove MP. Therefore, I do not intend to make any comment on their role or their effectiveness in facilitating intergovernmental relations during the pandemic and co-ordinating the response of the devolved administrations. Nor can I make any comment on mechanisms for communications with UK Government such as COBR or MIG.

Relationship with Republic of Ireland

140. I have been asked to comment upon the contents of the independent SAGE report of 12 May 2020. It urged the Northern Ireland Executive *“to seek to harmonise their policies with those of the Republic of Ireland in keeping with the commendable Memorandum of Understanding that has been agreed between the two jurisdictions in relation to the coronavirus crisis”*. This recommendation is what I and some other Ministers, were advocating for at the time. Consideration was given to the *“island advantage”* but it was not adopted due to a lack of consensus in the Executive. I thought at the time there must be an epidemiological justification for harmonisation with the Republic of Ireland. The other justification for alignment was to ensure community support. People were living side by side along the border and consistency of approach would, in my view, have made for a more effective response.

141. The value of consistent approach on the island was, in my view, to maximise community understanding, support and compliance with the restrictions. A simple and coherent message would have more chances of success. I represent a border constituency and was acutely aware of distinctions in the rules when they became apparent. I think we should have aligned more closely. Such an approach caused no controversy in the Foot & Mouth crisis.
142. The purpose of the All-Ireland Memorandum of Understanding was to maximise co-operation between the two health systems on the island. The extent to which it was used was dependent on the approaches of the two Ministers for Health. The practical benefits of the MOU would be achieved with direct co-operation between the two Departments. It was not something that the Executive Committee could direct. One of the main potential advantages from our perspective was to garner greater community support for the measures. Where there was consistency of approach measures were more likely to be adhered to and, therefore, much more likely to be effective. Whether the aims of the All-Ireland MOU were fully met is probably better addressed by the Minister for Health. I was certainly glad it was in place.
143. The question of whether the means or structures actually existed so as to achieve a greater degree of co-operation or co-ordination across the island of Ireland is not one I feel completely confident in answering. It is always open to the Departments to work more closely on matters of mutual concern but that may often be dependent on the Ministers involved and the broader policies of the Governments. New and more efficient systems of co-ordinated working could have been put into effect if the ambition was there. A great many things were changed during the pandemic.
144. I did not attend Quad meetings and so cannot assist the Inquiry on whether the suggested review of the MOU ever occurred. I do not recall ever receiving any briefing or policy documents relating to it.
145. I do not believe any research was commissioned by the Executive of any Departments which was aimed at understanding the impact of Covid-19 along the border.
146. I have read the document entitled "*Obstacles to Public Health that even pandemics cannot overcome: The Politics of Covid-19 on the Island of Ireland*" [INQ000137387]. It sets out examples of public health policy alignment. I believe there was opportunities for us working more closely together. I do not think that there was as much alignment

as suggested. Why that was the case is perhaps a question for the Department of Health. It did appear to me that much of what did align was coincidental reflecting the reality that restrictions of a similar nature were being imposed globally. Greater alignment of economic policy during the pandemic would have assisted. By this I mean for cross-border workers and sharing of information North-South on the furlough scheme, welfare payments or other supports.

147. I have read the analysis of Deidre Heenan quoted in the article. I do not feel I am in position to comment. It is, however, perhaps a matter better answered by the Minister for Health.
148. There was, on occasions, an issue about the timing of announcements by the Irish Government. Co-operation did improve over the course of the pandemic but there was at least some impact on the Executive of measures in the South. People would see different approaches on certain issues and question which was right. This could undermine the effectiveness of the measures. It would have been preferable if there had been greater alignment.
149. I do not believe there was any broader reluctance on the part of the Irish Government to share information and co-operate with the Executive as a result of Sinn Féin being the main opposition party in the Republic.
150. I am not aware of any other barriers to closer co-operation. The difficulties were inherent in the reality of two jurisdictions on the island. There was however significant scope for greater co-operation and the pandemic represented an occasion which called out for greater co-operation.
151. No work was undertaken by the Department of Finance or on behalf of the Executive Committee to examine whether greater harmonisation or co-operation with the Republic of Ireland might have produced better outcomes in the North. This would not have been a matter for the Department.
152. I am unaware whether, overall, the Republic of Ireland had better outcomes than the North.
153. In terms of deaths, rates of infection and economic impact my impression is that the United Kingdom Government did not perform particularly well in terms of international

