

Witness Name: Stephen McGlade (Special Advisor)

Statement No: Module 2c, statement 1

Dated: 22 March 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF Stephen McGlade

I, Stephen McGlade will say as follows:

Background, role and qualifications

1. I am a graduate of Queens University Belfast where I obtained a Diploma in political management, and a BA (Hons) degree in international relations. I had served in the Executive previously during the 2007-2011 mandate as Special Advisor to the then Minister for Regional Development Mr Conor Murphy MLA. From 2011-2017 I was Head of parliamentary operations for the Sinn Féin party in the Houses of the Oireachtas (Irish Parliament).
2. From January 2017- January 2020 I served as political advisor to Michelle O'Neill MLA in her role as Deputy Leader of the Sinn Féin party. I was a member of the Sinn Féin negotiating team who participated in the All-Party Talks with both the Irish and British Governments that resulted in the 'New Decade, New Approach' deal which formed the basis for devolution being restored in January 2020, where I was then appointed by the Deputy First Minister to serve as her Special Advisor in the Executive Office from January 2020 to February 2022. I was employed by the Sinn Féin party solely prior to the Executive being restored. I was employed as a political advisor to Michelle O'Neill in her role as Deputy leader of Sinn Féin. I was invited to take up the position of Special Advisor in January 2020 by the newly appointed Deputy First Minister who assessed my curriculum vitae. The Permanent Secretary in the Department of Finance then also assessed my skills, experience, career history before determining my salary band ahead of formal appointment.

3. My advisory responsibilities included assisting the Minister in generally co-ordinating relations with the other parties in what was uniquely a five party Executive. I was also the point person within her team for advising on the work of the North-South Ministerial Council (strand two institution of the Good Friday Agreement), and the British-Irish Council (strand three institution of the Good Friday Agreement). In addition, I had responsibility for advising on media and communications which involved working with the Executive Information Service led by civil servants. Other responsibilities included advising on language, culture and identity. I had a substantive role in advising on EU exit and post-Brexit arrangements as they impacted Northern Ireland.
4. From January 2020 my role as a Special Advisor was to give assistance on any aspect of departmental business as required by the Deputy First Minister and provide political advice which the permanent civil service could not. I also undertook research, and drafted speeches, assisted in co-ordinating relationships with other parties within the Executive.
5. When appointed as a Special Advisor I resigned from my role as a member of the Sinn Féin national executive. I liaised with the party when I accompanied the Deputy First Minister to weekly meetings of the Sinn Féin Assembly team where she engaged with MLAs around wider political developments. These were both in-person, and then held remotely during the period of the pandemic. Given the overlap in media requests to the Deputy First Minister via both the Sinn Féin press office and the Executive Office I would have liaised with both to ensure bids were managed appropriately. This included during the pandemic where there were regular press briefings.
6. I have been asked to explain what my role was and what responsibilities I had, in terms of the provision of advice or support to the Deputy First Minister as part of the Northern Ireland government response to Covid-19. My role was to liaise with the other side of the Joint Office of First Minister and Deputy First Minister in terms of getting agreement to schedule regular meetings of the Executive Committee and to co-ordinate the scheduling of media briefings with the press alongside the Executive Information Service. I was also tasked to write speeches, press articles and platform pieces for publication which were informed by the latest changes in regulations, or supports to households and business agreed by the Executive and to help effectively communicate this to the public.

7. I have been asked to explain the nature of my role in providing advice to the Deputy First Minister as part of the response to the pandemic and, in particular, did I have a role in briefing the Deputy First Minister as to the advice being provided by SAGE; the UK Chief Medical Officer; the Northern Ireland Chief Medical Officer; or briefing the DFM on modelling outcomes; providing strategic advice; deciding what issues needed to be put before the Deputy First Minister; or what she ought to regard as priorities; or what was on the daily agenda for consideration (during the pandemic). I did not advise the Deputy First Minister around health advice during the pandemic. My role was strategic in advising the Deputy First Minister on effective messaging to the media and public about decisions made by Ministers and the Executive. My role was to assist in ensuring that good relationships and internal communications in the Joint Office and overall Executive of five parties were maintained. Also I advised on the scheduling of regular inter-departmental meetings of Ministers, the whole Executive Committee, or the need to engage with those from other administrations if there was a relevant matter that required discussions. Each of the DFM special advisors had specific responsibilities to oversee as directed by the Minister and I assisted her in co-ordinating the overall approach to her team.
8. As part of my role, I attended our DFM office meetings daily, pre-Executive meetings of Sinn Féin Ministers and Special Advisors. I drafted press statements. I attended a weekly meeting of the First Minister, Deputy First Minister and her Special Advisor/s and senior civil servants - including Head of the Civil Service, relating to the pandemic, but also the wider functioning of the administration and delivery of policy in other areas also. I attended an initial meeting of COBR but thereafter the meetings were restricted to Ministers and a small number of civil servants.
9. I have been asked to comment on the nature of the relationship between the First Minister (FM) and the Deputy First Minister (DFM) during the pandemic and how their staff coordinated and cooperated with each other as part of the North's response to the pandemic. It was my experience that the relationship between the First Minister and Deputy First Minister during the pandemic was professional. In my opinion they demonstrated effective political leadership throughout their time in office. They led by example and their staff, both political and civil servants, followed their lead. I saw people work night and day to service Ministers and the Department in the public interest in what was a very stressful, worrying, and unpredictable time for their families and wider society. Communication between offices was undertaken through the

department email system, formal papers on policy were presented at meetings, face-to-face engagements.

