

Wednesday, 21 May 2025

(10.01 am)

**MS CARTWRIGHT:** Good morning, my Lady. Please could Baroness Arlene Foster be sworn in.

**LADY HALLETT:** Baroness Foster, I'm sorry you had to be called back but I'm sure you understand.

**THE RIGHT HONOURABLE BARONESS ARLENE FOSTER (sworn)**

**Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 7**

**MS CARTWRIGHT:** Good morning.

**A.** Good morning.

**Q.** Please could you give your full name to the Inquiry.

**A.** Yes, Arlene Foster, otherwise Baroness Arlene Foster of Aghadrumsee.

**Q.** Thank you. Baroness Foster, we thank you for the Module 7 statement you provided to the Inquiry. It's 47 pages, and can we turn to page 47, where we see the statement is dated 6 March of this year.

Can I ask you to confirm, have you had an opportunity to review the statement?

**A.** I have indeed, yes.

**Q.** And are the contents of the statement true to the best of your knowledge and belief?

**A.** They are.

**Q.** Baroness Foster, we know you've given evidence already to the Inquiry, but perhaps by way of context can we

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you held a number of ministerial posts?

**A.** I did indeed.

**Q.** Thank you. And by profession, you are a solicitor?

**A.** Yes.

**Q.** Thank you.

Now, can we perhaps identify and give some context to Northern Ireland. First of all, you've already touched upon it, in January of 2020, it's right, isn't it, that the Executive had only just started reconvening again? And it would be fair to say that essentially it was a fragile time for the government of Northern Ireland?

**A.** Yes, my Lady, we hadn't been in government together for three years, and relationships had been understandably quite tense during that time, and there was, from January, when the agreement was reached to go back into government again, a sense of trying to build relationships again and to focus on the programme for government that we were engaged in, in January, February time. So it was really a new beginning, as it were, for the Executive.

**Q.** Thank you.

Can I ask to be displayed, please, your paragraph 12, which is page 4 of your statement, please.

Again, I'm going to briefly deal with this because

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identify your background but also some relevant context matters to your evidence to Module 7 today by reference to Northern Ireland. But let's start with you first of all, please. It's right, isn't it, that you're presently a member of the House of Lords, having assumed this office on 24 November 2022?

**A.** Yes, that's correct.

**Q.** You were the First Minister of Northern Ireland, firstly from 11 January 2016 to 10 January 2017?

**A.** Correct.

**Q.** And again from 11 January 2020 until 14 June 2021?

**A.** Yes.

**Q.** And as we're going to hear also from Michelle O'Neill today, it's right, isn't it, that between 11 January 2020 and 14 June 2021 you served alongside the deputy First Minister Michelle O'Neill?

**A.** Yes, that's correct.

**Q.** You are a member of the Legislative Assembly for Fermanagh and South Tyrone from 2003 until you resigned from the Northern Ireland Assembly in October of 2021?

**A.** Correct.

**Q.** And you were the leader of the Democratic Unionist Party from December 2015 to June of 2021?

**A.** Yes.

**Q.** And prior to becoming First Minister in January of 2016,

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I know that you dealt with it in Module 2C. You detail that:

"As was explored in Module 2C, in the system of government in Northern Ireland, each Minister is responsible for the work of his or her department and the First/deputy First Ministers and the Executive Committee does not have an express role in directing the work of individual Ministers and departments. However, where a matter is deemed to be significant and/or cross-cutting, it must be brought to the Executive Committee for decision. The Ministerial Code in Northern Ireland does not have a direct equivalent of the doctrine of collective responsibility as set out in the Westminster Ministerial Code for UK Cabinet Ministers."

Can I ask you first of all, I think essentially you deal with two issues or two topics there that I think are going to be relevant to the context and the major focus of my questions today, which is going to be around the decision making when the UK Government and other governments went from the 'contain' phase to the 'delay'.

So, first of all, can you identify, or just give the context to the ministerial responsibility point you make first of all, and why that's relevant when we look at

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1 decision making of the Minister of Health, Mr Swann.  
 2 **A.** So I think the system of government, my Lady, in  
 3 Northern Ireland is unique. It is a mandatory  
 4 coalition. At that time there were five different  
 5 parties in the Executive, all with different  
 6 philosophical outlooks, and indeed policies, on the way  
 7 forward. And the system was set up to try to be as  
 8 inclusive as possible. And in that respect, each of the  
 9 ministers really hold authority in their own area, so in  
 10 education, in health, in enterprise and trade.  
 11 And so the First and deputy First Ministers' role is  
 12 really to coordinate the Executive ministers to chair  
 13 the meetings that take place, and we certainly do not  
 14 have a role in directing the work of individual  
 15 ministers, but rather, if something -- if a decision is  
 16 deemed to be significant or cross-cutting, then the  
 17 individual minister would bring a paper to the Executive  
 18 Committee and then there would be a discussion on that  
 19 paper and a decision made on the paper as opposed to us  
 20 directing into that particular ministry.  
 21 I know it's different from the other devolved  
 22 administrations and it's probably something, my Lady,  
 23 you'll have to take into consideration in your  
 24 recommendations.  
 25 **Q.** Thank you.

5

1 test, trace and isolate that were being dealt with by  
 2 the Department of Health treated as cross-cutting issues  
 3 that needed to be brought to the Executive?  
 4 **A.** No, they weren't treated in that way. And whilst we did  
 5 discuss test, trace and isolate, and indeed support  
 6 later on, quite frequently, it was very much within us  
 7 asking questions of the Department of Health rather than  
 8 us taking decisions on the policies and strategies.  
 9 **Q.** Thank you.  
 10 Now, before dealing with your attendance at the  
 11 COBR meeting in particular of 12 March, can we have some  
 12 context, please, to testing capacity as it existed in  
 13 Northern Ireland.  
 14 **LADY HALLETT:** Sorry, just before you move on, I'm terribly  
 15 sorry to interrupt.  
 16 **MS CARTWRIGHT:** No, of course, my Lady.  
 17 **LADY HALLETT:** Can I just go back to test, trace and isolate  
 18 issues not considered to be cross-cutting. And I do  
 19 understand the system in Northern Ireland. It may have  
 20 taken me a while, but I think I do now.  
 21 Why isn't test, trace and isolate a cross-cutting  
 22 issue? Because the impact is on so many different  
 23 government departments.  
 24 **A.** I think, with hindsight, one could very well make the  
 25 argument that it should have been a cross-cutting issue

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1 And just to then explore the point a little further,  
 2 can we please display your paragraph 29 at page 8. You  
 3 tell us that:  
 4 "... only those papers which [the Department of  
 5 Health] deemed to be significant or cross-cutting, such  
 6 as the Urgent Decision Request mentioned above, were  
 7 raising to the Executive Committee. Moreover, the  
 8 Executive Committee was not capable of directly  
 9 'steering' the work of Department of Health. As the  
 10 situation developed, executive ministers increasingly  
 11 asked questions of the Health Minister, and [the Chief  
 12 Medical Officer] (when he attended Executive meetings),  
 13 but otherwise, without papers being brought to the  
 14 Committee, we did not have the capability or information  
 15 to scrutinise or challenge the detail of the work being  
 16 done within [the Department of Health]."  
 17 **A.** That really is the case and, to be fair to individual  
 18 ministers, they did treat their own areas as their area  
 19 of competence, and they would have control and direction  
 20 in that area, and would have been, quite rightly I would  
 21 say, quite protective of their own particular department  
 22 and its functions and would really only raise something  
 23 to the Executive if it was significant or cross-cutting.  
 24 **Q.** Thank you. And so are you able to assist us, and it may  
 25 be too broad a question, but were issues relating to

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1 but because we were in such a state of flux at that  
 2 time, the Department of Health operationally were  
 3 dealing with the issue and then continued to deal with  
 4 the issue. I think if you were to say to me now: was  
 5 that not a cross-cutting issue? Was it not  
 6 a significant issue? I would probably say, yes, it was  
 7 and probably should have come to the Executive for  
 8 a decision. However, would that have changed the  
 9 decision-making process? It probably would have made it  
 10 slower because the Department of Health would have had  
 11 to share all of the information with the Executive and  
 12 put together papers, and I know that there was a very  
 13 real concern at that time that the amount of work  
 14 officials were being asked to do was quite significant,  
 15 and I'm not suggesting that it didn't come to the  
 16 Executive for this reason, but it would have certainly  
 17 slowed decision making down at that time.  
 18 And would it have changed the capability and the  
 19 scalability and the resourcing? I'm not sure that it  
 20 would have, my Lady, but I certainly can understand why  
 21 you would ask the question, looking back now, "Should it  
 22 not have come to the Executive?"  
 23 **MS CARTWRIGHT:** Thank you. Perhaps just to identify the  
 24 relevant departments for the scalability of both contact  
 25 tracing and testing, is it right that that would fall

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1 within the Department of Health but PHA were essentially  
 2 the operational arm for the delivery?  
 3 **A.** Yes, so they were an arm's-length body who were  
 4 delivering the operation of testing and tracing.  
 5 **Q.** Thank you.  
 6 Can we then please move to your paragraph 72,  
 7 please, which is on page 18 of your witness statement.  
 8 Just to get some context for testing capacity and  
 9 capability in Northern Ireland before the decision to  
 10 stop testing and contact tracing -- thank you.  
 11 You helpfully detail in your statement that:  
 12 "... by the end of February 2020, there was no  
 13 concern brought to or raised within, the Executive, so  
 14 far as I can recall or is apparent within the Executive  
 15 minutes, about the scalability test and trace  
 16 capability. Perhaps naively, I believed that during  
 17 this period there was an assumption within [the  
 18 Department of Health], and more widely, that the  
 19 capability would be sufficient to identify cases as they  
 20 arose. For example, it is recorded in the handwritten  
 21 minutes of the Executive meeting on 24 February 2020  
 22 that there had been '49 [tests] in NI -- all negative --  
 23 if confirmed -- held in isolation in Royal' ..."  
 24 So really was that your understanding of the  
 25 position in February 2020? There was not an issue about  
 9

1 patients outside of intensive care; discussions were  
 2 taking place on 'prioritisation -- clinical decisions,  
 3 ethical issues'; and that regular work to test systems  
 4 was taking place."  
 5 Now, I think similarly, we can see that in your  
 6 notebook, and perhaps just briefly to display that,  
 7 please, if we could display INQ000232519 -- and thank  
 8 you for providing your handwritten notes. Thank you.  
 9 **A.** I apologise about the writing.  
 10 **Q.** Well, it's certainly better than mine.  
 11 We can see there from your notes of that meeting of  
 12 2 March, there is a reference to Northern Ireland:  
 13 "130 tests, 1 positive, [and] checked by Public  
 14 Health England."  
 15 So I think it perhaps gives some idea as to where  
 16 things were up to at the beginning of March in Northern  
 17 Ireland; would you agree?  
 18 **A.** Yes, indeed.  
 19 **Q.** Then below that:  
 20 "At peak, 50% of population infected, (planning  
 21 assumption)"  
 22 And is that then --  
 23 **A.** "5% hospital" --  
 24 **Q.** Hospital admissions. So can you perhaps -- are you able  
 25 to give us a little bit more context about that, and  
 11

1 the scalability of the testing in Northern Ireland?  
 2 **A.** Certainly we didn't hear from the Department of Health  
 3 or from the Chief Medical Officer that there were any  
 4 significant concerns about the issues around capability  
 5 or scalability.  
 6 **Q.** Thank you. And my Lady has already heard evidence in  
 7 Module 2C that, essentially, Northern Ireland was  
 8 different at this time to what was developing in the  
 9 mainland, in England?  
 10 **A.** Mm.  
 11 **Q.** It's right, isn't it, that Covid was not as advanced in  
 12 Northern Ireland, particularly in February or March?  
 13 **A.** That's correct, yes.  
 14 **Q.** Thank you. Can we then, please, look at your  
 15 paragraph 73, if that can be expanded, please. You tell  
 16 us:  
 17 "By early March, despite a rise in cases in the  
 18 United Kingdom, and concern over the potential scale of  
 19 the pandemic, the issue of scalability or any concerns  
 20 about it, was not raised to the Executive by [Department  
 21 of Health]. Rather, on 2 March 2020, at the Executive  
 22 meeting, the [Chief Medical Officer] advised that Health  
 23 and Social Care Boards and Health and Trusts were  
 24 coordinating; including planning to place single cases  
 25 in side rooms; that staff were being trained to support  
 10

1 particularly if we see the next note:  
 2 "Higher mortality rate in Italy than reported in  
 3 Far East ... (China ... 2%)"  
 4 So if you can just give us some context of what your  
 5 understanding was, linked to those notes, please?  
 6 **A.** This was the time, I think, when Covid-19 really became  
 7 the issue it was to -- this was really the first point,  
 8 if you like, in our discussions where, you know, 50% of  
 9 the population are going to be infected, yes, it was  
 10 only a planning assumption, 5% were hospital admissions.  
 11 The figures were now becoming very real, my Lady, in  
 12 terms of what was happening.  
 13 Our first case, positive case, I think was on  
 14 27 February. So we'd only really had our first positive  
 15 case by this stage, and so information was really  
 16 starting to flow into the Executive then about what was  
 17 happening.  
 18 **Q.** Thank you. And I think if we look below, is it right  
 19 then the notes that you've made of the COBR meeting of  
 20 2 March was the first such COBR meeting you attended?  
 21 **A.** Yes, I think that's correct.  
 22 **Q.** Thank you. And we can see the reference to "guided at  
 23 all times by the science", and then "calibrated steps  
 24 to" -- is it tackle virus -- "protecting more vulnerable  
 25 groups", and below that "[Chief Medical Officer, 2  
 12

1 cases". But is your note "Client know where came from"?

2 A. "Don't know where came from".

3 Q. "Don't know where came from". Thank you. And then an

4 arrow to --

5 A. -- (overspeaking) --

6 Q. -- is it "community transmission"?

7 A. Yes.

8 Q. Thank you. Now -- thank you, that can be removed.

9 Now, can we now look, please, on the topic of

10 'contain' to 'delay', because, again, we're grateful to

11 you that you have provided the coronavirus action plan

12 dated 3 March that has your annotations on, and the

13 reason I'm dealing with this first of all is to try and

14 get some context to the COBR meeting that you then

15 attended on 12 March where it's said that was where the

16 four nations agreed to move from 'contain' to 'delay' to

17 stop contact tracing and testing, and I think

18 immediately, or thereabouts, after that meeting, the

19 UK Government said as much and announced the position

20 that we'd moved from 'contain' to 'delay'.

21 Now, can we display then, please, INQ000232520.

22 We can see "FM" -- I think that references First

23 Minister.

24 A. Yes.

25 Q. Over the page, please. And again, I do apologise --

13

1 would have been shared with us.

2 Q. I think the email on the first page, was it 5 March that

3 it was --

4 A. Yes.

5 Q. Can we go just back to page 1, please, just to check

6 that date. Yes, 5 March, thank you.

7 A. Yes.

8 Q. Now, I'm not going to take time going through the

9 document but is it correct that you've reviewed the

10 action plan as part of your preparation for evidence?

11 A. Yes.

12 Q. And does the action plan anywhere say expressly that if

13 you move from 'contain' to 'delay', what that means is

14 testing and contact tracing will stop as a result?

15 A. No, I don't believe that's so.

16 Q. Was it in your knowledge, when you reviewed that

17 document, that the effect of moving from 'contain' to

18 'delay' would mean that contact tracing and testing in

19 Northern Ireland would follow?

20 A. No, I don't think that it -- certainly not testing.

21 I think testing did continue although not in the same

22 way that it had been. But it wasn't my understanding

23 that contact tracing would stop from that action plan,

24 when it was furnished to us, no.

25 Q. Thank you. That can be removed from the screen and

15

1 thank you.

2 And over the page again, so we've got the -- this

3 the Coronavirus Action Plan, again with your annotations

4 on the top, and I think if we look throughout the

5 document, we see notes that are made and can you

6 confirm, please, Baroness Foster that those are your

7 notes that suggest that there was a review of this

8 document including, if we move along, please, thank

9 you --

10 A. Yes, those are my notes and annotations.

11 Q. Thank you. Just pause there.

12 So again, we can see, particularly around the

13 overall phases with the reference to contain and delay,

14 "calibrated steps led by science"?

15 A. Yes.

16 Q. And are you able to give us some idea when you would

17 have made those notes on this document or when you would

18 have had it available to you? Because certainly there's

19 reference to the action plan in the COBR minutes of

20 12 March?

21 A. Well, this document, as I understand it, would have been

22 shared with myself and the deputy First Minister by the

23 Department of Health, after -- as you can see from the

24 frontage of the document, it was signed off by the

25 Department of Health in Northern Ireland and then it

14

1 could I ask to be displayed your paragraph 81, please,

2 which is at page 20 of your statement. Thank you.

3 Now, you tell us that:

4 "While on 11 March 2020 COBR(M) took the decision to

5 move from the 'Contain' to the 'Delay' phase ..."

6 Is that correct, should that be 12 March or did you

7 have an understanding there had been a meeting the day

8 before as well?

9 A. No, I think that probably should be 12 March.

10 Q. Thank you. You say that:

11 "... the Northern Ireland SitRep indicated that this

12 would in practice result in little change, with those

13 showing mild symptoms now simply being advised to

14 self-isolate at home for 7 days rather than phoning 111

15 ... A such, I do not believe or recall that any

16 significant changes were made in terms of the

17 Executive's response for Northern Ireland. However,

18 that decision may have played into the [Department of

19 Health] decision the following day to limit testing to

20 the hospital setting and no longer test in the

21 community."

22 Can I just ask for complete clarity, then, as to,

23 first of all, your attendance at the COBR meeting and

24 I think you've had an opportunity to review the minutes

25 of the COBR meeting --

16

1 A. Yes, I have.

2 Q. -- of 12 March. It's right, isn't it, that you and

3 Michelle O'Neill along with Robin Swann dialled into

4 that meeting?

5 A. Yes, we did --

6 Q. And -- sorry.

7 A. Yes, we did, we dialled in from Stormont, yes.

8 Q. Thank you. And again, in terms of your understanding in

9 that meeting, can you help us to the extent to which you

10 participated, please?

11 A. Well, when you say participate, I think we were very

12 much, my Lady, in "receive" mode at that stage, and

13 especially when you're remotely dialling into a COBR

14 meeting -- it may seem strange now given that we, during

15 Covid used Zoom and Teams and Google Meet all of the

16 time, but at that stage it was something new and there

17 was very little opportunity to engage in the meeting.

18 So we were listening to the Cabinet members who were

19 around the table, I think that the other devolved

20 administrations had been asked to dial in as well, so

21 they would have been there as well, but there was very

22 little engagement during the meeting.

23 Q. Thank you. Can we then, please, display your

24 paragraph 82 following on, please, you say:

25 "By 12 March ... [the Department of Health]

17

1 paragraph he says:

2 "The [Northern Ireland] First Minister and deputy

3 First Minister also attended the COBR meeting, along

4 with officials from [The Executive Office], and I do not

5 recall that at any point it was queried whether

6 [Northern Ireland] should continue contact tracing. As

7 the First and deputy First Minister were also at the

8 meeting, I did not consider there was a need to refer

9 the matter to the [Northern Ireland] Executive. As they

10 made no such referral either, I can only assume they

11 also thought it was not necessary."

12 Now --

13 A. There's quite a lot to unpack there. There's two ways

14 to refer something to the Executive Committee. It can

15 either come from the minister in the department or the

16 First and deputy First Minister can ask the minister to

17 bring it in to the Executive meeting. So that's what

18 Minister Swann is referring to in the latter part of

19 that answer.

20 I think there was a decision on 12 March in COBR to

21 move from 'contain' to 'delay', although, having seen

22 the minutes from the COBR meeting it doesn't

23 specifically mention that; it just talks about different

24 actions that are taken. And as we've already touched

25 upon, the strategy when it talks about moving from

19

1 considered that the spread of the virus and testing

2 capacity was such that testing needed to be confined to

3 hospital settings. This decision was taken without any

4 consultation with the Executive Committee. The decision

5 was only raised to and discussed within the Executive on

6 16 March 2020 -- after the decision had been

7 implemented. I do not believe any discussions took

8 place regarding the decision having been made without

9 recourse to the Executive, or the delay between the

10 decision being taken on 12 March 2020 and the discussion

11 at the Executive on 16 March 2020."

12 And we'll come on to look at 16 March in a moment.

13 Then can I have clarity of understanding, because we

14 are going to hear from Mr Swann this afternoon, and

15 I think you've had an opportunity to consider his

16 witness statement where he indicates and sets out his

17 belief that the decision of 12 March was in line with

18 UK-wide agreed protocol from moving from 'contain' to

19 'delay' and the UK-wide Coronavirus Action Plan dated

20 3 March 2020 which was agreed by the four UK governments

21 with advice from the UK chief medical officers and

22 government scientists.

23 He details that he referenced this in his statement

24 to the Northern Ireland Assembly of 9 March 2020, and

25 then a little further on in his statement in that

18

1 'contain' to 'delay', it doesn't precisely mention

2 contact tracing in the strategy.

3 I've also noted from the COBR minutes that it does

4 talk about stopping all contact tracing from other

5 geographical areas. I would have taken that as

6 international, you know, so if somebody arrives

7 internationally, and they have tested positive for

8 coronavirus, that they would then be traced in terms of

9 the contacts that they've had. I wouldn't have taken

10 that to mean stop contact tracing.

11 Q. Well, let's, because you've identified the importance of

12 that, can we briefly display that on the screen if

13 possible. INQ000056221. Thank you.

14 And I think these are the minutes. If we move over

15 the page we see you dialling in, but I think the

16 particular reference you make there is, if we go to

17 page 7, please, thank you, and paragraph 12 says:

18 "The [Chief Medical Officer] said once the policy of

19 seven days self-isolation was in place the plan would be

20 to stop all testing of people entering into

21 self-isolation and to stop all contact tracing from

22 other geographical areas."

23 Is that what you're referencing there?

24 A. That is what I'm referencing, yes. I didn't have the

25 understanding, after that COBR meeting -- clearly

20

1 wrongly now -- that we were going to stop contact  
2 tracing as a consequence of the discussions at that COBR  
3 meeting. The Department of Health clearly did have that  
4 understanding, and stopped the contact tracing. It was  
5 then discussed at the meeting of 16 March by the other  
6 Executive ministers -- including myself.

7 **Q.** Thank you.

8 **LADY HALLETT:** What does footnote 1 say?

9 **MS CARTWRIGHT:** My Lady --

10 **A.** I think it's the strategy.

11 **MS CARTWRIGHT:** Yes.

12 "As agreed in the Coronavirus (COVID-19) action  
13 plan, published 3 March."

14 Which, sorry, my Lady, was the document we looked at  
15 before. I do apologise.

16 Thank you. That can be removed from the screen  
17 then.

18 So can I explore with you, and I think it builds on  
19 a topic you were asked about in Module 2C, so I don't  
20 want to go over old ground, but particularly in the  
21 context of available capacity in Northern Ireland in  
22 March of 2020, but particularly bearing mind the limited  
23 number of cases in Northern Ireland, do you consider,  
24 first of all, the decision to stop widespread testing in  
25 Northern Ireland was the wrong decision at that stage?

21

1 If we can move within these situation report -- in  
2 fact, if we go back to the first page, sorry, I do  
3 apologise -- in fact, it is:

4 "Information correct as at 17.00 on 12 March 2020."

5 Thank you.

6 If we move then to page 2, we can see the position  
7 as of 11 March, and for Northern Ireland it was  
8 20 cases.

9 **A.** Yeah.

10 **Q.** And with 43 -- perhaps of relevance with the  
11 epidemiological unit that her Ladyship has just  
12 referenced, 43 in the Republic of Ireland. Thank you.

13 So would you agree that with you being essentially  
14 of all of the four -- well, similar to Wales, or just --  
15 that there was an option for Northern Ireland to make  
16 a different decision about stopping testing, but  
17 certainly stopping contact tracing?

18 **A.** There was an option, and there was an option for Wales,  
19 and I'm sure for Scotland as well, but those options  
20 weren't taken. I think we were quite early in the  
21 pandemic and were not prepared for what was coming at  
22 us, to be honest with you. And we were following what  
23 we were being told by COBR and by SAGE at that time.

24 **Q.** Thank you.

25 And perhaps just to contextualise what you've just

23

1 **A.** Well, because we were behind the rest of the  
2 United Kingdom at that stage, I think we could have  
3 continued with contact tracing, perhaps not for very  
4 much longer, because it did then become wider in  
5 a community transmission type of setting, but I do think  
6 we should have continued it for a while.

7 I have to say, my Lady, however, given that, at that  
8 stage, we were dealing with this very much on a UK-wide  
9 basis, resourcing may have been an issue as a result of  
10 that. And to be fair to Minister Swann, he does say in  
11 his statement, you know, what was the rationale for us  
12 doing something different from the rest of the UK? The  
13 only rationale is that we were behind the rest of the UK  
14 in terms of numbers. I think that's -- that would have  
15 been the only rationale for doing that.

16 **Q.** Thank you.

17 And perhaps just to confirm the numbers as of  
18 11 March, please could we display INQ000083097, please.

19 **LADY HALLETT:** Sorry, whilst the document comes up, you say  
20 the only rationale would be behind the rest of the UK.

21 **A.** Yes.

22 **LADY HALLETT:** That is linked to the fact that you also have  
23 a different epidemiological unit?

24 **A.** Yes, yes. It would have been, yes.

25 **MS CARTWRIGHT:** Thank you.

22

1 said, if that could be removed from the screen and your  
2 paragraph 77 be displayed, please, at page 19. You say  
3 this -- so paragraph 77, please, page 19. Thank you.

4 "With the benefit of hindsight, it does appear there  
5 was insufficient consideration or planning of ways to  
6 prevent transmission into Northern Ireland generally.  
7 However, I do think it would have been very difficult to  
8 limit the movement of people from Great Britain, the  
9 [Republic of Ireland] or farther afield before the true  
10 scale of the pandemic emergency became apparent in mid  
11 to late March 2020."

12 And you go on to say:

13 "The Executive followed the advice and  
14 recommendations of [the Department of Health] and the  
15 [Chief Medical Officer]."

16 Thank you.

17 Is there anything else you want to add to that,  
18 having drawn your attention to your paragraph 77?

19 **A.** No, I don't think so.

20 **Q.** Thank you.

21 Can we please then briefly deal with 16 March, when  
22 the decision to stop contact tracing and community  
23 testing was discussed.

24 And can we display your paragraph 88, please, which  
25 is on page 22. Thank you.

24

1 Now, we've got the minutes -- well, the notes that  
2 were taken by the note-taker of the meeting of 16 March,  
3 and we'll come on to the advice the minister had said  
4 about the preparations having been taken for  
5 seven weeks, but perhaps -- you've had an opportunity to  
6 review the notes, could you just give a summary or an  
7 impression of the mood in that meeting, the discussion  
8 that took place, because certainly by reference to  
9 Michelle O'Neill, who we're going to hear from, there's  
10 certainly repeated references to "test, test, test",  
11 which I think had been the mantra that had been issued  
12 on 16 March from the WHO.

13 Can you give us your overview of that meeting, the  
14 discussion, particularly in the context of 12 March and  
15 the decision of the Department of Health to stop testing  
16 in the community and contact tracing, please.

17 **A.** This was a particularly fraught time within  
18 the Executive, and unfortunately there were a few  
19 fraught times in the Executive, but on 12 May the  
20 Republic of Ireland, as I think was shown in the sitrep,  
21 decided that they would close schools.

22 **LADY HALLETT:** 12 March?

23 **A.** 11 March, I think it was, was it?

24 **LADY HALLETT:** You said 12 May.

25 **A.** Oh, sorry, sorry, sorry, March.

25

1 In it you will see reference as well to supporting  
2 our Chief Medical Officer. I think that was because  
3 there was some commentary outside the Executive about  
4 the Executive should follow the WHO instead of our own  
5 Chief Medical Officer. It was a particularly tense  
6 time, my Lady, and that's the circumstances into which  
7 we then discussed testing and tracing.

8 **MS CARTWRIGHT:** Thank you.

9 Can I ask you then, in terms of the 'contain' to  
10 'delay' and the stopping of contact tracing and  
11 community testing, was there any discussion about that  
12 that was the wrong decision, in fact it wasn't too late,  
13 and not follow that path of the -- of adopting  
14 essentially the approach that was being utilised in  
15 England and the other nations?

16 **A.** I think a number of ministers challenged the Minister of  
17 Health about the decision which had been taken, and  
18 quoted "test, test, test", as you've rightly said, and  
19 the need to have contact tracing. But the Health  
20 Minister -- and I don't think the Chief Medical Officer  
21 was at that meeting -- the Health Minister pushed back  
22 and said that there was a strategy in place, there was  
23 an action plan, and we were following that action plan.