comparisons. There was an initial delay to recognise the gravity of the situation and impose the lockdown earlier in March 2020 and I think our alignment with the United Kingdom Government at that stage was a mistake. As the pandemic progressed we sought to adopt measures responsive to what was happening in the North. The production and disbursement of the vaccine in early 2021 seems to be an area where the UK Government performed well and I believe that we benefitted from that.

Legislation and Regulations: Proportionality and Enforcement

154. Criminal sanctions were considered necessary to enforce the Regulations given their critical importance to public safety. The vast majority of people complied with the rules. However, there was a small minority who did not and who could, as a consequence risk, not just their own lives, but the lives of others in the community. Given the importance of the rules there had to be a criminal sanction to ensure sufficiently wide compliance to combat the risks posed by the small minority who were deliberately non-compliant.
155. As the pandemic progressed consideration was given to alternative forms of enforcement, such as Council supervision, however, it did not appear to me that alternative methods of enforcement, other than through the PSNI, were viable. People who flouted the Regulations, putting others at risk of infection and illness, could expect suitable punishment. It was my view then, and remains my view now, that only the PSNI could effectively enforce the Regulations. No convincing case was ever put before the Executive Committee that this could be performed by some other public authority in some other way.
156. I have been referred to certain comments from the First Minister, the Minister for Health and the CMO relating to enforcement of the Covid Regulations. I am not aware why a working group on compliance and enforcement had not been established prior to September 2020. I did not consider that there were any particular issues with criminal enforcement. I would accept that the police suffered from a lack of resources when compared with the demands on their service. Enforcement of Covid Regulations was an additional burden but it was an important function which could not be performed by anyone else. They were performing their duties as best they could. From our perspective on the Executive we sought to help by explaining the benefits of the Regulations. This would be the most effective way of ensuring compliance in the great majority of cases.

157. I have been referred by the Inquiry to a number of comments at various meetings of the Executive Committee from April 2020 onwards. I was not aware of any sensitivity on the part of the police in relation to enforcement. I can see that it was an issue which was brought to the attention of the Executive at various times. However, in my view the public largely abided by the rules. The maximum level of the fines was increased at one point in response to concerns about compliance. There were some media reports of rules being broken but they were generally the exception. Explaining the rules and why they were adopted were the best way of encouraging public compliance rather than the threat of criminal sanction. If there were increased transmission rates in the community Ministers could explain why adherence to the rules would combat this.

Scrutiny by the Assembly

158. I accept that the opportunity for MLAs for prior scrutiny, debate and amendment of the Regulations was limited. This was the result of the urgency of the situation. The actions and decision of Ministers were, however, subject to appropriate scrutiny and challenge by MLAs. This occurred in the Ad-Hoc Committee on the Covid-19 response and through Questions for Written Answers (AQWs). I was greatly assisted in responding to such matters by the officials in the Department of Finance. Ministers also undertook greater number of appearances in the media to explain and justify the rules which had been imposed to combat the pandemic.

Funding the response to the Pandemic

159. I have been asked to respond to the comment made by the former First Minister in Module 1. She stated that: *"... 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"* [INQ00020574]. Further, when appearing before the Ad Hoc Committee, the Deputy First Minister said: *"You asked about resource and about whether the Health Department had enough money. Money is not the issue. We have said that we will find whatever is required"*.