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

Impact of absence of power-sharing

10. Power-sharing in Northern Ireland collapsed in early 2017 and Ministers did not return to office until 11 January 2020. The issue of how this impacted upon preparedness was examined in Module 1. I have been asked to explain what the principal challenges were in reinstating the power sharing arrangements in January 2020 and what were the immediate priorities for the Deputy First Minister and for the government at this time. The five parties formed the coalition government just weeks before the onset of the pandemic. The 'New Decade, New Approach' deal negotiated by those parties and both the Irish and British Governments formed the basis for power-sharing being reinstated in January 2020.
11. New Ministers were trying to bed into departments and build offices and relationships. Ministers also had to deal with a backlog of issues which required Ministerial input. A priority for the Deputy First Minister at this time was prioritising the administration of public services. This was the central focus of the Deputy First Minister who recognised that the delivery of public services and strengthening the economy were vital.
12. At this time, I recall the Deputy First Minister being concerned about austerity and the public finance challenges particularly within the health service. While the First Minister and Deputy First Minister did not agree on Brexit, they did strongly agree on working together to address the urgent issues facing the Executive.
13. In my opinion the absence of power-sharing impacted the response to Covid insofar as the civil service did not advance policy development during the period of suspension. I am aware that the civil service were consumed by the demands of Brexit at this time. It must be acknowledged that they also were operating with limited powers in the absence of Ministers and due to the Government's austerity policy, resources were significantly reduced.
14. In my opinion Ministers appointed on return acted very quickly and worked extremely hard to make decisions within their respective departments. The Executive Committee

format and processes are well-established. I believe there was good cohesion and levels of trust between Ministers and officials. Every party who entered the coalition knew that public expectation was rightly very high in terms of delivery and performance. This demanded that departments, Ministers, and parties co-operated and worked together, particularly where a cross-departmental approach was required. There was an obvious backlog to decisions that had to be taken, but it was not long before the machinery of government was fully operational again.

Initial understanding and readiness

15. I recall the former Head of the Civil Service Sir David Sterling briefed the First Minister and Deputy First Minister in January 2020 that a pandemic was developing. I cannot recall the exact date. I was aware that the Department of Health was monitoring the situation closely. Like other people I was following the news at this time and it had been widely publicised in early January 2020 that the virus had broken out in Wuhan city, China and spread to the USA and other countries.
16. The World Health Organization had announced a global pandemic by the end of January. While no cases had spread to the UK or Ireland yet, I recall the Executive Office getting Civil Contingencies Group preparedness underway. It appeared to me that Ministers knew it was only a matter of time before the virus reached the North. At the end of February, the first cases were identified in both the Republic of Ireland and in Northern Ireland. The Minister for Health Robin Swann MLA was responsible for briefing the First Minister and Deputy First Minister. I also recall telecalls between Ministers and the CMO and their Irish Government counterparts to discuss the developing situation. An urgent decision had been taken to include Northern Ireland within the provisions of the UK Coronavirus Bill.
17. By 3 February 2020, the Executive had its first briefing and discussion on the pandemic. I recall the CMO Professor Sir Michael McBride briefing Ministers and civil servants where the range and scale of anticipated infection, recovery but also mortality rates were set out. It was clear to everyone that this was a gravely serious public health situation and concern that would profoundly impact on an already stressed health service if not contained.
18. At this time (January – February 2020) the principal sources of information to Ministers as to the likely spread and impact of Covid-19 was the Department of Health, CMO

and CSA. I have been asked about the type of briefings being given to the Deputy First Minister as to the development of Covid-19. I recall the lead department was the Department of Health. The Health Minister briefed the First Minister and Deputy First Minister and then the wider Executive Committee. Sir David Sterling was Secretary to the Executive but also Permanent Secretary of the Executive Office as a Department, and so was briefing the First Minister and Deputy First Minister on civil contingencies preparedness which fell within the departments remit.

19. From January 2020 to the first lockdown the Executive meetings were the only meetings I attended at this stage where direct advice was given to Ministers. Advice was conveyed orally in Executive meetings. It is my understanding and recollection that any SAGE advice was being conveyed as part of the advice being given by CMO/CSA and Department of Health. I am not aware if the material from SAGE was synthesised by the CMO/CSA. As far as I am aware there was no other sources of information used to inform briefings.

Initial strategy and decision-making

20. I have been asked to comment if any strategy was being considered or adopted in January and February 2020 by the Executive as a response to the developing pandemic. The Department of Health took the lead in tackling Covid during January and February 2020 at this time but I recall all Ministers and officials were extremely worried and working hard. The Deputy First Minister's team didn't actively devise detailed policy but Ministers were being kept up to date by the Health Minister and were actively thinking of ways they could help. I knew that the Civil Contingencies Group (CCG) was organising measures regarding Non-Pharmaceutical Interventions (NPIs). At this time, I recall the Deputy First Minister prioritised effective communication and clear public messaging from the outset.
21. I cannot comment on any efforts to shape a single peak closer to summer, any such efforts were primarily health-related and fell outside the scope of the Executive Office. As far as I am aware there was no TEO policy centred on herd immunity. The only mentions I recall about flattening the curve in the early stages came from the Chief Medical Officer/Chief Scientific Advisor and the Health Minister, emphasising the importance of reducing infection rates.

22. The initial insights within the Deputy First Minister's office regarding Covid's probable course would have stemmed from briefings provided by the Department of Health. Despite the first case not emerging in the North until late February 2020, observations of other nations and regions suggested it was only a matter of time. During the Executive meeting on 2 March 2020, the Chief Medical Officer alluded to modelling data encompassing the UK and Ireland, underscoring the necessity to ready ourselves for extensive transmission.
23. The prevailing belief at this time was that the virus would reach its peak at the end of May or the beginning of June. However, on 16 March 2020, Ministers were appraised that the peak would arrive sooner than anticipated, indicating that we were a week further along in the timeline than initially presumed. The Executive Office functions as a collaborative joint office between the First Minister and Deputy First Minister. While it oversees Executive activities, particularly in areas outside TEO's specific policy remit, such as Covid response, it is not within the purview of the Deputy First Minister's private office to formulate precise policies or strategies at this time as the Health Department remained the lead department.

Concerns with suppression of Covid-19

24. We found ourselves in an entirely unprecedented scenario, relying heavily on medical and scientific guidance provided by the Department of Health. Our concerns extended to all facets of Covid, particularly the potential overwhelm of the healthcare system. Consequently, the Deputy First Minister viewed a strategy focused on virus suppression, along with swift interventions, as the appropriate course of action. However, as noted in the Executive committee minutes, not all Ministers shared the Deputy First Minister's perspective.
25. In the initial stages of the pandemic, our primary objective was to curb and mitigate virus transmission to prevent healthcare system overload. Although we acknowledged concerns regarding a potential second wave and public fatigue with lockdown measures, we firmly believed that implementing a lockdown was the necessary course of action, especially considering the global situation. The Chief Medical Officer/Chief Scientific Advisor and the Department of Health were responsible for supplying all data related to modelling and analysing the population's behavioural responses to a lockdown.

