

## Contents

WITNESS STATEMENT OF MARK OVENS .....	1
SCOPE OF THIS STATEMENT .....	2
Part 1: Your background, role and qualifications.....	2
Your role during the pandemic .....	5
Part 2: Initial understanding and response to Covid-19 (January 2020 - March 2020).....	7
Impact of absence of power-sharing .....	7
Sources of information.....	9
Initial understanding and readiness .....	11
Alignment with UK government (January to lockdown) .....	19
Early understanding of data, testing and tracing capabilities in Northern Ireland .....	21
Planning documents .....	21
Borders.....	22
The decision to lock down in Northern Ireland .....	23
Civil contingency arrangements in the first part of the pandemic .....	25
The response to Covid-19 after summer 2020.....	26
The Executive Covid-19 Taskforce .....	30
Coordination with the Republic of Ireland .....	31
Advice in relation to public health communications .....	32
Part 3: Communications and documents.....	32
Communications with ministers, advisers, political party officials and civil servants via electronic device(s).....	32
Personal notebooks .....	34
Leaks .....	34
Part 4: Leadership, key challenges and lessons learned .....	35

## WITNESS STATEMENT OF MARK OVENS

I, Mark Owens, former (and recently reappointed) Special Adviser to the Minister of Health for Northern Ireland Robin Swann MLA, make this statement in response to the request from the UK Covid-19 Public Inquiry (“the Inquiry”), dated 19 December 2023, requiring me to provide the Inquiry with a witness statement in respect of specified matters relating to Module 2C.

## SCOPE OF THIS STATEMENT

This statement is provided from the perspective of my role as Special Adviser to the Minister of Health in relation to the Department of Health’s decision-making by the government in

Northern Ireland during the Covid-19 pandemic between early January 2020 until the Covid-19 restrictions were lifted in Northern Ireland in March 2022.

#### Part 1: My background, role and qualifications

1. Shortly after graduating from Queens University Belfast with a degree in politics I took up an employment within the Northern Ireland Assembly in 2010. Initially providing direct research and support to a number of MLAs, I went on to hold various central Party positions across policy and communications roles. Alongside this role I also held additional outside employment, in the form of a role in direct youth intervention support work.
2. I had worked in the Northern Ireland Assembly for a decade, when I was appointed Special Adviser to the new Minister of Health Robin Swann MLA (“the Minister”) on January 11 2020. My appointment was in accordance with the Code Governing the Appointment of Special Advisers [RS/0100 INQ000400094]. I held the role of Special Adviser from that date to 27 October 2022, being the end of Robin Swann’s then Ministerial term in office. On 5 February 2024, following the restoration of the Northern Ireland Assembly and Executive, I was reappointed Special Adviser to the newly reappointed Minister of Health Robin Swann.
3. I held only the one role between the dates of January 2020 and 18 April 2022, and that was as Special Adviser to the Minister of Health. Whilst I was considered a temporary member of the Northern Ireland Civil Service, in reality Special Advisers are an additional source of support and assistance for a Minister, who can provide advice from a more political viewpoint than a civil servant.

As set out in the Code of Conduct [PM/6001 INQ000409738] my responsibilities were to;

- give assistance on any aspect of departmental business, and give advice (including expert advice as a specialist in a particular field);
- undertake long-term policy thinking and contribute to policy planning within the Department;
- write speeches and undertake related research, including adding party political content to material prepared by other civil servants;

- liaise with the Party, briefing party representatives and Assembly members on issues of departmental and Executive policy;
- liaise with other Special Advisers in support of the work of the Executive;
- represent the views of their Minister to the media (including from a party viewpoint), where they have been authorised by the Minister to do so (I can confirm I did not do this); and
- liaise with outside interest groups (including those with a political allegiance).

In addition, in working with other civil servants, the Code also states that special advisers can, on behalf of their Minister:

- convey to officials Ministers' views, instructions and priorities, including on issues of presentation. In doing so, they must take account of any priorities Ministers have set;
- request officials to prepare and provide information and data for Ministers, including internal analyses and papers; and
- review and comment on – but not change, suppress or supplant – advice submitted to Ministers by civil servants.

But as set out within the Code, special advisers must not:

- authorise the expenditure of public funds;
- exercise any power in relation to the management of any part of the Northern Ireland Civil Service, except (in the case of special advisers in the Executive Office) in relation to another special adviser;
- otherwise exercise any power conferred by or under any statutory provision, or any power under the prerogative;
- be involved in the line management of civil servants or in matters affecting a civil servant's career such as recruitment, promotion, reward and discipline; or
- ask civil servants to do anything which is inconsistent with their obligations under the Northern Ireland Civil Service Code of Ethics or behave in a way which would be inconsistent with standards set by their employing department.

4. Whilst I worked closely alongside Robin Swann prior to the restoration of a functioning Assembly and Executive in January 2020, just as I did with all Ulster Unionist elected representatives, I was not a Special Adviser. Special Advisers are temporary civil servants appointed under Article 3 of the Civil Service Commissioners

(Northern Ireland) Order 1999 as amended, and as no Ministers were in post in the immediate period before January 2020 the positions did not exist. Prior to my appointment in January 2020 I was employed by the Ulster Unionist Party in a policy development role and therefore I would have regularly supported Robin Swann on that basis.

5. Changes made to the most recent Northern Ireland Code of Appointment in 2020 removed specific guidance on the selection of Special Advisers, making the guidelines more similar to those of legislatures across the rest of the United Kingdom. As such, it is not prescriptive on how appointments should be made, other than saying it is the responsibility of the appointing authority (i.e. the Minister). In the instance of my appointment, very shortly after the appointment of Robin Swann as Minister I was asked to meet with him and the then Leader of the Ulster Unionist Party – Dr Steve Aiken MLA – and was asked whether I would be interested in taking up the role. I am unaware of who else the Party had spoken to in relation to the position, but I do believe there may have been others. In the space of 24 hours after meeting with them and discussing the position I confirmed that I would be interested in taking up the role. My indication was accepted and within days I commenced work for Robin Swann. As part of the appointment process I was subject to the same vetting procedures as persons to be appointed as Senior Civil Servants to the NICS.
6. Serving as an additional liaison between the Minister and the Ulster Unionist Party was an important part of my role. Fortunately, relations and contact between Robin Swann and his UUP Assembly colleagues remained strong throughout his time in Ministerial office, and that I believe was aided by a conscious decision by him to continue engaging closely, and when possible still attending the regular meetings of the UUP Assembly Group. Those meetings usually took place in Parliament Buildings on a Monday and Tuesday morning, and often also took place on a Friday morning virtually. In addition to also attending these meetings, throughout the week I retained regular contact with Ulster Unionist elected representatives and staff members. By way of an illustration, I regularly engaged with UUP support staff in either Party HQ or in the Assembly if the Minister was about to make a significant statement regarding the implementation of any Party policy. In addition, I routinely engaged with Party staff, as well as the Party Health spokesperson, in advance of Assembly debates and Ministerial statements. A benefit of the Special Adviser position is that they can help support Ministers on matters where the work of government and



Ministers' party-political responsibilities overlap, and where it would be inappropriate for other civil servants to become involved.