160. The Inquiry should understand that there were two elements to the financial response to the pandemic. There was money that would automatically be allocated for spending in this jurisdiction as a result of what was spent in England on the response. This is often called the Barnett consequential. It meant that 3% of spending would be allocated

to the Executive to spend at our discretion. The Executive could also seek additional funding from Treasury.

161. The funding made available in order to respond to the financial consequences of the pandemic and the need for financial support was sufficient. The difficulty was that it could not counteract the historic underfunding of the health service and public services generally. Inadequate staffing and resources, which were a reality throughout the public services as a result of years of underfunding, could not be fixed by the finances put in place to respond to the pandemic.
162. Funding came to the Executive as an automatic result of additional spending by Departments in England. The additional funds were unhypothecated. The Executive would have a discretion on how and when to spend it. Overall, funding provided during the pandemic was satisfactory to deal with the urgent response. It could not, however, undo the damage which had been caused to the health service and public services generally, following years of underfunding caused by austerity. In considering the question of whether the level of funding available from the UK government was adequate the Inquiry should, in my view, understand the extent to which the health service was in a poor state from previous underfunding. There was sufficient funds provided in direct response to the pandemic but the underlying problems, caused by previous austerity and lack of reform, could not be remedied in this time and continued to hamper our response. The additional money from Treasury was certainly helpful to the Executive. It was needed for the health response to the pandemic. Public services were on their knees by January 2020. I am concerned that if there was another pandemic many of the same underlying problems remain. They require additional funding to transform and update public services in this jurisdiction.
163. In her statement to Module 1, the former First Minister said: *"In the very early stages of the pandemic, in or around March 2020, the reliance on UK government to bring forward the economic package to support lockdowns including the closure of schools and businesses was one factor that limited Northern Ireland in making decisions about the imposition of Non-Pharmaceutical interventions before the UK Government"*.
164. Prior to the first lockdown we considered what measures would be required to stop the pandemic spreading. There was consideration given to what impact of closing down schools by the Executive Committee and other public areas would have. The reason

- those measures were not implemented was not, at that stage, based on funding considerations. The disagreement was more fundamental than that.
165. Closing the schools was not a measure which would attract a significant financial cost at that stage. The Executive did consider but did not adopt such a measure. It would be incorrect to attribute that decision to a lack of supporting funds however.
166. When it was possible to establish and operates schemes to provide funding to businesses we did so. The Department of Finance took on responsibilities of the Department for Economy. For example, the Land and Property Service (LPS) was recommissioned from a rates collection agency to one which was providing grants. We also provided funding to hospices rather than the Department of Health doing so. These schemes were a reaction to lockdown rather than being devised prior to lockdown on 23 March 2020. They included rates relief and would be assisted by the UK Government furlough scheme. This schemes could not be devised and planned in advance of lockdown. This was particularly so as the Executive Committee were not advised in February or early March 2020 that lockdown was inevitable. Equally, there was no consensus within the Executive Committee to take more robust measures than were being adopted by the UK Government.
167. I have been asked about the comments made by the First Minister at the Executive meeting of 17 December 2020, where she stated "*terrible position – asking business to close – 4 weeks, review for further 2 weeks – but don't know how we can pay – need to reflect on that*". Inasmuch as it is being suggested that the observations indicated a lack of planning as to the funds which would be required to pay for the restrictions I disagree. Clearly throughout the pandemic we were having to make difficult decisions in real time on the basis of the medical and scientific evidence that was presented to us. When transmission rates rose, we had to respond and to make decisions at relative speed. Despite the difficulties, there was never an occasion when I, as Minister for Finance, invited the Executive not to impose a restriction on purely financial grounds, and all non-pharmaceutical interventions imposed throughout the pandemic were properly funded. Thus, if the hospitality sector was required to shut down, funding was put in place to assist businesses in the hospitality sector. I have indicated that the money made available from the Treasury to respond to the pandemic was sufficient, we were also not obliged to spend the money in the same manner as money was being spent in Britain, which enabled us to budget for the future, and we were in a position to fund the restrictions which were recommended by the experts.