26. I wasn't fully informed about the specific meetings between Department of Health officials and the UK Government or the Scientific Advisory Group for Emergencies (SAGE). I was not present at the SAGE meeting on 10 March 2020. However, as the pandemic progressed, particularly in the days following March 10, the Deputy First Minister and her team became increasingly troubled by the UK Government's management of the situation and its apparent lack of decisive actions.
27. As March 2020 unfolded, the situation grew increasingly dire, with transmission rates escalating rapidly. The World Health Organisation's declaration of a pandemic on March 11 prompted swift responses from Irish and other European governments. However, the UK government's reaction was slow, allowing large-scale events like Cheltenham and the Atletico Madrid/Liverpool game to proceed. I am aware that the Deputy First Minister and other Ministers were becoming increasingly concerned and frustrated with the slow response. By this stage, it was evident that Covid was spiralling out of control, with the peak looming and healthcare services at risk of being overwhelmed. The Deputy First Minister's perspective, which I and my special advisor colleagues shared, emphasised the urgent need for decisive action against Covid. However, there was a growing frustration stemming from the perception that the Executive's hands were tied to UK government strategy.
28. The Executive meeting on 16 March 2020 underscored the tensions and anxieties prevailing at the time, particularly regarding the Department of Health's reluctance to advocate for more decisive interventions. Concerns were particularly voiced regarding the hesitancy around school closures, especially when considering that those living in border areas were looking to the actions of the Republic of Ireland.

Early understanding of data, testing and tracing capabilities in Northern Ireland

29. In relation to Northern Ireland's capacity to test and trace, the Deputy First Minister's team recognised the absence of a robust testing or tracing infrastructure at the onset of the pandemic. I cannot personally attest to any efforts undertaken to assess these capabilities or comment on the scalability of test and trace. I believe those assessments would fall within the remit of the Public Health Agency and the Department of Health. I recall during an Executive meeting on 10 March 2020 and 16 March 2020 that only a limited number of tests were being conducted and that there was inadequate capacity to sustain community testing on a significant scale.

30. I am aware that some Ministers had issues in relation to the reliability of the data or modelling used in order to predict the peak of the pandemic. As I understand it, the data predominantly sourced from England failed to consider regional disparities. The limited testing conducted in the North compromised the accuracy of the data and subsequently impacted the modelling efforts. Based on the briefings from the Department of Health, it appeared to me that there was considerable dependence on the data provided by the UK Government and health services.

Health services

31. I have been asked to explain how information about the impact that Covid-19 would have on health services (in terms of potentially overwhelming it) was being provided to the Deputy First Minister and/or her team. This information was being presented at Executive Committee meetings by the Minister of Health and CMO throughout the period of the pandemic. During an Executive meeting on 19 March 2020, the Minister for Health presented the outcome of a worst-case scenario. Statistics were provided, illustrating the projected number of new cases per day (32,000) and anticipated deaths (9,500), alongside reduced figures if interventions were enacted (10,000 cases per day).

Planning documents

32. I have been asked to identify the principal planning document(s) for the development of the pandemic which were formulated and in place and upon which the Deputy First Minister was relying between January and March 2020. To my knowledge, no substantial or primary documents regarding planning were presented to the Deputy First Minister or her team during the initial period of the pandemic. At this time the Department of Health was the main Department and I do not recall any principal planning document being presented by the Health Minister at this time.

33. I am aware that in June 2020, Dr Andrew McCormick prepared a document titled "Lessons Learned Review and Future Roadmap." This document aimed to review the insights gained from the implementation of C3 structures in managing Northern Ireland's response to the Covid-19 pandemic and how these insights could influence the future roadmap for our civil contingency capability.

Borders

34. The Deputy First Minister's team believed that leveraging our island status could have served as a defence against Covid as Ireland is a single epidemiological unit. This approach had precedence in the response to the Foot and Mouth disease outbreak in 2001. However, implementing such a strategy would have required the agreement of other Ministers in the Executive.
35. Proposals to close the borders between Northern Ireland and the Republic of Ireland were deemed impractical due to the porous nature of the border. Establishing a unified stance with the Republic of Ireland to close all borders on the island wasn't feasible either, given the lack of support across the Executive. Nonetheless, Ministers worked extremely hard in relation to the issue of travel for example the implementation of travel restrictions resulted in limited movement between the island of Ireland and Britain while still allowing for open borders (Common Travel Area) and essential travel.

Alignment with UK government (January to lockdown)

36. I have been asked to what extent was it the policy position of the Executive to align with the UK government decision making in responding to the pandemic between January and early March 2020. From January to early March 2020 the Department of Health was the lead department and their position was to align with the decision-making of the UK Government in responding to the pandemic. I believe that this alignment was due to the Department of Health being closely integrated into UK Government structures.
37. The Deputy First Minister harboured significant apprehensions regarding the UK Government's decision-making process and its delayed response to the pandemic. Despite these concerns, policy alignment with the UK Government was maintained due to the role of the Department of Health in the response efforts. At a political level, deviating from this alignment would not have garnered agreement within the Executive Committee. Moreover, there existed a financial reliance on Westminster, preventing the Executive from independently making decisions with substantial financial ramifications, such as implementing a lockdown. I am aware that the CMO/CSA made reference to the UK Government having access to a wider array of information, data, and analysis, in support of the rationale behind maintaining alignment with their decisions.

38. I cannot explain the extent to which either the CMO or the CSA provided advice to the Deputy First Minister which was independent of that given by their UK counterparts. I lack information regarding the degree to which either the Chief Medical Officer (CMO) or the Chief Scientific Advisor (CSA) offered advice to the Deputy First Minister (DFM) and First Minister (FM).
39. In an entirely unprecedented situation, governments and societies worldwide faced the urgent need to swiftly respond to unfolding events. In such circumstances, prolonged deliberation and debate was impractical. Considering the rapid transmission rates of the virus, I believe that implementing a lockdown was the only viable option, and it should have been enacted earlier in March 2020 when the World Health Organisation declared a global pandemic.