### My role during the pandemic

7. I worked closely with the Minister throughout his entire time in office. I would emphasise that my role centred largely around adding a more political or broader dimension to the constant reams of policy advice and support he received from the Northern Ireland Civil Service each day. It was not my role to seek to dispute the professional or technical advice which he received from his professional officers. As our offices within the Department of Health are next door to one another I continuously discussed matters with the Minister throughout the day each day. By reading all Ministerial submissions or draft correspondence before being passed to the Minister, staff from Private Office within the Department of Health had created a page for comments that was attached at the front of all files for both the Minister and I to add any additional observations, or requests for additional clarification etc. Copies of all such comments, queries or decisions were scanned and recorded by the Department's Private Office before issuing out again to the relevant officials for reply. Whilst I was entitled to challenge or supplement advice coming from the NICS, it was not my role to change it, and nor did I seek to. Whilst I worked alongside the Minister throughout the Northern Ireland Government response to the pandemic, he drew medical and scientific support from his professional officers.
8. Throughout the response to the pandemic the Minister regularly received verbal or real time briefings from those professional officers – most especially the Chief Medical Officer and Chief Scientific Officer. I was present at most of these briefings, and whilst I probed the advice being offered, I did not contest it. Instead, I would have regularly advised on handling, political engagement and on timing of public pronouncements etc.
9. My role only occasionally entailed intervening on the passage of information to the Minister. In the instances that that would have happened, it would have been because I felt materials or briefings were either incomplete or deficient in one manner or another, and therefore needed to be further improved before onwards

consideration by the Minister. Whilst that regularly happened in some policy areas – and depending on the issue or the timing of it - I recall no instance in relation to his response to the pandemic when I intervened, delayed or prevented any information being shared with the Minister. Very early into the response to the pandemic I became confident with the quality and integrity of the advice the Minister was receiving in relation to it.

10. The daily agenda for the Minister was largely dictated by ongoing events in relation to the pandemic and scheduled meetings. Whilst I supported the Minister in a number of these meetings, it was largely in an observational rather than participatory role. My direct role of supporting and advising the Minister was often performed either before or after meetings.

11. I attended various meetings as part of the response to the pandemic. At the early stage I endeavoured to join as many of the teleconferencing meetings as I could, chaired by the Department's then Permanent Secretary, with the Chief Executives of the Trusts. Then as the scale of the crisis began to emerge, I attended many of the regular catch-up meetings/briefings located within the Department's Emergency Operations Centre. In addition – when possible and when diary permitted – I also attended a number of the internal Departmental Health Gold and Health Silver meetings, as well as the Strategic Cell meetings that normally took place in the Chief Medical Officer's office. As the pandemic progressed I sat as a member of the Rebuilding Management Board. The Minister regularly received both verbal and written updates from officials on the outcomes of these meetings.

12. Whilst there was not a formal daily briefing to the Minister, the nature and pace at which the situation was changing meant that the Minister engaged in person with key individuals such as the CMO and CSA on several occasions throughout the day. In addition, in advance of any relevant meetings, whether UK four nation or local, he was routinely provided with a written briefing with key points, facts and suggested lines to take.

13. I accompanied the Minister to all meetings of the Executive Committee, as well as other meetings with individual Ministers and civil servants. As the pandemic progressed meetings of the Executive Committee moved to a fully virtual and then

hybrid basis.

## Part 2: Initial understanding and response to Covid-19 (January 2020 - March 2020)

### Impact of absence of power-sharing

14. The absence of a functioning power-sharing Executive from early 2017 to January 2020 I believe had a detrimental impact on the delivery of a wide range of public services. This was particularly felt within health and social care, as uncertainty over current and future finances and an absence of political and Ministerial oversight had starved the system of the leadership that it required. In particular health worker pay was allowed to regress when compared to colleagues across the rest of the United Kingdom, and there was little to no longer-term approaches being taken to key strategic issues.
15. Even before 2017, the broader political environment in Northern Ireland had often been inefficient, with repeated political crises often receiving more political attention than tackling the fundamental problems gripping public services.
16. There were many immediate challenges upon the restoration of the Executive in early 2020, with the Minister's first priority being to find a sustainable solution to resolving the widespread staff industrial action that had been greatly undermining the health service in the months immediately prior.
17. The fact that Ministers had only recently been appointed to departments, and were still coming to terms with their own immediate priorities and challenges, inevitably had a negative impact on the ability on the Executive to come together cohesively at the very beginning of the pandemic. It did take some time for Ministers to realise that collectively the enormity of the issue at hand meant the Executive would be required to take decisions together.
18. On taking up office the Minister was immediately provided with a copy of a First Day Brief which covered the variety of the many challenges and responsibilities of the post. Whilst general pandemic readiness was referenced in the document, at that

point, the issue admittedly was not a significant focus of attention, not least because there was still so little awareness of developments within China.

19. Whilst supporting and transforming the local health service – in content terms at least – was a key priority for the Executive through New Decade New Approach agreement, there was so little time before the onset of the pandemic that the true ambitions of Executive Parties were not really tested. For instance, critical decisions such as targeted investments on waiting list initiatives could have been taken, had the Executive had the opportunity to agree a budget for 2020/21. All Parties and all Ministers to their credit supported the quick restoration of pay parity for health workers, as well as a significant expansion in nurse and midwifery training places. In addition, all Ministers and Parties, through their public statements were giving an indication that the provision and improvement of health services in Northern Ireland was going to be a key priority. There was a business-like relationship between the First Minister, deputy First Minister and the Health Minister upon the resumption of power sharing. For instance, both the First and deputy First Minister were quite eager in seeking a resolution to the industrial action that had been underway for several months prior. That shared objective of achieving similar positive outcomes and decisions in responding to the many challenges within the Department of Health continued throughout January and February 2020. The primary nature of their relationship would have been one of regular contact during the Executive meetings as well on occasions as and when necessary.

20. Whilst it was never going to be particularly straightforward in a five-party mandatory collation, I felt the working relationships between all Parties in early 2020 was cordial and business like. I believe coming into the roles after a long and drawn-out period of political stalemate, Ministers had a shared objective and awareness that the Executive needed to try to succeed. Whilst genuine trust between Ministers in a five-Party Executive with the full variety of varying political viewpoints was also going to be difficult, in the circumstances I do not believe there was a tangible lack of trust. There is no doubt however, that the unique political make-up of the Northern Ireland Executive does bring about a less than cohesive form of Government. Moreover, it is equally clear, that the onset of the pandemic, coming so quickly after the restoration of the Executive, created challenges. It also robbed the Executive of the chance or opportunity to properly consider multi-year funding decisions and the setting of a strategic Programme for Government. In the absence of Ministers, Executive Departments were still able to take some limited decisions and therefore the backlog

of decisions that had to be addressed was somewhat reduced. There was no doubt however that critical decisions, particularly on workforce, service transformation, and budgetary prioritisation were not taken during the absence of Ministers.

21. Whilst in the three years prior to January 2020 Executive Departments and civil servants had been placed in an unenviable position, I did not get a sense that it unduly delayed or impeded how Government locally responded to the onset of the pandemic. One observation I would make is that because Ministers had been appointed so soon before the pandemic that it perhaps did limit some immediate collaboration. As the days began to pass however, I got the sense that all Executive Ministers and all Executive Departments were looking towards only the Department of Health to advise on decisions and the way forward. Had an Executive been in place only a few months earlier I believe the Executive Office, through the First Minister and deputy First Minister, may have been better placed to direct some of the initial collaboration.
22. Whilst I had never worked within a Departmental environment before, I do remember noting the pace at which the Department of Health had been able to quickly establish a range of decision-making levels – both across the health and social care system and within the Department itself.

#### Sources of information

23. The Minister had access to extensive sources of advice and information. Whilst the Chief Medical Officer was almost always physically on hand – with his office being so close to ours - the Department also quickly established mechanisms in which to collect and reliably present timely information.
24. The Minister's understanding and learnings on transmission were largely provided through engagement with the Chief Medical Officer and Chief Scientific Adviser. As it was a new virus however, in the earliest phases of the pandemic, there remained many unknowns. This included little definitive clarity on modes of transmission, the role of asymptomatic infection, and even the population cohorts most at risk. Throughout these earliest weeks however the Minister was kept abreast of the very latest scientific and expert advice that was being considered at a UK level, most regularly either by being informed by his professional officers, as well as through his attendance at many of the UK calls. In addition, he was also in receipt of the regular

COBR papers that demonstrated how the pandemic was developing nationally, as well as receiving ongoing briefings as to the latest understanding of the virus.