24 **Q.** Thank you. And if we go back to where we started in  
25 terms of the responsibility of ministers, you're

27

1 And we had taken a decision at the Executive the day  
2 before that schools would remain open. The deputy First  
3 Minister and her Sinn Féin colleagues then went to  
4 a press conference and said that schools should close,  
5 thereby giving mixed messages in terms of the direction  
6 of travel for the Executive.

7 So that was the background to the meeting of  
8 16 March, and you can see, if you read the minutes of  
9 16 March, there are references from me and indeed from  
10 the Department of Justice Minister, Minister Long, about  
11 mixed messaging coming from the Executive and the need  
12 to stop the mixed messages coming from the Executive.

13 So, into that context the Department of Health comes  
14 to tell us about testing and tracing. He doesn't -- the  
15 minister doesn't specifically refer of a move from  
16 'contain' to 'delay', but everything that he talks about  
17 in the minutes would indicate that that's what's  
18 happening.

19 He talks about the need to redeploy resources, and  
20 he said he would rather use those resources to combat  
21 Covid-19 rather than count the number of cases. So that  
22 was the sort of atmosphere that was happening at that  
23 time. The Sinn Féin ministers had been playing close  
24 attention to what was happening at the WHO. They  
25 brought that information into the Executive.

26

1 obviously expressing the challenge that the Executive  
2 were deploying in that meeting.

3 **A.** Mm.

4 **Q.** But, ultimately, does that decision come down to the  
5 decision of the Health Minister to stop the contact  
6 tracing?

7 **A.** I don't think there was any suggestion that we should  
8 bring test, trace and isolate as a policy and as  
9 a strategy and, indeed, even in its operation, into the  
10 Executive at that time, because there was so much else  
11 going on at that time, so it was left to the Department  
12 of Health to operationalise the strategy and the plan.

13 **Q.** Thank you.

14 Now, is it fair to say that if I was to ask you for  
15 a detailed overview about the tests available in  
16 Northern Ireland at this time but also the ability for  
17 contact tracing, would you have knowledge? Or is it  
18 better asked of others?

19 **A.** I think it would be better asked of the Minister of  
20 Health and the Chief Medical Officer because they were  
21 working with the PHA at that time, the Public Health  
22 Agency.

23 **Q.** Thank you. But by reference to your paragraph 88 that's  
24 still displayed, you obviously have indicated the fact  
25 that there is reference to seven weeks of preparation

28

1 that the Health Minister had referred to?

2 **A.** Yes.

3 **Q.** And you've recorded at the time:

4 "... I believed that those preparations were

5 adequate."

6 **A.** Yes.

7 **Q.** But I think the paragraph also identifies that,

8 actually, now, on further review and reflection, you

9 offer an opinion that in fact those -- there were

10 inadequacies in the preparations.

11 **A.** Yes, because the number of contact tracers were not in

12 place, and weren't really in place until later on in the

13 year. We found that out later on.

14 **Q.** Thank you.

15 Thank you, that can be removed from the screen.

16 Now, can I ask for clarification, please, just by

17 reference to your paragraph 101, please, if that could

18 be brought up on the screen, which is at page 25.

19 I think this is a question more broadly around

20 scaling up of testing. And we're at a later period now

21 in March.

22 Perhaps if we go to the paragraph above, so we've

23 got the context to the date of this.

24 So this is 30 March now, another Executive meeting

25 of 30 March 2020.

29

1 Scotland, that essentially, she said, at this time in

2 fact Scotland capacity had increased from 600 to

3 6,000 --

4 **A.** Mm.

5 **Q.** -- by 3 April, and they had greater lab capacity as

6 well --

7 **A.** Mm.

8 **Q.** -- of 2,250 samples per day in March, and 19,484 in

9 April. So, in terms of the notes you've made, would

10 that be information that you were being provided with

11 from your Chief Medical Officer?

12 **A.** So those notes, I think, are from, handwritten notes

13 from whoever was taking the minutes of the Executive, so

14 they would have written those down from the Chief

15 Medical Officer.

16 **Q.** So this is really not information within your purview

17 but you were told at that time. I think Scotland --

18 **A.** It -- was it my notes or was it --

19 **Q.** No, no, so it was the minute taker's notes --

20 **A.** Yes.

21 **Q.** But as to the information, I think Scotland in

22 particular are anxious that the position, that was their

23 testing -- which is more than in fact was being

24 referenced in this meeting -- is clear and known rather

25 than that being the -- (overspeaking) -- position?

31

1 And if we look at paragraph 101, please --

2 thank you.

3 You are referencing that at that meeting of the

4 Executive on 30 March:

5 "The [Chief Medical Officer] responded ..."

6 In respect of the international examples that were

7 in the previous paragraph, relating to career:

8 "... that [the Department of Health] were: 'rapidly

9 ramping up testing capability. Shortage of testing

10 agents. 800 a day -- [Republic of Ireland] [query]

11 [Northern Ireland] -- 600 a day... Testing plan -- not

12 in deficit -- is ahead of Scotland, Wales. ROI --

13 1500 tests per day'."

14 So can I just ask you to summarise, is that what was

15 being said at the time in that meeting by reference to

16 Northern Ireland having more tests than Scotland?

17 **A.** I think, when the Finance Minister challenged the Chief

18 Medical Officer, the response back from the Chief

19 Medical Officer was that in fact we were doing more

20 testing than in Scotland and Wales per head of

21 population. So we were actually doing just as well, it

22 was sort of a reassurance to the Executive ministers.

23 **Q.** Now, there's been a clarification sought in respect of

24 this, because in fact I think we have evidence from and

25 we'll hear from Mary Morgan, of National Services

30

1 **A.** Yes, I can understand that.

2 **Q.** But essentially, you didn't bring that information to

3 the meeting?

4 **A.** No, no.

5 **Q.** Thank you. That can be removed, please.

6 Now, can I then ask you by way of a broader context

7 relating to your paragraph 84, please. Thank you.

8 I think this is a-- we've heard reference to there

9 being no playbook or plug and play, but paragraph 84,

10 please, at page 21. Thank you.

11 We can see you detail there:

12 "... there was no 'plug and play' system available

13 for tracing and isolating significant numbers of

14 infected individuals ..."

15 Meaning that even if sufficient tests had been

16 available, there was no mechanism in place for tracing

17 close contacts or any policy to support those required

18 to isolate.

19 **A.** Yes.

20 **Q.** Now, in light of this context, are you able to assist as

21 to at what stage you or the Executive as a whole began

22 to actively question or advocate for measures that would

23 accelerate the scaling up of testing and contact tracing

24 in Northern Ireland?

25 **A.** So in terms of testing, I think we did that quite early

32



on. We asked about the capacity. We were told there were capacities in terms of labs at hospitals, but also the Department of Agriculture offered up the Agri-Food & Biosciences lab, as well. So there was an attempt to increase the number of lab spaces available.

In terms of contact tracing, the -- there was a pilot run towards the, I think the end of April, and then that was run out in May. So the contact tracing started again at the end of April, and beginning of May, as I understand it from memory.

**Q.** Thank you. You've just referenced, again, contact tracing. But now can I ask you a reference to contact tracing, but relating to a different period of time --

**A.** Yes.

**Q.** -- and the December of 2020.

Now, there's an article from the Department of Health dated 11 December 2020 where you are quoted as saying, "Effective contact tracing is an essential element of our response to this pandemic," which reflects, I think, the WHO advice earlier in the year.

And in your witness statement you are identifying that during early March and April, the Executive were repeatedly told that there was not the capability within the system to carry out widespread contact tracing, and you've also detailed that you do not recall at this

33

In terms of why did we not have it in place earlier in the year? Because we didn't have a contact tracing system in place, as I said in my earlier point about having a plug and play system that we just activated, and I suppose now I hope that one of the learnings from all of this is that we will have the ability to scale up at speed if something like this were to happen again.

**Q.** Thank you.

Could we please display INQ000425652. That's INQ000425652.

Now, we're now -- this is 17 November 2020. This is a memo from -- addressed to you and the deputy First Minister, and I think, again, you've had an opportunity to review this. The memo is on the theme of self-isolation, but we see described within it that there's:

"... a recurring theme in our many discussions on the measures to decrease the spread of the virus ..."

It was expressed by Mr Swann that he was becoming "increasingly concerned to see no visible action or movement" in the context of targeted measures and frustration at the lack of discernible action on this front.

And do you accept that the Northern Ireland Executive was slow to act in introducing measures

35

stage the discussions on increasing contact tracing generally.

And it is said that that's in the face of calls from other MLAs, including Minister Dodds, that contact tracing be increased as a matter of urgency.

So can I ask you, using that article as a context, it's -- what's the response, please, as to why the urgent need to scale up contact tracing was not treated as a top priority in the Executive discussions from the outset of the pandemic?

**A.** So I think the article comes from a visit that myself and deputy First Minister made to the contact tracing centre in Ballymena that had been set up, and we had gone to see it and we were pleased to see it in operation and the way in which it was working, particularly in dealing with clusters which had arisen at funerals and weddings, and things like that.

So that's where the article comes from.

Minister Dodds' comments come from later in the year, as well, because she was very concerned about the fact that the economy was being closed down with the prospect of circuit breakers and lockdowns and was hoping that contact tracing would allow the economy to stay open. So her comments are from later in the year as well, in terms of the contact tracing.

34

designed to promote public compliance?

**A.** I don't think that we were slow to promote compliance, because day after day at press conferences we were urging the public to comply. As my Lady is aware, there was a breakdown in compliance after the attendance of senior members of Sinn Féin at a high-ranking Republican funeral at the end of June which caused severe difficulties in Northern Ireland with compliance and adherence. This is November time now, and Minister Swann, and this is reflected in the minutes of the Executive meeting, had been pushing for more work to be done on adherence and compliance and enforcement.

We had attempted to do that through working with the Police Service of Northern Ireland. We had given money to local councils to employ Covid marshals to try to ensure compliance. But there was a difficulty which still hung over the Executive around that non-compliance piece because of what had happened with that large-scale funeral at the end of June.

**Q.** Thank you. Now, I think time is not going to permit me to ask questions in respect of inequalities but it is right that you've given a good portion of your statement to address the relevant evidence you have about inequalities as you were able to provide in your witness statement; is that correct?

36

1 **A.** That is correct, yes.  
 2 **Q.** Then, finally, on recommendations, please, can I ask  
 3 you, please, what structural changes do you believe  
 4 should be made within the Northern Ireland Executive to  
 5 ensure that ethnic minority communities are better  
 6 supported during future public health emergencies,  
 7 particularly regarding timely access to testing,  
 8 financial support and isolation?  
 9 **A.** Yes, so I think again, given where we were in  
 10 February/March, just coming back in after not having  
 11 government for three years and then we were hit with  
 12 this pandemic, I am on record as saying that not enough  
 13 consideration was given to vulnerable groups, to ethnic  
 14 groups, to those with disabilities, to those who lived  
 15 alone, and all of that needs to be factored in to any  
 16 strategy that is forthcoming after this Inquiry.  
 17 **Q.** Thank you. And I think you yourself have detailed  
 18 within your witness statement at page 46 the lessons  
 19 learning, and I think you've already addressed her  
 20 Ladyship around what you said at the outset: the need  
 21 for that to be considered particularly in a Northern  
 22 Ireland context?  
 23 **A.** Yes, and I had given some thought, my Lady, to could  
 24 there be an emergency committee of the Executive  
 25 Committee, in other words a smaller decision-making body

37

1 Department for Communities I think would have been  
 2 responsible for looking into which of the different  
 3 groups -- how they were impacted and the differences in  
 4 the impact upon them.  
 5 **Q.** At paragraph 170 of your witness statement you say and  
 6 I quote:  
 7 "I do have concerns that while there was  
 8 a significant amount of data capture and modelling in  
 9 terms of the spread of the virus, first from SAGE and  
 10 later from the JBC, I do ... believe there was enough  
 11 consideration given to vulnerable groups in the light of  
 12 existing inequalities. I consider that this was  
 13 especially acute during the first phase of the pandemic  
 14 in particular."  
 15 **LADY HALLETT:** I think you missed out a "not".  
 16 **PROFESSOR THOMAS:** Oh "not", sorry, I misread that.  
 17 **A.** Yes, yes, I have that.  
 18 **PROFESSOR THOMAS:** Forgive me.  
 19 Question: what considerations, in terms of data  
 20 capture and modelling do you believe ought to have been  
 21 given for ethnic minority groups at risk of significant  
 22 harm as a result of the Covid-19 virus?  
 23 **A.** Well, I think I reference the fact that that was  
 24 particularly acute during the first stage of the  
 25 pandemic because we were relying on data from UK-wide

39

1 to try and make things work quickly? Of course, we  
 2 always have to reflect that it has to be inclusive and  
 3 have everybody involved, so it is more challenging in  
 4 a Northern Ireland setting, but I do hope that the  
 5 experience of this pandemic will urge people to look at  
 6 what's important, and not get bogged down in political  
 7 differences.

8 **MS CARTWRIGHT:** My Lady, that's my time. There are Core  
 9 Participant questions.

10 **LADY HALLETT:** Mr Thomas.

11 Mr Thomas is over there.

#### 12 Questions from PROFESSOR THOMAS KC

13 **PROFESSOR THOMAS:** Good morning, Baroness Foster. Can you  
 14 hear me?

15 **A.** Yes, I can, thank you.

16 **Q.** I'm representing FEMHO, that's the Federation of Ethnic  
 17 Minority Healthcare Organisations.

18 First question is, can you help us, where did you  
 19 get your advice about the disproportionate suffering  
 20 either from deaths, self-isolation or lockdown, that was  
 21 experienced by the black, Asian, and minority ethnic  
 22 population in Northern Ireland?

23 **A.** Well, that information would have come to us during 2020  
 24 as to the impact on different vulnerable groups. It  
 25 would have come to us, I think probably from the

38

1 bodies, as it were. I think during the pandemic we set  
 2 up our own bodies, including our own SIG, Strategic  
 3 Information Group, to try to understand how the virus  
 4 was impacting in Northern Ireland in particular, but  
 5 during the first part of the pandemic, we were  
 6 definitely taking information from UK-wide bodies.  
 7 **Q.** Okay. And what is your understanding on how the NPIs,  
 8 such as lockdowns, self-isolation, could have  
 9 foreseeably affected minority ethnic communities in  
 10 Northern Ireland at a disproportionate rate compared to  
 11 their white counterparts?  
 12 **A.** Well, in terms of their working conditions, we have  
 13 a large migrant community in Porter Down and Dungannon,  
 14 they work in some of our agri-food companies. Sometimes  
 15 they live in very because quarters with each other, and  
 16 we should have had more consideration as to how the  
 17 spread of the virus was operating in those houses of  
 18 multiple occupation. So we needed to have more  
 19 consideration of that.  
 20 **Q.** Thank you. In hindsight, and given what you say at  
 21 paragraph 170, do you think that the black, Asian, and  
 22 minority ethnic groups suffered any consequences due to  
 23 the government's failure to give enough consideration on  
 24 how their pre-existing inequalities may have put them at  
 25 a significant disadvantage, and if so, how?

40

1 A. Well, I think, unfortunately, that's true of a number of  
 2 different groups. There wasn't, I believe, enough  
 3 consideration taken and that's because we were in an  
 4 emergency situation and we were trying to do all that we  
 5 could to save lives across the board. But when those  
 6 NPIs were put in place they did have disproportionate  
 7 impacts on different groups, young people, for example,  
 8 were denied chances in life that they would have  
 9 otherwise had. Those living alone were isolated and  
 10 lonely. People who -- were dying alone in hospital, and  
 11 if I could change one thing, my Lady, it would be that:  
 12 we should have given families all of the information,  
 13 told them about the risks, and allowed them to make the  
 14 decisions as to whether they wanted to be with their  
 15 loved ones as they were dying, because I think it is  
 16 quite inhumane, when one thinks about it, to allow  
 17 someone to die alone in the way that so many people did.

18 Q. You say at paragraph 171 of your witness statement:  
 19 "There was perhaps an opportunity missed in failing  
 20 to learn more about the adverse impacts on certain  
 21 groups ..."  
 22 And I think you've just touched upon that.  
 23 "... in the first wave to enable better mitigations  
 24 to be designed for the second wave. However, everyone  
 25 had been working at a pace and was under extremely

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1 communicate, was the actual reality of the way in which  
 2 people were working at that time. They were  
 3 exhausted -- that's no excuse, of course, but it's just  
 4 by way of explanation as to what was happening at that  
 5 time.

6 Q. Understood. Two more questions and I've finished. In  
 7 hindsight, do you believe that there should be  
 8 a dedicated cultural competency advisory group within  
 9 the NI Executive to ensure that, you know, for example,  
 10 the needs of ethnic minority communities were  
 11 consistently considered in the pandemic response  
 12 measures including isolation support and access to  
 13 testing?

14 A. I think that's a very interesting suggestion and one  
 15 that I hope the new Executive will take under  
 16 consideration. We did try, and I don't want you to  
 17 think that we were completely blind to what was  
 18 happening -- we did try and engage with ethnic and  
 19 minority communities, particularly around language  
 20 difficulties and to make sure that they understood what  
 21 the different requirements were at that particular point  
 22 in time. But could we have done more? Undoubtedly.  
 23 And that's why I think this is a very useful place to  
 24 have this discussion, and I thank you for your  
 25 suggestion.

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1 stressful conditions for months, and resources were  
 2 therefore very stretched."

3 I have the following questions: firstly, would you  
 4 agree that learning about the adverse impacts is crucial  
 5 to any government who takes seriously their duty to  
 6 protect population of people experiencing a novel  
 7 pandemic?

8 A. Yes, I do. Absolutely.

9 Q. And that -- without analysing the impacts and trends,  
 10 you risk failing to mitigate against them, essentially?

11 A. Yes, and I do think that we were trying to grapple with  
 12 the different impacts that the NPIs had on the different  
 13 groups but I think what I'm reflecting is the reality of  
 14 the situation at the end of June/July, when physically  
 15 and mentally, officials and ministers were exhausted by  
 16 that stage, and in the normal run of things, would have  
 17 been looking at that more proactively. I think that's  
 18 just what I'm trying to reflect: the reality of that  
 19 time.

20 Q. And I do want to be sympathetic for the situation that  
 21 you found yourself in, but would you agree that everyone  
 22 working "at a pace", to quote your words, may not be  
 23 a reasonable excuse in the eyes of those who then suffer  
 24 those consequences? Would you accept that?

25 A. Yes, I think what I'm trying to, and perhaps badly,

42

1 Q. And my final question is this: considering the gaps in  
 2 the data for ethnic minorities, do you believe that  
 3 Northern Ireland needs a system that collects  
 4 disaggregated data by ethnicity during public health  
 5 emergencies, and how do you believe this, if we go down  
 6 this path, could impact policy decisions during perhaps  
 7 a future pandemic?

8 A. Yeah, I mean, I do recall asking for data at a postcode  
 9 level, and being told that because Northern Ireland is  
 10 such a small place, that if you take data at  
 11 a particular level, you run the risk of actually  
 12 identifying the individuals. So we have to be careful  
 13 around data capture that we don't do that. But I do  
 14 think, obviously, and I am a great believer in the more  
 15 data you have, the more analysis can be completed and  
 16 the better policy making that can be achieved. So I do  
 17 think if there's an opportunity to do more data capture  
 18 then we should take it.

19 **PROFESSOR THOMAS:** Baroness, thank you very much.  
 20 My Lady.

21 **LADY HALLETT:** Thank you, Mr Thomas.  
 22 Mr Wilcock. He is just there.

23 **Questions from MR WILCOCK KC**

24 **MR WILCOCK:** Baroness, good morning.

25 A. Good morning.

44

1 **Q.** I represent Northern Ireland Covid Bereaved Families for  
2 Justice, and I've been granted permission to ask you  
3 questions on two topics. Some of the ground you've  
4 traversed already when answering questions from  
5 Mrs Cartwright, but with my Lady's permission, I'm going  
6 to try and paraphrase some of the questions I've been  
7 granted permission to try and draw out a few key points.

8 The first topic is the Executive's knowledge of the  
9 capability and scalability of test and trace in early  
10 2020. Do you accept that at the start of the pandemic,  
11 there was an overreliance by the Executive on  
12 unchallenged information from the Department of Health?

13 **A.** I think we certainly relied very heavily, and I think  
14 I reflect that in my statement, on the Department of  
15 Health, for couple of reasons. First of all, they were  
16 the experts, and we certainly weren't in any position to  
17 challenge them, given our limited knowledge of the  
18 different areas that we were trying to grapple with.

19 And I think, as I've explained, in the mandatory  
20 coalition, and you will know this, the Department of  
21 Health's remit was that particular area, and there are  
22 always sensitivities about other ministers trying to  
23 overreach into other people's departments.

24 **Q.** Secondly, you told us this morning that you now felt  
25 that perhaps naively, you believed during this period,

45

1 **Q.** Second topic, and it's in relation to the decision to  
2 stop community testing in the middle of March 2020.

3 **A.** Mm.

4 **Q.** And as you know, Professor McBride has made a statement  
5 to the Inquiry that in Northern Ireland, prior to  
6 12 March, there was a relatively small number of  
7 confirmed cases, and therefore contact tracing,  
8 perhaps -- my words, not his -- perhaps in contrast to  
9 the rest of the United Kingdom, had the potential to  
10 have a significant impact on the course of the pandemic  
11 and in delaying community transmission.

12 You've explained to us that you were at a COBR  
13 meeting on 12 March and you've told us what you  
14 understood was happening, and what you were being told  
15 at that meeting. And you describe yourself and  
16 Mrs O'Neill as being in "receive" mode during that  
17 meeting.

18 **A.** Yes.

19 **Q.** You then describe that on 16 March was the first time  
20 the Executive were fully made aware of the full  
21 implications of what was going on.

22 **A.** Mm-hm.

23 **Q.** And you've told us that that meeting was a fraught  
24 meeting --

25 **A.** Mm.

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1 there was an assumption within the Department of Health  
2 and more widely, that the capability of test and trace  
3 would be sufficient to identify cases as they arose. Do  
4 you accept that the information given to the Executive  
5 by the Department of Health in early 2020 gave a false  
6 confidence to the administration about the ability of  
7 test and trace to scale up?

8 **A.** I don't know about a false confidence but we certainly  
9 believed that the Department of Health were the people  
10 who had the knowledge and the capability, and therefore  
11 were the people who would operationalise the testing and  
12 the tracing capacity.

13 **Q.** Do you agree things didn't happen as quickly as you  
14 would have hoped?

15 **A.** Yes, with hindsight, I think that's right.

16 **Q.** Do you want to revisit whether you had a false  
17 confidence --

18 **A.** Well, I think it wasn't -- at the time it wasn't a false  
19 confidence, because we had a belief that the Department  
20 of Health were doing all that they could, and we should  
21 never shy away from the fact that we were in a pandemic  
22 that nobody was prepared for in the way that they should  
23 have been. And obviously that's what this Inquiry is  
24 partly here to look at. So yes, those are your words,  
25 and I can't shy away from them.

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1 **Q.** -- and a tense meeting. And can I just try to give some  
2 colour to what you mean by that.

3 At that meeting there were lots of discussion about  
4 closing schools, whether to follow Dublin, whether to  
5 follow London. The meeting itself talks about people  
6 being shouted down, doesn't it?

7 **A.** Yes, it does, yeah.

8 **Q.** Putting the two together, the "receive" mode on  
9 12 March, the, I'm sure you'll accept, inappropriate  
10 method of discussion on the 16th?

11 **A.** Yes.

12 **Q.** Do you think, in retrospect, that the Executive was  
13 distracted by peripheral issues and paid insufficient  
14 attention in March 2020 to the obvious advantages of  
15 departing from the rest of the United Kingdom and  
16 continuing to do what it could in terms of testing, and  
17 therefore giving a greater understanding of the spread  
18 and modelling of Covid in Northern Ireland? Were you  
19 distracted?

20 **A.** I don't think we were distracted. I think it's right to  
21 put the context in that it was a fraught meeting, and  
22 one that doesn't give me any joy to read again, I have  
23 to say, when I read the minutes, but it was -- I think  
24 we did have fulsome discussion about tracing and  
25 testing --

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1 Q. What do you mean by "fulsome"?

2 A. Well, the Department of Health, if you look at the

3 minutes -- or the notes from the minutes, I should

4 say -- did give us a rationale as to why he felt that

5 contact tracing should stop. He made the comments, as

6 I think I've already referenced, about he would rather

7 combat Covid than count it. He felt that he wanted to

8 use his resources to do other things, and hospital

9 testing was still ongoing at that time, as you know.

10 So I think the rationale that he gave, although it

11 was challenged, was eventually accepted.

12 Q. Thank you very much, Baroness.

13 Just one thing. You say that there was a discussion

14 about whether -- that testing would stop. It had

15 already stopped, hadn't it?

16 A. Yes, it had, it had, on 12 March. This was

17 a retrospective look at it.

18 Q. The horse had already bolted?

19 A. It had. I accept that.

20 MR WILCOCK: My Lady, those are all the questions I wish to

21 ask of the ones I've been given permission to.

22 LADY HALLETT: Thank you very much indeed, Mr Wilcock.

23 That completes the questions we have for you,

24 Lady Foster. I appreciate there are decision makers

25 around the United Kingdom who had to take decisions

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1 she's affirmed, please.

2 MS MICHELLE O'NEILL (affirmed)

3 Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 7

4 LADY HALLETT: Ms O'Neill, I know how busy you must be, so

5 thank you very much for coming back to help us.

6 A. Thank you, madam.

7 MS CARTWRIGHT: Can I ask, please, for you to give your full

8 name to the Inquiry.

9 A. Yes. Michelle O'Neill.

10 Q. Thank you. Please can we turn to your Module 7 witness

11 statement, please. It's 40 pages long, please, and on

12 the last page, at page 40, we see it was signed and

13 dated on 7 April of this year. And can I ask you to

14 confirm, are the contents of that statement true to the

15 best of your knowledge and belief?

16 A. They are indeed.

17 Q. Thank you.

18 Can we firstly identify yourself, Ms O'Neill, and in

19 doing so, can I identify you've already given much

20 evidence in witness statements but in oral evidence

21 also, and so necessarily today the questions I have for

22 you are focused on a particular issue and, most

23 significantly, the decision making of 12 March of 2020

24 and 16 March 2020.

25 But before we move to that, can we identify what has

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1 under huge pressure and in very difficult circumstances

2 who are worried that I'll come along with the benefit of

3 hindsight and say "This should have been done."

4 Please don't worry, virtually not a day goes past

5 when I don't remind myself of the wise words of

6 Anthony Hidden, a friend and colleague of mine, that

7 there's virtually no decision that hindsight

8 can't -- (overspeaking) --

9 THE WITNESS: Yes, exactly.

10 LADY HALLETT: I can't remember his exact words but it's

11 a very sound principle. So thank you very much indeed

12 for your help. I'm not allowed to give guarantees that

13 we won't be calling on you again, because I've checked,

14 but we don't think we will.

15 THE WITNESS: Thank you.

16 LADY HALLETT: So thank you very much indeed for your help

17 so far.

18 THE WITNESS: Thank you, my Lady, thank you.

19 LADY HALLETT: Very well. I've been asked to break now, so

20 I'll return at 11.20.

21 (11.05 am)

22 (A short break)

23 (11.20 am)

24 MS CARTWRIGHT: My Lady, thank you.

25 Could I ask, please, for Ms O'Neill to stand while

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1 already been adduced as to you and your role, please.

2 It is right, isn't it, that you are currently

3 a member of the Northern Ireland Assembly and you were

4 first elected for the Mid Ulster constituency in 2007?

5 A. That's correct.

6 Q. You were First Minister in the Executive since

7 3 February 2024?

8 A. That's correct.

9 Q. You have been vice president of Sinn Féin since 2018?

10 A. That's correct.

11 Q. And between 11 January 2020 and 4 February 2022, you

12 served as deputy First Minister?

13 A. That's correct.

14 Q. Now, I think you were observing Baroness Foster's

15 evidence online, and I don't want to go over the same

16 ground about the unique position in Northern Ireland in

17 January 2020 when the Executive began to sit again, or

18 about the fragile government, but is there anything you

19 want to add to give context to the evidence we want to

20 touch upon, or to deal with the cross-cutting issues

21 that Baroness Foster also spoke about?

22 A. Well, I think just to underline, I suppose, the

23 uniqueness of our circumstance, which we have explored

24 in previous modules so I'll not repeat, but suffice to

25 say that our system of governance is quite unique and

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1 different to other devolved administrations, and  
2 therefore makes, sometimes, decision making even more  
3 complex, with an added layer, given the ministerial  
4 autonomy that's set out under the 1998 legislation that  
5 underpins our agreement.

6 **Q.** Thank you.