Controlling Northern Ireland's Borders

168. The Executive had the power to impose restrictions on travel in and out of the jurisdiction in response to the pandemic. I have referred above to correspondence sent by me to the Minister for Health on this issue on 21 December 2020, when I expressed my dismay that the Minister was not moving to complete the legislative preparatory work in order to move immediately and without further delay, and impose a travel ban from Britain into the North of Ireland.
169. At the Executive meeting on 23 July 2020 the Deputy First Minister advised that she and the First Minister had agreed to request an urgent dedicated British-Irish Council meeting to resolve issues relating to the Common Travel Area [INQ000048482]. No such meeting was ever convened. Given the particular issues which impacted the North, which had a land border with the South, my view is that there was not sufficient engagement by the United Kingdom Government with Ministers from the Executive, in relation to issues of border control and/or travel restrictions. The failure of the Government to convene the British-Irish Council meeting is an example of this failure.
170. In advance of the Executive Committee meeting of 30 July 2020, the Health Minister circulated a paper *E (20) 182 (C) Border Regulations: Methodology for Characterising Countries as Green/Amber/Red in terms of Covid-19 Risk* [INQ000065639]. I was able to understand the system of Red/Amber/Green designations allocated to different countries during the summer of 2020. The methodology of identifying each country was, however, less clear and comprehensible.
171. I believe that more should and could have been done to control movement into the North. However, it was not possible to get an agreed Executive position on this. There was, I believe, a public health justification for restricting travel from the island of Britain in December 2020 in the face of the new variant. However, the Executive Committee voted against the measures.
172. I advocated for a more co-ordinated approach between the United Kingdom Government and Irish Government in general. There would have been advantages also to extending that to border control. There was scope for an all-island approach but also a two-island approach to certain matters such as international travel. Key to

the operation of any such scheme would be control at entry points onto the islands. This would require co-operation between the two national governments.

Care Homes

173. I am aware that the Inquiry is conducting a Module to address the issues which emerged in care homes and I understand that the issues which arose, including: the adequacy of testing in care homes; the release of patients who had had Covid into care homes; the availability of PPE to staff working in care homes; and the ability of families to maintain relationships with family members in care homes will be fully addressed in that Module. In this statement I have confined myself to addressing the issues which have been raised by the Inquiry and I am of course willing to assist the Inquiry in any other Module in respect of which my assistance is sought.
174. As is clear from the Executive minutes, Ministers were raising issues around testing in care homes and the need to prioritise testing within care homes, because we recognised the particular vulnerability of residents in care homes and the need to protect them. Thus, the Deputy First Minister suggested universal testing at the homes in March and April 2020.
175. The issue of PPE in care homes was also discussed at the Executive Committee meetings and while most care homes are privately owned, we recognised that we needed to secure PPE for care home staff as well as staff in hospital settings. In the Department of Finance we worked closely with the Department of Health to source PPE and PPE was sourced by working: in conjunction with the British and Irish governments; and, also independently of the two Governments from China. Additionally, we sourced PPE from local businesses, with some local sports and clothing manufacturers repurposing to make PPE. It is clear from the minutes that in sourcing PPE, there was always an awareness within the Executive of the need to ensure that PPE was available for care home staff.

Inequalities

176. The statement of the CMO to Module 1 of the Inquiry included the comment: *"While the Department of Health was able to provide scientific and public health advice to inform*

Executive decisions in relation to NPIs, my observation was that Ministers initially felt less informed of the wider societal and economic consequences of NPIs.”