25. I believe that the Minister's key medical and scientific advisers benefitted from their engagement and participation in groups such as the UK Scientific Advisory Group for Emergencies (SAGE), as well as drawing down on other sources of information such as the World Health Organisation, the European Centre for Disease Prevention and Control, along with an abundance of wider scientific literature. More locally it was my observation that both the Chief Medical Officer and Chief Scientific Adviser drew significant professional and advisory support from the Department's Strategic Intelligence Group (SIG).
26. The Chief Scientific Officer I believe was keen to establish the SIG in order for the rapidly evolving Covid-19 situation to be best considered and understood. In particular, the group had a very important role in the development and interpretation of Covid-19 modelling – the models of which were often heavily relied upon by Executive Ministers when taking intervention measures to slow or limit transmission.
27. In the initial phase of the pandemic the Public Health Agency produced bulletins and updates that provided a summary of key information such as numbers of tests, confirmed new cases, and later, the number of confirmed deaths. I received those reports at the same time each day as the Minister.
28. Beyond March 2020 the Department of Health launched a dashboard that replaced the PHA bulletins. Whilst the dashboard changed over time, with new content and information regularly being added, the publication of that dashboard quickly became established as the single source of true and reliable public facing information on the progress of the pandemic in Northern Ireland. The Minister and I, along with a number of other relevant officials, were provided with advance knowledge of the contents of the dashboard under embargo each day before subsequent online publication. The Minister was also in regular receipt of Common Recognised Information Papers which included key and relevant information.
29. The Minister would have routinely had sight and access to a range of materials, including SAGE advice. I do recall that minutes of SAGE meetings and papers would have regularly been shared, and the Minister would have often referred to the



contents of them in subsequent discussions, indicating a clear awareness of them. The Minister would have still relied on the interpretation of materials, such as SAGE advice from his professional officers.

30. I do recall that there had been an issue in relation to Northern Ireland representation at SAGE prior to late March 2020. I am unaware whether anyone else from Northern Ireland attended in an observer capacity before that point. I would surmise however that there was so much cross-nation discussion and deliberation taking place outside of SAGE at that point, that any information that may not have initially been made available with Northern Ireland in those earliest meetings would have still quickly been communicated via other means. I do not think that NI's initially limited role in SAGE had a negative impact on the Minister's ability to respond in the early part of the pandemic. I also recall that the Minister had attended all but one of the many COBR meetings that had taken place between January 2020 to March 2020.

31. I do not recall the Minister being explicitly briefed on the work being carried out by Professor Ferguson however he was possibly aware of his observations, not least through the associated public commentary at the time.

#### Initial understanding and readiness

32. I cannot recall exactly the date on which I first became aware of Covid-19, but I do remember that it was by reading an article in relation to the spread of an as yet unknown virus in the city of Wuhan. Within days there was rapidly growing attention on the matter within the Department of Health. From recollection, the Minister had also been alert to the reports emerging from Wuhan as I recall very early and preliminary discussions regarding the virus. I also recall, very shortly after the Minister also began to receive briefings on the matter from the Chief Medical Officer, this was followed by the Minister's first written statement on the matter to the Northern Ireland Assembly.

33. In that initial period of January to February 2020 there were still a great deal of unknowns in relation to the virus. These included a lack of firm knowledge on modes of transmission, asymptomatic infection, common transmission settings, and severity of disease and mortality across the population. I cannot recall when the Minister and I became aware that Covid 19 was treated as an airborne, high consequence,



infectious disease there was evidence of community transition; asymptomatic transmission was possible; there appeared to be a high rate of transmissibility; and what the infection rate and or case mortality rate might be. In many of these factors, however I am quite confident the source of the information would likely have been delivered through the advice or reports of either the CMO or CSA.

34. The Minister had been receiving advice from his professional officers on what pandemic plans may have been effective against SARS-CoV-2. I do recall an early recognition within the Department of Health that what was unfolding was in contrast to a much different experience of the earlier H5N1 pandemic, both in terms of pace and transmissibility. Even as one of his non-professional advisers I was aware that there was still a very large degree of uncertainty and unknowns regarding the virus. I am not aware to what extent consideration was given at that point as to whether flu pandemic planning would be effective against this novel coronavirus. At the same time, my recollection is that the Minister was authorising the rapid establishment of internal HSC emergency response structures such as HSC Silver. In addition, there was significant policy and operational planning being undertaken at pace. Throughout the critical period of 23/24 January, the Minister was in close and constant discussion and deliberation with key individuals such as the Chief Medical Officer as to the best way to proceed.

35. Whilst phrases such as NICCMA were not known to me prior to taking up my role as Special Adviser to the Minister of Health, I did get the sense that the measures were well established, at least in theory if not in practice. The Executive Office had responsibility for leading civil contingencies preparedness and response, however I do recall that increasing responsibility – at least in that very initial period – was falling to the Department of Health. I am not aware whether the strategy was to avoid implementing civil contingencies unless or until the infection appeared in Northern Ireland and that impacts were experienced in Northern Ireland at that time. Neither am I aware whether it was considered possible that COVID-19 might not spread to Northern Ireland. I do recall that a policy of containment had been prioritised in order to try to identify infection and trace all contacts to limit further spread. That would have still been the priority on 6 February 2020, however ultimately, as scenes of the trajectory of the virus were being played out from elsewhere, and as more became known about its ease of transmissibility, there was increasing recognition of the challenge of a containment policy. I am unaware as to what level of assessments of

preparedness, capacity and capabilities across other Northern Ireland departments and agencies and the emergencies services were undertaken, but I do recall within the Department of Health preparations began for a range of outcomes.

36. Overall, however my recollection of that period is that the Department of Health was working within a high degree of uncertainty, and that in the absence of any definitive confidence of what was about to occur, the Department was highlighting and seeking to respond to the risk of all eventualities. I would stress however that activation of such measures would not have been for me to advise upon. Just as it would not have been for me to advise on the effectiveness or not of a policy of containment.
37. I can't recall exactly whether the Minister (or his team) was aware of the Imperial College Report 4, however I am quite confident that he was receiving timely advice from his professional officers. Had they been aware of the report, as well as the information of SPI-M-O of 3 February, then it quite possibly was shared with the Minister.
38. The Minister was following the emerging scientific evidence and opinions in relation to the likely trajectory of the Covid-19. Whilst I did not attend all COBR meetings, I suspect it was also a topic of intense scrutiny at those. It was established relatively early into the pandemic that the principal route of transmission was respiratory and therefore the Minister would have been quite aware for the exponential risk presented by the virus. By late January I believe the Minister was aware of the opinion of his Chief Medical Officer that a global pandemic was unfolding and that the trajectory of Covid 19 in Northern Ireland would likely follow a similar path of what was already underway in parts of Europe.
39. By the time of the publication of the WHO report on 24 February there had already been in excess of 4 weeks of high level of activity locally, nationally and internationally. By this point the Minister had already been regularly briefing Executive Ministers, as well as receiving daily written or verbal updates from his Departmental officials. The initial response, as endorsed and regularly communicated by the Minister, was to seek to limit transmission through early detection, robust isolation and adequate contact tracing. From my perspective the Minister had a close and constant daily interest in the Northern Ireland capacity to adequately test, track and trace cases.