7 Now, in terms of what was said by Baroness Foster as  
8 to cross-cutting issues, and ministerial responsibility,  
9 was there anything that she said that does not fit with  
10 your position of the understanding in Northern Ireland?

11 **A.** No, I think that was correct, it's just that unique  
12 point that makes those Executive decisions sometimes  
13 a bit more complex. But mandatory coalition, the all  
14 four parties coming together -- five, actually, at that  
15 time -- coming together, uniting around trying to create  
16 a programme for government, but then, obviously, only  
17 into post and facing a pandemic.

18 **Q.** Thank you.

19 Then can I capture your view on the topic of whether  
20 test, trace and isolate, or Test, Trace, Protect in  
21 Northern Ireland, you would consider a cross-cutting  
22 issue that needed to be brought to the Executive?

23 **A.** Well, it certainly was a significant matter that you  
24 would have expected would have been brought back to the  
25 Executive as the decision-making body.

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1 Now before we deal with the 16th March, can we look  
2 back to what you reference, which is the 12th March  
3 meeting of COBR. The meeting minutes were displayed  
4 with Baroness Foster and I know you've also had an  
5 opportunity to review those minutes. Can you confirm  
6 that you dialled into that COBR meeting on 12th March?

7 **A.** I did indeed.

8 **Q.** Can I ask you for your recollection and summary of your  
9 involvement, but also what had been decided at that  
10 meeting, please?

11 **A.** Yeah, so my, I suppose, general experience of COBR was  
12 that this was a meeting in which we were told by the  
13 government that this was the decision that they had  
14 made. They sometimes would have shared modelling  
15 information, for example, but it was very much, I think,  
16 it appeared more to be of a tick box that devolveds were  
17 included but it certainly wasn't a decision-making forum  
18 for our local Executive, and particularly in the area of  
19 health because that's a devolved issue and something  
20 that we have local responsibility for.

21 So I think the experience that has been articulated  
22 by Welsh colleagues and perhaps also Scots colleagues  
23 will show that the nature of these meetings were one  
24 where information was imparted as opposed to seeking our  
25 view or agreement to particular issues, and in this case

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1 So I think that for me, certainly, and I know we'll  
2 come on to this somewhat later, but the first we were  
3 aware that a decision was taken to end testing was at  
4 the Executive meeting on 16 March. And to me, then,  
5 that was a moment of alarm in terms of a decision being  
6 taken without the whole of the Executive having an  
7 opportunity to discuss this.

8 **Q.** Thank you. Can we then move to that issue, please, and  
9 could I ask, please, for your paragraph 34 to be  
10 displayed, please, which is page 10 of INQ000587291.

11 Thank you.

12 Now, you tell us:

13 "I do recall that at an Executive meeting on  
14 16 March 2020, the [Department of Health] communicated  
15 at that meeting that a decision had been made, on  
16 12 March 2020, to stop contact tracing strategy and to  
17 redeploy those resources ... I was of the view that this  
18 approach seemed self-defeating and I made the point at  
19 the Executive meeting that the WHO advice was to test,  
20 isolate and contact trace, and that we needed to adjust.  
21 I said that if everyone who was symptomatic was not  
22 tested then efforts to combat Covid could fail. I did  
23 not believe that we had reached the point where the  
24 prevalence of Covid in the community was such that  
25 community testing would have had less value."

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1 the move from one phase to another.

2 **Q.** Thank you. Now, we know that on that date the  
3 announcement was made that the move had been made from  
4 'contain' to 'delay' and so when that announcement was  
5 made, I think almost after this meeting, did you have an  
6 understanding that that meant that community testing and  
7 contact tracing was going to cease to take place in  
8 Northern Ireland?

9 **A.** Certainly not. That was not my understanding. The  
10 first I became aware that that was in fact the case was  
11 at our Executive meeting on 16 March.

12 **Q.** Thank you. Now, can we then look at the response, just  
13 by reference to your paragraph 35, please. And in terms  
14 of you referencing here the response from the Health  
15 Minister, was that:

16 "... he was following his [Chief Medical Officer's]  
17 advice, that circumstances and timings in the North of  
18 Ireland were different to the South and to Britain, that  
19 countries which flattened the curve too soon would have  
20 a recurrence, and he appeared to question the  
21 effectiveness of isolating people and our capacity to do  
22 so. He cited modelling behaviours that suggested that  
23 80% of people would comply and expressed the view that  
24 if we moved too early, this would impact on families, it  
25 would not be sustainable, and that point in time was not

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1 the right time to act."

2 Then you go over to the next paragraph, please, at  
3 paragraph 36 to detail:

4 "I am unaware of the extent to which that decision  
5 was informed by any interaction with the UK Government,  
6 and the Department of Health should be able to assist.  
7 As appears, it was a decision about which I was  
8 dissatisfied. The system was not one designed by the  
9 Executive Office or one which the Executive Committee  
10 was involved in developing or putting into operation.  
11 These were primarily operational matters for the  
12 Department of Health."

13 And so you've helpfully summarised that you were  
14 dissatisfied with that decision, and perhaps can you  
15 just make clear your recollection of what you were  
16 expressing in that meeting of 16 March, please.

17 **A.** So I, I suppose to put it in context, previous even to  
18 the COBR meeting on the 12th and this meeting on the  
19 16th, I had expressed publicly that I was dissatisfied  
20 with the approach of the government in London.  
21 I thought that the approach was at odds with  
22 international experience, at odds with the WHO advice,  
23 the World Health Organisation's advice, which was very  
24 clearly and repeatedly on the message of test, trace and  
25 isolate as a matter of fact to test, test, and test

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1 you know, capacity issues and resource issues but, for  
2 me, those were issues that we should have resolved  
3 together in the aftermath of being able to continue with  
4 testing at this point, for how long I don't think any of  
5 us would know, but certainly I believe that we should  
6 have continued with testing at this juncture.

7 **Q.** Thank you.

8 And can we capture, then, your understanding of  
9 transmission and the position in Northern Ireland at  
10 that time.

11 **A.** I can't remember the exact numbers but I know that our  
12 numbers were really low and I think that we were  
13 absolutely at that time in the position where we should  
14 have moved towards having a greater impact in  
15 suppressing the virus by dealing with the test, trace  
16 and isolate approach. I think that, by the World Health  
17 Organisation's example, and also by other international  
18 examples when you looked around, because we were so many  
19 weeks behind other countries that were going through the  
20 same, that we had something to learn from them. And  
21 I just didn't feel that that was reflected in our  
22 decision -- or the Department of Health's decision to  
23 end testing.

24 **Q.** Then can I just clarify, because you've referenced then  
25 "our decision" and then corrected yourself and said "the

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1 again.

2 So I publicly had been unhappy with the approach in  
3 the direction of public health in England.

4 At the meeting of the 16th, when it became -- we  
5 became aware that this was now in fact a policy decision  
6 being taken by Health that was implications, obviously,  
7 for the society that we represent, I was very  
8 dissatisfied by the fact that it seemed to be just  
9 blindly following an approach that perhaps was relevant  
10 in England at that time, but wasn't relevant to our own  
11 situation, given that all the World Health Organisation  
12 advice pointed to the fact that when you have low  
13 transmission, you have an opportunity to actually drive  
14 down numbers even further by taking the approach of  
15 test, trace and isolate.

16 So I think that we had -- we were in a very  
17 different circumstance. I think alongside that, there  
18 was no consideration taken to the fact that we live on  
19 an island, one epidemiological unit, and the fact that  
20 that wasn't taken into account in terms of the modelling  
21 and what potentially this would mean for us.

22 So I think there were a number of things that fed  
23 into my disagreement with the decision to stop.  
24 I wasn't, you know, I had to obviously take on board  
25 what was being said from the Department of Health as to,

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1 Department of Health's decision", so whose decision in  
2 fact was it to confirm -- to stop community testing in  
3 Northern Ireland and to stop contact tracing?

4 **A.** It was absolutely the responsibility of the Department  
5 of Health and a policy decision for the Department of  
6 Health; it was an operational one for them and I believe  
7 they and -- whether it's the minister, the CMO, the  
8 Public Health Agency, altogether, but certainly under  
9 the remit of the Department of Health.

10 **Q.** Now, we're going to briefly look at the handwritten  
11 notes that capture, I think, the strength of feeling  
12 that you were expressing at the meeting. And do you  
13 agree in this meeting you were performing and  
14 discharging the role of a deputy First Minister to  
15 challenge the decision making?

16 **A.** Yes, absolutely. I think it's -- well, that is your  
17 role: to try to lead the Executive and try to shape.  
18 But I think that, for me, this was not the right  
19 approach and therefore needed to be said. I think that  
20 the -- there was a -- as you can see from the minute  
21 itself, there was a fair exchange across -- not just  
22 myself but other ministers also raising similar  
23 concerns, and I think -- I suppose I didn't agree with  
24 the decision at that time, but I think this was  
25 a juncture where there was a turning point in terms of

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1 change of approach because of that actual challenge,  
 2 because we didn't just accept that that was the right  
 3 decision that was made by the Department of Health.  
 4 **Q.** Thank you.  
 5 Well, let's look at those minutes briefly together.  
 6 INQ00065689. Thank you.  
 7 We can see the date in the top right-hand corner.  
 8 Is it correct that this is the note-taker that's  
 9 present in the Executive meeting that's created these  
 10 notes?  
 11 **A.** That's correct.  
 12 **Q.** Thank you.  
 13 And we know that they use a summary at the left-hand  
 14 side. So "DOH", that's Department of Health, so would  
 15 that reference Mr Swann --  
 16 **A.** Yes.  
 17 **Q.** -- and his account?  
 18 And we can see there he is referencing "Matt Hancock  
 19 [on] Friday", but:  
 20 "Will issue numbers later.  
 21 "1,083 tests.  
 22 "45 confirmed cases."  
 23 So is that likely to be the up-to-date position that  
 24 was being provided as to the current position on  
 25 Northern Ireland on 16 March?

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1 approach to Health in that meeting.  
 2 **Q.** Thank you.  
 3 If we can move over to page 6, please, we can see  
 4 the note again attributed to you:  
 5 "Enormity of situation.  
 6 "GB approach -- nightmare compared to rest of  
 7 world/Europe.  
 8 "Scotland -- own approach.  
 9 "Testing healthcare workers?"  
 10 Are you able to give a bit more context to what it's  
 11 likely that you were saying in the meeting linked to  
 12 this summary?  
 13 **A.** Just the gravity of the situation that we were facing.  
 14 We were being briefed in great detail around the  
 15 potential predictions of the impact of Covid, the  
 16 potential loss of life. It was begetting -- it was  
 17 becoming, I suppose, a hugely challenging situation for  
 18 everybody. However, we had the advantage of being  
 19 somewhat behind the rest of the world, and I felt that  
 20 enough learning wasn't being taken from how others have  
 21 conducted themselves.

22 I also didn't feel, as I've said, that the World  
 23 Health Organisation advice was being taken into account  
 24 in the way in which it should. And I also fundamentally  
 25 disagreed with the approach in Britain. I thought that

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1 **A.** I think that would be fairly accurate, yes.  
 2 **Q.** Thank you.  
 3 Then perhaps if we go over the page, we can see on  
 4 page 2, the penultimate entry for the Department of  
 5 Health:  
 6 "Prefer to use resources to combat COVID 19 rather  
 7 than count.  
 8 "Self-isolate for 7 days first rather than testing."  
 9 Are you able to give any further clarity about what  
 10 was being said by Mr Swann in relation to this entry.  
 11 **A.** I think perhaps it could be characterised as a defensive  
 12 statement, that let's not just go into it, let's do  
 13 something else. But I believe that, again, it wasn't  
 14 the right approach, and I just believe that the  
 15 Health Minister was trying to -- as you can see  
 16 throughout the minute, trying to offer up rationale as  
 17 to why they took the decision that they did.  
 18 **Q.** Thank you. We move to page 4, I think by reference  
 19 to -- thank you -- DfM.  
 20 So, three up from the bottom:  
 21 "If don't test everyone who has symptoms -- will  
 22 fail."  
 23 Does that need any expansion on as a reflection  
 24 about what you were saying in the meeting?  
 25 **A.** No I think it just reflects the whole tone of my

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1 the approach led by the then Prime Minister,  
 2 Boris Johnson, was one that was akin to herd immunity,  
 3 and I did not agree with that approach, and I felt that  
 4 our own Department of Health was solely following that  
 5 advice as opposed to adding another layer of our own  
 6 local knowledge and our own information, and the fact  
 7 that we live on an island and that we needed to have  
 8 that taken into account also.  
 9 **Q.** Thank you. And I think we see that on the bottom entry  
 10 on this page that is attributed to you:  
 11 "WHO -- test every case, every contact.  
 12 "Trying to do right thing.  
 13 "GB nightmare.  
 14 "Suits island of Britain, doesn't suit this island.  
 15 "We won't get this right.  
 16 "Need to adjust."  
 17 **A.** Mm.  
 18 **Q.** So by reference to the "need to adjust", were you  
 19 expressing what Northern Ireland should have been doing  
 20 differently, please?  
 21 **A.** So I was making the point that to blindly follow what  
 22 was happening in Britain was the wrong approach. I was  
 23 trying to influence that the Minister might take  
 24 a change of approach, that we look and followed the  
 25 World Health Organisation's advice. So I think that's

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1 what's reflected there.

2 **Q.** Thank you. Again over the page, please, to page 7, you  
3 can see:

4 "Contain, delay, mitigate.  
5 "Lost control from 2 weeks ago.  
6 "People taking own decisions."

7 Can you help us any further with what you were  
8 saying in relation to this entry, please?

9 **A.** So I suppose because of the unprecedented nature of the  
10 pandemic and members of the public being rightly  
11 concerned about the spread, they were looking towards  
12 decisions being taken elsewhere. I think  
13 particularly -- and I think this is around the period of  
14 the time of school closures, around -- in the south of  
15 Ireland, parents were voting with their feet and taking  
16 their children out of schools because they were unsure.  
17 Why was it okay in Monaghan for your children not to go  
18 to school but in Tyrone you could, so across the two  
19 jurisdictions on the island. And I felt they were  
20 losing control of the public because they were watching  
21 what was happening with mass gatherings, for example, in  
22 Britain also.

23 So I just think that people were starting to make up  
24 their own mind and what they needed from us was the plan  
25 and that they needed to know that we were testing

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1 closely, downloading the documents, taking their advice,  
2 and trying to apply it locally to our own circumstances.

3 So yes, I would have been following it, minute by minute  
4 in terms of the updates that they would have been  
5 providing.

6 **Q.** Thank you. The minutes can be removed from the screen,  
7 please.

8 Now, can I ask you about the position of Mr Swann,  
9 who we're going to hear from this afternoon, who --  
10 I think again, you were following Baroness Foster's  
11 evidence where essentially I put the entry that's from  
12 Mr Swann's statement, to the effect of there was no  
13 objection from you or the First Minister, Baroness  
14 Foster to the decision of 12 March and, essentially,  
15 that it was the understanding that there was an  
16 agreement to the 'contain' to "delay", and the stopping  
17 contact tracing and community testing.

18 **A.** Well, I agree with the comments that she made, that COBR  
19 is not a decision-making forum for us. These decisions  
20 need and ought to be brought to the Executive. Health  
21 is a devolved matter, so I think that -- but as I said  
22 earlier, the experience of the COBR meetings was that we  
23 received information as opposed to being part of  
24 a decision-making process.

25 **Q.** Thank you.

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1 because people were also very alert to the World Health  
2 Organisation's advice around testing.

3 **Q.** Thank you.

4 Thank you. Now, the minutes go on and, in fact,  
5 I think it looks as if it got quite tense and there was  
6 a 15-minute break and then it returned. But is there  
7 anything else, I think the entries we've looked at  
8 summarise what you tell us in the witness statement, but  
9 is there anything else that's relevant to that meeting  
10 of 16 March and the views that you were expressing that  
11 you'd wish to further tell us about, please?

12 **A.** Just that whilst they reflect that it was a difficult  
13 meeting, I do believe that it created a step change in  
14 terms of approach from thereon in, so I think further  
15 down the line it did lead to better, better decisions in  
16 terms of how testing was conducted in the months ahead.

17 **Q.** Thank you. Now, I think you've already referenced in  
18 your statement the test, test, test, and the Inquiry has  
19 already heard evidence that in fact that was  
20 a statement, I think, that the WHO, Dr Tedros had said  
21 that day. So would you have been aware on the same day  
22 that that was the mantra that was coming from the World  
23 Health Organisation on the very same day of this  
24 meeting?

25 **A.** I was following the World Health Organisation very, very

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1 **LADY HALLETT:** Ms O'Neill, I'm sorry to interrupt. Putting  
2 to one side responsibility for the fraught relations  
3 which, on occasion, I know occurred in Northern Ireland  
4 during this time -- they probably occur all the time --  
5 but to what extent, when you have the kind of tense  
6 relationship that politicians in Northern Ireland can  
7 have, when some comes along and says something, you  
8 obviously felt strongly about this as an issue to  
9 protect the people of Northern Ireland. To what extent,  
10 when you say something like that, or somebody else has  
11 a similar view about a particular issue, is it thought  
12 that you're just saying it because of your political  
13 beliefs? Do you see what I mean? To what extent do  
14 your listeners, your colleagues around the table, say,  
15 be it you or Baroness Foster when she was there, to what  
16 extent do they attribute it to your political beliefs  
17 rather than to a genuine concern about the issue and  
18 what you're saying?

19 **A.** Well, obviously I can't speak for how others feel.  
20 However, I would make one point: there's more that  
21 unites us in politics in the North than divides us.  
22 There's more areas where we work together than we have  
23 difficulties in. I think just the nature of the  
24 pandemic, the newness of it, everybody trying to get to  
25 grips with it, meant that there were challenging

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1 meetings, but I believe the meeting of the 16th actually  
 2 led to better decisions further down the line.  
 3 I never brought my politics into it. For me, this  
 4 was about the right thing, and, you know, the fact that  
 5 we live in Ireland, the fact that we were one single  
 6 epidemiological unit, that was not factored into the  
 7 decision making. That's not a political point, that's  
 8 just a logical point. And I didn't feel like that was  
 9 being taken on board. So I think perhaps that at times  
 10 could be seen as I wanted to follow everything in the  
 11 South. I didn't. I wanted to follow everything that  
 12 worked. And I didn't find where it came from as long as  
 13 it worked for the people that we represented.

14 **LADY HALLETT:** Thank you.

15 **MS CARTWRIGHT:** Thank you.

16 Can we then as, please, building on your views,  
 17 please, go back to your witness statement, please,  
 18 paragraph 85 which is internal page 22, please.

19 Thank you.

20 You've essentially built on the evidence that you've  
 21 given in Module 2C to assist the work of Module 7 for  
 22 which you were grateful. You say:

23 "... I said 'there were tools that could and should  
 24 have been used better and much earlier and which were  
 25 not used to their maximum benefit. Test, Track, Trace,

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1 Again, building on the evidence that we already have in  
 2 earlier modules, you say:

3 "... I described the system of test and trace as  
 4 'initially inadequate for the scale of the challenge'.  
 5 This was a specific reference to the decision of the  
 6 Department of Health to end community testing in  
 7 mid-March 2020. Prior to the meeting of the Executive  
 8 Committee on 16 March ... I was not aware of the  
 9 inability of the Department or the Public Health Agency  
 10 ... to undertake effective testing for the population.  
 11 I was also of the view that this testing should have  
 12 been a priority in terms of allocation of resources."

13 And so can I ask you, then, about your understanding  
 14 of capacity in Northern Ireland in March. Would you  
 15 have had the detail of how many tests were available in  
 16 Northern Ireland, or is that the sort of information  
 17 that's not brought to you and the First Minister?

18 **A.** Not brought to us at that stage. I think there's  
 19 a reference to the Department of Health talking about  
 20 being in preparation phase for seven weeks, and given  
 21 the operational nature of those things, they weren't  
 22 brought to our attention.

23 **Q.** Thank you. And are you able to assist as to your  
 24 understanding in March of what was available by way of  
 25 contact tracing in Northern Ireland?

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1 Isolate and Support, is one example'. This reflects my  
 2 concern at the fact that in March 2020, at the outset of  
 3 the pandemic, testing and tracing was stop by the  
 4 Department of Health, in a decision made by them,  
 5 without consultation with other members of the  
 6 Executive. As indicated, the Minister was entitled to  
 7 take such a decision, however I thought it was the wrong  
 8 decision. As I have indicated above, eventually testing  
 9 in the community was reintroduced, but it remains my  
 10 view that the decision on 12 March 2020 was a misstep."

11 Is that correct, Ms O'Neill?

12 **A.** Yes, that's still my view.

13 **Q.** And again, would it be in light of the question asked by  
 14 her Ladyship, that is your considered view as  
 15 a politician, irrespective of political allegiance?

16 **A.** Absolutely.

17 **Q.** You then tell us at paragraph 86:

18 "As outlined above, this issue was raised by me and  
 19 others at the Executive Committee of 16 March ... and  
 20 thereafter at the Executive Committee meeting of 3  
 21 April 2020, the Minister was asked to bring forward  
 22 a paper on testing strategy and ultimately testing in  
 23 the community was reintroduced in and around about  
 24 May 2020."

25 And then perhaps moving on to paragraph 88, please.

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1 **A.** Only now, you know, looking back, I think -- I can't  
 2 recall at this juncture what we were told at that stage  
 3 apart from to say that the Department of Health told us  
 4 that they didn't have the capability. Again, that was  
 5 something that I would have challenged because  
 6 I believed that we did have the capability, particularly  
 7 whenever it came to contact tracing, by using the fact  
 8 that we're a small community, very well connected to  
 9 each other, and that we had opportunities to use  
 10 grassroots community and sporting groups and others to  
 11 try to assist us. People were volunteering to assist us  
 12 so I thought there were other ways to look at the  
 13 resource issue.

14 **Q.** Thank you.

15 Now, then, is it your view, having just detailed  
 16 that you think that there was the ability to continue  
 17 contact tracing in Northern Ireland, that if the  
 18 Department of Health had essentially reversed their  
 19 decision and did what you were essentially asking,  
 20 looking at those minutes, that it could have made  
 21 a difference in Northern Ireland by way of -- if they --  
 22 if community testing was continued, and if contact  
 23 tracing continued in the context of the spread of  
 24 infection in Northern Ireland at that time?

25 **A.** Well, I think that, given the World Health

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1 Organisation's advice, if we had have followed that  
2 route and given the actual numbers that we had at that  
3 time, there absolutely was scope for an improved  
4 picture. How to quantify that, I can't.

5 **Q.** Thank you.

6 Can I just ask a few brief questions around SAGE  
7 advice and Northern Ireland's input to SAGE meetings.

8 Can we go to your paragraph 28, please, which is at  
9 page 9. Thank you.

10 I think you are referencing here SAGE advice and you  
11 say:

12 "[You] do not know why Executive representatives  
13 were not present at initial meetings, but it was  
14 a serious and, in my view, unnecessary gap and could  
15 only impact negatively as the absence of Executive  
16 representatives meant that our unique position on the  
17 island of Ireland may not have been recognised or taken  
18 on board by a government system based in London and  
19 often unaware of our circumstances."

20 Can I also then display some SAGE advice, please,  
21 which is INQ000249693.

22 Whilst that's being done, can you just, again, give  
23 the context to Northern Ireland's input to SAGE, the  
24 classical SAGE advice in this time of the pandemic,  
25 please.

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1 the decisions made in Whitehall, each administration has  
2 the opportunity to determine the distinctive measures  
3 needed to safeguard the well-being of the population for  
4 which it is responsible. The pattern of infection with  
5 the virus appears to vary markedly across the  
6 [United Kingdom] and the devolved administrations should  
7 take the opportunity, where possible, to engage fully in  
8 the introduction of our strongly recommended approach of  
9 case finding, testing, tracing, and isolation. This  
10 should be a cornerstone of their approach.  
11 Northern Ireland is a particular case, having a land  
12 border with the Republic of Ireland. We urge the  
13 Northern Ireland Assembly Executive to seek to harmonise  
14 their policies with those of the Republic of Ireland in  
15 keeping with the commendable Memorandum of Understanding  
16 that has been agreed between the two jurisdictions in  
17 relation to the coronavirus [case]."

18 **LADY HALLETT:** "Crisis".

19 **MS CARTWRIGHT:** "Crisis", sorry. Thank you, my Lady.

20 So was the Independent SAGE advice from May of 2020  
21 ever brought to your attention, to the best of your  
22 recollection?

23 **A.** I can't recall now at this juncture.

24 **Q.** Thank you.

25 Can I then ask you, in terms of this being a call

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1 **A.** Yes, so as I've said in the statement, we thought this  
2 was a gap in that we weren't represented at the early  
3 meeting, so therefore our local circumstances weren't  
4 taken into account.

5 The Inquiry will know that we've since employed our  
6 own Executive Chief Scientific and Technology Adviser,  
7 which was as a direct result of our experience in the  
8 early days of the pandemic, so this was something that  
9 we recognised was a gap in terms of having that constant  
10 engagement and back and forth, I suppose, around  
11 challenge in terms of our own local circumstances.

12 **Q.** Thank you. And I think we'll hear from Mr Swann and  
13 others about how the scientific advice then developed in  
14 Northern Ireland, so unless there's something  
15 specifically you want to say about that, I'll address  
16 that with Mr Swann.

17 **A.** No, I've nothing else to add.

18 **Q.** Thank you.

19 Now, this is the Independent SAGE report from  
20 May 2020, but it was making comment on what was  
21 happening in Northern Ireland.

22 And so can we move in this document, please, to  
23 page 21. Thank you.

24 I think it details:

25 "While the general position has been to adhere to

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1 for, again, Northern Ireland to do something different  
2 in May 2020, or to do more to harmonise its policies on  
3 test and trace with the Republic of Ireland, are you  
4 able to provide any comment about then what flowed,  
5 particularly from May onwards, as to what was happening  
6 in Northern Ireland around find test, trace, isolate,  
7 support?

8 **A.** Yes. So, as you can see, we did sign up to a memorandum  
9 of understanding, which was important in terms of  
10 sharing information, because our experience in the  
11 early -- those early days in early March, particularly  
12 in relation to the issue of schools, where in the south  
13 of Ireland they moved to close schools and we did not  
14 have a heads-up and therefore left a sort of state of  
15 panic among parents around what did it mean for their  
16 child in school in the north. So this was an attempt to  
17 try to address some of those things.

18 Over time, I think this relationship really  
19 developed more in terms of the sharing of modelling, and  
20 I know that perhaps CMO and Health, Department of  
21 Health, might say more about that later, but it was  
22 important for us in terms of the nature of living on the  
23 island of Ireland, two jurisdictions, people freely move  
24 across the island, some people live in one jurisdiction  
25 and work in another, so when it came to tracing and

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1 finding cases, then it was important that we were able  
 2 to share that information, and I think that did develop  
 3 more positively then, particularly when we got to  
 4 a digital app further down the line.

5 **Q.** Thank you.

6 Thank you, that can be taken from the screen.

7 Can I ask to be displayed INQ000425652.

8 This is a memo that was addressed to yourself and  
 9 Baroness Foster regarding compliance and enforcement  
 10 measures. And we can see within this memo from  
 11 November of 2020, Mr Swann was describing the issue as:  
 12 "... a recurring theme in our many discussions on  
 13 measures to reduce the spread of the virus ..."  
 14 And also expressed increasing concern "to see no  
 15 visible action or movement" in the context of  
 16 the targeted measures, and noted his frustration at the  
 17 lack of discernible action on his front.

18 Can I ask whether you -- your views on whether the  
 19 Northern Ireland Executive was slow to act in  
 20 introducing measures designed to promote public  
 21 compliance?

22 **A.** No, I think we tried our best to bring people on the  
 23 journey that we were all on, in terms of encourage them  
 24 in terms of public messaging, in terms of our online  
 25 messaging, our press conferences, working with the

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1 Then can I ask you, in terms of the digital contact  
 2 tracing app, are you able to provide any insight as to  
 3 the Northern Ireland decision to essentially develop  
 4 their own contact tracing digital app, not using the  
 5 United Kingdom's app that was being developed and was  
 6 available then at the end of September of 2020?

7 **A.** So I think this was a good example of how the situation  
 8 evolved, where there was more of a recognition of the  
 9 need to take into account our circumstance, and I think  
 10 the digital app was something that we can reflect on as  
 11 something that we did well, that we got out early on,  
 12 and we had it -- it in itself being designed that it had  
 13 north/south operability, east/west as well, that that  
 14 actually really was a good development and reflected our  
 15 circumstance. So I think that was something that we  
 16 worked our way through and actually got right very early  
 17 on.

18 **Q.** Thank you.