177. From the start until the end of the pandemic I was acutely aware of the drastic impact restrictions would have on our community. The societal and economic consequences would be significant and I do not believe I ever lost sight of that. I was also aware that the burden would inevitably be felt by the most vulnerable in our society. I do not believe that I ever overlooked or minimised this reality. The decisions were taken in an effort to save as many lives as possible. I did not feel that I was not sufficiently informed as to the impact of NPIs. The groups which seemed to me to be at greatest risk were the elderly, the disabled and those suffering from isolation and mental health difficulties. The restrictions were likely, in my view, to have been impacted negatively. Children and young people would also find the restrictions difficult. These matters were considered alongside the public health imperative of preventing the spread of Covid-19 to the greatest extent possible thereby saving lives.
178. The Equality Impact Assessments that would ordinarily be undertaken pursuant to section 75 of the Northern Ireland Act (1998) was not possible in respect of NPIs during the pandemic. Instead, the Executive considered the position of vulnerable and minority groups and sought to develop mitigations and support. The impact of NPIs on vulnerable individuals and groups was a regular feature of discussion at meetings of the Executive Committee. Work would have been done at the Departmental level. Ministers would provide updates on how that work was being undertaken within their own particular remit.
179. Much of the work in identifying the needs of the more vulnerable in society would have been undertaken within other Departments, such as Education, Health and the Department of Communities. Junior Ministers also had an important role in outreach and regularly met with various community, religious, trade union and employer groups. That engagement would feedback to the Executive when particular issues in terms of disproportionate impacts, or impacts on vulnerable groups were identified.
180. By a process of engagement with local communities and also with business organisations we sought to respond to the needs of the most vulnerable, who would be disproportionately impacted by non-pharmaceutical interventions and the Department responded positively to requests for funding designed to meet the needs of the most vulnerable.

181. The North is a small jurisdiction, with a strong voluntary and community sector. I believe that the existing local networks, which were then identified and engaged with by the Department for Communities and Junior Ministers, enabled us to respond to difficulties with the restrictions as they emerged. In this respect the Executive Committee benefitted from having Ministers from five different parties and a reasonable geographical spread within a relatively small jurisdiction. We were all elected MLAs and were constantly informed of the impact of the restrictions. I do regard this as assisting us in our decision-making.

Public health communications, behavioural management and maintaining public confidence

182. Oversight of public health messaging was within the Executive Office (TEO) rather than the Executive Committee. This was managed first through the Executive Information Service (EIS) and then a public relations agency, Genesis, was instructed. The most important aspects of communication, such as the substantive policy to move away from “stay at home”, would be discussed by the Executive Committee. However, it was arranged by TEO who retained oversight.

183. Disinformation undermined the effectiveness of our public health messaging, however I believe that the Executive’s public health messaging was relatively successful. I believe that the high uptake of the vaccine, despite the fact that this was the subject-matter of extensive misinformation globally, demonstrates that the Department of Health and the Executive’s public health messaging was effective in counteracting disinformation.

184. I understood misinformation to be a problem experienced by Governments across the world. I do not believe that young people were more resistant to public health messaging than other sections of society. There just needed to be more consideration given to how to reach them. Their consumption of media was different, and the view was that we would have to meet them on their ground rather than expect them to change their viewing habits and start watching news on terrestrial television. As Minister for Finance, I had no direct role in formulating specific messaging to different groups including children and young people.

185. I believe there was an arrangement for the First and Deputy First Minister to do a press conference directed at children after the suggest of the Northern Ireland Commissioner

for Children and Young People (NICCY), although it didn't ultimately proceed. I am aware of other efforts taken by both of those Ministers to address children and young people. I believe the First Minister and Deputy First Minister appeared on Cool FM and did a Facebook broadcast.