40. I was not aware of the 25 February 2020 paper sent to the TEO Board that stated, *“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”*. I am also unaware as to what basis the statement was made. Neither do I know the extent to which the lack of preparedness was a concern. I do recall that prior to that point the Department of Health had been encouraging all Executive Departments to prepare for a range of possible outcomes and scenarios. It was an ongoing observation of mine from the time that whilst the Department of Health was being asked to interpret a rapidly changing situation and evolving picture, so too was it being expected to almost guide other Department's through their own plans.
41. By late February 2020 I do believe the Department of Health was conscious that it was dealing with the greatest public health emergency in a century – whilst also scrambling to shore up adequate HSC capacity. I cannot definitively say whether other Department's had grasped the magnitude of what was unfolding. I am aware however that at around that time TEO was engaging with key stakeholders such as local government authorities, however I cannot accurately comment as to what extent. Neither do I recall what if any steps were taken to prepare the public for the prospect of a pandemic or restrictions.
42. I do recall that the Minister was made aware of the SAGE indication that a reasonable worst-case scenario was that *“80% of the UK population may become infected, with an overall 1% fatality rate in those infected”*, however I don't believe it was quite as early as the end of February 2020. I do recall that the Minister made public reference to the statistics in a scripted statement to the media three weeks later on 19 March 2020, and I believe that the information had been known to him for some time before that point.
43. The capacity of clinical care was an ongoing concern to the Minister, as it likely was for all Ministers of Health across the globe. Northern Ireland was not unique in taking a decision to free up clinical capacity, including by taking some immensely difficult decisions, such as cancelling much non-urgent and non-Covid care. These decisions were being taken, again on firm professional advice, at the same time as plans for additional intensive care capacity were being rapidly scaled up.

44. In relation to [INQ000065694] I do not believe the note refers to the need to plan and prepare for all eventualities, because sufficient plans did not exist. Rather it is simply reflective of what was a rapidly evolving situation with a very large degree of uncertainty. At around this time the Minister would have been acutely aware of the Reasonable Worst-Case Scenario as being outlined out SAGE. I cannot recall as to what point the Minister believed – or was being advised – as to when the peak of the virus was expected to occur. I do recall however the widely understood observation that the peak in Northern Ireland was likely behind much of the rest of the UK – and especially London – by up to as much as two weeks.
45. Throughout the early response to the pandemic there were a number of policies and plans being drawn up across the Department and the HSC. This included business continuity plans – which set out how priorities were to be delivered during significant disruption and return to business as usual in the quickest possible time afterwards - as well as the development of a range of critical surge plans on areas such as primary care, acute care and community care. In early February 2020 I recall that a surge planning subgroup had also been established and had been tasked with coordinating a reasonable level of preparedness across the HSC in response to Covid-19.
46. Even if its longer-term benefit was limited, the Coronavirus Action Plan of 3 March 2020 I believe served a useful purpose in bringing together information and plans from across the United Kingdom in one easily accessible and referenceable document. Whilst with the benefit of hindsight and the knowledge that we now have of the spread of the virus it may be easy to suggest that containment was not a viable objective, at that time I do believe much of the Department's immediate focus was on planning to mitigate the potential consequences for the health of the people of NI and in particular the impact on the broader health and social care system, of which containment was allowing valuable extra time. The Department by that stage I am quite confident would have been preparing for the worst. The Minister would have been aware of the threat being faced, having seen the developments elsewhere of the month prior. I am not sure whether other Executive Ministers at that point would have yet grasped the enormity of what was unfolding. Whilst the UK was still considering containment as a tactical objective, by early March 2020 there was growing recognition that it was going to be increasingly unlikely.

47. Again, whilst I was aware of the SAGE and NERVTAG advice in early March 2020, I would stress that the role of a Special Adviser is to primarily to provide political advice. Some aspects of my role related to advising on Northern Ireland's response to the pandemic, such as public messaging. The advice that I provided was also verbally, often by attendance in the same briefings and meetings as the Minister. I did not provide the Minister with written advice. In shaping the response to the pandemic, and especially on matters of virus transmission and efforts to limit spread, the Minister rightly took the advice of his professional officers. It was that expert advice that was largely informing the Minister's response to the pandemic, particularly at that still relatively early stage, and I would assume that the SAGE and NERVTAG advice formed part of the basis for that professional advice provided to the Minister. I am unaware if that advice specifically prompted any change of approach within the Department.
48. I confirm that neither I, nor the health minister, had any concerns at that point as to response that the UK government was providing to the pandemic.
49. The measures announced by the Republic of Ireland on 11 March 2020, included the closure of schools, colleges and childcare facilities: cancellation of all indoor mass gatherings of 100 people and outdoor gatherings of over 500 people. I recall this was the date on which the World Health Organisation declared the outbreak as a pandemic. My recollection of that period is that equivalent measures in Northern Ireland and across the rest of UK were still being considered because there was not as yet an agreed consensus. I believe there may have been concerns about adherence, but more so there were concerns being raised in relation to potential adverse impacts. At that point I do not believe Minister Swann had yet received advice that such steps in Northern Ireland were necessary. I am unaware of whether other Ministers had advance warning of their intention of the Government of Ireland, but I do recall that the contents of the announcement were not known by the Minister of Health in Northern Ireland.
50. It is my recollection that community testing and tracing was halted in Northern Ireland on 12 March 2020 due to the greatly increased levels of community transmission. In addition, at a time of rapidly increasing demand for tests, I believe testing capacity was being prioritised for those in hospital and in settings with vulnerable people. The Minister was receiving regular updates as to the latest rates of estimated

transmission across Northern Ireland, and it was around this time that it was becoming increasingly clear that testing capacity was simply insufficient to identify all cases that needed to be contact traced. As a result, more and more cases were not being adequately traced. Whilst there was an understandable focus – both then and now – on the decision to suspend contact tracing, the situation had moved so rapidly that even an infinite testing tracing resource would have had limited benefit given the sheer level of transmission within the community.

I was not aware of any concern that suppression measures would risk Covid 19 springing back later in the year, and so to the best of my knowledge, this did not inform the approach that was taken at that point.

51. As the Minister's Special Adviser I had limited knowledge of the NICCMA process, including the run up to its eventual activation on 16 March 2020. I do recall that one of the arguments made by Department of Health officials in February 2020 against earlier activation was that it was advisable to withhold such a request until infections and their impacts were experienced in Northern Ireland. I would, however, suggest that it is important not to place too much emphasis on the value of what ultimately was a procedural process, when in reality all Departments were struggling to respond at pace to emerging developments. I therefore can say that in that context I was not concerned that the need for these arrangements was not a concern to me at that time.

52. I believe the Prime Minister's announcement on 16 March 2020 suggesting that people work from home was an important moment, but it was only one decision in a series of announcements taken. There was already widespread public awareness of the scale of the threat being faced, which was demonstrated for instance through the widespread cancellation of public events such as St Patrick's Day parades. I recall however that the announcement from the Prime Minister was then quickly followed by a series of announcements from the Executive in Northern Ireland.

53. As referenced earlier in this statement, the Minister had already been aware by this point for a number of weeks of the Reasonable Worst Case Scenario outcomes as suggested by SAGE. However, by 19 March 2020 it was becoming increasingly clear of the scale of community transmission across Northern Ireland and the impact it was likely to have on levels of required clinical care. The gravity of the risk was further

highlighted a few hours before when the first death of Covid-19 locally was announced. Knowing there was a palpable sense of fear across the community, I worked alongside the Minister in drafting his entirely honest and frank public address. Not only did the Minister use the media that afternoon to send a stark message of the potential number of cases and deaths, but he also highlighted that the health service was going to fast become unrecognisable. Importantly however we consciously sought to influence people's behaviours by informing them that they had the ability to limit the impact of Covid-19 by reducing social contact as much as possible. In addition, the Minister was by this point constantly urging anyone who had symptoms to stay at home.