19 Now, can I ask you some additional questions on  
 20 issues of inequalities, please. Are you able to assist  
 21 as to what structural changes do you believe should be  
 22 made within the Northern Ireland Executive to ensure  
 23 that ethnic minority communities are better supported  
 24 during future public health emergencies, particularly  
 25 regarding timely access to testing, financial support

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1 Department of Justice, the PSNI. I think we were  
 2 constantly trying to communicate this message of the  
 3 importance of enforcement or of compliance.

4 **Q.** Thank you.

5 Now, can I ask that, given that this issue had been  
 6 specifically raised with both you, Baroness Foster, how  
 7 do you explain the absence of discernible action in  
 8 November 2020, please?

9 **A.** I think obviously the Health Minister wanted to put on  
 10 record that he had raised this issue, but, I mean, I can  
 11 remember numerous conversations that we had at Executive  
 12 level to try to drive home the message of enforcement.  
 13 I think there were challenges even for the PSNI in  
 14 terms of enforcement which have been articulated in  
 15 previous modules, but I do think that we were  
 16 continually revisiting this and trying to improve where  
 17 we could.

18 **Q.** Thank you.

19 Now, on the issue of adherence, you detail within  
 20 your witness statement the attendance at Mr Storey's  
 21 funeral on 30 June 2020. I know you've already been  
 22 questioned about that issue in module 2C, I'm not going  
 23 to deal with it, bearing in mind you've already given  
 24 oral evidence and you've addressed it again within this  
 25 witness statement.

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1 and isolation services?

2 **A.** Yeah, I think this is one of the areas that certainly we  
 3 have to and have taken on board in terms of learning.  
 4 I think that whilst all the general supports that were  
 5 put in place, whether that be the self-isolation grant,  
 6 whether that be our investment in terms of Advice NI to  
 7 provide welfare advice and support, the wraparound  
 8 services we provided with food parcels, et cetera,  
 9 working with local councils, we had an emergency  
 10 leadership group which was about bringing together all  
 11 different representative groups, however, whilst that in  
 12 itself is good, however I think the recommended -- or  
 13 the learning that we've to take from this is that we  
 14 could do better, and we have already started to reflect  
 15 that in our own civil contingencies framework, which is  
 16 a document called Building Resilience Together, and  
 17 we've now identified the vulnerable groups and we've now  
 18 set that out very clearly, that's actually on our  
 19 Executive website.

20 So there is some learning already applied, and  
 21 obviously the Inquiry will help us to direct us in terms  
 22 of anything else that perhaps would be the right thing  
 23 to do, but I think this is an area of learning for us  
 24 all.

25 **Q.** Thank you.

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1 And then, finally, for my purposes, please, you've  
2 addressed lessons learning from your perspective at  
3 page 39. If we just could go to paragraph 151, please.

4 Thank you. And then over the page, please. Can  
5 I ask you, please, you detail that it's your view that  
6 effective public services -- this is paragraph 154:

7 "... including in particular the health service,  
8 require adequate and consistent investment ahead of the  
9 next pandemic. This responsibility falls to us all,  
10 including the [United Kingdom] Government, to ensure  
11 sufficient resources are available to the devolved  
12 administrations here."

13 And you also say:

14 "I am also conscious of the criticisms made of the  
15 Executive during Module 2C by groups representing people  
16 with disabilities, and their sense that people with  
17 disabilities were not heard by their political  
18 representative. This is something I, as First Minister,  
19 takes seriously and it will be to the forefront of our  
20 minds as an Executive should a pandemic strike again".

21 Ms O'Neill, is there anything else you wish to  
22 address her Ladyship on in respect of lessons learning  
23 or your perspective as to potential consideration of  
24 recommendations informed by your experience during the  
25 pandemic and as First Minister?

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1 we did put together a number of things that we thought  
2 provided support to people, at least as best as we  
3 could, but the lesson I think in all of this, that even  
4 though we set up a community leadership group to, sort  
5 of, give information, to get feedback, I don't think  
6 that was reflective enough as it should have been of,  
7 particularly, the black and ethnic minority community,  
8 people with disabilities and other groups, but I hope  
9 that we've went already somewhat towards trying to  
10 address that for future planning.

11 But those are three, sort of, lessons that I think  
12 that we take from this.

13 **Q.** Thank you.

14 Then, very briefly then, with you identifying the  
15 support to isolation, the Inquiry has already heard  
16 evidence that the approach in Northern Ireland for  
17 packages of support to assist isolation was  
18 a discretionary scheme. Were you involved at all in the  
19 fact that there was, early on in Northern Ireland,  
20 I think from as early as March of 2020, the availability  
21 of a discretionary scheme of support to assist  
22 self-isolation?

23 **A.** Yes, this, again, I think is an area that worked very  
24 well. We had our self-isolation grant, as you said it  
25 was, early in March. We used a ready-made discretionary

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1 **A.** Thank you. I think I'd make three points, one which  
2 I've made in the statement, which is around general  
3 preparedness, pandemic preparedness. We had 14 years of  
4 austerity, 14 turn years that decimated our health  
5 service, and 14 years that meant that our public health  
6 system was not in a state of readiness. That's a lesson  
7 to be learned by all in terms of investing in the public  
8 health infrastructure that when a situation arises, as  
9 it inevitably will again, that we have a system that is  
10 ready to be scaled up and ready to respond to any crisis  
11 that we would face.

12 I think, secondly, to build on that, then, I think  
13 is around the capacity, having the structures in place  
14 around being able to scale up a mass testing programme,  
15 being able to scale up a tracing programme. Those are  
16 certainly things, but that naturally flows from having  
17 the proper budget in order to be able to advance or  
18 invest in our public health infrastructure.

19 Then I suppose thirdly for me, particularly in  
20 relation to the conversation we just had, I think that,  
21 you know, there's no doubt that from the outset of the  
22 pandemic, moving at pace, I believe all ministers were  
23 there to do their best and to get the public through  
24 this. We tried to mitigate as best we can. You will  
25 never mitigate the whole impact of a pandemic. However,

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1 support scheme that we already had, we scaled it up and  
2 it allowed us to be able to turn that around very  
3 quickly and have it up and function very quickly.

4 We were able to invest in other advice agencies that  
5 were already on the ground because people were obviously  
6 very anxious about their lives, particularly with having  
7 to -- with workplaces shutting down, etc, so people were  
8 worried financially, so we invested in Advice NI.

9 But also, I think, the work we did with local  
10 councils. As I said, we're a small area, we're very  
11 connected, so we worked around our local councils around  
12 food parcels and other areas of work. So this is an  
13 area, I think, that we tried to reach as many people as  
14 possible and I think, particularly in relation to the  
15 self-isolation grant, that was a good early thing to be  
16 able to deliver upon but, of course, we have to take on  
17 board learning and all of that even whenever you believe  
18 you've done something well, I think there's always going  
19 to be learning in it as well.

20 **MS CARTWRIGHT:** Thank you, Ms O'Neill, those are my  
21 questions, thank you.

22 My Lady, there are Core Participant questions.

23 **LADY HALLETT:** Just before Mr Thomas asks you questions,  
24 I understand why Ms Cartwright didn't go down the Storey  
25 funeral path, and I didn't intend to, but forgive me for

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1 returning to a sensitive issue, I just feel I need to  
 2 give you, Ms O'Neill, a chance to answer what Baroness  
 3 Foster said this morning: that in her view, after the  
 4 Storey funeral, there was a breakdown in compliance.  
 5 I just wanted to give you the opportunity to address it  
 6 if you wished to.

7 **A.** Okay. Look, I think, unfortunately, I believe  
 8 Arlene Foster raised that issue again today in the  
 9 Inquiry, because the comments are politically motivated.  
 10 I don't believe there's any evidence to suggest that  
 11 actually is the case.

12 **LADY HALLETT:** Thank you. I just wanted to give you that  
 13 chance.

14 **THE WITNESS:** Thank you.

15 **LADY HALLETT:** Mr Thomas.

16 **Questions from PROFESSOR THOMAS KC**

17 **PROFESSOR THOMAS:** Good afternoon.

18 **A.** Good afternoon.

19 **Q.** My name is Leslie Thomas and I'm representing FEMHO, the  
 20 Federation of Ethnic Minority Healthcare Organisations.  
 21 You note, at paragraph 133 of your witness  
 22 statement, you can turn it up if you need to, but I'll  
 23 read out the quote:  
 24 "The daily updates took the form of joint press  
 25 conferences by the First Minister and I, further, at  
 85

1 But I do think that, as I just said, that I believe  
 2 that there is a lot to be learned here, and more that we  
 3 could do, and I'm absolutely determined to take that on  
 4 board.

5 **Q.** Second question. If, as you say, you were extremely  
 6 alive to the need for effective communication and clear  
 7 messaging, can you tell us what work your office did to  
 8 coordinate public messaging with local religious groups  
 9 or stakeholders to ensure translation of information for  
 10 those who did not speak English or Irish?

11 **A.** So we had a local group, an emergency management group,  
 12 which brought together all sector leaders including faith  
 13 leaders and others, to try to create the space where we  
 14 would advise of the current situation but also to hear  
 15 feedback around particular needs of communities, and  
 16 I think that's one of the things that I've said, that  
 17 we've had, we've moved to improve, in terms of our civil  
 18 contingencies framework for going forward. So there's  
 19 a recognition that that group could have been more  
 20 representative.

21 So for me, that's, a lesson that's already been  
 22 learned but obviously we probably need to reflect then  
 23 on the Covid Inquiry itself and what else we can do.

24 **Q.** You've touched upon my next question but I'll ask it.  
 25 So I take it from your last answer, you would support  
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1 a relatively early stage, we took steps to ensure that  
 2 those press conferences were supported by sign language  
 3 interpreters, both British and Irish sign language, to  
 4 ensure that the deaf community had access to Executive  
 5 advice. We were extremely alive to the need for  
 6 effective communication and clear messaging."

7 What's missing there is any mention of those within  
 8 Northern Ireland who were non-English or Irish speakers,  
 9 non-English Irish speakers are usually from the black,  
 10 Asian, and minority ethnic communities. So my question  
 11 is: was consideration given to public messaging for  
 12 those groups who didn't speak the predominant two  
 13 languages, namely Irish and English?

14 **A.** Yes, so I think that where we tried to reach the black  
 15 and ethnic minority community was in terms of the advice  
 16 that we published, the guidance that we published, that  
 17 was published on multiple languages. We also had  
 18 particular approaches to where, for example -- and  
 19 I think perhaps Arlene Foster might have used this  
 20 example earlier -- where we had a large ethnic minority  
 21 community working in a large factory at Moy Park in  
 22 Dungannon, and we deliberately sent representatives into  
 23 explain the scenario that we were in, how to get  
 24 testing, and all of the processes. And we did that on  
 25 a number of occasions.  
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1 formalised engagement with community leaders in future  
 2 public health crises?

3 **A.** So, yes, we do have a mechanism in which to do so, but  
 4 I think the reflection on the Covid experience will be  
 5 that did it work as best as it could, and where can we  
 6 improve it?

7 **Q.** You say at paragraph 31 of your witness statement that:  
 8 "The decision to impose non-pharmaceutical  
 9 interventions was taken by the Executive after  
 10 consideration of advice from the Chief Medical Officer  
 11 and Chief Scientific Adviser and updates from the  
 12 Minister of Health."

13 And yet we understand from the evidence of Baroness  
 14 Foster that the first -- that the First Minister, that  
 15 the advice you received was never granular in terms of  
 16 what were the adverse impacts of the NI -- the NPIs on  
 17 the black, Asian and minority ethnic population. So my  
 18 question is this: can you definitively say that the  
 19 advice you got on NPIs, such as lockdown effects and  
 20 self-isolation, were sufficient for you to understand  
 21 how these decisions were impacting the minority ethnic  
 22 communities and groups?

23 **A.** I think it's fair to say clearly not. I mean, I think  
 24 we took our advice and data from a range of sources, and  
 25 departments, but I think again, we can do better in this  
 88

1 area.

2 **Q.** In hindsight, do you believe there should have been

3 a dedicated cultural competency advisory group within

4 the NI Executive to ensure the needs of ethnic minority

5 communities were consistently being considered in the

6 pandemic response measures, including isolation support

7 and access to testing?

8 **A.** So I don't know if that's the correct model but I think

9 the wider point around how we can factor in to decision

10 making the needs of our black and ethnic minority

11 community, then that is something that we have to do and

12 get right.

13 **Q.** Finally this: considering the gaps in data for ethnic

14 minorities, do you believe that Northern Ireland needs

15 a system that collects disaggregated data by ethnicity

16 during public health emergencies, and how do you believe

17 this would or may have impacted the policy decisions

18 during the pandemic?

19 **A.** I think that's something I would have to explore

20 further, but I think, in a general point, anything that

21 leads to improved outcomes for individuals facing

22 a pandemic is something that we need to embrace.

23 Anything that can be learned in terms of what didn't

24 work throughout this pandemic is something that we need

25 to apply.

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1 that the operational responsibility of health, that

2 those things that needed to have us in a state of

3 readiness in terms of test, trace and isolate, that they

4 would be in place. It was only on 16 March that we knew

5 then that these were all the challenges that actually

6 came with keeping testing in place.

7 **Q.** Well, there you are. It seems the one thing that

8 yourself and Baroness Foster can agree on is the

9 definition of false confidence. Thank you very much.

10 **LADY HALLETT:** Thank you, Mr Wilcock.

11 Thank you very much indeed, First Minister.

12 **THE WITNESS:** Thank you.

13 **LADY HALLETT:** I agree with Mr Wilcock that you should be

14 addressed by your title. Thank you for your help. I

15 don't know if you heard me say to Baroness Foster,

16 I can't promise, but I don't think we are going to need

17 to call upon you again. I appreciate the added burden

18 to all your other responsibilities would not be welcome,

19 so we'll do our best not to so thank you very

20 much -- (overspeaking) --

21 **THE WITNESS:** Thank you very much, my Lady, and I was happy

22 to participate because I do believe that we genuinely

23 all want to get to a position where we have lessons

24 learned and apply them, so thank you.

25 **LADY HALLETT:** Thank you.

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1 **PROFESSOR THOMAS:** My Lady, thank you very much.

2 **LADY HALLETT:** Thank you, Mr Thomas.

3 **PROFESSOR THOMAS:** Thank you.

4 **LADY HALLETT:** Mr Wilcock is just there.

5 **Questions from MR WILCOCK KC**

6 **Q.** Good afternoon. If I may address you by your title,

7 First Minister, I represent Northern Ireland Covid

8 Bereaved Families for Justice and I just want to ask you

9 two questions that you will have heard me ask Baroness

10 Foster just before you gave evidence.

11 The first question is: do you accept that at the

12 start of the pandemic there was an overreliance by the

13 Executive on unchallenged evidence from the Department

14 of Health in relation to the capability and scalability

15 of test and trace in Northern Ireland?

16 **A.** No, I don't believe so, and the reason I say that is

17 because I consistently challenged the health advice that

18 was given.

19 **Q.** And the second question is: do you accept that the

20 information given to the Executive by the Department of

21 Health gave false confidence about Northern Ireland's

22 testing capability and scalability in those early

23 stages?

24 **A.** I don't know if you could characterise it as false

25 confidence, but I think that there was an understanding

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1 **MS CARTWRIGHT:** Thank you, my Lady.

2 **LADY HALLETT:** Ms Malhotra.

3 **MS MALHOTRA:** My Lady, the next witness is

4 Professor Sir Michael McBride. May he be sworn.

5 **PROFESSOR SIR MICHAEL MCBRIDE (sworn)**

6 **Questions from COUNSEL TO THE INQUIRY**

7 **LADY HALLETT:** Sir Michael, I'm sorry to have kept you

8 waiting. I'm afraid we are not going to be able to

9 finish before lunch because I have a commitment at

10 lunchtime, but thank you for your patience.

11 **THE WITNESS:** My Lady, I'm happy to be of assistance.

12 **MS MALHOTRA:** Could you state your full name, please.

13 **A.** Yes, I'm Michael Oliver McBride.

14 **Q.** Thank you.

15 Now, you've provided a witness statement to Module 7

16 of the Covid Inquiry. We can see that displayed now.

17 It's dated 7 April 2025. Have you had an opportunity to

18 familiarise yourself with that statement recently?

19 **A.** I have, yes.

20 **Q.** Your witness statement is provided on behalf of the

21 Department of Health for Northern Ireland, and in

22 respect of your specific roles and responsibilities as

23 Chief Medical Officer for Northern Ireland; is that

24 correct?

25 **A.** That is correct, yes.

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1 Q. You have the benefit of liaising with others, such as  
2 Professor Ian Young, the Chief Scientific Adviser,  
3 Professor Lourda Geoghegan, the Deputy Chief Medical  
4 Officer with oversight for Covid-19 testing and contact  
5 tracing, and Dr Naresh Chada, the Deputy Chief Medical  
6 Officer, who, along with the Public Health Agency,  
7 provided advice to the Department of Education, and  
8 Kieran McAteer, Director of COVID-19 Response; is that  
9 right?

10 A. That is correct.

11 Q. So, in essence, this a corporate statement that has had  
12 the benefit of a number of individuals who were able to  
13 feed into it; is that a fair summary?

14 A. That's a fair summary, yes.

15 Q. Now, you signed that statement, and it exists on  
16 page 295. Can you confirm that the contents are true?

17 A. I can confirm that the contents of the statement are  
18 true.

19 Q. I'm grateful.

20 Now, a large body of evidence sits behind this  
21 statement. It's 295 pages and covers the test, trace  
22 and isolate in Northern Ireland and the department's  
23 involvement.

24 Before we touch upon what that involvement was, this  
25 is not your first time giving evidence before my Lady.

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1 Q. And you have been since 2006; is that right?

2 A. That is right.

3 Q. Your role sits within the Department of Health; is that  
4 so?

5 A. That is correct.

6 Q. The Department of Health is one of nine departments  
7 which comprise the Northern Irish Executive; is that  
8 correct?

9 A. That is correct.

10 Q. The Department of Health -- I suspect the answer is very  
11 much in the title -- it is the department with  
12 responsibilities for health and social care in Northern  
13 Ireland; is that right?

14 A. That is right.

15 Q. The department was and is the lead government department  
16 for health issues; is that correct?

17 A. That is correct.

18 Q. And it was the lead government department for  
19 Northern Ireland in the response to Covid-19; would you  
20 agree with that?

21 A. For managing the health consequences of the pandemic,  
22 yes.

23 Q. Turning to the departmental role relevant to test, trace  
24 and isolate, in terms of your role at paragraph 26 of  
25 your witness statement -- that's INQ000587301, at page 9

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1 I believe this is in fact your fourth appearance before  
2 my Lady, you having previously given evidence in  
3 Module 1, Module 2C and Module 3.

4 So you will be, no doubt, familiar with the process.

5 Could I just invite you, and perhaps remind you to  
6 speak into the microphone in front of you so that the  
7 stenographers can hear you clearly for the purposes of  
8 the transcript. And if you can give your answers at  
9 a steady pace so that your evidence can be fully  
10 captured.

11 Now, Professor McBride, there are seven topics  
12 perhaps rather ambitiously that I hope to cover with you  
13 this afternoon, time permitting.

14 The first is the decision to move from 'contain' to  
15 'delay'. Secondly, the decision to pause testing and  
16 contact tracing in Northern Ireland. The testing  
17 strategy in Northern Ireland. Fourthly, the contact  
18 tracing. Fifthly, self-isolation and adherence. Sixth,  
19 inequalities, including public communications. And  
20 finally, recommendations.

21 Before I turn to each of those topics, for those who  
22 are not familiar with you or haven't had the benefit of  
23 hearing your evidence previously, you are the Chief  
24 Medical Officer for Northern Ireland; is that correct?

25 A. That is correct, yes.

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1 at paragraph 26 -- we can see there that you give an  
2 explanation as to what the departmental role was:

3 "... the Department retained control of all  
4 strategic and policy matters in relation to testing and  
5 contact tracing and setting isolation policy advice  
6 throughout the pandemic, the [Public Health Agency] ..."

7 Which is a regional body within the health and  
8 social care system; is that right?

9 A. That's correct, yes.

10 Q. "... was the lead operational and coordinating body in  
11 [Northern Ireland] for both the testing and contact  
12 tracing programmes."

13 Is that right?

14 A. That is right.

15 Q. Now, in your next paragraph, at 27, you go on to assist  
16 us with the Department's role, and you say that:

17 "... operational delivery of the Covid-19 Contact  
18 Tracing programme transferred to the [Public Health  
19 Agency] at the end of September 2020, while the  
20 Department continued to retain control of all policy  
21 matters in relation to testing, contact tracing and  
22 isolation advice."

23 Can you help us with this: between the Department of  
24 Health and the Public Health Agency, who was ultimately  
25 responsible for oversight and governance with regards to

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1 testing, tracing and isolating?

2 **A.** Well, the operational responsibility continued to

3 reside, my Lady, with the Public Health Agency. The

4 strategic and policy aspects, including the coordination

5 of both the testing and the contact tracing programme,

6 resided with the Department.

7 **Q.** Did the Public Health Agency report to the Department of

8 Health?

9 **A.** We -- as I say in the statement, we worked very

10 collectively. The challenges on both organisations,

11 both the PHA and the Department, were significant at

12 that time, and, as I've indicated in the statement, we

13 had significantly less in the way of resources available

14 to us. So we effectively worked as a team in

15 a collaborative partnership arrangement, whereby there

16 was a division between the operational delivery of

17 testing and contact tracing, which was led by the PHA,

18 the strategic policy elements of that, which were led by

19 the Department, and we put in place a number of groups

20 which managed those interfaces effectively to ensure

21 that there was alignment between the operational

22 delivery and the policy on both programmes.

23 So I would say it was very much as an integrated

24 team approach, but very clear in terms of where the

25 respective roles and responsibilities resided.

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1 policy responsibilities I still retain.

2 **Q.** Now, you are the most senior health professional within

3 the department; is that correct?

4 **A.** That is correct, although I work very closely with my

5 chief professional officer colleagues, of which there

6 are a number, as outlined in the statement.

7 **Q.** I'm grateful.

8 I'd like to turn, then, to our first topic: the move

9 from 'contain' to 'delay'. My Lady has heard evidence

10 this morning and in previous modules regarding the

11 decision to move from 'contain' to 'delay'. This module

12 is concerned with decisions relevant to test, trace and

13 isolate, so my questions, and hopefully your answers,

14 are viewed through that lens.

15 **A.** Mm.

16 **Q.** Could we please have up INQ000398439.

17 And at page 1, at paragraph 1, let's just orientate

18 ourselves to this document. This is an email on

19 8 March 2020, and it records there in the section that's

20 highlighted:

21 "The move from Containment to Delay: the CMO is

22 working on advice which seems likely to conclude that we

23 are a week or two behind England and hence it seems

24 likely he will advise we should not move to Delay here

25 immediately. He will be in the lead on this through the

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1 **Q.** Now, Dr Joanne McClean, now Director of Public Health at

2 the Public Health Agency, who has provided a statement

3 to this module concerning the Public Health Agency's

4 role, the operational role, as you've described, she was

5 seconded to the Department of Health from the Public

6 Health Agency as Associate Deputy Chief Medical Officer

7 on 1 June 2021 and then returning to the Public Health

8 Agency on 1 September 2022; is that right?

9 **A.** That is correct, yes.

10 **Q.** Right.

11 I think we can take that down, thank you.

12 Just turning to departmental decision making,

13 please, with regards to the overall decision making

14 within the department, does that rest with the Health

15 Minister?

16 **A.** Ultimately yes, the department operates under the

17 direction of the Minister.

18 **Q.** And your role as Chief Medical Officer was and is to

19 provide advice to ministers -- to the minister; is that

20 right?

21 **A.** That is correct. And in addition to providing that

22 advice, medical, professional and technical advice,

23 I also at that time had significant policy

24 responsibility in the area of health protection, health

25 improvement, research and development. Many of those

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1 CMO network but we will need to oversee the advice to

2 ministers ..."

3 Firstly, is this is an accurate description of where

4 you were at on 8 March 2020, that Northern Ireland

5 should not move to 'delay' immediately and that Northern

6 Ireland was a week or two behind England?

7 **A.** Well, obviously any decision to move from the 'contain'

8 to the 'delay' phase was a policy decision for ministers

9 and not a decision for me myself. It is correct,

10 however, that at that time we were probably, at

11 best, several days, maybe upwards of a week, behind,

12 particularly, London at that time, in terms of the

13 trajectory of the pandemic and the level of community

14 transmission.

15 However, at that time, because of the lack of

16 availability of tests, realistically we had no way of

17 knowing where we were on that very sharp upward curve

18 towards community transmission.

19 So I think this email, I think I picked it up at --

20 after midnight on a Friday evening, and it was -- this

21 is in response to -- my response to that email, which

22 was basically saying, "Look, I think we need to look at

23 this", that was a request for a return by lunchtime on

24 the Saturday, and it needed further assessment.

25 **Q.** Forgive me for interrupting you.

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1 A. Sorry.  
 2 Q. Can I just press you upon that?  
 3 A. Yeah, yeah.  
 4 Q. Does this reflect your advice at the time?  
 5 A. Essentially what I was reflecting was the accurate  
 6 position that we were probably a little behind, although  
 7 marginally so in terms of the trajectory of the  
 8 pandemic. So, to that extent, it is accurate.  
 9 Q. Then, with regard to not moving to 'delay' here  
 10 immediately, is that an accurate --  
 11 A. No, I don't think that's an accurate interpretation.  
 12 I think that I was providing some initial thoughts in  
 13 relation to the implications of the move, the level of  
 14 preparation that there had been and the implications of  
 15 a move from 'contain' to 'delay', the state of readiness  
 16 in Northern Ireland for such a decision, and that any  
 17 such decision needed to be informed as best it possibly  
 18 could by the availability of local data.  
 19 At that time, when I responded to that, I didn't  
 20 have all that comprehensive data available to me in  
 21 order to make or provide informed advice to ministers,  
 22 and that did become clearer over the coming days.  
 23 Q. I see.  
 24 Did you change your view?  
 25 A. Yes.