186. There was, in my view, a lack of consistency in public health messaging, as between the different jurisdictions, over the course of the pandemic. This in general reflected differences in the substantive approach, thus, if different non-pharmaceutical interventions were being utilised in different jurisdictions, then public messaging was inevitably different. The media draw of the national governments in London and Dublin meant that national broadcasters would focus on their rules often at the expense of our position here in the North. I believe there should have been greater efforts made to explain the geographical scope of particular policies. It would have been easy to explain that certain rules were limited to England for example. Nonetheless, I ultimately believe that our public health messaging was effective and while there was scope for confusion, the public did understand the policies in place in the North, even when they were different from those imposed elsewhere.
187. I thought the joint press conferences hosted by the First Minister and Deputy First Minister were widely watched and admired. I was disappointed that they did not continue throughout the Summer of 2020. The presentation of a united Executive did, in my view, enhance the effectiveness of our public health messaging.
188. I did not receive any abuse or threats during the course of the pandemic. I am aware that some of my colleagues did but their commitment and professionalism is such that I do not believe it distracted them from their work.

Executive Committee decision-making

189. The advantage of decision-making by a mandatory coalition is that all views are represented in the Executive Committee. When a decision is taken it will have wide support. This is important in a divided society. The practical disadvantage of mandatory coalition can be a failure to take a prompt decision when there are significant differences of opinion. Sometimes a compromise position will be worked out but sometimes this is not possible and decisions are delayed. During the course of the pandemic these two aspects to the current arrangements came to the fore. There were occasions when I fundamentally disagreed with the stances being taken by some of

my colleagues. I thought their position unjustifiably risked public health. They may have thought my position did not adequately consider the detrimental impact of restrictions. It was not easy to reconcile such positions but that is what we had to do. That is the nature of mandatory coalition. For my own part, I can say that I sought to take on board the medical and scientific advice and to respond to that advice with measures designed to reduce risk of high levels of transmission of the virus.

190. I have been asked about the extent to which Ministers adopted positions which were informed by or representative of their alignment to a particular party. In the first instance, I believe that all Ministers came to Executive meetings with the aim of responding effectively to the pandemic, and with a recognition of the particular issues arising for their particular Department. It is also undoubtedly the case that there were different approaches to the pandemic, and to an extent those mirrored party lines. I believe this was reflective of different political responses to the pandemic, which was an issue globally, with some politicians favouring an approach which was prepared to move quickly to put in place measures to protect public health, whilst others, were slower to introduce non-pharmaceutical interventions of a restrictive nature, and were quicker to lift them.
191. Sinn Féin Ministers did meet before Executive Committee meetings to discuss the agenda and our broad approach, however, given that we are part of a mandatory coalition, we also recognised that we needed to be able to be responsive to the views of other Ministers and to adapt our positions to secure consensus. Ultimately, all Ministers were free to make their own contribution to the meetings of course.
192. The Inquiry has asked me to address the use of cross-community votes within the Executive. Five took place during the pandemic. Three took place on 6 April 2020 and related to abortion. The other two took place on 9 November 2020 and related to pandemic response. On all five occasions it was members of the DUP who requested such a vote.
193. I do not believe that the cross-community procedure should have been used by any parties in the context of a public health emergency. The development of common positions was difficult enough without use of a mechanism that was designed for very different purposes.