54. I provided constant and daily oral advice to the Minister of Health; however I am unable to be prescriptive on what discussions I had within certain limited timeframes. I can state categorically however that the Minister would have rightly placed greater value in the advice of his professional officers in relation to virus transmission, the use of NPIs and the potential for further significant public health interventions.
55. The offices of the Minister and I are located next door to each other in the Department of Health. Due to the rapid pace of events, I did not provide the Minister with written briefings – our communication was almost entirely verbal, face to face and throughout the long working hours we spent in the Department of Health.
56. Looking back to the period of January to March 2020 I do not believe there was clear Executive strategy in place. There wasn't a sufficient 'whole-Government' approach – many Departments looked to the Department of Health and its Minister for action and direction, whilst at the same time failing to place enough emphasis on what they themselves could or should have been preparing for. Whilst I appreciate all Government agencies and Ministers were working within truly unprecedented circumstances, I also believe the Executive failed to come together as a single collective voice in that initial period. I do believe overall that the response in Northern Ireland was sufficiently rapid, but we were also significantly aided by the fact that the trajectory of the virus in Northern Ireland was behind that in other parts of the United Kingdom. Had that not been the case, I would have likely had concerns at the pace in which we were able to proceed.
57. The epidemiological strategy in Northern Ireland from January to mid-March was not to simply follow any measures or specific response proposed by the UK Government,



however I do suspect the professional officers within the Department of Health understandably placed a lot of value and regard in the UK-wide discussion on options. As part of the overall scientific response to the virus and as part of the UK-wide Coronavirus Action Plan, it was my view that UK nations ultimately were following the broad parameters of contain, delay, research and mitigate. This involved the equal application of the approach of 'contain, delay, research and mitigate' in Northern Ireland. Due to the rapid pace of developments, combined with often differing positions in virus spread, equal application was difficult, but there were real benefits of sharing medical and scientific observations at each of those points.

58. Whilst some may ultimately consider it to have been unsuccessful, throughout the containment phase additional time had been secured to accommodate critical planning and mitigations for the health of people in Northern Ireland.
59. In early March I believe the strategy was also as set out within the UK's Coronavirus Action Plan, as endorsed by Ministers locally.
60. The concept of herd immunity was never considered an appropriate response to the pandemic and it formed no part of the advice or deliberations that were underway at that time.
61. In the period between January and March 2020 we were facing an unprecedented position. Whilst I do vaguely recall some conversations that if measures were introduced and required for a protracted period of time that behavioural fatigue may become a factor, I did not get a sense that decisions were not being taken as a result. Rather, deliberation on timings of restrictions – which in and of itself were still being rapidly considered – were likely being focused on when they would have greatest benefit. I also do not believe that there was a source of information that highlighted a concern that the population of Northern Ireland would suffer from behavioural fatigue.

Alignment with UK government (January to lockdown)

62. I do not believe there to have been a definitive policy decision taken to align with the UK Government decision making in responding to the pandemic between January and early March 2020. Rather, the rate in which the four UK nations often moved in broad tandem with one another was perhaps reflective of the pooling of scientific and medical expertise and advice.
63. I do not recall either the Minister or CMO raising specific concerns about the approach being taken by the UK Government, however again I would add that Northern Ireland was in a slightly more advantageous position than much of the rest of the UK in that we were behind in the spread and transmission of the virus. Had we been in a similar epidemiological position as England, and London in particular, I think questions over a timeline of the response would be warranted. I would also raise concerns about the prospect of the Northern Ireland Executive either having the political or technical ability to have even proceeded with a lockdown in advance of the UK Government. In the absence of a furlough scheme for instance I do not believe an earlier lockdown in Northern Ireland would have been deliverable.
64. I also recall the view of the Chief Medical Officer that Northern Ireland was being well served by the existing structures at a UK level – not least SAGE and the constant coming together of the CMOs.
65. With the benefit of hindsight, we all can of course look back and consider what if different decisions had been taken at different points. What I can say with some confidence is that the Minister was taking decisions at the pace and within the parameters of the information he had at the time.
66. In Minister Swann's letter of 29 March 2020 to the First Minister and deputy First Minister I think he was merely reflecting some of the practical challenges – as well as perhaps some frustrations – that were still emerging following the earlier introduction of lockdown. In particular I do recall there were concerns being raised about providing clinically extremely vulnerable people (who were often shielding) with the support they required. I do not believe that this demonstrated that there was a reactive mindset within the Northern Ireland government, rather it was identifying a particular concern at that moment in time.

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

67. As mentioned earlier in this statement the entire issue of test and trace was one which the Minister kept a close and ongoing interest in. In particular I recall the Minister often engaging with officials and pushing them to demonstrate the scalability of the contact tracing service, including seeking updates in relation to the staff in post and efforts being undertaken to recruit further. I recall receiving updates that additional staff resource was being secured. The work to test those capabilities was taken forward by the Public Health Agency. It subsequently became apparent in within the first two weeks of March 2020 that limited testing resources would at that time be better utilised if targeted at high-risk settings. I think the commitment of the Minister can be seen through the fact that test and trace went live again earlier in Northern Ireland than the rest of the United Kingdom.

68. I do not recall any issues being raised as to the as to the reliability of the data or modelling used in order to predict the peak of the pandemic. If I were to make one comment however it would be that I think the UK more generally would have greatly benefited from greater data in relation to Covid-19, rather than relying on assumptions and taking what many believed to be unreliable data from China and the initial spread in some parts of Europe.

69. It was my understanding that in the initial period at least that UK wide modelling had been conducted on behalf of SAGE and then proportionately scaled down for the population of Northern Ireland. That modelling would have been among the range of data and sources that Northern Ireland relied upon. As processes began to become more established, I believe Northern Ireland then started to feed into those UK reports, via both the PHA and the Information Analysis Directorate within the Department of Health, and therefore the reports developed further in value. In addition, relevant Northern Ireland Departments were feeding into UK Sitreps & CRIPs.

## Planning documents

70. Whilst the Executive Office had responsibility for leading civil contingency preparedness and response, I was aware that all departments had emergency response plans in place through the 2011 Civil Contingencies Framework. From my perspective I saw limited practical value of those arrangements, admittedly however I was providing support primarily to the Minister and not necessarily involved in the delivery of other core departmental functions.

71. Whilst the Department had exclusive responsibility for the response to many aspects of the pandemic in a range of policy areas, one of the most important planning exercises from the timeframe of January to March 2020 would have been the work and discussions surrounding the full breadth of HSC surge plans. I therefore do believe that sufficiently detailed departmental plans and front-line plans had been produced in advance of the lock down in March 2020. They were very much living documents however, and were regularly being updated as more information came to be known. I'm not aware of what plans the Executive Office were working from at that point.

## Borders

72. Throughout the Covid-19 pandemic there was extensive focus on the issue of borders. On a local level the Minister of Health and the Executive had limited ability to take any sweeping statements due to the requirements of the Common Travel Area. We also had the additional challenges being presented by the freedom of movement of people across the NI-ROI border which was greater than the movement between NI and the rest of the UK. As was clearly demonstrated by the extensive post 2016 discussions following the Brexit process, as well as our own complex past, there are particular and unique sensitivities in relation to the border in Northern Ireland. Given this context there was no realistic consideration given to the possibility that the border would be closed to prevent transmission into NI, or that there would be a common position taken with the ROI to close all borders.

## Alignment with UK Government (January to lockdown)

73. I do not recall any specific policy decision for Northern Ireland to align with UK Government decision making in responding to the pandemic between January and early March 2020. I would observe however that we benefitted from the shared UK wide approach, particularly in those earliest months when so little from an

epidemiological perspective was still known. Northern Ireland had access to the broadest pool of expert scientific advice and information. Political considerations were not taken into account, other than the 4 nations were engaging as equal constituent parts of the UK.

74. I would also quite confidently state that in the earliest part of the pandemic we would have been found wanting in terms of identifying best ways forward. That is not a criticism of the NI-based scientific community, but rather a practical illustration of a nation with only 1.8m people would have always struggled to have come to a better analysis compared to the pooled resources of all the UKs best scientific minds. Between January 2020 and the first lockdown there were still so many unknowns in relation to the virus that fully informed debate was difficult. I do believe though, in the circumstances and in light of the information that was available, the options available were properly assessed.