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1 to travel in the Republic of Ireland. There was  
 2 evidence of community transmission elsewhere in the UK,  
 3 and we had our first potential case, as I recall at that  
 4 stage, again, not related to travel.  
 5 So that was indicating that community transmission  
 6 was already established, and that it -- to continue to  
 7 try to contain the virus was not going to be  
 8 a successful strategy.  
 9 Q. Well, let's move on, please, to the decision to pause  
 10 testing and contact tracing, then, although the two  
 11 topics are interlinked.  
 12 Could we look at INQ000587301, your witness  
 13 statement, at page 39, paragraph 86, please.  
 14 So you can see here you say:  
 15 "As in the rest of the UK, the PHA [the Public  
 16 Health Agency] was undertaking contact tracing for all  
 17 cases of Covid-19 until 12 March 2020, when contact  
 18 tracing was paused in line with a decision which was  
 19 taken by the Cabinet Office Briefing Room Ministerial  
 20 Meeting (COBR(M))."  
 21 Just to be clear, what decision are you referring  
 22 to?  
 23 A. That was the decision to move from the 'contain' phase  
 24 of the domestic response to the 'delay' phase of the  
 25 pandemic response, as had been outlined in the UK

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1 Q. When did you change it?  
 2 A. We -- there were subsequent SAGE meetings on 10 March,  
 3 as I recall, when it became clear at that meeting that  
 4 there were certainly more cases in the United Kingdom  
 5 than had been initially envisaged, because again, we  
 6 were only at that stage testing individuals who had  
 7 returned from certain geographical areas and those who  
 8 were symptomatic. We did not then know the full extent  
 9 of community transmission that had already been  
 10 occurring, and from that date, from 10 March up to the  
 11 decision that was increasingly clear to me that we just  
 12 didn't know how far along in the pandemic that we were,  
 13 and that the prudent decision was to advise ministers to  
 14 move from 'contain' to 'delay'.  
 15 Q. So just to summarise, so we're clear about why your view  
 16 changed, could you summarise that for us, please?  
 17 A. Yes. It became clearer over the succeeding number of  
 18 days that in the United Kingdom, including in Northern  
 19 Ireland, we were further into the pandemic wave than we  
 20 had initially suspected. As I recall, at the SAGE  
 21 meeting on 10 March, Sir Patrick Vallance estimated that  
 22 there were somewhere in the region between 5,000 to  
 23 10,000 cases in the United Kingdom. At that stage, we  
 24 had evidence, if not on that day, on the following days  
 25 of community transmission that couldn't be traced back

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1 Coronavirus Action Plan of the 3 March --  
 2 Q. 3 March.  
 3 LADY HALLETT: Sir Michael, as I remember, the Coronavirus  
 4 Action Plan had, as part of the delay phase, trying to  
 5 stop the spread of the virus.  
 6 A. Mm.  
 7 LADY HALLETT: If you stop community testing, how were you  
 8 going to limit the spread of the virus?  
 9 A. At that stage we simply did not have the tests available  
 10 to us to continue community testing. Without community  
 11 testing, particularly where there was established  
 12 transmission within the community, we were not going to  
 13 be able to detect all of the cases that we needed to  
 14 start contact tracing to advise people to self-isolate  
 15 and to take appropriate precautions.  
 16 So at that stage it was the limitation in testing  
 17 capacity which didn't enable us to start contact tracing  
 18 and, at that stage, from a public health perspective  
 19 although from a very narrow public health perspective,  
 20 the sensible approach was to extend the measures which  
 21 had previously only applied to individuals with symptoms  
 22 who had tested positive, to population-wide measures,  
 23 such as asking everyone's symptoms, whether it was  
 24 confirmed as Covid or not, to stay at home.  
 25 MS MALHOTRA: I think we have that strategy document and it

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1 might be helpful to take a look at it. It's  
 2 INQ000232520.  
 3 And if we go to page 3, please, just to orientate  
 4 ourselves to the document, is this the Coronavirus  
 5 Action Plan published on 3 March 2020 that you're  
 6 referring to?  
 7 **A.** That's correct.  
 8 **Q.** And if we go to page 12, please, here we can see, just  
 9 so everybody is clear, this is an exhibit that's been  
 10 provided from Baroness Foster and that's the manuscript  
 11 that we can see on it. There we've got "Contain",  
 12 "Delay", "Research", "Mitigate" towards the bottom of  
 13 the page. Under "Contain" it says:  
 14 "detect early cases, follow up close contacts and  
 15 prevent the disease taking hold in this country for as  
 16 long as is reasonably possible."  
 17 And then the "Delay":  
 18 "slow the spread in this country, if it does take  
 19 hold, lowering the peak impact and pushing it away from  
 20 the winter season."  
 21 So, by definition, that would seem to be how those  
 22 particular phased are termed; would you agree with that?  
 23 **A.** Yes, although I think if you refer to the foreword of  
 24 the document, it also refers to the fact that the  
 25 response, the precise nature of the response, will be

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1 **A.** I think it's later in the mitigate phase, I think it's  
 2 further on in the document.  
 3 **Q.** Let's put that to one side and just turn to the COBR  
 4 meeting that I believe you attended. I know that you  
 5 have been shown some minutes of that COBR meeting, which  
 6 show that you dialled into that call on 12 March 2020.  
 7 Do you agree with that, that you dialled in?  
 8 **A.** That's correct, yes.  
 9 **Q.** And can you help us with your recollection of what was  
 10 discussed with regards to testing and contact tracing at  
 11 that meeting?  
 12 **A.** I mean, I -- obviously, it's at some distance removed  
 13 now --  
 14 **Q.** Yes.  
 15 **A.** -- so it's difficult to be clear of the precise nature  
 16 of the conversation, things were moving very, very  
 17 quickly at that time, I think that is evident.  
 18 There was certainly discussion around the fact that,  
 19 as I referred to at the SAGE meeting of 10 March, that  
 20 we were further into this wave of the pandemic than had  
 21 been anticipated; there was established community  
 22 transmission; that there was and had been discussion in  
 23 the days before that at previous COBR meetings and,  
 24 indeed, the public announcements by the then  
 25 Prime Minister about the need to move beyond the

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1 tailored to the particular circumstances of the pandemic  
 2 at any one time.  
 3 So I wouldn't suggest, for instance, this is  
 4 a prescriptive plan to be followed. Viruses and  
 5 pandemics don't follow our plans. This was a phased  
 6 response, and with proposed interventions at each stage,  
 7 but as, you know, the best well -- laid plans, we moved  
 8 very rapidly, effectively, from delay almost to a  
 9 measure which was suggested later in the document.  
 10 **Q.** Just -- you're familiar with this document, aren't you?  
 11 **A.** Oh, I am, yes, yes.  
 12 **Q.** I think you've been taken to it a number of times  
 13 before. But just help us with this: with your  
 14 familiarity of it, would you accept that there is no  
 15 reference to stopping or pausing testing or contact  
 16 tracing within it?  
 17 **A.** Oh, there is, I think it's in paragraph 4.46 somewhere  
 18 where it talks about mitigation phase, where it says  
 19 that there will be less reliance on population  
 20 preventable measures such as --  
 21 **Q.** That's at page 14. Let's just have it up.  
 22 Paragraph 4.6. Does that help you with the part that  
 23 you're looking for?  
 24 **A.** No.  
 25 **Q.** All right, well, let's just put that to one --

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1 'contain' phase, and it was agreed at that meeting that  
 2 the point had been reached where we needed to move from  
 3 the 'contain' to the 'delay' phase.  
 4 It was also discussed at that meeting and reflected  
 5 in the minutes that that would mean an end to community  
 6 testing, and contact tracing. So that was -- that's my  
 7 recollection of the meeting, and it seems consistent  
 8 with the minutes.  
 9 **Q.** And was your understanding of that meeting that moving  
 10 into the 'delay' phase meant ceasing or pausing testing  
 11 and contact tracing?  
 12 **A.** Well, there wasn't an alternative in that we simply did  
 13 not have the tests.  
 14 **Q.** Yes.  
 15 **A.** It made no sense to continue to test individuals who  
 16 were otherwise well in the community when we needed to  
 17 prioritise tests for those who were in hospital who were  
 18 unwell, those who were likely to end up in hospital and  
 19 unwell, and those tests were required to determine their  
 20 clinical care, and to redirect what limited testing that  
 21 we had at the time, also to potential outbreaks in care  
 22 homes, and in hospital environments, which is what we  
 23 did.  
 24 **Q.** Can I ask you this, and perhaps you can assist us as far  
 25 as you can, but was there any epidemiological basis for

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1 the decision to pause contact tracing on 12 March 2020?  
 2 **A.** With the new virus, with severe limitations in our  
 3 ability to test in the community, it was very difficult  
 4 to get firm epidemiological data in terms of how  
 5 widespread the infection was. Clearly, the measures  
 6 that had been in place around the 'contain' phase had  
 7 not prevented community transmission and, of course, it  
 8 wasn't that the plan was a bad plan, and we needed to be  
 9 flexible in terms of how we interpreted and applied the  
 10 various phases, but what we didn't know then, and we  
 11 know now, is that from February there was significant  
 12 infection and cases that had occurred in the United  
 13 Kingdom at a widespread nature that had been introduced  
 14 from France, from Italy and from Spain.

15 So, in essence, we were further into the pandemic,  
 16 although we weren't quite certain, because of poor  
 17 testing data, of how far in we were.

18 **Q.** If I could press you a little bit further,  
 19 Professor McBride, was there an epidemiological basis at  
 20 that stage to pause contact tracing on 12 March?

21 **A.** We didn't have the capacity to continue contact tracing;  
 22 it was as simple as that.

23 **Q.** So would it be fair to say that it was resource driven?

24 **A.** There simply was not the tests available, and those  
 25 tests needed to be prioritised and redirected. So there

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1 approach for longer but simply, as counsel has  
 2 indicated, we did not have the tests available to us,  
 3 and those that we had, had to be re-prioritised.

4 **LADY HALLETT:** Thank you.

5 **MS MALHOTRA:** I'm just wondering whether we can have a  
 6 little bit clarity in terms of the decision to move from  
 7 'contain' to 'delay', the decision that was one  
 8 decision --

9 **A.** Yes.

10 **Q.** -- in terms of the phases and the strategy, and the,  
 11 sort of, secondary part to that, or what the  
 12 consequence, perhaps, of that, because of resourcing,  
 13 was the pausing of contact tracing and testing. Is that  
 14 fair? Would you agree with that?

15 **A.** Well, the primary factor was the limits in testing  
 16 capacity, and obviously, if you can't test, you can't  
 17 confirm someone has the infection, and then you cannot  
 18 begin the process of contact tracing. So the pause in  
 19 contact tracing, I would agree, was a second order  
 20 consequence of the limitation in testing capacity.

21 However, to answer that more fully, there were also  
 22 limitations at that stage in our ability to scale up  
 23 contact tracing to the level that would have been  
 24 required.

25 **Q.** Could I invite you, please, to look at your statement at

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1 were significant resource considerations in that  
 2 decision. Absolutely, yes.

3 **LADY HALLETT:** I have found the reference, sorry to  
 4 interrupt -- I've found the reference in the Coronavirus  
 5 Action Plan, just for those who don't know it  
 6 intimately. It's: contain, delay, research, mitigate  
 7 phases. They are separate phases sequentially, are  
 8 they? Except research goes on all the time, presumably.

9 **A.** Yes, and I think that's and obviously the basis of the  
 10 question that, you know, including in the response to  
 11 the pandemic in 2009, no plan -- I mean, every plan has  
 12 to be flexible and adaptable and I think in the  
 13 introductory comments to the plan it makes that point:  
 14 that we will need to flex and adapt. And you're  
 15 absolutely right, it's in the 'mitigate' phase of the  
 16 plan where that reference is made.

17 **LADY HALLETT:** What it says is, it's the final bullet point  
 18 under the 'mitigate' phase:

19 "There will be less emphasis on large-scale  
 20 preventative measures such as intensive contact  
 21 tracing."

22 Less emphasis, but it doesn't say it will be  
 23 stopped.

24 **A.** No, and, you know, had we had the testing capacity, it  
 25 certainly may have been possible to continue that

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1 page 173, paragraph 453, please. And it says here:

2 "As described at paragraph 86, community  
 3 population-based contact tracing was paused following  
 4 the policy decision taken at COBR(M) to move from the  
 5 containment phase to the delay phase on 12 March 2020  
 6 with the move to wider population-based public health  
 7 measures and advice. At that time, contact tracing was  
 8 then restricted to high-risk contacts such as residents  
 9 in care homes or patients in hospital."

10 And so if we go down and we look at -- forgive me,  
 11 go up -- at paragraph 452, you say halfway down:

12 "Prior to 12 March, there was a relatively small  
 13 number of confirmed cases and therefore contact tracing  
 14 had the potential to have a significant impact on the  
 15 course of the pandemic and in delaying community  
 16 transmission."

17 Can you provide some context to what "significant  
 18 impact" is for us.

19 **A.** In the weeks leading up to 12 March, the majority of the  
 20 cases that we were seeing were imported cases, so those  
 21 are individuals that had travelled in from other  
 22 countries where the virus was more prevalent.

23 So we had provided advice about individuals to  
 24 self-isolate, to get a test if symptomatic, and then  
 25 began the contact tracing process.

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1 So in those early days there was sufficient testing  
2 when we were largely dealing with imported cases.  
3 However, when it got to the point where we were no  
4 longer dealing with imported cases and we were seeing  
5 transmission within the local community in  
6 Northern Ireland, and indeed within the rest of the  
7 United Kingdom, then what limited testing capacity that  
8 we had was insufficient to maintain that at the scale  
9 required.

10 I mean, it's just worth bearing in mind that, even  
11 a week after 12 March, we had less than 200 tests  
12 available to us in Northern Ireland on a daily basis,  
13 and even that was limited because of the lack of  
14 reagents that we had and swabs that we had, because of  
15 global supply issues.

16 So there were major, major issues with testing  
17 capacity.

18 **Q.** Just going back before we do break, in terms of  
19 significant impact, can that be qualified in any way?

20 **A.** I think it's theoretically possible to calculate and  
21 model the impact of contact tracing, although that is  
22 different from the actual impact. I know that there  
23 were studies carried out by the Welsh Government and by  
24 UKHSA in terms of the impact of contact tracing,  
25 although be it that was later in the pandemic, in

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1 Office titled "Covid-19 Situation Report 1", dated  
2 12 March 2020.

3 If we go to page 2, please, we can see there the  
4 case numbers: for England, 491, and then, looking at  
5 Northern Ireland, 20 as of 11 March 2020, and, sadly,  
6 ten deaths.

7 We can see underneath there that:

8 "COBR(M) today took the decision to move from  
9 Contain to Delay. In practice, this initially means  
10 a change to the advice to those suffering mild symptoms,  
11 to not phone 111, to self-isolate at home for 7 days.  
12 This was communicated today."

13 And it goes on in terms of isolation requirements.

14 Looking at that, and the case numbers as of  
15 11 March, would you accept that the case numbers in  
16 Northern Ireland were low by comparison?

17 **A.** Well, that is the number of confirmed cases.

18 **Q.** Yes.

19 **A.** Northern Ireland has a smaller population than other  
20 parts of the United Kingdom. I think that what that  
21 figure doesn't tell us is the number of unconfirmed  
22 cases that there were at that time, given the fact that  
23 there was, in all likelihood, sustained community  
24 transmission.

25 **Q.** Northern Ireland was a different epidemiological unit,

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1 February -- published in February of 2021, the Rùm  
2 study, looking at the impact of contact tracing and the  
3 various elements of it.

4 We did not carry out, in Northern Ireland, any  
5 specific analysis of the theoretical impact of contact  
6 tracing. But I have absolutely no doubt that it was  
7 effective in lowering community transmission, preventing  
8 excess deaths, and preventing our health service from  
9 being overwhelmed.

10 **MS MALHOTRA:** Thank you.

11 I think -- is that a convenient moment?

12 **LADY HALLETT:** It is indeed.

13 For those who are here in the hearing room, I'm  
14 afraid we're going to need the hearing room empty  
15 between 1.00 and 1.30, and I shall return at 1.50.

16 Sorry about the breaks.

17 **(12.45 pm)**

**(The Short Adjournment)**

19 **(1.50 pm)**

20 **LADY HALLETT:** Thank you.

21 **MS MALHOTRA:** Thank you, my Lady.

22 Professor McBride, I was about to ask you to go on  
23 to another document. It's one that we've had up before  
24 and I'm sure one that you're very familiar with:

25 INQ000083097. This is the report from Northern Ireland

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1 would you agree with that?

2 **A.** To an extent. I think that Northern Ireland shared  
3 a land border with the Republic of Ireland and there was  
4 free movement of people between the rest of the United  
5 Kingdom and Northern Ireland.

6 **Q.** Why did you advise that testing and contact tracing is  
7 paused?

8 **A.** The -- there was insufficient testing capacity at that  
9 time to continue community testing. We were, at that  
10 stage, still in the middle of the winter/spring  
11 respiratory virus season. There were significant  
12 numbers of people with respiratory symptoms. It was no  
13 longer wise or prudent to assume that only those with  
14 symptoms who were returning from other countries would  
15 have Covid, and at that time, it was necessary, if we'd  
16 had the testing capacity, to expand the testing to  
17 everyone with symptoms.

18 Now, notwithstanding the fact that, unfortunately,  
19 the symptoms of Covid were very non-specific -- and we  
20 simply didn't have the contact -- or sorry, we didn't  
21 have the testing capacity at that stage, and what tests  
22 we did have we needed to prioritise for those in receipt  
23 of clinical care either at that time or those who were  
24 about to become unwell and required clinical care.

25 **Q.** Now, does it follow that the strategy in England, for

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1 where it may have been epidemiologically different to  
 2 that of Northern Ireland, with the caveats that you have  
 3 given, would you accept that that did not necessarily  
 4 fit Northern Ireland at this stage of the pandemic, so  
 5 around 11 March 2020?

6 **A.** No, I mean, I don't accept that. At that stage there  
 7 was evidence of community transmission in the Republic  
 8 of Ireland. So we were very mindful of the fact that  
 9 that was the case. It was extremely unlikely, in my  
 10 view, from a professional perspective, that this virus  
 11 was behaving anywhere differently in the rest of the  
 12 United Kingdom compared to Northern Ireland or the  
 13 Republic of Ireland.

14 What we didn't know at that time was the extent of  
 15 community transmission, and in my view, it would have  
 16 been extremely unwise to seek to advise ministers that  
 17 it was sensible to remain in the 'contain' phase when we  
 18 already knew that we had community transmission and that  
 19 that community transmission was likely to increase  
 20 exponentially.

21 **Q.** We have within the documents that's been provided to you  
 22 an Independent SAGE report. It's INQ000249693. It's  
 23 dated 12 May 2020.

24 If we go to page 6, paragraph 9, relatively small  
 25 but it says:

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1 consequences, the supply issues, which such an approach  
 2 may have resulted in. But obviously those were matters  
 3 which were beyond my remit to provide advice on.

4 **Q.** I want to come back and touch upon that in another  
 5 context.

6 Thank you, we can take that document, down.

7 Without wishing or wanting to invite you to enter  
 8 into the fray, but the evidence that this Inquiry has  
 9 heard and received -- and I'm going to ask, please, that  
 10 the statement of Baroness Foster, INQ000475070, is  
 11 brought up, just so that we can see it in writing,  
 12 rather than me trying to summarise or paraphrase the  
 13 evidence -- at page 23, thank you, at paragraph 109.

14 Ah, maybe it's -- it should be paragraph 109.

15 Forgive me. Thank you.

16 Baroness Foster says here:

17 "I believe the most significant catalyst for the  
 18 increased rates of Covid-19 in Northern Ireland in  
 19 August 2020 was a lack of compliance driven primarily by  
 20 the actions of the deputy First Minister and other  
 21 members of Sinn Féin, at the funeral of Bobby Storey on  
 22 30 June 2020. The public had complied with onerous  
 23 restrictions from March to the end of June on the basis  
 24 of a level of public confidence in the measures that we  
 25 had introduced to try to keep people safe."

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1 "Managing the risk of importing cases from other  
 2 countries, with consequence high risk of transmission is  
 3 vital. This should be introduced as soon as possible,  
 4 treating Great Britain and the island of Ireland as  
 5 distinct health territories."

6 Pausing there, do you accept that? Would you agree  
 7 with that?

8 **A.** Not entirely. I think that there were differences in  
 9 the epidemiology between the two islands, and that at  
 10 times the epidemiology and trajectory of the pandemic in  
 11 Northern Ireland was more similar to that in the  
 12 Republic of Ireland than it was to the rest of the  
 13 United Kingdom. There are other times when that was not  
 14 the case.

15 I think that the learning point for me, from this,  
 16 as I've indicated previously, was that there needed to  
 17 be greater harmonisation of policy approaches across the  
 18 islands and, as I've summarised before, a five-nation,  
 19 two-island approach. Again, there was the Common Travel  
 20 Area, there was the freedom of movement of individuals  
 21 at key points throughout the pandemic.

22 There were clearly -- apart from the health  
 23 considerations, there were many other considerations  
 24 which the ministers would have reflected upon which are  
 25 outwith my remit in terms of the societal and economic

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1 She then goes on to say that the very public  
 2 breaking of trust and people questioned why they were  
 3 sacrificing their personal life and relationships when  
 4 people at the highest level of authority in Northern  
 5 Ireland didn't.

6 So at the top of that paragraph, Baroness Foster is  
 7 saying:

8 "I believe the most significant catalyst for the  
 9 increased rates in Northern Ireland in August 2020 was  
 10 a lack of compliance ..."

11 And I've given you some further context there.

12 Can you help us at all with whether or not there is  
 13 any evidence to support that?

14 **A.** From a purely scientific and public health perspective,  
 15 I don't -- I'm not aware of any evidence that that's the  
 16 case. I think the major driver of the increase in cases  
 17 throughout that summer, into September, into October,  
 18 were the relaxations in the non-pharmaceutical measures  
 19 which had been agreed by the Executive. That's what led  
 20 to the increase in transmission: there was more mixing,  
 21 with more people coming together, in a range of  
 22 environments, and that led to an increase in the  
 23 pandemic.

24 **Q.** Just in a similar vein, and see if you can help us with  
 25 this: had testing not paused in Northern Ireland on

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1 12 March of 2020, is it likely that more positive cases  
 2 would have been picked up, positive cases identified?  
 3 **A.** That is undoubtedly the case.  
 4 **Q.** And does it follow that the spread of the virus for  
 5 Northern Ireland after March 2020 is likely to have been  
 6 constrained if testing hadn't been paused?  
 7 **A.** Sorry, could you repeat the question?  
 8 **Q.** Perhaps I'll simplify it. That might be easier. Does  
 9 it follow, do you accept, that if contact tracing -- if  
 10 testing, forgive me, hadn't been paused, that the spread  
 11 of the virus would have been less?  
 12 **A.** We shifted approaches. I mean, the policy position then  
 13 shifted from testing everyone with symptoms to accepting  
 14 we didn't have enough tests to test everyone with  
 15 symptoms given that there was community transmission,  
 16 although the extent of that we didn't then know --  
 17 **Q.** Yes.  
 18 **A.** -- to then population measures. So at that stage,  
 19 everyone with any symptoms of any nature was advised to  
 20 stay at home --  
 21 **Q.** I appreciate that's the rationale and the reasoning and  
 22 that's important context, but just in terms of  
 23 likelihood and what -- the impact of that, could you  
 24 help us?  
 25 **A.** I don't think -- I mean, that would be -- I mean,  
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1 would have been able to remain in the containment phase  
 2 for a longer period of time. Sadly that wasn't the  
 3 case.  
 4 And I think for the future we need to ensure that  
 5 that diagnostic capacity and capability is built in as  
 6 contingency, and if it can't be built in as contingency  
 7 because of budgetary constraints or competing  
 8 priorities, that we retain the knowledge and wherewithal  
 9 to how we would surge that very quickly.  
 10 And as we did in Northern Ireland, that will mean  
 11 working in partnership with academic institutions and  
 12 with the commercial sector, which we did through the  
 13 Scientific Advisory Consortium and that was hugely  
 14 successful in building Pillar 1 capacity within the  
 15 province.  
 16 **LADY HALLETT:** Can I just follow up, you've been frank  
 17 enough to admit the decision to pause testing was  
 18 resource driven, you just didn't have the capacity. Do  
 19 you think the governments of the United Kingdom were  
 20 frank enough with the public when the community testing  
 21 was ended?  
 22 **A.** It's very difficult for me to cast my mind back in terms  
 23 of the communication and messaging at that time, because  
 24 many of us -- we weren't at home watching the  
 25 television; we were working at such a pace. I think  
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1 I think that would be mere conjecture on my part.  
 2 I mean, the fact of the matter was that we did not have  
 3 the tests to continue community testing, and to seek to  
 4 do that when we needed to re-prioritise those tests and  
 5 not take the decision to move to wider population  
 6 measures such as individuals with symptoms staying at  
 7 home, their household contacts staying at home, work  
 8 from home, avoiding unnecessary travel, avoiding pubs,  
 9 theatres, et cetera, had we not moved to those measures,  
 10 I think the consequences, given the limitation in  
 11 testing at the time, would have been much greater.  
 12 **Q.** And I think you've touched upon this already and I said  
 13 I would return back to it, but do you have -- I want to  
 14 give you an opportunity to say whether you have any  
 15 reflections on the decisions of the department with  
 16 regarding to pausing testing and contact tracing in  
 17 March 2020?  
 18 **A.** Yeah, I mean, I think it's probably one of the most  
 19 important learnings, lessons learnt from the pandemic,  
 20 which is that we had insufficient tests and an inability  
 21 to scale up testing capacity as quickly as we needed.  
 22 As a result, difficult policy choices were made by  
 23 ministers, and undoubtedly, had we had more testing  
 24 capacity, we would have continued community testing and  
 25 contact tracing for longer, and in all likelihood we  
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1 that the one message, and I've reflected this in my own  
 2 reflections on learning from the pandemic, is that as  
 3 counsel said earlier, that in any crisis and/or  
 4 emergency, trust is the most important thing.  
 5 It's hard to maintain and it's easily lost, and when  
 6 you lose that trust, then it's very difficult to  
 7 convince the population to have a test, to contact trace  
 8 or to comply with the advice around isolation.  
 9 So all the behavioural science and the science we  
 10 were seeing at the time was you've got to be open and  
 11 honest with the public. You've got to tell them what  
 12 you know, what you don't know, and they need to  
 13 understand why you're asking them to do the things  
 14 you're asking them to do.  
 15 I think we tried hard to do that. I'm not certain  
 16 that we were successful in doing that. My impression  
 17 was, certainly in Northern Ireland, that we were very  
 18 open and honest in terms of what we knew, what we  
 19 didn't, and the limitations in testing capacity and why  
 20 we were making some of the decisions that we were  
 21 making.  
 22 Otherwise, people were not going to come with us.  
 23 And I think that's particularly important when you're  
 24 depending on people doing the right thing, even when  
 25 doing that right thing has had huge consequences for  
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1 them personally.

2 **LADY HALLETT:** Thank you.

3 **MS MALHOTRA:** Thank you very much. I just have a few more  
4 areas that I'd like to deal with, which I might just  
5 canter through, if I may, because I really would like to  
6 ask you about inequalities and any further reflections  
7 in terms of recommendations that you might have for  
8 a future pandemic.

9 But before I turn to those two topics, notifying the  
10 Executive on 16 March, we've heard evidence that the  
11 decision to pause testing and contact tracing was  
12 communicated to the Executive on 16 March and not  
13 sooner. Do you accept that?

14 **A.** I mean, that's the factual position. I mean, the  
15 First Minister, deputy First Minister and Health  
16 Minister were at the meeting where the decision was  
17 made, but I think it was probably first discussed with  
18 other ministers at that meeting on 16 March.

19 **LADY HALLETT:** Sorry, I'm not sure that's exactly what I've  
20 heard from, certainly Ms O'Neill this morning. You say  
21 the First Minister and the deputy First Minister were  
22 present with the Health Minister when the decision to  
23 pause community testing was taken.

24 **A.** At COBR on 12 March.

25 **LADY HALLETT:** Ah, I think -- but they didn't understand  
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1 decide, and other ministers to determine, not a matter  
2 for myself. I mean, certainly the Health Minister had  
3 been briefing the Executive from 3 February every week  
4 at Executive meetings, and he'd made at that time seven  
5 statements, both oral and written, to the Assembly.

6 So -- and we as a department were extensively  
7 briefing other departments in terms of the preparation  
8 that was required for potentially what lay ahead.

9 **Q.** We've heard from the First Minister this morning that  
10 that decision led to better decisions being made,  
11 sometimes being described as tensions that followed, and  
12 that there were concerns about transparency following  
13 and flowing from that. Do you have any insight that you  
14 can offer as to what the trajectory of meetings were  
15 after that? Does it fall on --

16 **LADY HALLETT:** That discussion, not that decision. That  
17 discussion.

18 **MS MALHOTRA:** Yes.

19 **LADY HALLETT:** That discussion yesterday to better decision  
20 making.

21 **A.** I mean, I had not previously until that point attended  
22 Executive meetings. My first Executive meeting was  
23 2 March. I did attend a significant number of Executive  
24 meetings thereafter. I've my own view, and experience  
25 was that the professional advice that myself and the  
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1 that was what the decision was.

2 **A.** Okay, but I can't --

3 **LADY HALLETT:** You thought it was clear?

4 **A.** I thought it was clear and I thought it was, you know,  
5 clearly reflected in the minutes of the COBR meeting.

6 **LADY HALLETT:** Thank you.

7 **MS MALHOTRA:** Was it perhaps clearer to you because of your  
8 background, the medical background, and information that  
9 you might have received prior to that COBR meeting?

10 **A.** I think in fairness to ministers in Northern Ireland,  
11 they had only returned -- the Executive had only been  
12 established on 11 January, after a hiatus of  
13 three years. The First Minister and deputy First  
14 Minister attended their first COBR meeting on 2 March.  
15 The Health Minister and I had been immersed in this for  
16 many months at that stage, so I think it is  
17 understandable that the First Minister and deputy First  
18 Minister may not have been across the detail. But  
19 obviously they were relying on officials to brief them  
20 on that detail -- and those officials obviously included  
21 myself.

22 **Q.** Just following on from that, then, should the decision  
23 to limit testing to hospital settings have been raised  
24 with the Executive before 16 March?

25 **A.** Again, that would have been a matter for the minister to  
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1 Chief Scientific Advisor was listened to respectfully.  
2 It was taken on board. Ministers were juggling a number  
3 of other priorities, not just the health implications  
4 but the wider societal and economic implications.

5 And yes, there was at times robust discussion.  
6 I think that was healthy because these were decisions  
7 that were impacting on people's everyday lives, and  
8 I think that the people of Northern Ireland benefitted  
9 from having a restored Executive which was actually  
10 making decisions for them at one of the most challenging  
11 times possible.

12 **MS MALHOTRA:** Thank you.

13 In fairness to you, the Inquiry has received  
14 evidence from Baroness Foster in her witness statement.  
15 I don't think I need to take you to it; I think you may  
16 be familiar with the passage. It's regarding a decision  
17 where she says:

18 "... use resources to combat Covid-19 rather than  
19 count -- self-isolate for 7 days first rather than  
20 testing ..."

21 To provide you with some context, it's discussions  
22 following on 16 March, and that's a handwritten note  
23 that's provided. Is that something that you recognise  
24 or can remember?

25 **A.** I don't remember the comment, and I didn't see the  
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1 handwritten note prior to preparation for giving  
2 evidence to the various modules of this Inquiry. My  
3 only reflection is that they are handwritten notes, and  
4 those were quite fast-moving conversations and, again,  
5 I don't know and can't account for the complete accuracy  
6 of the recorded handwritten note.