194. I do not think that the cross-community mechanism should be abolished or reformed without widespread consultation and consensus. The cross-community mechanism is an important feature of the Good Friday Agreement and has been given effect in the Northern Ireland Act (1998). Any reform to the current system would require the input and agreement of the British and Irish governments in addition to wide cross-party consensus. While I believe that it was misused by DUP Ministers during the pandemic, I do not believe that, alone, is sufficient reason to abolish it. It safeguards the fundamental cross-community character of decisions of the Executive Committee.
195. There were occasions when the concept of collective responsibility for Executive Committee decisions was stretched beyond what would be ordinarily in single party government. I would cite the various public criticisms of Executive policy by Minister Poots during the pandemic as being the most notable. However, that was the nature of 5 party coalition in the most testing of circumstances. Overall, collective responsibility held up reasonably well. There were occasions when decisions did not fully reflect my position or my colleagues, but Ministers myself included, would support the implementation of the decisions as we were bound to do.
196. In the notes of the Executive meeting on 30 March 2020, the then Deputy First Minister is noted as saying "*DOH see Exec as thorn in side*" [INQ00065748]. Given the urgency and scale of the pandemic emergency it was inevitable that the Executive Committee would have to have a significant say in setting strategy. This was because the nature of the response went far beyond the Department of Health. A whole Government response was required.
197. I believe that the Minister for Health received adequate support from the Executive Committee. All Ministers recognised the need for support. By way of example, I offered the assistance of the Department of Finance's Construction and Procurement Delivery Directorate (CPD) to the Department of Health to assist with procurement. While each Department has its own procurement facilities, the CPD would have the best expertise. The Department of Health took up that offer. I also worked closely with the Minister in securing PPE.
198. I have been asked to comment on whether Ministers had any concerns regarding the extent of the responsibilities held by the CMO or the CSA. I had no concerns regarding the extent of the responsibilities of either the CMO or CSA.

199. During the course of around two years where the pandemic dominated the agenda for the Executive Committee there were some areas of consistent tension. There was, in my view, a greater willingness to open up the economy from DUP Ministers than from any other party. This led to tension between the Minister for Health and the Ministers for Agriculture and Economy in particular. The willingness of the DUP to deploy its veto in the Executive was also a point of great controversy and, in my view, undermined good working relations in late 2020 for a time.
200. There was tension between the roles of the Department of Health and the Department for Economy. To some extent that was reflective of their different roles. The Department of Health's primary function is to protect public health, while the Department of Economy's function is to build the economy. However the Minister for the Economy broadly favoured lifting restrictions relatively quickly and that caused tension between the two Departments. It must be recognised that there are also adverse economic consequences of lifting restrictions too quickly, especially when that has to be followed by further restrictions because of rising transmission rates.
201. I have been asked whether there was any policy (whether formal or informal) of leaking proposed policies or their amendment in order to test public reaction. The leaking of views in the Executive Committee did undermine trust between Ministers and officials. There was no agreed policy of doing so in order to test public reaction to specific measures. I am not sure of the extent to which it undermined public confidence in the Executive. For my own part I think the public liked to see a united Executive but understood that it was not always possible.
202. It is my opinion that having a locally elected Executive was the most effective structure to respond to the pandemic. Having local Ministers and local MLAs who knew the issues and who were accessible to local people ensured that we were able to respond to local needs. There was also extensive engagement by Ministers with representative groups and organisations relevant to their particular portfolios, whether that be local or voluntary groups, charities, business organisations or the trade union movement. Active engagement and consultation by Ministers not only allowed us to listen to the concerns of different representative groups within society, but also secured greater buy-in from the public to the decisions we were making.
203. There was wide public debate about the effectiveness, the justification and proportionality of the response to the pandemic. Governments across the world had

internal disagreements. We had some significant disagreements ourselves in a 5 party mandatory coalition and it would be unrealistic to think that such tensions would never emerge into the public domain.

204. I do not consider that the public's confidence in the Executive Committee was undermined by the disagreement between the First Minister and Deputy First Minister about the closure of schools in March 2020, or the criticism of the initial slow response to the pandemic. The view of the Deputy First Minister was, at that time, consistent with the approach of other European Governments, and reflected what the public, or at least large swathes of the public were in fact doing by that time. The initial response of the United Kingdom Government was, in my opinion, inadequate, and I believe large sections of the public saw it as inadequate. It was important that the public saw leadership on the issue from heir deputy first Minister given her role.
205. As appears DUP Ministers, in particular, the Agriculture Minister, publicly dissociated themselves from positions adopted by the executive. It was my opinion that this was unhelpful, as undermining public support for restrictions had the capacity to undermine adherence to the restrictions.
206. Mr Poots' suggestion that transmission rates were higher in nationalist areas than unionist areas was particular divisive and insulting.
207. I have been asked whether I considered that the public's confidence in the Executive Committee's decision-making was impacted by media reports of alleged breaches of the rules. I have thought about this question carefully and believe that there was at least some such loss. I was in attendance at the funeral in west Belfast for Bobby Storey. I can understand why the families and friends of some of those who did not get to attend a funeral during the first months of the pandemic would have been upset. For my own part, I would like to take this opportunity to apologise for any hurt and distress caused to those who lost those close to them but could not attend a funeral.