#### The decision to lock down in Northern Ireland

75. The period leading up to the decision to lock down in March 2020 was frantic – the position was effectively changing every day as more and more information was coming to light. The virus was still spreading at pace, and whilst Northern Ireland fortunately remained slightly behind the rest of the UK, there was a growing sense of inevitability. By that stage my recollection is that it was accepted that significant interventions were going to be required. This was a view of the professional officers within the Department of Health, and I believe it was view shared by the Minister. There were a number of SAGE, COBR and Executive Meetings taking place around that time and there was a sense that Northern Ireland was moving towards an unprecedented lockdown. The priority at that time therefore shifted from whether to introduce NPIs, but to what NPIs and when.

76. Whilst I cannot recall exactly when it became clear to the Minister that the UK Government was about to announce a lockdown, if I were to speculate it would have likely been at one of the COBR calls that he attended around that period in March 2020.

77. The principal channels of communication between central government and the Minister at this stage of the pandemic were through his attendance at COBR and four nation calls. I confirm that I did not have communications with counterparts in the UK Department of Health or Government.
78. Whilst I am not in a position to reliably advise on other departments, by the time lockdown was announced at the end of March 2020, the Department of Health had been planning for a range of scenarios. In the circumstances, the planning for a lockdown was adequate.
79. The Minister on several occasions did raise his concerns about the disruption of the implementation and continuation of lockdown that was going to be experienced by certain cohorts of the local population. In particular I recall he engaged with the Minister for Communities to ask that her Department explore considering what options could exist to financially support self-isolation, especially for those on low incomes. My understanding is that this work was not taken forward by that Department, this being the responsibility of other departments. There would have been a particular concern and recognition at that time that staff working across social care were being forced into the unenviable position of receiving reduced pay for two weeks, and yet they were working with some of the most vulnerable in society and therefore arguably needed to be amongst the most vigilant in following testing and isolation guidance.
80. By the end of March 2020 realistically I believe there was very little option other than the introduction of lockdown. I would go so far as say – especially in the context of what was happening in neighbouring nations – a lockdown had been inevitable for some time. Covid-19 was a highly transmissible virus and I was aware of the expert view of the Minister’s professional officers that lockdown was necessary to prevent excess death and illness.
81. Looking back to the period there was a lack of collegiality that perhaps existed in many other nations. The particular circumstances of Northern Ireland, with its mandatory coalition combined with a five Party coalition was always going to raise particular complications. As such, whilst I do believe the initial move towards lockdown at least was relatively agreeable, inevitably it would have been easier had Executive Ministers been coming from the one political party or viewpoint as was common in administration elsewhere.



82. Eventually I do believe the Executive fell into a better rhythm, but I am quite certain that better central coordination across all Departments – overseen by the Executive Office – would have been beneficial.

#### Civil contingency arrangements in the first part of the pandemic

83. One function of the NI Hub that I found to be beneficial was the collation and circulation of reports and SitReps. At a time with so many reports and provision of so much data, it was beneficial to see reliable information collated in single sources. I cannot say whether it actually did support the Executive and CCG to make timely and informed decisions in response to the strategic management of the pandemic.
84. Whilst the Minister was aware of the operation of the Civil Contingencies Group, my recollection is that he did not feel it to be a particularly beneficial or constructive structure. It had very little role in relation to the day-to-day focus of the Minister. Having not attended meetings of the CCG I'm unable to say what value or not they were, but certainly from my perspective I am unsure as to what role it performed other than serve as an opportunity to perhaps share information on a cross-departmental basis. I also cannot say whether there were issues in relation to the sharing of situational awareness with the CCG.
85. I have no awareness of what changes were made to the operation of the NI Hub after the publication of the Lessons Learned Review. Whilst I would have been aware of the NI Hub, I would have paid little direct focus on what practical or operational changes were being made to it, not least because it was not a Department of Health function.
86. Broadly speaking my overall assessment of the civil contingency arrangements are that they were clunky and quite often lacking in a clear sense of purpose. Due to the sheer pace and scale at which the situation was evolving I can understand why all Executive Departments would have wished to have been sighted on relevant information. Structures, such as the CCG for instance, could have perhaps become an important forum for debate and deliberation, had they been better structured and guided, but ultimately, they provided limited material benefit in my opinion.



87. The Minister was being kept closely informed of the situation in August in 2020. Reviewing the daily reports as he did on numbers of cases, deaths and broader hospital pressures, the Minister would have been acutely aware that cases were on an upwards trajectory.
88. I do not think it is possible to point to a single reason as to the increase in cases in August and September 2020, but I do recall that particular explanations at the time included changing weather and the return of schools. As always Executive Ministers in deciding to earlier ease restrictions had to weigh up the benefits of continued implementation against significant societal, educational and economic disruption. In particular, there was constant recognition that interventions worked best when adherence was highest, therefore it was a constant challenge of weighing up the competing considerations. I therefore cannot say that what happened in August 2020 and onwards was a consequence of restrictions being eased too quickly and without adequate planning for what might or would follow, rather the reasons for the increase in numbers was as a result of many and complex factors.
89. Whilst I do not recall the particular suggestion at the Health Committee meeting on 15 October 2020 that modelling work had significantly underestimated the development of the pandemic in Northern Ireland at that point, on reviewing that session it would appear that the Committee member was in fact referring to the transmission of the virus in the much earlier stages of the pandemic. In reality, by that point in time there was significantly more known about the virus, its course of transmission, and as such modelling had become much sharper. I believe that the Minister had anticipated and prepared for the transmission rates as they developed in Autumn 2020 in as much as was possible at that time.
90. The situation was becoming increasingly serious by 8 October 2020. All indicators were pointing towards rapidly escalating transmission of the virus and concerns were growing about the real prospect of the local health service being overwhelmed. Such concerns were not isolated only to Northern Ireland however. Several factors had contributed to the increase in transmission, including spread within schools and changing seasonable habits of people spending more time in doors. In addition, waning across the general population immunity – whereby people developed

immunity after natural infection in an earlier wave – further increased the pool for infections.

91. I believe that the comments from the DAERA Minister at the Executive meeting on 13 October 2020 were perhaps more indicative of his own personal doubts or frustrations, rather than pointing to any broader tensions. I believe on the whole there was still substantial faith being placed in the scientific advice which was being provided.
92. I believe the decision of the DAERA Minister to try to politicise the pandemic – which by that stage was again claiming lives each day – by inaccurately stating coronavirus cases were more prevalent in ‘nationalist areas’ was deeply regrettable. I believe he was clumsily trying to use what were temporary and constantly evolving case figures to make a broader political point against Sinn Féin who for several months had been facing a public backlash in relation to their involvement with a large public gathering (a funeral) in Belfast. My recollection is that both the Minister of Health and Chief Medical Officer quickly countered those comments.
93. By 12 October 2020 it was becoming increasingly clear that the specific restrictions that had been introduced within the Derry City and Strabane District Council area had not been enough to turn the tide of increasing community transmission. That is why at the meeting on 14 October 2020 the Executive agreed to introduce restrictions for a period of four weeks across the whole of Northern Ireland from 16 October 2020. Whilst ultimately the localised restrictions had not been enough to avoid regional restrictions, I do believe the data would suggest that they were successful in at least slowing the transmission of cases – and therefore easing the pressure on hospital care.
94. I do believe the decision taken on 16 October 2020 to implement the ‘circuit breaker’ was correct. It was obvious that Northern Ireland was experiencing a rapidly evolving situation and I recall it was the firm advice of both the Chief Medical Officer and Chief Scientific Adviser that steps were needed in order to secure breaks in transmission of the virus. I recall a phrase from the time from either the CMO or CSA that Northern Ireland was experiencing a period of exponential growth. With the benefit of hindsight perhaps it could have been introduced slightly earlier, however at that point the Executive was seeking to limit disruption by targeting restrictions in more localised areas.