The Decision to lockdown in Northern Ireland

40. The primary factor influencing the decision to implement a lockdown in this jurisdiction was the British government's announcement on 23 March 2020. I do not believe there was ever any prior advice for a lockdown from the Department of Health in this jurisdiction. From my recollection there were some discussions about the possibility of a lockdown during the preceding week. The First Minister and Deputy First Minister cancelled their annual St. Patrick's Day trip to the US, although I cannot recall the exact date when this decision was made.
41. During the Executive meeting on March 16, the Executive agreed to gradually activate the Central Crisis Management Arrangements to address the impacts of Covid. Subsequently, Executive agendas were predominantly dedicated to Covid matters. The DFM was actively engaged in numerous meetings and expressed concerns and frustration over what she perceived as a slow response from the British government and, consequently, the Executive.
42. At the Executive meeting on 16 March disagreements in relation to school closures were noted. Although many schools had already closed there was ongoing public debate surrounding school closures and other events. Various stakeholders, including parents, teachers, trade unions, and churches, called for school closures, leading to extended holidays in some schools and public criticism of the Executive's handling of the crisis.

43. On 18 March 2020, the UK Government announced the closure of schools, prompting the Executive to follow suit. I recall a general sense of relief in the DFM's office that a decision had finally been made. Ministers were clearly very worried at this time. Additionally, on 18 March 2020, the Assembly suspended all non-essential business and closed to the public from 19 March 2020. On March 19, the first Covid-related death in the North was confirmed.
44. Given the pace of events I consider that the planning was as detailed as was possible in the limited time that was available in preparing for a lockdown. Ministers and Officials worked extremely hard under very difficult circumstances. The Department of Communities was responsible for many of the mitigation measures and preparations for addressing the needs of individuals who were at risk of experiencing disproportionate disadvantages due to a lockdown. This included individuals with disabilities, those living in deprived and/or disadvantaged circumstances, homeless and women and children exposed to domestic violence, which fell under the purview of the Department of Justice and policing. Various departments undertook preparatory work across different aspects of the Covid response. For instance, the Department of Education and the Department of Communities focused on supporting children with special needs and ensuring the provision of free school meals for children during school closures. The Department of Health and the Department of Communities played a crucial role in identifying individuals with chronic conditions and those particularly vulnerable to Covid, such as the elderly, children, adults with disabilities, and isolated individuals, who required additional support such as food parcels and delivery of prescription medication and isolation measures.
45. Collaborative efforts between the Department of Health, general practitioners, local pharmacies, and the Department for Communities involved fully engaging with community and voluntary sectors, sporting organizations, and local councils to provide practical assistance aimed at alleviating social isolation and supporting mental health.
46. The roles of the First Minister (FM) and Deputy First Minister (DFM) included conducting governmental meetings and co-ordinating the work of Executive departments beyond the specific policy areas of the Executive Office (TEO). With the activation of the Civil Contingencies protocol and the transition of Covid response from solely a health matter to broader societal concerns, the entire Executive had a formal role in implementing Non-Pharmaceutical Interventions (NPIs). Junior Ministers, acting on behalf of the FM and DFM, engaged in sectoral discussions with business, trade

unions, and religious/faith denominations to convey government strategies and gather feedback. The business engagement forum, initially chaired by the Labour Relations Agency under TEO, was later transitioned to the Department for Economy.

47. Considering the transmission rates at the time, the risk of the health service being overwhelmed I saw no viable alternative to implementing a lockdown.

48. I believe it was a weakness to rely so heavily on SAGE data from England instead of generating more reliable data locally as was the lack of a comprehensive and systematic Test, Trace, and Isolate strategy from the outset.

49. In terms of strengths or aspects of the response which worked well I believe the COVID-19 crisis demanded swift action from Ministers and departments to safeguard public health, maintain the delivery of essential public services, and implement measures to support our vulnerable people and the economy. I believe having local Ministers in touch with grass roots organisations worked well as it allowed the Executive to be made fully aware of the impact of the restrictions and what was required to assist. I also believe the support provided by The Executive Office in relation to advertising and public information campaigns, daily press conferences worked well. I was involved in communications management and do believe that we successfully adopted a good way of getting the message to the public, business and other sectors day and daily and keeping people up to speed with a fast-changing picture throughout.

Civil contingency arrangements in the first part of the pandemic

50. I believe that the NI Hub partially achieved its objectives of supporting the Executive and the Civil Contingencies Group in making timely and informed decisions in response to Covid-19 outbreaks. Regular information updates were provided to Ministers and officials, however, the NI Hub's effectiveness was hindered by internal communication challenges with departments, and the data provided was not consistently accurate or up to date, as highlighted in the Lessons Learned Review "C3 Covid-19 Response: Lessons Learned Review and Future Roadmap." Nevertheless, it's important to underscore that we were confronting an unprecedented public health crisis that required immediate actions and responses. In this context, I believe the officials working within the Hub performed admirably given the circumstances. The decision to disband the CCG and reduce the scale of the NI Hub around May 21, 2020,

was prompted by the declining infection rates and the passing of the peak of the first wave of the virus. The CCG and Hub were initially established as immediate short-term responses to a civil contingency crisis. As our understanding of Covid improved and more information became available, it became evident that a longer-term management approach was necessary, one that took into account health, societal, and economic considerations. Therefore, Ministers sought a "reset" in our response to Covid, which entailed replacing existing structures.

51. The Civil Contingencies Group (CCG) served as the leading strategic entity overseeing the civil contingencies response across departments and providing support for Executive decision-making on Covid. It operated under the auspices of the Executive Office (TEO) and was chaired by the Head of the Civil Service (HOCS). In my opinion, it functioned as a less effective decision-making body, as the civil service typically prefers not to make decisions, especially when Ministers are present. Once Ministers were involved, decision-making authority swiftly shifted to them. During that period, I was unaware of any issues regarding the sharing of situational awareness. However, according to the Lessons Learned Review, it has since emerged that Ministers were not always provided with complete information, and the information shared was not consistently accurate.

52. In my overall evaluation of the civil contingency arrangements, I find that certain aspects functioned effectively, such as facilitating ongoing information sharing and coordination among departments. These arrangements also provided crucial focus and support for Ministers. However, their effectiveness was constrained by their unwieldy and complex nature, involving numerous moving parts and points of contact. Consequently, communication occasionally fell short, and data and information were sometimes outdated or inaccurate. I concur with the findings and recommendations outlined in the Lessons Learned Review. Additionally, I propose an additional recommendation: establishing a small team of officials with appropriate authority to oversee co-ordination and communication across departments. This team would be tasked with swiftly distilling information into a suitable format with clear recommendations for Ministerial decision-making.