Communications with Ministers, advisers, political party officials and civil servants via electronic devices

208. I was issued with an iPad and laptop by the Department of Finance from January 2020 until October 2022. I was not issued with NICS phone.

209. I used the WhatsApp messaging platform in my professional capacity as Minister. I have retained some of those messages on my personal phone and will provide to the Inquiry.
210. Any communication on this platform would have been about administrative matters such as the arranging of meetings with Private Office officials. The nature of the Executive Committee is such that all decisions will require consideration and agreement across the parties. I did not use this platform to discuss policy issues or to take any decisions as Minister of Finance which would be relevant to the Inquiry.
211. On occasion I also used my personal phone to contact officials about meetings. This was just out of convenience. No significant decisions were taken, or could have been taken, in this manner. These messages are available to be reviewed and I am in the process of providing all relevant messages to my legal representatives.
212. I considered that WhatsApp messaging was appropriate and convenient for making administrative arrangements.
213. I can confirm to the Inquiry that there were not any particular decisions discussed between Ministers, advisers, party officials or senior civil servants on this platform. I was not part of such decision and I am not aware of any having taken place.
214. Administrative arrangements would have been recorded by Private Office officials and retained by them. I did not make any separate records myself.
215. To my knowledge and belief there were not informal messaging platforms used on Ministers' NICS-supplied devices or personal mobile devices as an alternative to formal or minuted meetings.
216. I did not, at any time, delete messages or emails from my NICS-supplied mobile devices.
217. I returned the ipad to the Department of Finance when I left office in October 2022. I did not reset the device prior to my returning it.
218. I did not delete any messages before returning the device.
219. I am not aware of what was done with the device after I returned it to the Department.

220. I still have the personal mobile phone I had whilst I was Minister for Finance.
221. I do not know what the reference to "chat" is in the handwritten minutes of meetings of the Executive Committee [INQ000065769].
222. I did not keep any personal diaries, notebooks, daybooks or planners during my post as Minister.

Lessons Learned

223. I have been asked to consider any key areas in the Executive's response to the pandemic which I considered worked well. I know it is the subject of a future module but, in my opinion, procurement did work well in incredibly trying circumstances.
224. Rates relief holidays were also important in assisting business who were dealing with the adverse economic consequences of the restrictions. The Land and Property Service (LPS) was repurposed from a rates collection agency to one which was providing grants. I consider that this was a success in securing the future of many businesses. I have since the pandemic encountered many people who told us directly that without the timely support we were able to provide they would have closed their business or their group. That included some hospices who undertake vitally important work.
225. I think the Executive Committee, on the whole and in the main, performed well. It was a five party coalition with strong views within different parties. We did our best to rise to the challenge. We did not get everything right but did do our collective best throughout.
226. I believe much more work could have been done to recognise the island as a single epidemiological unit and also to take advantage of the fact that we are an island, with a greater capacity to prevent inward travel increasing transmission rates.
227. One particular area I look back on and wish we had somehow approached differently were rules around end of life. Those who died alone must have suffered great distress. So too would their family members. If, or when, another comparable pandemic comes I hope there is much more in place to make sure that there are ways of ensuring that families can have some access to their loved ones before they die. I am not sure what other systems could have worked but I would hope this gets careful consideration.

Protecting vulnerable persons in care homes is another issue that would have to be managed differently. I am aware that it is also the subject of a future module of the Inquiry.

Statement of Truth

228. 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: 13 March 2024