7 That's not a criticism; it's just that there were  
8 complex issues being discussed. So I can't attest to  
9 how accurate or otherwise it is.  
10 **Q.** Right. Thank you. Let me turn, then, please, to one  
11 matter that I just want to ask you about for  
12 clarification purposes. It's been attributed to you,  
13 and I think we should have the document up for this.  
14 It's Baroness Foster's witness statement INQ000475070,  
15 page 25, paragraph 101.

16 And it's regarding the 30 March 2020 meeting where  
17 it says:

18 "The CMO responded to these concerns stating,  
19 *inter alia*, that [Department of Health] were: 'rapidly  
20 ramping up testing capability. Shortage of testing  
21 agents. 800 a day -- [Republic of Ireland] ..."

22 And it goes on to say:

23 "... [Republic of Ireland] -- 1500 tests per day'.

24 The CMO further stated: 'Delay phase, advice to anyone  
25 who is symptomatic -- contact tracing, sustained during  
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1 that delay phase. And then I've alluded to the  
2 introduction of shielding at a later stage.

3 **Q.** Okay. Just on contact tracing, you chaired the Contact  
4 Tracing Steering Group; is that correct?

5 **A.** That's correct, yes.

6 **Q.** And as part of that role, did you have some oversight of  
7 the Public Health Agency and their contact tracing  
8 operational role?

9 **A.** Yes, both the contact tracing and the testing, from  
10 their operational role in both of those areas.

11 **Q.** And you touch upon, in your statement and indeed we have  
12 the statement from the Public Health Agency as well,  
13 Dr Joanne McClean, do you think that vital time was lost  
14 by the Public Health Agency's difficulties in contact  
15 tracing capacity?

16 **A.** Well, I think we'd paused community testing and contact  
17 tracing at the same point right across the United  
18 Kingdom. The Public Health Agency was the first public  
19 health agency to begin contact tracing again, firstly in  
20 a pilot phase on 27 April, and then fully on 18 May,  
21 which was some ten days ahead of the resumption of  
22 contact tracing in England for instance, and I recall  
23 that -- in England and Scotland, and it wasn't until  
24 1 June that it was commenced in Wales.

25 So I do believe that the Public Health Agency worked

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1 containment phase... next phase of epidemic -- increased  
2 testing... nos at this juncture -- too many  
3 nos/pressures'. The Executive Committee were therefore  
4 effectively being told in this and earlier meetings that  
5 [the Department of Health] were doing everything that  
6 was capable of being done in line with advice about  
7 moving from the containment to the delay phase, and in  
8 the context of pressures including, for example,  
9 shortage of testing agents, and the need to create  
10 testing infrastructure. The strategy in terms of moving  
11 from 'contain' to 'delay' has been set out ..."

12 In the action plan that we have gone to.

13 Can you help us with some context around that?

14 **A.** Well, again, with the caveat around the handwritten  
15 notes previously, I think this was the Executive meeting  
16 of 2 March, which was the first Executive meeting  
17 that I attended, and we were at that stage rapidly  
18 seeking to increase testing capacity. We would have  
19 had, then, a knowledge of testing capacity in other  
20 jurisdictions as recorded. Again, I'm not sure of the  
21 accuracy of those figures.

22 And again, I've alluded to the 'contain' to 'delay'  
23 phase in the action plan of 3 March, and again, I've  
24 gone on to say that obviously, if the virus becomes more  
25 widespread and established, that we would be moving to  
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1 extremely hard to recommence the service that had been  
2 paused and did so as early as was possible.

3 **Q.** Okay. In your statement, you do say that the Department  
4 did not set up specific targets in respect of delivery  
5 of the Test, Trace, Protect strategy, rather -- Test,  
6 Trace and Protect strategy, rather requiring the Public  
7 Health Agency to deliver and report against the  
8 overarching strategic objective.

9 Why did Northern Ireland prefer not to set specific  
10 targets?

11 **A.** There's an old adage that, you know, hit the target and  
12 miss the point. And we didn't set headline targets for  
13 the sake of setting headline targets. The clear  
14 objective, strategic objective set of the test -- to the  
15 testing programme and to the contact tracing programme,  
16 was to scale up capacity as quickly as possible. In my  
17 view, the PHA working with the Regional Virus  
18 Laboratory, working with the Scientific Consortium and  
19 working with the National Testing Programme, scaled up  
20 PCR testing as quickly as possible. Similarly,  
21 I believe the PHA did scale up contact tracing as  
22 quickly as they possibly could, notwithstanding the  
23 technical challenges with that, moving from, initially,  
24 a telephone-based module to a hybrid-based module using  
25 digital support, as well.

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1 So I'm not certain that, if I'm honest, that setting  
2 targets would have improved the commitment of all to  
3 achieve that.

4 There were specific performance targets set by the  
5 PHA, for instance in relation to the number of  
6 individual positive cases that were contacted within  
7 24 hours, the number of their contacts that were  
8 contacted within 48 hours. Those were reported on  
9 a weekly basis, published in the public domain, and were  
10 shared by the minister with the Executive.

11 The capacity and expanding capacity on testing was  
12 again considered at every meeting of the Test, Trace,  
13 Protect Oversight Board, which I chaired, and we  
14 received a weekly report from the Northern Ireland  
15 Pathology Network about the efforts that were under way  
16 to expand Pillar 1 PCR testing.

17 So there was no lack of scrutiny or oversight and  
18 I think all were committed to expanding both programmes  
19 as quickly as possible.

20 **Q.** Thank you. Just turning, then, to topic 6,  
21 inequalities. In your statement -- we don't need to  
22 turn it up -- but you acknowledge that the department  
23 did not engage with community groups in great depth due  
24 to the emergency situation. Do you believe that that  
25 was a mistake, not to prioritise communication with

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1 engagement with third-sector organisations. And indeed,  
2 the community or the Contact Tracing Steering Group  
3 which had been established in early May to support the  
4 Public Health Agency, engaged with the human rights  
5 commissioner, the equalities commissioner, the children  
6 and young people's commissioner, the older people's  
7 commissioner, and indeed, third sector organisations,  
8 again representing the homeless population and  
9 underserved population.

10 So we were very clear because we knew that unless  
11 there was equitable access to contact tracing and  
12 testing and that that was based on engagement with  
13 community leaders who were trusted in those populations  
14 that we would not be able to provide those populations  
15 with the protection and the service that they deserved.

16 **MS MALHOTRA:** Thank you. Thank you very much,  
17 Professor McBride. I'm afraid, we turn to -- not afraid  
18 at all, but we turn, I believe, to some CP questions  
19 now.

20 **LADY HALLETT:** Thank you.

21 Mr Thomas.

22 **Questions from PROFESSOR THOMAS KC**

23 **PROFESSOR THOMAS:** Good afternoon, Professor, my name is  
24 Leslie Thomas.

25 **A.** Good afternoon.

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1 community groups?

2 **A.** I'm not certain that that's exactly what my statement  
3 says. I think we've indicated that we would have wished  
4 to engage to a greater extent than was the case, and  
5 there were limitations in the middle of an emergency  
6 response to the pandemic. There was extensive  
7 engagement with community groups. I can give a couple  
8 of examples if that's of assistance.

9 Early in the pandemic response, the Public Health  
10 Agency produced Health Inequalities Report which  
11 demonstrated the impact that the pandemic would have,  
12 the NPIs would have, and indeed the contact tracing  
13 programme would have in terms of health inequalities,  
14 ethnic minority groups, et cetera.

15 They developed a vulnerable -- a contact tracing  
16 vulnerable groups action plan to specifically target  
17 those groups, to offer differential testing. For  
18 example, they established a helpline dedicated for the  
19 Roma community in Northern Ireland, all of the  
20 information leaflets were available in many languages.  
21 There were videos, there were animations, all of which  
22 had subtitles.

23 Another example in terms of the Northern Ireland  
24 Smart Programme which was the community-based rollout of  
25 LFDs, lateral flow devices. There was extensive

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1 **Q.** I'm representing FEMHO, that's the Federation of Ethnic  
2 Minority Healthcare Organisations.

3 At paragraph 346 of your statement, you confirm that  
4 the Department did not have a specific policy in  
5 relation to testing in places of worship or those living  
6 in overcrowded accommodation.

7 As ethnic minority communities are more likely to  
8 live in multi-generational households, do you accept  
9 that the absence of culturally competent policy guidance  
10 in specific relation to this, what I've just indicated,  
11 was a missed opportunity to protect these minority  
12 groups?

13 **A.** I don't think that's in accurate reflection of my  
14 statement, and indeed I go on to state later in that  
15 same section where I referred to hard-to-reach  
16 populations that we did go to significant lengths, as  
17 I've just outlined to counsel, to ensure that we had  
18 culturally-sensitive programmes which were accessible to  
19 a range of people living in Northern Ireland, including  
20 those from ethnic minority groups.

21 We had specific targeted testing programmes, again,  
22 where we knew that individuals predominated from those  
23 ethnic minority groups, and that included those working  
24 in the agri-food sector, those working in manufacturing,  
25 central retail and construction.

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We worked very, very hard with local employers, for instance in the meat processing plants within Northern Ireland, where we had a significant number of outbreaks, and the Public Health Agency engaged extensively with individuals working in that sector, who, you're absolutely right, lived in homes of multiple occupancy, shared transport. And it was important that the advice that we were providing, the access to testing, and the contact tracing, was culturally sensitive, and was something that those populations found acceptable.

So -- I mean, I was not across the detail of that, but certainly, as chair of the Oversight Board, I was appraised by the PHA of the efforts that they were making in that respect.

**Q.** At paragraph 362 of your statement, you say that:

"The Department's advice to the NI Executive to inform reviews of the Regulations took account ... of available disaggregated data regarding patterns of those testing positive for example in relation to age, gender and deprivation."

It's important for FEMHO to understand also whether this data was disaggregated by way of race.

Can you comment on whether the data was disaggregated in this way?

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living in Northern Ireland compared to other parts of the UK.

That doesn't make it acceptable but I do think that we have the means now to address that.

**Q.** Okay. At paragraph 694 of your statement you say that it was not possible to analyse trends relating to ethnicity in Northern Ireland due to poor coding of ethnicity in healthcare records, as "routine data flows did not allow for the identification of trends in the transmission and infection rates" of Covid in different ethnic backgrounds.

Just a couple of questions. Can you explain how this lack of data impacted policy decisions, and what strategic or policy outcomes could have potentially been achieved that were undermined by this lack of data?

**A.** I mean, I think certainly it would have been absolutely preferable had we the ability to have carried out that analysis. At the time we didn't. We now do have. But again, it still is based on the voluntary disclosure of that information by the individual themselves, and indeed the coding of that by the health professional.

We -- whilst we didn't have access to that data specific to Northern Ireland, we did have access to the data that was being generated in other parts of the United Kingdom. So, for instance, my Deputy Chief

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**A.** No, unfortunately it wasn't, and I think that was a gap, and I think it's an important learning point that not only do we need to be able to disaggregate the data, as we did, at the, sort of, age, gender, socioeconomic group, for instance, that we need to be able to do that by ethnicity. That was a gap that needs to be addressed.

We have subsequently rolled out a new electronic care record to all trusts in Northern Ireland, which has five specific fields, which will now ask about ethnicity, country of origin, preferred language, et cetera. So hopefully that will be addressed in the future.

**Q.** I'm glad to hear that that gap's been plugged.

I suppose the only follow-up question I would have is, do you have any explanation as to why there was that gap? Was that just an oversight?

**A.** No -- well, basically, ethnicity is poorly recorded. It was poorly recorded in healthcare systems in Northern Ireland. We weren't recording, for instance, ethnicity on testing forms. We did -- and had some attempt at -- we did attempt to disaggregate that data by country of birth. However, again, the ability for us to do any qualitative assessment on that was actually limited by the fewer numbers of people from ethnic minority groups

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Medical Officer, Dr Naresh Chada, was a member of the working group chaired by Professor Fenton looking at the disproportionate impact of the Covid pandemic on individuals from ethnic minority groups, and we were fully aware of that data and that did inform policy decisions in Northern Ireland.

We had no reason to think that the data and the research findings would be different in Northern Ireland but, again, I agree it would have been preferable to have local data.

**Q.** Okay. Final question, then, is this: in hindsight, do you believe that empowering local ethnic minority-led organisations could have improved testing uptake and compliance with isolation measures in their communities? And what steps could be taken to implement such measures going forward in the future?

**A.** I completely and wholeheartedly concur. It is important that when -- you know, whether it's any -- public health messaging is about affecting behavioural change; it isn't about telling people what to do. And it is about working with local communities and trusted leaders in those local communities to community a message in a way that is actually culturally sensitive and is understood by that population. So I entirely accept the point.

**PROFESSOR THOMAS:** Thank you, Professor.

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1 Thank you, my Lady.

2 **LADY HALLETT:** Thank you, Mr Thomas.  
3 Mr Wilcock?

4 **Questions from MR WILCOCK KC**

5 **MR WILCOCK:** Good afternoon, professor. I represent, as you  
6 know, Northern Ireland Covid Bereaved Families for  
7 Justice. In fact, 90% of the questions I wanted to ask  
8 you have been covered by other people, so I'm not going  
9 to repeat them. I'm going to ask you about a different  
10 topic in terms of this module but an all too familiar  
11 topic in relation to previous modules, which is the  
12 heavy workload that was placed on you by the system in  
13 responding to Covid.

14 In your statement, you mention a number of boards in  
15 relation to testing issues which you set up, including  
16 the expert advisory group in testing, the TTIP board  
17 that you referred to earlier on in your evidence this  
18 afternoon, and the SMART board established on that  
19 asymptomatic testing in March 2021.

20 Now, the then Minister for Health, Robin Swann, has  
21 made a statement to the Inquiry that, while he greatly  
22 benefited from you having a policy role in addition to  
23 his advisory role during the pandemic, it also served to  
24 highlight the heavy workload of, and reliance on, the  
25 CMA role in the pandemic response.

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1 efficiency and effectiveness, and worked well.

2 I think I would accept the point, and it was made in  
3 expert witnesses to Module 2C, that too much was asked  
4 of the department. By any comparison, it's one of the  
5 smallest departments in the Northern Ireland --

6 **Q.** I'm talking specifically about the CMO at the minute.

7 **A.** I'm going to come on to that.

8 It's one of the smallest departments in Northern  
9 Ireland, despite having the biggest budget, and at that  
10 time, in my view, looking back on it, the Chief Medical  
11 Officer role had both significant professional advisory  
12 responsibilities and also significant policy  
13 responsibilities. That has now changed, in that in  
14 significant areas, the policy responsibility no longer  
15 sits with me, although I provide separate advice to  
16 policy colleagues who lead on that.

17 And I think that, should a similar situation arise  
18 again, I think that's a much more effective division of  
19 responsibility.

20 **Q.** So if I could just test that answer by asking you about  
21 the change you've just referred to, because what  
22 Mr Swann says in his statement is that the Department of  
23 Health has since, and I quote "reacted to the heavy  
24 workload and reliance on the CMO by making sure the CMO  
25 no longer has a policy remit".

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1 First question is this: was the heavy workload that  
2 we've been referred to by Mr Swann and that we've heard  
3 about, one of the reasons you set up the several boards  
4 I've mentioned and the others that you've listed in your  
5 statement?

6 **A.** I'm not sure that follows, if I'm really honest.

7 I think that the establishment of those various working  
8 groups was essentially to ensure that we were making  
9 best use of the finite expertise that there was from  
10 a professional and scientific basis in Northern Ireland,  
11 and as I said earlier, my Lady, we worked in a very  
12 integrated way with local science, with academic  
13 partners, with the Public Health Agency.

14 The truth of the matter is Northern Ireland was just  
15 too small to maintain discrete organisational boundaries  
16 where it was much more efficient and effective to work  
17 in a much more joined-up and integrated way, and that's  
18 what we did.

19 So if I take, for example, the various boards in  
20 relation to testing and contact tracing, my own view  
21 that those were a very efficient way of working together  
22 to provide support to the Public Health Agency, which in  
23 relative terms is a small organisation, but also,  
24 ensured alignment between operational delivery and  
25 policy. So it reduced fragmentation, it ensured greater

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1 You've told us about that. When did that change  
2 take place?

3 **A.** Well, the change began in and around, I think,  
4 April '22, and has evolved since that time. So it's  
5 probably towards the latter end of the pandemic  
6 response. I may not be correct in that --

7 **Q.** I don't think anybody is going to quibble about  
8 a month --

9 **A.** But it was certainly in the latter part of '22 --  
10 probably early '23, if I'm honest, actually, it might  
11 have been in April '23.

12 **Q.** I think a more important question I need to ask you is,  
13 did you support the proposal that your policy role be  
14 curtailed?

15 **A.** Fully. I mean, these are individuals who I've worked  
16 with for the past 16-odd years. I still have close  
17 liaison with them and we work effectively as one team.  
18 So I think the fact that I don't have budgetary  
19 responsibility, I don't deal with the HR issues, I think  
20 actually frees me up to concentrate and focus on the  
21 professional and technical aspects and actually to  
22 ensure I can provide more professional advice across  
23 more policy areas.

24 **Q.** And does it follow from that that no matter how hard you  
25 undoubtedly tried to cover the heavy workload placed on

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1 you, too much was being asked of the CMO during the  
2 pandemic?  
3 **A.** Well, you know, I was supported throughout by a very  
4 able team. I had two deputy chief medical officers,  
5 I had a Chief Scientific Advisor, an extremely  
6 experienced team, and I had a number, a small number of  
7 senior medical officers. And as I say, we worked in  
8 a very integrated way with the Public Health Agency and  
9 also I benefited from tremendous support from academic  
10 colleagues working in both of our universities, in  
11 Queen's University of Belfast and the University of  
12 Ulster.

13 So, you know, it wasn't just me. There was a team  
14 of able people supporting the roles and responsibilities  
15 that I had at that time.

16 **Q.** But equally, that team of able people was still in  
17 existence when the role was curtailed in late '22, early  
18 '23, whenever it was?

19 **A.** Yes, but I think the point I would make is that we all  
20 had to step up at a time of unprecedented challenge.  
21 The job that I had was the job that I applied for, and  
22 was appointed to. And whenever the department activated  
23 its emergency response plan, which it did on 27 January,  
24 the responsibility for the coordination of the health  
25 service response, and the public health response, as

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1 help with the Inquiry so far.

2 **THE WITNESS:** Thank you, my Lady.

3 **LADY HALLETT:** Right, I think we're ready for Mr Swann?

4 Sorry you've been waiting so long, Mr Swann. I'm  
5 afraid you're the last witness.

6 **MS CARTWRIGHT:** Thank you, my Lady. Please can Mr Swann be  
7 sworn.

8 **LADY HALLETT:** Thank you.

9 **MR ROBIN SWANN (sworn)**

10 **Questions from LEAD COUNSEL TO THE INQUIRY FOR MODULE 7**

11 **MS CARTWRIGHT:** Could you please give your full name to the  
12 Inquiry.

13 **A.** Robert Samuel Swann.

14 **Q.** Mr Swann, you've provided evidence to the Inquiry before  
15 but in respect of your Module 7 statement could we  
16 please move to page 101 of that statement. It's  
17 a statement dated 8 April of 2025, and can I ask you to  
18 confirm that the contents of that statement are true to  
19 the best of your knowledge and belief.

20 **A.** I can, yes.

21 **Q.** Thank you.

22 Now, in respect of you and your background, can we  
23 just confirm that which you've spoken about in other  
24 modules. It's right, isn't it, that at the time of the  
25 pandemic, you were the Health Minister from

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1 defined in that plan, fell to me and my team. And we  
2 did that and we were supported by other colleagues  
3 across other policy areas within the department, and we  
4 were supported by other government departments in terms  
5 of loneliness, additional people, to assist with the  
6 responsibilities that the department was carrying at  
7 that time.

8 **MR WILCOCK:** Professor, thank you very much for those.

9 Thank you.

10 **LADY HALLETT:** Thank you, Mr Wilcock.

11 That completes the questions we have for you,  
12 Professor McBride. I can't -- I think we are calling  
13 you again, I think. So I'm definitely not --

14 **THE WITNESS:** I'm afraid you are in July, my Lady.

15 **LADY HALLETT:** Well, what I'll try to do is ensure that we  
16 don't call you again thereafter --

17 **THE WITNESS:** Can I hold you to that?

18 **LADY HALLETT:** -- unless we absolutely have to.

19 But, thank you very much for the help you've given.

20 There may be those who criticise the overall response  
21 but I don't think anyone could criticise you and your  
22 colleagues for the amount of dedication you showed  
23 during the pandemic in trying to save the lives and the  
24 health of the people of Northern Ireland.

25 So thank you for your efforts and thank you for your

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1 11 January 2020 to 27 October 2022, and again on  
2 3 February 2024 to 28 May 2024?

3 **A.** That is correct.

4 **Q.** Thank you. And is it right, more broadly, that you are  
5 the Ulster Unionist Party MP for South Antrim and have  
6 been an MP continually since 4 July -- could you just  
7 confirm the date?

8 **A.** 2024.

9 **Q.** Thank you very much indeed.

10 Now, obviously, the focus of your evidence today is  
11 going to be on your role as the Minister of Health  
12 during the pandemic and particularly it's going to be  
13 helpful to look at the decision making in the March  
14 time. But before doing that, and I think to  
15 contextualise some of the decision making and the issue  
16 of cross-cutting issues, you helpfully detail within  
17 your witness statement the Ministerial Code and the  
18 relevant paragraphs -- I think it's 2.4 of the  
19 Ministerial Code, but perhaps so it's absolutely clear  
20 from your perspective as the relevant minister, and  
21 let's confirm this first of all, you accept and tell us  
22 throughout the statement that you were essentially  
23 responsible for the policy and strategy and decisions  
24 relating to TTI?

25 **A.** That's correct, yes.

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1 Q. So can I ask you to explain from your perspective the  
 2 issue of cross-cutting but also matters relating to TTI  
 3 that needed to be taken to the Executive?  
 4 A. I think, my Lady, in regards to this, when people talk  
 5 of cross-cutting issues within the Northern Ireland  
 6 Executive in that sphere, there's two very different  
 7 perspectives in regards to that. There's that which  
 8 comes under the Ministerial Code, which is cross-cutting  
 9 and controversial and has to be deemed so and can be  
 10 deemed so by the First and -- First and deputy First  
 11 Minister acting jointly where a decision or a step taken  
 12 by a minister can actually be called in and challenged  
 13 by the Executive; or there are those issues that could  
 14 be more colloquially known as cross-cutting as where  
 15 actually ministers can work together and work in  
 16 partnership without it having to be a large Executive  
 17 issue or a problem or even that it's controversial, that  
 18 that actually shows, I think, the good working  
 19 relationships that we see across politics.  
 20 And in part in regards to TTI, especially in  
 21 Northern Ireland, I think, I had that cross-cutting  
 22 partnership approach, especially in the early stages  
 23 with the Minister for Communities in regards to how they  
 24 were able to set up, you know, the discretionary support  
 25 payments so that the people that we were asking to

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1 about cross-cutting issues, and the litigation that's  
 2 arisen out of it in particular, but what we really want  
 3 assistance with -- if it's a straightforward answer, but  
 4 if it's more complex, please tell us -- in respect of  
 5 the issues of test, trace and isolate, that we know you  
 6 that the responsibility for, was there a requirement  
 7 under the Code for those to be taken to the Executive?  
 8 A. Not specifically under the Code, but under the  
 9 cross-working of the Executive in regards to how we were  
 10 actually working as a newly formed Executive, just  
 11 formed on 11 January of that year, you know, a few weeks  
 12 later being forced into it in regards to that, there  
 13 were those issues that needed to be discussed, needed to  
 14 be understood, I believe by all Executive ministers, and  
 15 that's why we brought those -- our Test, Trace and  
 16 Protect, our testing strategies, always to the  
 17 Executive, to make sure that they were informed of what  
 18 we were doing under a policy decision, but also why we  
 19 were taking those decisions, but also to give them the  
 20 opportunity to input and also challenge, if they saw  
 21 fit.  
 22 Q. Thank you.  
 23 Now, we've identified the strategic policy decision  
 24 role you had for TTI, but it's right, isn't it, that the  
 25 PHA, the Public Health Agency of Northern Ireland, was

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1 isolate actually had those supports.  
 2 There were also those cross-cutting when it comes  
 3 down to testing whereas later on we were able to work  
 4 with the Minister of Agriculture in the utilisation of  
 5 the AFBI labs, so we were actually increasing testing  
 6 capacity as well.  
 7 So in regards of what can be deemed as  
 8 cross-cutting, it's not always controversial in Northern  
 9 Ireland and I think in stages of this part we actually  
 10 saw good partnership working in that.  
 11 Q. Thank you. Perhaps if we can display, please -- it's  
 12 page 8 of your statement and it's paragraph 13 --  
 13 because in giving that answer you've obviously  
 14 identified the different departments where you had to  
 15 liaise, and I just want to be clear from your  
 16 perspective.  
 17 So we can see there's the:  
 18 "... paragraph 2.4 of the Ministerial Code [which]  
 19 requires ministers to bring matters to the Northern  
 20 Ireland Executive ..."  
 21 And obviously one of those features being a matter  
 22 which "cuts across the responsibilities of two or more  
 23 Ministers", and I think you've identified different  
 24 departments and ministers there.  
 25 I suspect we could probably spend a week talking

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1 essentially the operational arm to implement testing and  
 2 contact tracing?  
 3 A. They were the delivery body for that. They were  
 4 our public agency in regards to that was their standard  
 5 role, that was their responsibility, and that's where  
 6 the professional delivery mechanism actually lay. They  
 7 were an arm's-length body with their own board, their  
 8 own chief executive, you know, accountable to  
 9 themselves.  
 10 Q. Thank you.  
 11 Now, quite separately we know that Public Health  
 12 England existed in England, but can you just confirm  
 13 that throughout the pandemic that Public Health Agency  
 14 in Northern Ireland remained, it was a constant agency  
 15 in Northern Ireland?  
 16 A. It was, throughout the pandemic, because of their  
 17 expertise and what they did in regard to that public  
 18 health messaging, in regards to the contact tracing side  
 19 on -- with experience of testing for other diseases and  
 20 other issues that they had to deal with, they had that  
 21 expertise.  
 22 There was a step taken during the pandemic when  
 23 Public Health England was stepped down, with its  
 24 functions devolved across different departments of  
 25 health and social care in England. I didn't think that

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was the right thing to do, again because of the expertise within the organisation, but also the size the scope that we had in Northern Ireland, even the additional capacity that was within the Department of Health where those responsibilities could possibly have been transferred to.

So to me, it made sense to retain PHA in its existing form in its entirety.

**Q.** Thank you. I think perhaps can you slow down slightly so the stenographer can keep up with both of us, please.

Now we've already identified that you were the Health Minister from 11 January 2020, and you've just contextualised that essentially this was when the Executive started and the government in Northern Ireland commenced its work again, at the same time as a pandemic is coming towards all of us, and in particular in Northern Ireland for the context of your evidence.

Can you give some context, then, to her Ladyship -- obviously you're a new Health Minister in a newly formed government again -- as to any relevant context when we're looking back and analysing the decision making and the infrastructure at that time in Northern Ireland, please.

**A.** I think, my Lady, to really put that into context, we as a party didn't decide until the Saturday morning that we

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being a single-party minister within that, I thought, and I hoped I did, and I believe I did, was able to work across those party boundaries, because we weren't coming with any other agenda apart from public health agenda in regards to how we were operating and working within the Northern Ireland Executive.

**Q.** Thank you.

Can I ask you, prior to January 2020, had you ever had a ministerial portfolio?

**A.** I hadn't, no. I had chaired the Public Accounts Committee and the Employment and Learning Committee, but not a ministerial role.

**Q.** Thank you. Then, can I ask you, in terms of relevant expertise, particularly where it's health, do you have any particular skills and expertise from experience before that time that helped inform health matters?

**A.** I think, my Lady, and it is a personal reflection, and I do, and I used it during my time as minister -- he does know I use this example -- our son was identified pre-birth with a congenital heart defect, a single kidney and a (unclear) of the bowels, so when he was actually born he spent the first 13 months of his life in the children's hospital in Belfast. So, from an operational point of view and from a personal point of view, we got a very hands-on, very family approach in

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were actually going back into the Executive. So it was a decision that was made by my party's executive that that morning we went in. And then, as ministerial positions are given out by D'Hondt rather than pick, we had the penultimate pick, and at that stage Agriculture and Health was left, and my then party leaders elected Health and asked me to take up the role in regards to that for what was meant to be a short period of time, while things could settle, because I'd actually stood back a few months previous as the party leader in regards to that.