The Response to Covid-19 after summer 2020

53. The relaxation of restrictions during the summer months was carefully planned by Executive Ministers in accordance with guidance from the Department of Health,

recognising that the pandemic would be a prolonged challenge. The process of easing and imposing restrictions was carefully considered, with an anticipated increase in transmission rates once restrictions were lifted and people interacted more frequently.

54. The Executive's perspective was that providing some relief from restrictions and a semblance of normality was important for the public, especially during the summer when outdoor activities could be enjoyed, potentially reducing transmission risks. There was also an acknowledgment of the likelihood of facing a second wave in the autumn and a challenging winter ahead. While transmission rates did indeed increase, I believe that the First Minister (FM), Deputy First Minister (DFM), and the broader Executive were effectively managing the situation to the best of their abilities.
55. The minutes of a meeting between TEO and DoH on 28 September 2020 [INQ000304276] state, 'SMcG noted that written statements work well to update the Assembly but that the public information campaign is starting to fall flat. Need to consider what the winter messaging is.' At this stage I was highlighting the fact that while Ministers may have been updating the Assembly by way of written statements to MLAs it does not translate into the public hearing or receiving the same information, since in my opinion, it must be communicated in a direct way through for instance outdoor advertising on billboards, Tv/Radio adverts, and the use of different mediums. I felt that the campaign needed refreshed as I felt it was falling flat, otherwise the public become blind to seeing the same thing, and moving towards winter it presented as an important opportunity to inform and educate people on where things stood and what they were being asked to do by the Executive at that point. I cannot scientifically quantify whether the public messaging contributed to trends in the development of the virus at any point.
56. During the Northern Ireland Health Committee meeting on 15 October 2020 there was a suggestion that modelling work had significantly underestimated the development of the pandemic. Based on the testimony provided by the Public Health Agency during the Health Committee meeting at this time it became evident that the modelling had substantially underestimated the progression of the pandemic. Throughout the planning stages for managing a pandemic, the Chief Medical Officer (CMO) and Chief Scientific Advisor (CSA) consistently emphasised that modelling human behaviour and gathering data were inherently unpredictable processes. As a result, Ministers were as prepared as they could be for the evolving transmission rates during the autumn of 2020.

57. During the Executive meeting on October 8, 2020, it was my perception that there was a growing awareness of the deteriorating situation, prompting a sense of urgency for the Executive to take swift action. The relaxation of restrictions during the summer, coupled with increased social interaction and a degree of complacency among certain segments of the population, had contributed to the rise in transmission rates, Ministers and officials were very concerned about the situation.
58. I do not believe there was any sensitivity around identifying the geographical areas with higher rates of infection. I am aware of the observations by the DAERA Minister at [INQ000065756]. In my opinion it was unproductive to criticise individuals or communities. Instead, the focus was on fostering collaboration with the Executive. Moreover, throughout the pandemic, transmission rates fluctuated in various geographical areas due to a multitude of factors.
59. I agree that the decision taken on 16 October 2020 to implement the 'circuit breaker' was the correct decision and would have been more effective if taken sooner.
60. The remarks from the DAERA Minister during the Executive meeting on 13 October 2020 [INQ000065753], mirrored his and his party colleague's stance, as they opposed implementing additional restrictions despite the escalating transmission rates. However, their perspective did not align with most Ministers, especially not with that of the DFM. The DAERA Minister's comments highlighted the broader tensions within the Executive at that point, as he, along with other DUP Ministers, typically resisted further restrictions and often questioned proposals from the Minister of Health and the CMO/CSA at meetings of the Executive Committee.
61. The proposal to prolong the current restrictions for two weeks, raised during the meeting on November 9, 2020, garnered widespread support among the majority of Executive Ministers, who backed the Health Minister's recommendations. However, the DUP Ministers refused to consent to the extension and opted to deploy the cross-community veto as a stance on this matter. What was anticipated to be a routine Executive session to prolong the existing restrictions unexpectedly evolved into a three-day crisis. I cannot understand why DUP Ministers found the two-week extension contentious.

62. Although the Chief Medical Officer (CMO) and Chief Scientific Advisor (CSA) consistently emphasised the inherent uncertainty of modelling and scientific advice, questions arose regarding the specificity of the data presented. Concerns were voiced regarding the extent to which the data reflected local modelling, as opposed to being primarily focused on England. For instance, the local economy is predominantly rural and relies heavily on small independent businesses, unlike the situation in England. Some expressed apprehension that these differences were not adequately considered in the data analysis. The Communities Minister complained at the meeting of 9 November 2020 about flaws in the modelling.

63. The Economy Minister is recorded as saying "*not honest discussion at this Exec..this meeting not helping.*" Tensions regarding differing viewpoints on implementing lockdowns and Non-Pharmaceutical Interventions (NPIs), as well as their timing, reached a climax during the Executive meeting on November 9. Until that point, DUP Ministers had typically expressed concerns and opposition to further restrictions but generally deferred to the majority view. However, they adopted a different approach during the 9 November meeting. Their decision to actively oppose the Health Minister's proposal for a two-week extension, deploying the cross-community veto, elicited significant frustration among other Ministers. This move was viewed as an inappropriate utilisation of a mechanism intended to safeguard minority rights and as a tactic to obstruct the majority's position during a health crisis. Moreover, there was a pressing need to reach an agreement by the week's end; otherwise, all existing restrictions would be lifted, leading to a full reopening of society. Ministers who supported the extension felt they were faced with a difficult choice: either going against the initial health advice by opting for a shorter extension or risking the removal of restrictions entirely. Furthermore, during the meeting, the Chief Medical Officer (CMO) remarked that the extent of excess deaths would hinge on the decisions made, adding to the pressure and tension felt by Ministers.