95. In relation to the 9 November 2020 meeting, when the Minister of Health sought to extend the 16 October 2020 restrictions, some Executive Ministers I believe were still struggling to grasp the threat of hospital services becoming overwhelmed. It is quite possible and understandable that those Ministers who were most opposed to a further extension – which were coming from one of the Executive Parties – had only ever envisaged the decision taken on 16 October 2020 working in its entirety and therefore considered no possibility of anything other than full lifting of restrictions as the next stage.
96. I recall no substantive concerns about the quality or the reliability of the modelling. I do however recall various Ministers raising concerns as to why the modelling in their opinion was not sufficiently agile to model all possible scenarios and outcomes, even those with little material difference. The Chief Scientific Adviser was quite robust in highlighting the associated uncertainties of any modelling.
97. Throughout my time as a Special Adviser, the Executive meeting held on 9 November 2020 stands out for being the most detrimental to political and Ministerial relations. The meeting was tense, both because key elements of it were being leaked to the media but also because I believe the then largest Executive Party were struggling to grasp the need for action to be taken. That Party was also acutely aware that it had a number of senior non-Executive elected representatives that would have almost certainly criticised the Party for decisions it was being asked to take.
98. There was a general view from across the Executive that Christmas was an important time of year for families, and especially in the context of the 2020 which had witnessed so much turmoil and disruption. I think Ministers were simply trying to weigh up the various considerations at that point, rather than the objective of enabling people to spend Christmas together as driving the response.
99. By the time the Minister of Health circulated his further paper on 19 November 2020 – this time without a specific recommendation – it had still only been 10 days from an earlier Executive meeting, which had descended into a farce with the unbelievable scenes of a cross-community vote being deployed. I do recall that there was quite significant focus at the meeting that the Department of Health paper did not include a recommendation, however if it had, it is likely much of the focus would have again been targeted against that. As only one Minister in a multi-member Executive it was not an unreasonable request of Minister Swann, as a deliberate strategy, to try to

invite or encourage the Executive to arrive at a collective outcome. I do recall that in that same paper Minister Swann still did include significant evidence on matters such as cases, hospital capacity and the projected impact on R with subsequent additional pressures becoming apparent in December. Although concerns were expressed as to the lack of recommendation, I do not believe that there was a legitimate concern that there was insufficient direction or recommendation from either scientific advisors or the Minister.

100. The primary observation that I have of the decisions taken in October 2020 is that they should have been taken for longer. Short, sharp interventions did have an impact on temporarily breaking chains of transmission but ultimately, they did little to manage the pandemic in a longer-term. Having witnessed the level of political push back in both the October and 9 November 2020 meetings however, I'm not confident that the earlier introduction of longer restrictions would have been politically achievable. I believe there were variable views held by Ministers across the Executive. I do not recall any Ministers subsequently stating the earlier restrictions were unnecessary, but I do recall a broad feeling from some that longer lasting restrictions should have been introduced at an earlier point.

101. On 3 and 17 December 2020 the Executive were tasked to reach agreement on arrangements for the upcoming Christmas period. There had been a recognition that largely due to the significant restrictions that had been in place over October and November 2020 that some scope and space had been created for a lifting of restrictions in the run-up to the Christmas period. Whilst the priority of the health service was understandably safety and the delivery of care, I did understand the broader position of the Executive that it also needed to carefully weigh up all societal and economic implications of their decisions. Whilst I cannot recall the specific advice of the Chief Medical Officer and Chief Scientific Adviser at each point through the month of December 2020, I do remember a comment being made by one of them of the value and importance of family members being allowed to spend time with one another – especially in the context of what had been a very difficult year to that point.

102. Whilst looking back to the period of Christmas 2020 I can certainly see the rational of agreed messages and aligned priorities, in reality – as had been the case from the very outset of the pandemic – the virus was rarely in uniform trajectory throughout the nations of the UK at the same time. As such it was not uncommon at all for there to be differing advice across the different nations. I do recall Northern

Ireland announced the post-Christmas restrictions slightly ahead of the rest of the UK.

103. In deciding upon restrictions for the upcoming 2020 Christmas period, the Executive advice was broadly that the safest place for everyone to spend the break was in their own home. The overarching message was to stay at home that Christmas. There was a well-founded recognition however, that for people who lived on their own, or those who relied on family support, a form of 'bubbling' was required. But again, those who felt the need to meet with their bubble were told to keep it as small as possible, as close to home as possible and keep the visit as short as possible. I cannot recall the specific advice of the Chief Medical Officer and Chief Scientific Adviser on the specific position of bubbling, but I do recall them both making points that there were also societal and mental health factors to be considered. Whilst the restrictions in October to December 2020 ultimately did not avoid a further increase in transmission, the virus was also evolving at a significant pace.

104. I recall that the Chief Scientific Adviser and Chief Medical Officer around this time were also raising serious concerns about the Alpha variant, and in particular that it was much more transmissible. This, they warned, meant that previous assumptions in relation to modelling and scientific advice all required updating. I recall the Alpha variant was often regularly discussed at the weekly four nations Health Minister's calls that I would have normally joined. Whilst throughout this period the primary measures to break transmission and serious illness was through taking NPIs, importantly by this point the UK was also rolling out at pace a vaccination programme.

105. I am unaware as to what the deputy First Minister's reasons were for not signing off on the statement, as referenced in Minister Swann's WhatsApp on 24 December 2020. I could speculate about it perhaps being because she was reluctant to join in UK-wide messaging, but that would be entirely theoretical.

#### [The Executive Covid-19 Taskforce](#)

106. I believe the Executive Covid Taskforce (ECT) was established to try to deliver a more coordinated approach to the pandemic. I am unaware as to how the

ETC interfaced with the UK Government and therefore I am uncertain as to whether the model reflected any changes at that level.

107. Rather than any hesitation from Minister Swann, I would describe it as an initial hesitancy or scepticism about the likely effectiveness of the ECT. This was likely in response to what had been largely ineffective TEO led initiatives and structures to that point. There was also a concern that the ECT may have sought to become involved with the delivery of the Covid-19 vaccination programme, which up to that point had been very ably managed by Dr Patricia Donnelly within the Department of Health. That concern thankfully proved to be unfounded. Overall, the I believe the ECT did bring some benefit to the Northern Ireland response to the pandemic. Whilst I wouldn't wish to over-egg it's importance, the ECT and it's dedicated workstreams, served as a useful forum to bring together cross-departmental cooperation on various matters of importance.

#### Coordination with the Republic of Ireland

108. I did not provide advice to the Minister on the strategic approach to the pandemic on a North/South basis – that would have been for the professional officers within the Department to advise upon. I did however accompany the Minister to his various engagements with the Irish Government and his Health counterpart. Whilst we were operating from one island it was very clear from the outset of the pandemic that the Government of Ireland at a political level was not particularly interested in working or engaging with the Northern Ireland Executive. Whilst there were some interactions, including at the North South Meeting in Armagh on 14 March 2020, which I also attended, I found their value to be limited. This was perhaps further illustrated when within days of the meeting the Government of Ireland unilaterally made significant announcements in relation to restrictions, unknown in advance at all to the Executive. Throughout this period, I do recall that the Chief Medical Officer in Northern Ireland retained an open and regular line of communication with his Southern counterpart.
109. I confirm that I did not provide advice to the Minister on the issue of the overall strategic approach to coordination with the ROI in the pandemic response. Due to the limited willingness from the Government of the ROI to wish to engage at a political level, there were few occasions in which political advice was necessary.



110. The Memorandum of Understanding entered into on 7 April 2020 by the Departments of Health and their respective agencies, from Northern Ireland and the Republic of Ireland, was beneficial. Whilst in all likelihood I suspect much of the co-operation would have taken place regardless of the MoU, it did serve as a useful means for officials in particular to work closely with one another. I am unaware of whether the MoU was reviewed. The challenge of drawing together greater cooperation and coordination was not the lack of suitable structures. They could have existed, had there been a genuine desire to better cooperate.

111. As referenced in paragraph 49 there were also issues as to the ROI's public announcements, particularly in advance of the first wave. Whilst ultimately it made little material difference, on a political level it didn't particularly lead to beneficial relations or proactive cooperation on the island of Ireland.