But it developed then in regards to having to get into the role very quickly, you know, what actually came about, the challenges that were faced, the party leader, Steve Aiken at the time, asked me to stay on in the role. I did throughout the pandemic and then subsequently went back in the second time as well because I saw the value of the point, I saw the value of the post, and I thought there was -- I thought there was actually merit in our party taking it in regards to the fact that we were a single ministerial position within a multi-party Executive.

So whereas, in other instances, throughout periods of challenge in Northern Ireland, where party lines can fall and separate between the two larger parties, as us

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regards to actually what our health service meant, what it can deliver. But it also showed me as well, when it came to the two open-heart surgeries that he had, but also he has -- he had a pacemaker in place before he was one, that was done in Birmingham.

So it showed me that that partnership, working, looking across, looking outside Northern Ireland was a benefit we can actually do, we can work from.

His health -- since had that pacemaker replaced, at 10 year old, my Lady, in Dublin, because of the all-island paediatric cardiac collaboration we have. So I experienced from a personal point of view what our health service in Northern Ireland is, but was able to come to the role with an understanding that, for us to do what we needed to do, there was help out there when we needed it. And I think that actually helped shape how I was able to approach not just the internal relationships that I spoke earlier in regards to the internal workings of the Northern Ireland Executive, but also on that cross-departmental, cross-jurisdictional boundaries as well.

**LADY HALLETT:** I'm sorry you had to get experience in that way, Mr Swann.

**THE WITNESS:** My Lady, I was sorry as well, but I can assure you our son is now in his first year in secondary school

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1 and has -- comes with his own challenges now!

2 **LADY HALLETT:** I can imagine.

3 **MS CARTWRIGHT:** Mr Swann, obviously completely appreciating  
4 the very personal and lived experience of the healthcare  
5 system, can I then look at it from a different  
6 perspective as to infrastructure, but also the  
7 particular skills and knowledge that were needed in  
8 a pandemic.

9 Can I seek to capture with you the infrastructure  
10 that existed pre-the decision in March of 2020. And to  
11 do that, can we use your witness statement, please.

12 It's paragraph 34, please, page 15. Thank you.

13 So I'm going to come to the infrastructure that  
14 existed. When we come to the ministerial meeting of  
15 16 March, we see there reference to the fact that you  
16 say, essentially, "I've been preparing for the past  
17 seven weeks", so if we give a rough and ready to that,  
18 it looks like around the end of January, then, that you  
19 are referencing that you had started making  
20 preparations. And so can we then work through together  
21 whether you'd appreciated, by 16 March or before then,  
22 12 March, the laboratory capacity that existed in  
23 Northern Ireland?

24 **A.** Well, my Lady, I think in preparing for this statement  
25 and, again, it goes back to Northern Ireland politics,

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1 we've been preparing, we've been preparing in different  
2 ways, in regards to how we were going to prepare health,  
3 working with our GPs, community pharmacies and the  
4 hospital were provision as well, so different across the  
5 health service family.

6 In regards to the laboratory provision as well,  
7 until we actually knew the pathogen we were working  
8 with, and I think (unclear) know the genome, I don't  
9 think we had that available until early February.

10 **Q.** Thank you. So what I'm wanting to explore with you,  
11 because obviously you as a Health Minister have a very  
12 unique perspective of what was needed and what had to  
13 happen, a number of individuals and evidence we've got  
14 from other health ministers is essentially there was no  
15 playbook for what was happening, and so what I want to  
16 understand is, we get to January, you start to talk  
17 about preparations. How quickly did you identify the  
18 laboratory capacity that was going to be needed to  
19 respond to the coronavirus pathogen?

20 **A.** Well, in regards to, I suppose at that point January to  
21 March, it was that period in regards to we weren't  
22 really aware of what was coming in the large scale in  
23 regards to that. We weren't -- and again, this is about  
24 being able to scale up a laboratory facility for a known  
25 pathogen and a non-known pathogen in regards to what

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1 there was a review of pathology services and labs in  
2 Northern Ireland actually completed, in my  
3 understanding, 2016. It went out to public consultation  
4 in 2017, and then the Executive fell, so there was no  
5 minister in place. So when I come into post in 2020  
6 there was a pathology review that was put forward in  
7 regards to what we needed to do to expand and enhance  
8 our laboratory capabilities in Northern Ireland, at that  
9 point not specifically in regards to testing for  
10 Covid-19.

11 So I took that forward at that time. Two of the  
12 steps within it was actually that electronic update in  
13 regards to a single electronic system working across all  
14 their labs that were reporting into one central  
15 location, but also re-establishing whereas our labs are  
16 working in the five different geographical trusts, our  
17 virology labs, that's under the Belfast Trust, actually  
18 bringing them into one network as well. So that work  
19 commenced early 2020.

20 The challenge that I think is unfortunate in regards  
21 to Northern Ireland, following the public consultation  
22 in 2017, ministers could have made those decisions to  
23 start to actually build our lab capacity, in regards to  
24 that.

25 And specific in regards to the comment in regards to  
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1 assays were going to be used, all the rest of it.

2 So it's how we actually started to (unclear), I  
3 think the CMO referenced how we were working across  
4 academia, how we were working with the different  
5 departments in regards to what lab capabilities were  
6 going to be or what we could actually access.

7 **Q.** Can I ask you about that in the context of the evidence  
8 we have about the Public Health England assay and see if  
9 you can assist when, essentially, the assay was  
10 available in Northern Ireland. So the Public Health  
11 England assay was used at the Public Health England  
12 Colindale laboratory to diagnose the first case in  
13 England on 31 January 2020. Thereafter, the information  
14 suggests that PHE isolated and grew the SARS-CoV-2 virus  
15 from that first UK diagnosed case which provided the  
16 essential control material for the use of the assay,  
17 which on 10 February 2020 was rolled out to 12 Public  
18 Health England labs across the United Kingdom.

19 Do you know that as part of that rollout of the  
20 assay, would that have been also been provided to the  
21 laboratories in Northern Ireland as of around about  
22 10 February 2020?

23 **A.** My understanding was that the Royal Virology Lab within  
24 the Belfast Trust received that assay on 10 February and  
25 was able to do that work as well.

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1 Q. Thank you.

2 Can we then look at the different laboratories then  
3 noting, then, that the assay existed in Northern Ireland  
4 from 10 February. You tell us in your paragraph 34,  
5 please, by way of the infrastructure that the Regional  
6 Virology Lab and regional services for genetic testing  
7 is based in Belfast, and you tell us that in  
8 January 2010 the baseline PCR capacity across all of the  
9 HSC laboratories -- and can we just confirm how many HSC  
10 laboratories there were, please?

11 A. My understanding is there were ten across the five  
12 trusts.

13 Q. Thank you. And obviously you've given us an indication  
14 that there were 40 tests per day capacity.

15 If we go over the page, please, just to look at the  
16 capacity, at paragraph 35. So we've got ten of the HSC  
17 trust laboratories. How many of the virology  
18 laboratories were there?

19 A. Sorry, I don't know off the top of my head an answer in  
20 regards to that, but in regards to the 35 we're actually  
21 looking at the additional scale-up in regards to that,  
22 it was actually about that academic consortium that we  
23 established, utilising, as we say, the Queen's  
24 University of Belfast, the Ulster University, Agri-Food  
25 and Biosciences Institute, my Lady, is the veterinary  
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1 had in that was around August '20, as well. Because  
2 again, it's not just a matter of the labs, it was also  
3 the virus itself that we were worried enough to make  
4 sure that all the protocols, all the safety protocols  
5 were in place for those labs, actually, to handle those  
6 samples as well.

7 Q. Thank you. And then in terms of Almac, does that stand  
8 for anything, or is it just the name --

9 A. It's the name of the -- it's the laboratory provider in  
10 Northern Ireland, it's a private company.

11 Q. Thank you. Now, we know that Randox laboratory was  
12 being utilised particularly also by the mainland. Did  
13 Northern Ireland utilise the Randox laboratory that was  
14 based within Northern Ireland?

15 A. As part of the national testing protocol, so the  
16 contract with Randox was with DHSC and we had our  
17 Barnett consequence or our Barnett share of those tests  
18 as well, so the overall contact was with Randox. We  
19 classified that as our Pillar 2 testing programme  
20 whereas we were still operating the Pillar 1 testing  
21 programme which is our own labs, and I say AFBI and the  
22 Almac labs as well.

23 MS CARTWRIGHT: Thank you.

24 My Lady, I think that's probably a convenient place  
25 to take the break. Thank you.  
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1 service laboratory that sits under the Department of  
2 Agriculture, so we were also actually working with them,  
3 they were part of the academic consortium, as were  
4 representatives from Almac who were a private provider  
5 as well.

6 So it was actually utilising all that laboratory  
7 capacity we had in Northern Ireland in a partnership  
8 approach rather than solely going for a single  
9 contractor and buying that in.

10 Q. Now, I think you tell us a little later in your  
11 statement at paragraph 40, we don't need to move to it  
12 at the moment, that it was March when the academic  
13 consortium was created; is that correct?

14 A. That's correct, yes.

15 Q. And so was it then -- can you help us, when in March  
16 that the identification of other laboratories to be  
17 utilised and the -- essentially the pivoting of the use,  
18 particularly of the university laboratories and the  
19 agricultural and the, I think the veterinary laboratory  
20 capacity was essentially adapted to be able to make the  
21 PCR tests?

22 A. Yeah. Again, I think it went to the other health trusts  
23 labs around 27 March, and the AFBI lab around the middle  
24 to the end of May, in regards to that, and then Almac as  
25 at the private partnership, or the private partner we  
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1 LADY HALLETT: Certainly. I shall return at 3.15.  
2 (3.00 pm)

3 (A short break)

4 (3.15 pm)

5 LADY HALLETT: Ms Cartwright.

6 MS CARTWRIGHT: Thank you.

7 Mr Swann, can we continue, please, with the theme of  
8 infrastructure and scaling up from the February to the  
9 March, please. So in respect of testing, once the assay  
10 was in the laboratories in Northern Ireland, are you  
11 able to help us as to any oversight you had for the  
12 scaling up of testing in that first month from around  
13 about 10 February to 10 March, please.

14 A. Well, again, in regards to oversight that I had, that  
15 was actually under the academic consortium that we had  
16 established under the chairmanship of the Chief Medical  
17 Officer in regards to how, again, those laboratories  
18 protocols, the practicalities and also the safety  
19 measures, but also one of the limiting factors, not just  
20 in regards to the assays was --

21 Q. Sorry to interrupt you, Mr Swann. We really are going  
22 to have to slow down to help the stenographer, please.  
23 I'm sorry to interrupt.

24 A. No, you're okay. So it was about the capability, also  
25 the supply of reagents, of swabs, you know, a lot of the  
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1 platforms that the assay was being developed on, if  
2 I recall rightly, was actually what was a Roche-based  
3 assay as well. So I know it was a problem actually  
4 getting the reagents and some of the protocols that we  
5 needed for that.

6 **Q.** Thank you. And I just want to just check on that answer  
7 because the academic consortium I don't think was  
8 created until the March.

9 **A.** The March, yes.

10 **Q.** So for the February period of time, is there anything  
11 you can assist before the academic consortium was  
12 convened, that you can help us with as to what was  
13 practically being done to scale up testing in Northern  
14 Ireland?

15 **A.** Well, again, it was the work through the RLV, the  
16 Regional Virology Lab, who that the expertise in regards  
17 to how they actually maintained and worked with what  
18 were extremely, you know, contagious pathogens at that  
19 stage.

20 **Q.** Thank you. And again, we know again that the handling  
21 of the pathogen, again, within this period was changed  
22 from containment level 3 to containment level 2. Do you  
23 have any of the detail as to how many containment  
24 level 3 laboratories existed in Northern Ireland?

25 **A.** That's not something I would have the detail of.

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1 Those are handwritten notes that I hadn't sight of prior  
2 to preparing for the Inquiry as well, so they weren't  
3 actually something that was either validated for the  
4 content or taken in context in regards to how that  
5 facilitated or where it actually sat in terms of  
6 a conversation or a debate that was going on with the  
7 Executive, but it was with that general preparation that  
8 the Department of Health was doing in preparing for  
9 Covid.

10 **Q.** Thank you. Well, we'll bear that context in mind when  
11 I do use those notes to ask you for your assistance  
12 about the discussion.

13 Can we then, please, move on to the issue of the  
14 decision around 12 March at that COBR meeting, what that  
15 meant from the moving from the 'contain' to 'delay'.

16 And can we please, then, highlight your paragraph 21,  
17 please, it starts on page 10 -- sorry, the paragraph  
18 starts on page 10 but I want us to move to the paragraph  
19 on page 11, so perhaps if we can orientate, first of  
20 all, please -- thank you.

21 If we can move on to the next page, please, thank  
22 you.

23 You tell us in paragraph 21:

24 "On 12 March 2020 contact tracing was paused in line  
25 with the decision which was taken by the Cabinet Office

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1 **Q.** Thank you. Can I then move on to assistance as to the  
2 infrastructure around contact tracing, please. Can you  
3 help us as to what existed in January thorough to March.  
4 We can certainly see there was scaling up of contact  
5 tracing that came on in April thereafter, but what  
6 existed in Northern Ireland, please?

7 **A.** At that stage the PHA's contact tracing was a relatively  
8 small unit, based in Linenhall Street in Belfast, and it  
9 was contact tracing for things like whooping cough,  
10 tuberculosis, so very small numbers, very specific  
11 groups in regards to how they were testing. The  
12 scalability capacity of that even within that facility  
13 was quite limited, so that's why at a later stage we  
14 actually moved to the County Hall, larger facility, just  
15 outside Ballymena, which was able to actually  
16 accommodate physically the infrastructure that was  
17 needed for that larger-scale testing, cohort of  
18 personnel.

19 **Q.** Thank you. Again, just coming back to the seven-week  
20 preparations that we see in the Executive meeting that  
21 we'll look at in the minutes for 16 March, anything else  
22 that we've not dealt with that identifies what you were  
23 headlining as seven weeks of preparatory work?

24 **A.** I think in regards to that, my Lady, and I think it was  
25 covered in 2C, they've been referred to as minutes.

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1 Briefing Room Ministerial Meeting ... Contact tracing in  
2 [Northern Ireland] remained paused until it was  
3 reintroduced by the [Public Health Agency] on  
4 27 April 2020, initially through a pilot phase, and then  
5 with a full launch on 18 May 2020."

6 You tell us that:

7 "In the intervening period from 12 March 2020,  
8 contact tracing continued in health and social care  
9 settings, including care homes."

10 Is that correct?

11 **A.** That's correct, yeah.

12 **Q.** So is that the contact tracing through the existing  
13 infrastructure you've told us about?

14 **A.** Of PHA, yes.

15 **Q.** Thank you.

16 Can we then, please, move, again on the same topic,  
17 just to contextualise 12 March, what you say in your  
18 witness statement, please.

19 It's paragraph 155, please, which is at page 51. So  
20 paragraph 155, please, at page 51. Thank you.

21 So this is the rest of the context for 12 March.

22 You say this:

23 "... on 12 March ... contact tracing was paused in  
24 line with the decision which was taken by the Cabinet  
25 Office Briefing Room Ministerial Meeting ... I believe

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1 the decision was in line with the UK-wide agreed  
 2 Protocol for Moving from Contain to Delay and with the  
 3 UK-Wide Coronavirus Action Plan dated 3 March 2020,  
 4 which was agreed by the 4 [United Kingdom] governments  
 5 with advice from the UK CMOs and government scientists.  
 6 I referenced this in my statement to the  
 7 [Northern Ireland] Assembly on 9 March 2020. I do not  
 8 now recall any specific discussion or advice that  
 9 [Northern Ireland] should adopt a different approach,  
 10 but there were operational pressures on contact tracing  
 11 services and limited testing capacity at this time,  
 12 which made it difficult for both to continue in the  
 13 community. The [Northern Ireland] First Minister and  
 14 deputy First Minister also attended the COBR meeting,  
 15 along with officials from [the Executive Office], and  
 16 I do not recall that at any point it was queried whether  
 17 [Northern Ireland] should continue contact tracing. As  
 18 the First and deputy First Minister were also at the  
 19 meeting, I did not consider there was a need to refer  
 20 the matter to the [Northern Ireland] Executive. As they  
 21 made no such referral either, I can only assume they  
 22 also thought it was not necessary."

23 And so, would you indicate or accept that that is  
 24 your position around this difference of opinion that  
 25 appears to exist between yourself, the First Minister at  
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1 A. I didn't, my Lady, but in regards to reflecting on what  
 2 I've heard this morning, but also reading, I do think  
 3 there maybe is that -- not a misunderstanding but not  
 4 understanding what was agreed or what actually those  
 5 points in the Executive papers and especially the COBR  
 6 minutes actually mean in regards to that. But I think  
 7 in the COBR minutes, Professor Chris Whitty is very  
 8 clear that it is about the stopping of testing and  
 9 contact tracing in all geographical areas. So to me  
 10 that was pretty clear in what it meant now.

11 I can't -- I suppose make assumptions of the other  
 12 two.

13 In regards to the questioning and querying both from  
 14 the First Minister and deputy First Minister and other  
 15 ministers, they weren't behind the bush in coming  
 16 forward in regards to asking queries or clarifications,  
 17 or indeed submitting to my department what -- what was  
 18 an FIR, which is a further information request. So we  
 19 used to receiving those additional queries in regards  
 20 to: what does this mean? What is this? What is the  
 21 capacity?

22 I don't recall any on that specific issue on that  
 23 timeframe but it was quite a hectic timeframe.

24 MS CARTWRIGHT: Mr Swann, can I ask you, then, from the  
 25 perspective of health being a devolved matter, and you  
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1 the time, Baroness Foster, and Ms O'Neill, who we've  
 2 heard from today.

3 A. I would agree, that was my perception of -- I spoke of  
 4 the sequence of events from 3 May -- March conversations  
 5 in regards to that, and I think it was the first COBR  
 6 meeting that the First and deputy First Minister had  
 7 attended in that role, that was the first one that was  
 8 chaired by the Prime Minister in regards to that. So  
 9 that decision, that sequence of events is as I recall  
 10 it, and that's my perception of it. As I referred  
 11 earlier in regards to those issues that can be  
 12 cross-cutting or controversial, the First and deputy  
 13 First Minister have the power to call any decision or --  
 14 well, any decision that's made by a minister actually in  
 15 to the Executive for a different approach to be taken,  
 16 and that's why I made that -- as they made no referral  
 17 at that stage, it was my perception that they understood  
 18 the process of events, the sequence of events, and the  
 19 decisions that had been made.

20 LADY HALLETT: Mr Swann, Professor McBride was generous to  
 21 the former First Minister and deputy First Minister, now  
 22 First Minister, suggesting that they may not have  
 23 understood the decision at COBR. Did you think there  
 24 was any doubt about the decision having been taken at  
 25 COBR to pause contact tracing?  
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1 being the Health Minister with knowledge of the unique  
 2 position of Northern Ireland and the communities and  
 3 essentially how people live across the five counties,  
 4 and, beyond the city of Belfast, the unique aspect of  
 5 the communities that exist in Northern Ireland, what  
 6 I want to ask you is, you say, "I do not now recall any  
 7 specific discussion or advice" that a different approach  
 8 should be adopted, and what I want to ask you, as the  
 9 relevant minister living in those communities, knowing  
 10 Northern Ireland, but also that Northern Ireland did not  
 11 have that many cases at that time, why you didn't  
 12 consider a different approach? Whether in fact  
 13 Northern Ireland should be saying: actually, it's not  
 14 right for us at this stage where we're at to stop  
 15 testing or to stop contact tracing?

16 A. And I think, my Lady, in regards to, sorry, the six  
 17 counties of Northern Ireland --

18 Q. Six, I apologise.

19 A. -- in regards to that --

20 Q. -- I just insulted the whole of Northern Ireland, so  
 21 apologies.

22 A. No, you're fine. In regards to that, and I think it was  
 23 about the testing capacity that we had at that point  
 24 I think -- and there's the statement, there's about  
 25 a 100-plus, 120 tests we had per day, and it was  
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1 actually how we utilised those in regards to that. So  
2 we'd moved from 'contain' to 'delay'. We were asking  
3 people with symptoms to self-isolate in regards to that.

4 So the need of using a test to verify what was  
5 already guidance in regards to that, where we were  
6 actually then -- we used that testing capacity within  
7 those healthcare facilities that were mentioned in the  
8 earlier paragraph as well. So it wasn't that the  
9 testing stopped; we were testing what we thought was  
10 that highly -- I suppose critical, highly need in  
11 regards to using tests within hospital settings,  
12 care home settings as well, but also using that tracing  
13 capacity then to follow up on those cases too.

14 **Q.** So then can I be clear, Mr Swann, that at any point did  
15 you give consideration that you should have been saying  
16 that a different approach was needed in  
17 Northern Ireland?

18 **A.** Not in that specific point, no.

19 **Q.** Not at that point, but at any point, Mr Swann?

20 **A.** In regards to this incident? No, not at that point, no,  
21 not in this instance.

22 **Q.** So did there come a time when you thought a different  
23 approach was needed for Northern Ireland?

24 **A.** Well, there were different aspects where we did use  
25 different approaches in Northern Ireland, but in regards  
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1 isolation of early cases."

2 So, with that being set up there, that sounds like  
3 contact tracing to me, within a 'delay' phase.

4 **A.** Well, if there had have been, I suppose, my Lady, the  
5 available of testing at that capacity -- and I think it  
6 is important to put into context in regards -- when  
7 I talk to people now about the Covid pandemic and  
8 testing, everybody automatically recalls the LFDs that  
9 people were able to order to their homes in regards to  
10 the utilisation and the availability of those, rather  
11 than going back to March 2020 where we were talking  
12 about a limited number of PCR tests as well.

13 Just by my understanding of that in regards to these  
14 include case finding, which was the identification of  
15 case, but also to separate out the isolation of early  
16 cases, so at that stage we were advising anybody with  
17 symptoms to isolate and then further after that anybody  
18 who had come in contact with someone who had symptoms as  
19 well.

20 So my reading of that in context and at this point  
21 is that it's not necessarily contact tracing that that  
22 sentence specifically refers to.

23 **Q.** All right. Let's then move forward, please, to internal  
24 page 17 but it's page 19 of the INQ, please, which is  
25 "The phased response -- what we will do next".  
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1 to this one, no.

2 **Q.** Okay. Can we, please, then before looking at the  
3 minutes, look at the action plan, which has been  
4 referenced in the evidence today, of 3 March 2020  
5 please, which is INQ000232520.

6 I want to go to page 3, where we see the action plan  
7 having essentially the badges of the four nations.

8 Now, obviously this is the document that seeks to  
9 detail what it means to move from 'contain' to 'delay',  
10 and can we perhaps just look at some of the pages,  
11 because although it was plainly highlighted by  
12 Professor McBride, there is one paragraph that  
13 references moving from 'contain' to 'delay' would  
14 suggest a change to contact tracing.

15 But when you go through the whole of the action  
16 plan, what was your understanding about what a move from  
17 'contain' to 'delay' meant?

18 And perhaps if we go to "The Delay phase", and go  
19 into page 16. It's internal page 14 but page 16. Thank  
20 you.

21 So this is where it says "The Delay phase". At  
22 paragraph 4.23:

23 "Many of the actions involved in the Contain phase  
24 also act to help Delay the onset of an epidemic if it  
25 becomes inevitable. These include case finding and  
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1 And you can see:

2 "In the event of the outbreak worsening, or a severe  
3 prolonged pandemic, the response will escalate, and the  
4 focus will move from Contain to Delay, through to  
5 Mitigate. During this phase the pressures on services  
6 and wider society may start to become significant and  
7 clearly noticeable.

8 "The decision to step up the response from Contain  
9 to Delay and then Mitigate will be taken on advice from  
10 the UK's Chief Medical Officers, taking in to account  
11 the degree of sustained transmission and evident failure  
12 of measures in other countries to reduce spread."

13 And so again, would you agree that this looks like  
14 it required a very bespoke view of the position in  
15 Northern Ireland, not following what the UK was doing,  
16 where the pandemic was more advanced, but a bespoke  
17 consideration of whether, in fact, Northern Ireland  
18 needed to move from 'contain' to 'delay'?

19 **A.** I think, my Lady, in regards to that, the ability of  
20 what testing capacity we had, there was an assumption  
21 of, you know, that Northern Ireland, yes, was behind the  
22 curve in regards to the numbers of cases in regards to  
23 England and Wales, but specifically in regards to  
24 London, but I think also one of the findings I think  
25 that has come from earlier modules in regards to this,  
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1 the fact that we closed down earlier, in regards to that  
2 was actually a benefit in regards to the response to  
3 Northern Ireland, so although it was done at a time and  
4 a date that reflected across the United Kingdom, we were  
5 actually in a different sequence or a different part of  
6 the pandemic wave at that time in regards to when we  
7 actually took that decision.

8 **Q.** Thank you. Now if we move along, please, to internal  
9 page 19, page 21, again, we've got "The Mitigate phase  
10 -- next steps":

11 "[In the event that] transmission of the virus  
12 becomes established in the [United Kingdom] population  
13 the nature and scale of the response will change."

14 I'm not going to go through all of the bullet points  
15 but it is right to look at the bullet point over the  
16 page which is the one that Professor McBride referenced.  
17 We can see that included in those mitigation next steps  
18 was:

19 "There will be less emphasis on large scale  
20 preventative measures such as intensive contact tracing.  
21 As the disease becomes established, these measures may  
22 lose their effectiveness and resources would be  
23 effectively used elsewhere."

24 So would you agree that in this document it is not  
25 saying if you move from 'contain' to 'delay', contact

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1 that has been referenced by the Chief Medical Officer,  
2 in his evidence as well. So again, we were bringing  
3 about those measures at an earlier part of the curve or  
4 the wave, as they spoke about in regards to that.

5 Up until that point, the discussions that we'd been  
6 having, I suppose as a four nations approach, was that  
7 COBR was, again, chaired by Matt Hancock and it was that  
8 lead from a health point of view from the four CMOs'  
9 point of view in regards to that, and it was about us  
10 taking a consistent approach across the United Kingdom  
11 in regards to how we reacted at different steps.

12 **Q.** So it seems there's multiple features that you're  
13 referencing there, and what I really want to then  
14 consider is, you've given the answer about whether in  
15 fact there was a pause moment, and do almost a bespoke  
16 risk assessment for Northern Ireland, but particularly,  
17 when we come to look at 16 March, where very clear views  
18 are being expressed by the First Minister, Baroness  
19 Foster, and Ms O'Neill who was effectively saying,  
20 "I think we're on a wrong path, the wrong trajectory; we  
21 should be test, test, testing, we should be contact  
22 tracing", when the Executive and the two senior  
23 officials, the First Minister and the deputy First  
24 Minister, were saying, "We think we're making  
25 a mistake", at that stage was there ever a reflection

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1 tracing stops altogether?

2 **A.** Yeah, but this moves on to the mitigate phase, which is  
3 the next step as well, and in March we were moving from  
4 'contain' to 'delay' in regards to that. So in regard  
5 to that pause of contact tracing between March until  
6 they re-established the pilot in, I think it was towards  
7 the end of April and then for the reestablishment in May  
8 in regards to, you know, where we were in regards to  
9 capacity, so that was being built up over those stages  
10 as well.

11 **Q.** Thank you. And so, please, Mr Swann, using this  
12 document and what it seems to be calling upon is  
13 a nation-by-nation consideration of the factors and  
14 where the pandemic was up to, did you at any point  
15 before 12 March, sit down with the relevant Chief  
16 Medical Officer within Northern Ireland and perform the  
17 analysis of: is it correct for us to follow the UK  
18 approach, or whether we should be saying, actually,  
19 we're going to take a different approach whilst we have  
20 less cases in Northern Ireland, and have an ability to  
21 stop the spread through continuing to test with the  
22 limited capacity we have and to contact trace those  
23 cases"?

24 **A.** But I think at that point there was already -- the virus  
25 was already established within the community and I think

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1 and a review of the risk assessment and the plan for  
2 Northern Ireland?

3 **A.** I don't think at that stage we'd already moved from  
4 'contain' to 'delay', so my reading, my understanding of  
5 that conversation and their statements is that none of  
6 them thought we had taken that step too early, in  
7 regards to that. In regards to the comments "test,  
8 test, test", I think was an easy soundbite because it  
9 didn't match, actually, our capacity in regards to the  
10 tests that we had. It was the World Health  
11 Organisation's approach at that stage in regard to using  
12 those abilities, but there was very few countries  
13 across, I think, the developed world who had the  
14 capacity to test and do those large-scale population  
15 tests at the start of March 2020.

16 **Q.** Thank you. Well, I don't think, in terms of your  
17 position, I need to take you to the COBR minutes of the  
18 12 March, but can I then take you to the -- in fact,  
19 let's do that, in fact, because Baroness Foster did  
20 raise an issue.