64. I have been asked to comment on a SitRep dated 17 November 2020 [INQ000065956]. The Executive's approach at this time was to conduct a careful balancing exercise. Ministers were aware of the public's desire to see loved ones over Christmas. It was acknowledged that many individuals perceive Christmas as a significant occasion for family reunions, particularly for older and more vulnerable individuals who may have been isolated. However, the primary concern, particularly from the perspective of the Deputy First Minister (DFM), was to prioritise safety and ensure that Christmas celebrations were conducted as safely as possible.

65. I have been asked about the meeting on the 19 November 2020. There was apprehension regarding the lack of clear direction and recommendations from the Health Minister at this meeting, especially following the contentious meeting on November 9. Past experiences demonstrated that providing clear and concise information, along with recommendations, facilitated more informed discussions and decisive decision-making. It was believed that it was the responsibility of the department and knowledgeable officials to offer explicit recommendations to the Executive and to elucidate those recommendations thoroughly. A vague suggestion for the Executive to deliberate and determine the suitable course of action was deemed unhelpful for Ministers in their decision-making process and risked revisiting the contentious dynamics observed during the November 9 meeting.
66. I believe that implementing earlier interventions such as lockdowns or some form of restrictions on social interactions would have likely been more effective and produced better outcomes. However, there was a lack of unanimity within the Executive on this matter, as evidenced by discussions during Executive meetings and the events of the November 9 meeting, where certain Ministers expressed opposition to such measures. Considering the political dynamics and the intricacies of decision-making within a mandated coalition, I believe that the pandemic response was handled as effectively as possible given the circumstances.
67. On the 3 December 2020 the Executive discussed the restrictions that would be put in place when the Regulations expired on 10 December 2020. During the late November to December 2020 period, the Executive demonstrated a greater level of unity in its decision-making process. It appeared that Ministers were keen to avoid a recurrence of the contentious November 9 meeting. Subsequent Executive sessions settled into a more routine pattern, with decisions being made in line with the guidance provided by the Chief Medical Officer (CMO) and Chief Scientific Advisor (CSA).
68. Following the spike in transmission rates observed towards the end of November, the Executive agreed to implement additional restrictions. The decisions made in December aimed to strike a balance between obtaining political consensus for the restrictions and allowing some relaxation for individuals and businesses leading up to the crucial Christmas trading season. While the bubbling arrangements remained in place, they were subjected to further restrictions. However, it was deemed preferable not to entirely abolish them, considering the impact on the mental health and well-

being of more vulnerable individuals who sought connection with family and friends. Messaging emphasized personal responsibility and actions to minimise the risk of infection. The reduction in the number of days permitted for bubbling was intended to discourage travel during Christmas, especially considering the emergence of the new alpha variant in the southeast of England and Wales.

69. Following the decisions made in November and December 2020, there was an anticipated increase in transmission rates as the new year commenced. However, transmission rates began to decline in mid-January 2021, coinciding with the effects of the restrictions implemented on December 26.

70. I have been referred to the witness statement from Holly Clark INQ000091442. The Executive's decision to pursue a different course was driven by the unique local circumstances at play. It was crucial to adopt an approach that acknowledged and addressed our specific situation and needs.

71. I have been referred to a WhatsApp message sent by the Health Minister on 24 December 2020 [INQ000095177]. The Minister of Health suggests in his message that DFM did not sign up to a Four Nations statements for 'political reasons', however, that of course is his interpretation. It was agreed on December 21, 2020, that the Northern Ireland (NI) Executive would issue its own statement. This divergence from the UK approach was a reflection of our unique circumstances, the decentralised healthcare system in Northern Ireland, and the fact that Ireland is an island. The devolved governance structure enabled us to tailor our response to local needs which the DFM believed was the appropriate stance for the Executive to take. The priority was to adopt the most effective and suitable approach for this jurisdiction with less emphasis on aligning with England, Scotland, and Wales. What mattered most was ensuring that our approach was well-suited and widely supported within the Executive itself.

Executive Covid Taskforce

72. The Executive Covid Taskforce (ECT) was formed in December 2020, but prior to that, a group of TEO officials had been informally working as a replacement for the Hub. The aim of establishing the ECT was to reset the Executive's response to Covid, and to take account of a wider scope including communications, behavioural science, sectoral engagement, etc, shifting towards a more long-term strategy and involving the entire Executive rather than solely relying on the Health department. This adjustment

considered broader societal aspects of the pandemic, including its economic impact and the effects of non-pharmaceutical interventions (NPIs) on society. The ECT's establishment was not influenced by changes at the UK government level. It was about Ministers taking a more holistic approach and oversight to the pandemic response.

73. Both the Health Minister and the Economy Minister expressed concerns regarding the operational procedures of the ECT, including its alignment with existing initiatives to avoid redundancy, the delineation of departmental accountabilities, and its strategic modus operandi. Additionally, there were initial apprehensions about its affiliation as a TEO Taskforce. However, Ministers were ultimately assured that its primary purpose was to consolidate ongoing efforts into a more cohesive framework. It was clarified that the ECT functioned as an Executive Taskforce, with its Terms of Reference subject to Ministerial approval.

74. The procedures for distributing Covid-related documents to the Executive underwent enhancements, becoming more structured and formalised. These documents now encompassed a broader scope of advice from officials, addressing not only health impacts but also socio-economic considerations, and were presented in a clearer and more concise format. Moreover, stakeholder engagement and communication were notably improved, transitioning from ad hoc approaches to more systematic and effective methods. The establishment of the ECT resulted in enhanced support and guidance for Ministers in their decision-making processes. Personally, I found the officials within the ECT to be invaluable sources of information and support. It perhaps should have been established sooner rather than later.

Co-ordination with the Republic of Ireland

75. The minutes of a meeting between the Head of the Civil Service and TEO on 12 March 2020 [INQ000232525] record the Deputy First Minister as having "expressed concern that the public is ahead of the Executive and Rol and Scotland are closing schools – it is not sustainable position to have schools closed in one part of the island but open in another part. Must have an all-island approach." These minutes further state that "Minister Swann reiterated the need to follow the science. Closing schools will not stop the spread of COVID. Rol approach not appropriate for NI. DFM referenced one island and two approaches – need to identify which approach is right and which isn't."