#### Advice in relation to public health communications

112. Breaches of the rules and standards I believe did have a seriously damaging impact in the public's confidence of the various restrictions that were in place in Northern Ireland. Whilst there were various alleged breaches, both locally and nationally, the one breach that most caught the public and media attention was that of a large republican funeral in Belfast in June 2020. It undoubtedly undermined the effectiveness of public messaging, particularly that of which was coming from the Northern Ireland Executive. The public health messaging coming from both the UK Government and Republic of Ireland Government had also been impacted by damaging breaches of the restrictions. I do also believe that with so many restrictions, often all slightly varying, coming from each of the UK nations often presented a confusing picture for citizens.

#### Part 3: Communications and documents

113. I had a laptop, an iPhone and an iPad issued by the Northern Ireland Civil Service on my first day in post in 2020. These were all returned to the Private Office within the Department of Health on the evening of 27 October 2022.



114. I did have a private or personal mobile phone on which I conducted government business during the specified period, but this was only used to conduct telephone conversations and to send messages.
115. I kept no record of notes – either written or electronic – during my time working for the Minister. Whilst depending on the issue, overall, I most often preferred communicating via email in order for me to retain a written record. Due to the number of emails being sent and received – but also to a longstanding practice of retaining emails for future reference – I requested and received a number of email inbox size increases from the NICS.
116. I did also use on occasion the instant messaging service WhatsApp, but primarily for more internal Party related purposes. I largely communicated with key people – Minister, CMO, CSA etc – verbally. I communicated with other Departmental and NICS officials almost entirely via email.
117. In relation to the response to the pandemic I communicated with the people below via WhatsApp;

<b>Names of individuals</b>	<b>Name of Group</b>	<b>Purpose</b>
Robin Swann	N/A	Engage with Minister when not in the office
Doug Beattie Mike Nesbitt Robin Swann Rosemary Barton John Stewart Alan Chambers Roy Beggs Steve Aiken Robbie Butler Dorothy Downey John Moore	UUP Assembly Group	To engage with the Minister's MLA Party colleagues, providing updates when necessary and providing clarification/responses to questions being raised.
John Moore Lauren Kerr Stephen Barr	UUP press & policy	Engaging with core UUP Assembly staff members to keep updated on Minister's upcoming announcements etc
Robin Swann Michael McBride Ian Young David Gordon Richard Pengelly	Minister, PS, SpAd, David	Occasional engagement on Covid-19 and Departmental related matters.

118. Any other written notes, comments or questions I was raising were either sent via email, or if relevant captured by Private Office before being recorded. Any other minor notes or comments made on papers – i.e. prompts to myself to remember to check something later - would have subsequently been shredded through the NICS confidential shredding service.
119. I largely used my personal phone for all calls and messages, both private and work. I had other laptops and iPads but these would not have been used for Government business. I still have access to the personal phone I used at that time.
120. Very rarely did I communicate regarding the pandemic over either text or third-party messaging platforms such as WhatsApp. As much out of practice and convenience of having access to all email addresses, in and out of working hours I would have engaged with officials regularly through the email blackberry app on my NICS provided phone and always by using my @health-ni.gov.uk provided address.
121. I have provided a number of WhatsApp messages from my personal mobile device. I believed on returning my NICS provided devices on 27 October 2022 that they were going to be suitably retained. I am uncertain as to whether that was the case or not. I deleted no communications from any of my devices, apart from a very small proportion of emails on my DoH account which were accompanied by attachments large in size. I did however express my objection on more than one occasion to the NICS policy which in practice saw all emails – apart from those deliberately saved – deleted after a period of only 3 months. I secured an opt-out of that system and therefore all my emails as far as I understand were retained.
122. During the specified period did not attend meetings that an official minute taker was not present. Similarly, I chose not to engage with stakeholders over the phone, almost always directing them to communicate via email (which would have subsequently been recorded by Private Office). I am confident that I operated within the Code for Special Advisers both in terms of my use of communications devices, and also the requirements to adequately report and record meetings.

## Personal notebooks

123. I did not keep any personal diaries, notebooks, daybooks or planners during my post as Special Adviser to the Minister of Health.

## Leaks

124. As per the Special Adviser Code of Conduct, it was quite clear that Special Advisers should not disclose official information which had been communicated with us in confidence on official business or received in confidence from others. The code also stated that it was a criminal offence for a Special Adviser or Minister to communicate official information for the improper benefit of any person.
125. In reality however leaks were a constant problem for the Executive, with information from critical Executive discussions on occasion almost being relayed in real time to journalists. I do recall the appearance of reports of Executive discussions and decisions on social media causing expressed irritation to Ministers on more than one occasion. I do feel the move to fully virtual Executive meetings perhaps exacerbated the problem as more people joined those meetings, and with only Minister's ordinarily having their cameras on, it was difficult to retain certainty on the confidentiality in which Ministers were speaking. Ultimately however I did not get the sense that leaks, or the potential for further leaks, overly inhibited the Executive's decision-making process. I do however believe that leaks impacted on public confidence in the NI Executive, especially when at times the level of disagreement or internal political acrimony was being revealed. I do not recall any instances of which I disclosed contents of an Executive paper or meeting with a journalist, however I would have spoken with them occasionally in the course of my wider duties. On occasion – although I cannot be certain – this possibly may have been to correct or to clarify claims that were already being inaccurately made publicly. More generally however, I preferred to leave the engagement with members of the local media to the press teams within the Department of Health and Ulster Unionist Party.

## Part 4: Leadership, key challenges and lessons learned

126. Overall, I believe the Minister of Health in Northern Ireland responded well to the pandemic, and this is an opinion that I was glad was shared by the majority of the local population. To be fair also, I do think the Northern Ireland Executive more generally responded well to what was a truly unprecedented challenge.
127. In relation to the Minister of Health in particular there were a number of his characteristics that I believe were a particular strength – he understood the value and importance of receiving and respecting expert advice. Whilst he would have often probed or pushed advice that he was being given by his officials, knowing the expertise from which it had been written, he did not seek to undermine it. He then was able to rather skilfully, again assisted by his professional officers, communicate that advice in a manner and tone in which it was understood by various audiences. I believe Minister Swann – despite never having been a Minister before – capably stepped up to the challenge of guiding Executive colleagues within a 5 Party coalition towards generally agreed positions.
128. The pandemic undoubtedly tested the Executive within its infancy. Coming so soon after the restoration of the institutions, which itself only came about 3 years after a political stalemate and deteriorating political relationships, the Executive had precious little time to develop key relationships and working practices. Perhaps under different circumstances, the Executive would have had more clearly defined mechanisms in place to lead and coordinate on the response to the pandemic. Far from it being only a matter for the Health Department – of which it often felt it was being presented as – virtually every Executive Department and Minister had a role in advising and shaping Northern Ireland's response.
129. A broader lesson that I learned from my experience was the pace at which decisions could be taken when necessary. What would ordinarily have taken months, if not years, - for instance the reconfiguration of some elective services between sites – was delivered in the space of only days and low number of weeks. Whilst some of those temporary changes have since reverted, those that were found to have had a largely positive benefit have remained. In the context of intense challenges on the full slate of public services in Northern Ireland, I think there are certainly points that could be learned about reviewing just how long change really requires.

130. Finally, in terms of future preparedness, I am aware that the Department of Health is alert to the vulnerability of the shortfall in the public health legislative position in NI compared, especially in relation to England, Scotland and Wales. Whilst the 2020 Coronavirus Act did insert temporary powers into the Public Health Act to permit the Northern Ireland Minister of Health to bring forward emergency health protection regulations, the requirement to renew those powers every 6 months (even long beyond the pandemic) or else see the ability lost, did leave Northern Ireland uniquely exposed to political disagreement. That issue should shortly be resolved by the introduction of a new Public Health Act in Northern Ireland, but a lesson should be learned as to why we even ever found ourselves in such a position in the first place.

**Personal Data**

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