76. I believe what the DFM aimed to achieve was to attempt to find a way to harmonise what appeared to be conflicting recommendations between scientific and medical guidance advocating for lockdown measures, and the opposing advice we were following. It seemed implausible that both sets of guidance could be valid, and the Irish Government advice seemed aligned with WHO recommendations. Covid did not respect borders. The Catholic Church on the island of Ireland, of which a considerable number of maintained schools in Northern Ireland fall under their catchment, were recommending schools be closed, and therefore individual parents and families were taking their own decisions to keep their children away from school. The DFM was concerned that the administration was on the backfoot, and her overriding concern was for the health and safety of children, their families and also those working in the school environment.
77. There was a 'Covid-19 North South Meeting' on 14 March 2020 [NIQ000276054]. The Taoiseach referred to "different views on schools and on testing and contact tracing." The First Minister is recorded as having stated, "stick to action plan based on science and be flexible." The minutes suggest that the DFM was advocating for North-South alignment. The CMO is recorded as having referred to a "risk of over reliance on data." The note concludes with the following attributed to the Tanaiste: "All have the same objective – just different timelines. Communication plan would be helpful." At the onset of the pandemic, there was a lack of a robust system for testing and tracing. This challenge in identifying, testing, and tracing individuals exposed to the virus hindered both the accurate modelling of data and the capacity to isolate and provide assistance to those affected. I am not aware of what point the FM was making in relation to flexibility.
78. I do not recall that a communication plan was put in place, but I do recall that tensions were growing around willingness to promote co-operation and collaboration in response to the pandemic. This resulted in work being undertaken to develop a Memorandum of Understanding to try address these matters. The MoU between both Health Departments North and South was signed the following month.
79. In my opinion there should have been better cooperation with the Republic of Ireland from an earlier stage. It was especially crucial for border regions to co-ordinate our efforts as much as possible to discourage and minimise unnecessary travel and activities. Divergent approaches between the two jurisdictions also resulted in increased cross-border travel at various points. The lack of alignment also posed

specific challenges in border areas, requiring careful coordination and harmonisation. Varying regulations regarding the opening of retail, leisure, and hospitality establishments had the potential to increase cross-border movement, leading to a corresponding rise in transmission rates.

80. I believed there was potential for a higher level of collaboration and co-ordination with the Republic of Ireland. Established institutional mechanisms were in place, in particular the North South Ministerial Council and its Health sectoral workstream which could have been utilised by the Department of Health earlier and more routinely than it was. I advised the DFM to encourage the devising of the Memorandum of Understanding between both Health Departments to ensure practical co-ordination and collaboration in the absence of formal structured meetings of the North South Ministerial Council Health Sectoral format meetings.

81. I have been asked about The All-Ireland Memorandum of Understanding (MoU) providing some degree of effectiveness by fostering engagement at both political and operational levels across the island. I understand that officials were in communication, the Chief Medical Officers (CMOs) from both regions had a good working rapport and communicated regularly. Nevertheless, there were opportunities for improved co-ordination and co-operation in the absence of structured and formal meetings through the established North South Ministerial Council.

Advice in relation to the public health communications

82. In an email dated 15 March 2020 [NIQ000287494], the Head of the Civil Service stated: *"It is clear from our discussions with Philip Weir and Stephen McGlade that ministers will be pressing for greater co-ordination of our comms with an expectation that we will increasingly be moving towards daily bulletins issuing from the Executive rather than from individual departments."* Ministers in response to the pandemic were issuing public statements relating to the functions of their individual departments which was necessary, however there needed to be a corporate Executive public information response from those at the head of government in the view of Deputy First Minister at that time, which I shared. This then developed into daily press briefings led by the FM and DFM which covered the relevant input from across departments. My role was to advise the Deputy First Minister on media and communications and work with the Executive Information Service led by civil servants.

83. As the pandemic progressed there were regular press conferences. For a period of time the conferences took place weekly, each Thursday where both the FM and DFM updated the public via a Live TV address from the outdoors Hill of O'Neill venue in County Tyrone. This became a strong feature of the Executive communications strategy. Prior to moving outdoors, they both delivered a daily press conference from Parliament Buildings, Stormont. They also took a very deliberate approach to doing radio interviews daily. They proposed that a professional PR and marketing agency be contracted by the Executive Office and the Executive Information Service to devise and deliver a public information campaign. The company that ran this throughout was Genesis, and it involved newspaper, tv and radio advertising, outdoor billboards, bus shelters, etc all promoting the up-to-date messaging.

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

85. I have been asked to comment on public health messaging in the North in that it was potentially coming from three broad sources; the NI Executive; central government and the Republic of Ireland. The population in the North is exposed to media from both northern and southern parts of the island, as well as from Britain. This diversity in sources of public health messaging complicated matters, with conflicting messages emanating from the Executive, the Irish government, and the British government. This not only led to confusion but also prompted questions about the differing implementations of measures across jurisdictions. In my observation, the most effective approach to address such confusion was for the Executive to articulate its messaging clearly and provide transparent rationales for the measures it enforced. However, adopting a co-ordinated response encompassing both islands was evidently the most straightforward strategy to mitigate confusion.

Leaks

86. Based on my understanding, the Special Advisors Code of Conduct stipulates that Special Advisors are prohibited from divulging official information exchanged in confidence during official business or received confidentially from others. This implies refraining from discussing or disclosing the content or details of official documents or discussions to individuals outside Government. Additionally, GDPR, FOI legislation, the Public Records Act, the NICS Code of Ethics, and Standards of Conduct in the

NICS Staff Handbook are pertinent in this context, as is the Functioning of Government (Miscellaneous Provisions) Act (Northern Ireland) 2021.

87. On numerous occasions, Ministers complained about leaks of papers for the Executive Committee [INQ000065724] or the content of Executive Committee meetings being passes to journalists on occasions while the meeting was ongoing [INQ000048497]. The continuous leakage of information from the Executive Committee posed a persistent challenge, particularly during moments of controversy or disagreement within the Executive. This situation fuelled deep frustration, and a sense of mistrust, making Executive meetings more strained. It stifled open discussion, as Ministers and officials hesitated to share their views fearing potential misrepresentation. While I believe it didn't sway Ministerial decisions, it did erode the authority of the Executive and public trust during critical periods.

88. Throughout the Specified Period, I personally refrained from divulging any Executive papers in their entirety or parts, or briefing journalists about its contents beyond the Executive or the NICS. Similarly, I never disclosed ongoing Executive Committee meeting details to journalists. I have no knowledge of any other individual engaging in such disclosures beyond the Executive or the NICS or sharing Executive Committee meeting contents with journalists during sessions. I did accept the political reality however of a five party coalition and the challenges we faced in trying to maintain cohesion and confidentiality at different times during the pandemic and that we could not control the behaviour of the considerable number of individuals involved, especially when meetings were held remotely and not 'in the room'.

Communications and documents

89. Upon assuming my role as a Special Advisor in January 2020, the NICS provided me with a laptop, mobile phone, and iPad. These devices were returned in February 2022 when my employment with TEO ended following the resignation of the FM.

90. During this period, I did have a personal mobile telephone which I used for calls, text messages, iMessage and WhatsApp. I used WhatsApp, text message and iMessage for logistical purposes only. I vacated the role in 2022 I have since changed phones and no longer have this device.

91. I communicated with: Deputy First Minister Michelle O'Neill; Executive Office Junior Minister Declan Kearney; Mr John Loughran, Dr Dara O'Hagan and Ms Michelle Canning (DFM Special Advisors); Dr Philip Weir (FM Special Advisor), Mr Ronan McGinley (DfC Special Advisor); Mr Eoin Rooney (DoF Special Advisor); Mr Mark Ovens (DoH Special Advisor); Ms Paula Magill, Mr Donal Moran, Mr Tim Losty, Ms Carol Morrow, Mr Gerard Willis (DFM Private Office staff); Ms Erin Craig (DFM Executive Information Service Press Officer), TEO Group – Executive Meeting Comms - DFM Executive Meeting Comms – Ms Carol Morrow, Mr Donal Moran, Ms Paula Magill, Mr Gerard Willis, Ms Michelle O'Neill, Minister Declan Kearney, Dr Dara O'Hagan, Mr John Loughran and Ms Michelle Canning. All communications with these listed individuals were for administrative and logistical purposes, i.e. to arrange and confirm meetings, addressing queries, and seeking clarification on various matters, rather than containing policy formulation discussions. Any information regarding policy formulation was officially documented by departmental officials who would have retained such records.

92. All meetings I attended in an official capacity had an official minute taker present. It may be helpful to explain to the Inquiry how the DFM team ensured that a formal record was kept in relation to Covid papers which were either internal to TEO or which came through the Executive. Responses to internal TEO papers were recorded and involved advisors making formal on the record recommendations to the Deputy First Minister, once her agreement was confirmed it was then recorded by Private Office as the formal DFM position which would then go into brokerage to get an agreed TEO position.

93. Executive papers on Covid had a different process due to the time pressures, the number of papers coming in, the complexity of the issues being dealt with and the lateness of papers. Before Executive meetings there was usually a Ministerial team meeting consisting of all Sinn Fein ministers and advisors. The meetings were a mix of face to face, zoom and hybrid depending on transmission rates at the time. The meeting went through the Executive agenda and advisors gave their assessments and recommendations orally on each paper with some discussion if necessary. The DFM position or comment on an Executive paper would then have either been formally recorded by advisors in an official departmental email to Private Office or Ministers would have spoken to the paper during discussions in the Executive committee thus having a formal record in that format.

94. There was no specific guidance of the Code of Conduct for Special Advisers around the use of Messaging Platforms. Messaging platforms were used to arrange and confirm meetings or agendas, to raise queries or to seek clarification or to follow up on issues. I did not use these platforms to discuss substantial matters of policy. Any information or communication relating to decision-making or policy formulation concerning the pandemic would have been formally recorded by departmental officials who will have retained these records. I was not aware of any other policies which related to the use of Messaging Platforms during this period.

95. Principal Private Secretary Mr Donal Moran informed that he and his Private Office colleagues in the DFM office would be retaining all communications and records relating to the pandemic which I exchanged with them. Before returning my device, I reset it. It was routine for phones to be returned in the condition as they were originally obtained in my experience of having served as a Special Advisor in the Executive. As the devices were connected to the NICS email system, any emails would have been managed according to civil service policy.

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

97. Throughout my tenure as a Special Advisor during the Specified Period, I did not maintain any personal diaries, notebooks, daybooks, or planners, whether in physical or electronic form. The only notes I recorded were action points necessary for follow-up during meetings or discussions. These action points typically included notes that I later conveyed via email on the NICS email system as formal responses and positions on papers and documents in my capacity as Special Advisor to DFM. I did not maintain any documents.

Leadership, key challenges and lessons learned

98. By necessity the FM and DFM were with one another almost every day as they managed the Executive response to the pandemic. I considered their relationship to be professional, business-like, and extremely productive. This was a significant strength in my opinion. They acted with integrity and a unity of purpose. They came to depend on each other to provide the joint stewardship demanded of them by the

civil service, public service, other Ministers and the public they served. As they often said themselves where they differed, they differed well. Their shared priority was to protect public health and to save lives and safeguard livelihoods.

99. Throughout the pandemic, I shared the Deputy First Minister's perspective that implementing earlier and more widespread interventions would have been more effective. However, achieving consensus among Ministers in a five-party coalition government for this approach proved extremely challenging. Thus, managing the pandemic response became a delicate balancing act, which succeeded most of the time but not always, as evidenced by the Executive meeting on 9 November 2020. Despite these challenges, the Executive managed the Covid response well within their operational constraints.

100. As a Special Advisor, I had a unique vantage point to observe both the political and civil service dynamics within the machinery of government. In my view, most individuals involved in the Covid response, both at the political or official level, did their utmost to address an unprecedented crisis and acted in the public interest to safeguard public health. Although I felt frustrated at times when processes faltered, I was always mindful of the immense pressures everyone faced.

101. Regarding lessons learned, I believe the most crucial takeaway is the need to adequately resource and ensure the effective functioning of public services, particularly health, to prepare for future crises or pandemics. Civil contingency management and preparation are integral to this. I also believe there was potential for greater collaboration and coordination, utilising established institutional mechanisms such as the North South Ministerial Council and its Health sectoral workstream more effectively.

102. Finally, engagement with Executive, civil service, key sectors of our economy, and communities played a vital role in commanding the necessary support and understanding for restrictions and interventions. This engagement facilitated a two-way flow of information to address and mitigate problems where possible.

Statement of Truth

103. 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: 22 March 2024