21 Can we briefly then, please, display INQ000056221,  
22 that's INQ000056221. Thank you.

23 If we go to page 2, we can see that you dialled in,  
24 along with Baroness Foster, Ms O'Neill, and then if  
25 we -- and also Dr McBride.

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1 If we then move, please, to the minutes, please, at  
2 page 7, paragraph 12, we can see that it records that:

3 "The CMO said once the policy of seven days of  
4 self-isolation was in place, the plan would be to stop  
5 all testing of people entering into self-isolation and  
6 to stop all contact tracing from other geographical  
7 areas."

8 And, again, the footnote is to the action plan we've  
9 looked at together of 3 March:

10 "It was recommended the following symptoms be used  
11 in public communications: a high temperature and  
12 persistent new cough. A 'new persistent cough' in the  
13 symptoms reflected that some people always have a cough  
14 at this time of year. If it was needed to help  
15 communicate this to the public, a date could be set, but  
16 that would be an arbitrary decision."

17 And certainly the evidence we've heard from Baroness  
18 Foster and Ms O'Neill is that it was not clear to them,  
19 having been on the call on 12 March, that the effect of  
20 the decision was stopping testing and contact tracing,  
21 can I be clear on your view about what you took from  
22 that 12 March meeting, please?

23 A. That my understanding was, because I think it goes back  
24 to the comments from Chris Whitty in regards that it  
25 would actually involve the stopping of testing and  
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1 your recollection of that meeting and the various issues  
2 that were being considered, please?

3 A. I think prior to that meeting itself, the Executive had  
4 quite a solid unified position in regards to that,  
5 my Lady, in regards to one of the core issues was when  
6 we would close or not close schools. Up until that  
7 point, the Executive had agreed that we would keep our  
8 schools in Northern Ireland open and we actually did  
9 a joint press conference in the Department of Health  
10 with all ministers standing behind the podium agreeing  
11 that was the approach. On 13 March, the then deputy  
12 First Minister now First Minister, Michelle O'Neill went  
13 out and announced that she thought schools should close,  
14 in regards to that. So that was -- this was the  
15 Executive meeting that followed what had been a unified  
16 position being, I suppose, broken not in regards or in  
17 the context of an Executive meeting but also straight to  
18 the media.

19 Q. Thank you. Now, would you agree that even though you  
20 plainly query the accuracy and completeness of these  
21 notes, that where we see "DoH", that refers to you from  
22 the Department of Health?

23 A. Yes.

24 Q. Thank you. So is there any dispute that it is likely  
25 you would have been referencing a meeting with  
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1 contact tracing.

2 Q. Can we then move to the -- I apologise -- the minutes of  
3 16 March, please, INQ00065689. Thank you.

4 Now, again, you've already caveated these are not  
5 verbatim notes, it's not a transcript --

6 A. My Lady, and I would like to note as well, these are not  
7 the minutes of the Executive meeting. They're a very  
8 different document in regards to this, in regards to  
9 that, so ...

10 Q. Please can you give clarity about this document and what  
11 it is, please?

12 A. It's a hand-transcribed note of a note-taker who up  
13 until this Inquiry started I didn't know existed. They  
14 are, I suppose, snapshots of what was said at different  
15 points in a conversation. I think this document itself  
16 moved to somewhat of 42 pages of, around that, in  
17 regards to handwritten notes in regards to what was  
18 a very tense and fraught meeting in regards to number of  
19 issues that had actually presented itself to the  
20 Executive at that point.

21 Q. Thank you. And then do you want to then give the  
22 overview? You describe it as you've just done it as  
23 "a tense and fraught meeting over a number of issues".  
24 Again, to give the context as I go necessarily to  
25 selective entries, do you want to give the overview as  
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1 Mr Hancock on the Friday and that there had been 1,083  
2 tests with 45 confirmed cases as of the date of this  
3 meeting?

4 A. That's correct, but I'm not sure over what timeframe  
5 that report would have been made at that point.

6 Q. Thank you.

7 Now, can we go over the page, please.

8 We can see again, by reference to you, "Contact  
9 tracing, need to redeploy resources."

10 Then a little further down you say, we've got  
11 "Capacity for checking numbers" and you said "100 per  
12 day". Is that likely to be in the context of the checks  
13 that could be done by contact tracers at that time?

14 A. That's probably the number of tests, I believe, at  
15 around that point.

16 Q. Okay. Again, if we look, then, you say this:

17 "Prefer to use resource to combat Covid-19 rather  
18 than count, self-isolate for seven days first rather  
19 than testing".

20 And I think particularly that summary of what's  
21 attributed to you has been something that a number have  
22 commented upon about the statement. Do you want to  
23 clarify what you said, to the best of your recollection,  
24 but what you meant or what you intended by what you were  
25 saying?  
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1 A. Again, for a meeting that was five years ago, over  
2 five years ago, my Lady, from this handwritten note, I  
3 believe what I was referring to there was actually the  
4 use of the resources to combat Covid-19, so it was  
5 actually using those tests within the healthcare  
6 facilities that they referred to earlier on, in regards  
7 to ICUs, haematology patients, oncology patients, and  
8 also where there was outbreaks within care homes,  
9 because what we had done at that point was actually  
10 recommend anyone with symptoms to isolate for seven days  
11 first, rather than seeking the test to confirm that they  
12 had actually a positive case for Covid.

13 Q. Thank you.

14 Now, again, Mr Swann, I don't mean any disrespect to  
15 you because I'm not going to go to every entry that's  
16 attributed to you, so I hope it's not considered that  
17 I'm being selective in the entries I take you to.

18 A. No.

19 Q. If we can move over the page, please, to page 4, the  
20 question was asked as to how many people in Northern  
21 Ireland have Covid, and the response attributed to you  
22 is:

23 "Worst-case scenario -- 80% of population.

24 "Some -- no symptoms, [some] mild, [some] serious".

25 And then:

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1 A. Yeah.

2 Q. Saying:

3 "Trying to prevent spread.

4 "Wait for people to present.

5 "Doesn't chime with delaying.

6 "Better to test more.

7 "Resourcing issue -- discuss more."

8 And then can't quite read the next bit:

9 "More cases we can identify, the better we can  
10 address."

11 And again, the response attributed to you suggests  
12 you were saying, "Self-isolate ... containment phase,  
13 self-isolate (sic) ... delay phase"

14 So can you assist us anymore about, again, what  
15 appears to be others beyond those we've heard in this  
16 Inquiry, challenging a decision to stop testing?

17 A. Well, I'm not sure that was the challenge, to stop  
18 testing in regards to that, as -- and again, the same  
19 difficulties we were having in disseminating what it  
20 actually does say in regards to some of the comments  
21 there, but again the Department of Finance would have  
22 been at that point a Sinn Féin minister in regards to  
23 where they were coming from in regards to their point as  
24 well.

25 Q. Thank you.

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1 "Medical system can check figures", I think.

2 So it appears there that you've recognised and  
3 identified, as of 16 March, that it was known that there  
4 was an ability for asymptomatic transmission with  
5 referencing "some no symptoms"?

6 A. I'm not sure that's actually what has been referenced  
7 there in regards to the worst -- I think that was coming  
8 from the CMO briefing that we'd had previously in  
9 regards to the worst-case scenario, it was 80% of the  
10 population could have Covid. The fact that some could  
11 have no symptoms at that point doesn't necessarily imply  
12 that they were asymptomatic in regards to transmission  
13 at that point. It was the case numbers that we could  
14 potentially face.

15 Q. And so then can I be clear, as of March of 2020, did you  
16 have any understanding or knowledge, information  
17 provided to you that suggested that someone could be  
18 asymptomatic or pre-symptomatic, no symptoms, and be  
19 transmitting Covid?

20 A. I think that established itself as a known fact up until  
21 the point of May, 2020, was when that was agreed as  
22 a possibility and a consequence.

23 Q. Thank you. Now then we can see over the page, please,  
24 again, we can see there appears to be challenges, as  
25 well, from the DoF -- is that the Department of Finance?

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1 Can we then, please, again move forward again,  
2 appreciating there's many of your entries attributed to  
3 you that I'm not taking you to.

4 Page 7, please.

5 Can you help with this. We've got what appears to  
6 be:

7 "Exec direction?"

8 Query or question mark.

9 "I'm following the advice of my CMO.

10 "Spikes/clusters -- not same here as [Republic of  
11 Ireland].

12 "Medical advice.

13 "Timing different to [Republic of Ireland and]

14 GB ..."

15 Then there seems to be a reference to north, south,  
16 east, west and so on.

17 Can you help at all with the Executive direction  
18 with the question mark. Whether this helps at all with  
19 any recollection about what was being discussed?

20 A. My Lady, in regards to that, I think it reflects back to  
21 an earlier comment in regards to that, and it was that  
22 point of Executive ministers had a problem with the  
23 direction of travel that we had taken at that point.

24 I think my point was, was that did the Executive  
25 want to give me a direction to change what we had done

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1 in regards to that. And I don't think -- as I said  
2 earlier, there was no recollection of anybody actually  
3 doing that. So there was challenges, there was queries  
4 in regards to what we were doing, but there was nobody  
5 actually coming back and saying, "Will you go the other  
6 way? Can you do something different?"

7 In regards to the testing capacity, I think I've  
8 already covered that a number of times in regards to the  
9 capacity that they've actually had.

10 Moving through, you know, timings different to  
11 RoI versus GB, I don't think there was, in the early  
12 stages, in regards to -- a big differential in regards  
13 to the steps that we were taking in regards to that,  
14 north, south, east, west. I don't know what that refers  
15 to, in regards to the other comments as well.

16 **Q.** Now, you -- can I look at it from a different  
17 perspective. You're saying that the Executive weren't  
18 saying -- asking you to take a different direction?

19 **A.** No, well, they weren't telling me to take a different  
20 direction. I referred to earlier on there were issues  
21 that were cross-cutting can be called in by a minister  
22 in regards to that, so there was challenge, there was  
23 questioning, there was robust debate around the  
24 direction we were taking, but there was no direction  
25 from the Executive, First Minister or deputy

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1 saying: well, actually, Baroness Foster and Ms O'Neill,  
2 this was dealt with on 12 March, so -- there's certainly  
3 no entry to suggest a suggestion that that had been  
4 decided on 12 March, and so why is it being discussed  
5 again?

6 **A.** No, but neither is there any reference to the deputy  
7 First or First Minister at that point saying that this  
8 was agreed on 12 March. It's now the 16th, we've had  
9 four days where they could have stepped in to direct me  
10 to do something else or called an Executive meeting  
11 because they didn't agree with the direction of travel  
12 in regards to the decisions that were taken.

13 **Q.** Well, on that point, Mr Swann, their evidence is that  
14 they had not appreciated that the decision of 12 March  
15 and moving from 'contain' to 'delay' meant that testing  
16 and contact tracing in Northern Ireland was what had  
17 been signed up for. The clarity about that came in the  
18 meeting on 16 March, when they say they were challenging  
19 the decision to stop testing and contact tracing.

20 **A.** But in regards -- and it goes back to the minute of that  
21 COBR meeting where it says to stop testing and tracing  
22 in all geographical areas. So again, it's -- it goes  
23 back to that point in regards to what their  
24 understanding of what was agreed to, what was discussed  
25 at that COBR meeting in reflection. And again, maybe it

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1 First Minister, actually to change course.

2 **Q.** Again, we've heard evidence from Ms O'Neill today that  
3 she was saying just that: we need to be "test, test,  
4 test", we're making a mistake. And the notes reflect  
5 that -- from her perspective, when she was taken to  
6 them.

7 So their position would be: you're the decision  
8 maker as to the relevant minister, they are robustly  
9 challenging the path of travel that you had taken  
10 Northern Ireland on, but, notwithstanding their  
11 challenge in this meeting, that was fraught, that you  
12 didn't alter the course?

13 **A.** But in regards to, again, that approach for saying  
14 "test, test, test", just because you say it doesn't mean  
15 to say tests will miraculously appear, reagents will  
16 appear, swabs will appear, or the machines that were  
17 necessary across the labs would suddenly materialise in  
18 regards to that. So in regards to the tests that we  
19 had, again, as I say, we'd redirect them -- redirected  
20 them to the healthcare facilities where we thought they  
21 were appropriate to use.

22 **Q.** Thank you.

23 Would you agree also, in terms of the difference of  
24 accounts linked to the 12 March, certainly these notes  
25 don't suggest at any point any note to suggest you were

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1 is, in regards to future pandemics, a recommendation, as  
2 that officials who attend those meetings actually come  
3 back with that detailed breakdown so that all who are  
4 attending the meeting, even if it is -- you know, the  
5 meeting on 2 March was the first that they had attended,  
6 so there's a catch-up or an official briefing in regards  
7 to what it actually means going into the meeting but  
8 also, after, what it means coming out of the meeting.

9 **LADY HALLETT:** Can I just say, Ms Cartwright, my notes  
10 suggest that Baroness Foster didn't say "She said test,  
11 test, test", she said that at the meeting there were  
12 those who challenged the minister on the decision to  
13 cease -- pausing --

14 **MS CARTWRIGHT:** You're entirely right, the "test, test,  
15 test" is attributed to Ms Michelle O'Neill, thank you.

16 **LADY HALLETT:** Michelle O'Neill.

17 **MS CARTWRIGHT:** Thank you.

18 Can you then, I'm not going to go through all the  
19 other entries but can I, just briefly, take you to then  
20 to page 31, and then I'll allow you an opportunity to  
21 say anything else about this meeting and the approach,  
22 but again, we've another example here of the deputy  
23 First Minister, which is recorded as saying:

24 "Approach is fundamentally flawed.

25 "WHO says -- test [and] test again. We're not doing

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1 this."

2 Your response then seemed to be that:

3 "[We] Don't have capability."

4 The Department of Finance said there was a resource  
5 issue. And then we see -- is it the Department  
6 of Justice giving a contribution?

7 So again, in terms of what appears to be capturing  
8 the deputy First Minister certainly saying: what we're  
9 doing is fundamentally flawed.

10 A. But I think that is what is -- she is saying, but her  
11 approach for test and test again, we're not doing that,  
12 that's correct, because we didn't have the capacity to  
13 test and test again. So it's putting into context what  
14 tests were available at that stage, where we were using  
15 them compared to where we were, you know, January 21  
16 with the LFDs and lateral flow devices where we were  
17 able to test, test, test. So it's a matter of  
18 perception in regards to that.

19 Look, also at that point in time, the deputy First  
20 Minister was being highly critical of all my responses  
21 in terms of how we were combating Covid-19 in regards to  
22 that.

23 Q. Thank you.

24 Mr Swann, out of fairness, in terms of the  
25 resolution that will have to be made of these issues, is  
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1 position as of 11 March, just 20 cases; would you agree?

2 A. Yeah.

3 Q. Thank you.

4 Then if we can move into -- again, just have an  
5 understanding about how the testing was increasing your  
6 April testing strategy, please.

7 Which is INQ000103649, please.

8 This is, as we can see, your testing strategy of  
9 6 April 2020. And if we move into this document,  
10 please, to page 12, that -- if we look at paragraph 3.3,  
11 we can see that:

12 "Testing [had] been scaled up from 40 tests per day  
13 in January 2020 and the current testing capacity is up  
14 to 736 tests per day. The factors influencing the  
15 number of tests carried out each day depends on the  
16 number of swabs received, availability of testing  
17 reagents and testing kits."

18 So would you agree, Mr Swann, that the numbers of  
19 tests being available with the steps, particularly with  
20 the input of the Academic Consortium, was increasing the  
21 availability in Northern Ireland?

22 A. Yes, and that was the intention of it, but there were  
23 those limiting factors in regards to it, as I state  
24 there: you know, the availability of testing reagent and  
25 also the kits as well. Because we were at the end --  
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1 there anything else that you want to say from your  
2 perspective about the meeting of 16 March and the  
3 position, then, to continue, as part of the delay phase,  
4 not to test, the community testing, and not to continue  
5 with the contact tracing until it came back on again at  
6 the end of April?

7 A. Well, I think, my Lady, in regards to if we'd have kept  
8 the community testing without being able to follow up  
9 with an effective contact tracing programme at that  
10 point, I could have been equally sitting challenged here  
11 today as why we actually weren't using those tests  
12 within the hospital, care home and care facilities in  
13 regards to ICU, as to how we were actually using them as  
14 well. So it's -- it's a challenging position in regards  
15 to that. If we had had the capacity and the number of  
16 tests at the start, certainly the approach of test,  
17 test, test and test again is the right one, if you have  
18 the tests.

19 Q. Thank you.

20 Can we then, please, just to give a context as to  
21 the position in Northern Ireland, please.

22 If we can look at the situation report for 12 March,  
23 please, which is INQ000083097, please. That's  
24 INQ000083097. Thank you. We can move to the next page.

25 Again, if we look for Northern Ireland as the  
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1 the end of a very long supply chain in regards to  
2 a number of these reagents and testing kits, as well,  
3 which were, you know, swabs which were easily available  
4 and easily purchasable from China and -- you know,  
5 just-in-time supply chains all of a sudden became high  
6 demand across the world in regards to that.

7 Q. Thank you.

8 The start of this section, I just want to make sure  
9 there's absolute clarity, it's described within your  
10 strategy document as "scaling of nucleic acid testing".  
11 It's right, isn't it, when you're talking about that,  
12 that's essentially the PCR --

13 A. PCR, yes.

14 Q. -- because it's the ribonucleic acid in the PCR test?

15 A. Yes.

16 Q. Is there any reason why you were describing as the  
17 nucleic acid testing rather than the PCR testing?

18 A. I'm not aware of why there had been any change of names  
19 in regards to that and that.

20 Q. Thank you.

21 Can we then move forward again just to get  
22 a snapshot of how scaling up happened in  
23 Northern Ireland, and then move, please, to your 20 May  
24 testing strategy update.

25 Which is INQ000103650. Thank you. Again, if we  
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1 move into page 3 but internal page 2, please, again, we  
 2 get an idea of the testing -- thank you.  
 3 We can see you've identified:  
 4 "Since publication of our strategy we have increased  
 5 our testing capacity significantly. At the beginning of  
 6 this pandemic, HSC laboratories were processing 40 tests  
 7 per day. This figure has now increased to 1,700 test  
 8 per day in our HSC laboratories, with an additional 800  
 9 tests per day under the National Initiative, and I am  
 10 confident that we will continue to increase our testing  
 11 capability and capacity to ensure we continue to deliver  
 12 a robust response to this unprecedented pandemic ..."  
 13 So, again, would you agree these are helpful for  
 14 identifying how testing was increasing?  
 15 **A.** Yes. And again, they work across I think all sectors in  
 16 regards to how we were scaling up in partnership with  
 17 others.  
 18 **Q.** Thank you.  
 19 Can we then move, please, into page 19 of this  
 20 document. It's a helpful document because there's lots  
 21 of graphs that identify the improvements and the  
 22 increases, but we can certainly see "Estimated Daily  
 23 Testing Capacity by Testing Platforms", that was  
 24 anticipated for the next period of time, from the May to  
 25 the June.

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1 cases.  
 2 Over the page:  
 3 "This ... is likely to become a part of everyday  
 4 life ..."  
 5 Thank you, that can be taken down.  
 6 So, Mr Swann, looking at what was possible, if  
 7 a decision was made on 16 March to not follow the  
 8 decision to stop testing and contact tracing, would you  
 9 agree that there was an option to have a different  
 10 approach in Northern Ireland that could have assisted in  
 11 stopping transmission of Covid?  
 12 **A.** Well, I think to take that different approach, as I've  
 13 said earlier, would actually have been to use those  
 14 tests not in healthcare facilities, in regards to where  
 15 we currently were and where we were actually using them  
 16 at that point in time.  
 17 So it was a decision to redirect those tests within  
 18 healthcare facilities and increase the numbers we were  
 19 actually using there or continue to use the contact  
 20 tracing position that wasn't robust enough, actually, to  
 21 stand up at that point.  
 22 **Q.** Now, on the decision to stop contact tracing, the  
 23 statement that's been referenced of Dr McClean from the  
 24 PHA indicates that the PHA also were not involved in  
 25 discussions about the decision to stop contact tracing

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1 Can I ask you just to assist us, in the left-hand  
 2 side, we've got a number of breakdowns, and the shading  
 3 is not helpful, but can we just -- so we understand the  
 4 practicalities of the equipment, the first, the Seegene,  
 5 which testing platform was that? Was that the one  
 6 operating in the hospitals or in the --  
 7 **A.** I honestly can't comment in regards to where they were  
 8 actually positioned in regards to our different labs,  
 9 but the first four would be within our health estate in  
 10 regards to that, and the two bottom ones, as you can  
 11 see, is the Almac partnership and the AFBI partnership  
 12 in regard to those.  
 13 **Q.** Thank you.  
 14 Thank you.  
 15 Then I think we know on the timeline -- if we move  
 16 forward, please, to INQ000120704.  
 17 That's INQ000120704. Thank you.  
 18 Then the test, trace and protect strategy of 27 May  
 19 was introduced, when all the four nations essentially by  
 20 then had identified their strategy.  
 21 Thank you.  
 22 If we can turn into page 9 of this document, please.  
 23 Again, this helpfully identifies that the PHA had  
 24 reintroduced the contact tracing in the April, and from  
 25 18 May they had been contact tracing all confirmed

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1 in March of 2020. Do you agree with that position?  
 2 **A.** As far as I'm aware, but I think I've also seen  
 3 a statement from Dr McClean and the PHA where she goes  
 4 on to say that neither did they then challenge it with  
 5 the Department of Health, or the Executive as well.  
 6 **Q.** Thank you. Now, can we then, please, look at an issue  
 7 of public communication because I think your statement  
 8 helpfully identifies how the other testing strategies  
 9 increased in Northern Ireland in the testing centres.  
 10 But before doing that, can I just deal with, very  
 11 briefly, your April strategy identified the use of LAMP  
 12 testing, LampPORE testing, and can you just give us a bit  
 13 more evidence because, obviously, Northern Ireland was  
 14 quite unique for trialling the LAMP testing from April  
 15 of 2020 which is right, is it, that's where you can test  
 16 for Covid through saliva, a spit test almost?  
 17 **A.** That's a very specific test in regards to that, not  
 18 a large-scale one, as well, but we used a pilot of it  
 19 because we could use it in specific facilities, we used  
 20 it in number of special schools, my Lady, where we were,  
 21 you know, seeing that increased challenge in regards to  
 22 how we were able to test.  
 23 We also used it in a number of health facilities  
 24 where, especially, I think, residents with dementia had  
 25 quite an adverse reaction to the physical swab.

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1 So again, I think it was a small-scale test or a  
 2 small capacity that they had but we saw advantage in  
 3 using it as a pilot, especially in those special needs  
 4 schools, and to enable those people who were  
 5 uncomfortable or either just physically couldn't do the  
 6 swabbing, where we could use that saliva test, basically  
 7 a precursor for LFDs, only I think the turnaround time  
 8 was a 20-minute result at that point as well.

9 So when there was the advantage, and again, I think  
 10 that was the strength of having the academic consortium,  
 11 so when pilots like that appeared, you know, we made  
 12 sure we took full facility and full use of them and made  
 13 sure they were used in a targeted approach.

14 **Q.** Thank you. And was that LAMP Testing taking place in  
 15 Northern Ireland or was that done through Oxford  
 16 University?

17 **A.** It was done in the -- the facility itself was actually  
 18 on-site facilities, as well, so you were able to do it  
 19 within those special schools within those geographical  
 20 settings as well, but we were part of that wider pilot.

21 **Q.** Can I just be clear, where did the actual -- the LAMP  
 22 machinery, my understanding is that to do LAMP testing  
 23 it's very cumbersome machines that enable you to process  
 24 the test?

25 **A.** And that's why it was small scale so we were able to do  
 201

1 up with a large number of tests available. So we had  
 2 local facilities which were permanently there but it was  
 3 a smaller number and then we'd mobile testing units  
 4 which we could deploy to different areas, different  
 5 facilities, to make testing, I suppose, geographically  
 6 accessible, as physically accessible as possible.

7 **Q.** Thank you. So did that mean that the PCR tests were  
 8 being shipped off from Northern Ireland to England?

9 **A.** Well, no, because of the Randox facility that we were  
 10 able to use, so the samples that were being taken were  
 11 being tested, so it was the Lighthouse facility.

12 **Q.** So you're describing Randox as part of the Lighthouse  
 13 facility?

14 **A.** Yes.

15 **Q.** Thank you.

16 Can I very briefly, then, just to deal with an  
 17 accessibility or issue relating to these tests,  
 18 INQ000373440, I think this is 8 September 2020 where you  
 19 had contacted Mr Hancock by reference to issues facing  
 20 the national Covid-19 testing system where it appears  
 21 that when people were seeking to book tests, they were  
 22 being offered tests in the United Kingdom rather than  
 23 Northern Ireland?

24 **A.** My Lady, again, that was, I suppose, one of the  
 25 geographical challenges of Northern Ireland and  
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1 that within Northern Ireland. My understanding,  
 2 my Lady, and I will check with the CMO in regards to  
 3 that but we were part of the pilot. I assume we had the  
 4 facility in Northern Ireland and --

5 **Q.** Thank you, I won't press you further about that. Thank  
 6 you.

7 Can I just be clear about -- we know that you got  
 8 your, when the Lighthouse laboratories went online, can  
 9 you just help, so we're absolute clear what access to  
 10 testing were you able to utilise of the Lighthouse  
 11 laboratories?

12 **A.** The Lighthouse laboratories, the contract, again, as  
 13 I said earlier on, was between DHSC and Randox and those  
 14 Lighthouse suppliers, or agreements, and it was the  
 15 memorandum of understanding signed across all four  
 16 nations was -- actually we got our Barnett consequential  
 17 of the capacity, which was 2.85% of the available  
 18 overall testing capacity in regards to that.

19 But on special occasions, and I suppose with special  
 20 representation we were able to ask for additional  
 21 resource in regards to that, as well, should we need it  
 22 or should we see specific spots where we needed to do  
 23 additional testing.

24 What we did in Northern Ireland in regards to those,  
 25 we had the regional facilities that were permanently set  
 202

1 (unclear) the system was actually set up in regards to  
 2 that, so people, when they put in their postcode, were  
 3 directed to their closest available test, and test  
 4 facility, and in some cases because there's only  
 5 14 miles between us and Scotland, some people were  
 6 actually being directed to Scotland to go for a Covid  
 7 test. So when the system had been set up, that  
 8 particular peculiarity of the Irish Sea hadn't been  
 9 taken into consideration and had caused some significant  
 10 concern in regards -- it became a media issue over that  
 11 specific weekend in regards to that, so it was something  
 12 we were able to resolve as well.

13 **Q.** Thank you. For my purposes, Mr Swann, I've two short  
 14 topics left, please, if you can assist me. And the next  
 15 topic is public communication.

16 Can we please display your paragraph 231 at page 72.  
 17 Thank you.

18 Now, you detail that the Public Health Agency  
 19 established targeted communications aimed at ethnic  
 20 minority groups and also communities where individuals  
 21 lived in cramp accommodation. You specifically recall  
 22 that this work was undertaken by PHA.

23 Can you assist to what extent the Department of  
 24 Health was involved in this?

25 **A.** We were part -- that was undertaken by the Contact  
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1 Tracing Steering Group, the department had  
2 representation on that as well, along with Business  
3 Services Organisation, Patient Client Council, the  
4 Ulster University, Queen's University, but also NICVA  
5 which is the Northern Ireland Community and Voluntary  
6 Associations, as well, so under PHA's remit they were  
7 able to do that.

8 That Contact Tracing Steering Group also engaged  
9 through their preparation for that work with the  
10 commissioners in Northern Ireland, so with their older  
11 people's commissioner or children's commissioner, as  
12 well, in regards to that.

13 Q. Thank you.

14 If we can then go backwards, actually, apologies,  
15 223, and page 69. Thank you.

16 You note that you are aware of the potentially  
17 disproportionate impact of the pandemic, including  
18 isolation restrictions on certain socioeconomic groups  
19 and ethnic minorities. Can you recall at what stage you  
20 became aware of the disproportionate impact of the  
21 pandemic on the ethnic minority groups specifically?

22 A. In regards to specifically, it wouldn't have been  
23 latterly on in regards to Northern Ireland specifically,  
24 it was the work that, I suppose, Dr Chada was doing  
25 within the ethnic forum across all healthcare systems  
205

1 inequalities from these reviews were shared with your  
2 department and subsequently used to inform policy.

3 How were these reviews used to shape policy and what  
4 was the disproportionate impact of isolation on minority  
5 ethnic groups considered at this stage please?

6 A. Well, in regards to the inequality that the health  
7 intelligence unit it had also identified the  
8 harder-to-reach groups across Northern Ireland,  
9 including our ethnic minorities, but also our aged  
10 population and our rural population as well, my Lady.

11 One of the challenges that we've had and that we've  
12 addressed it and I think the work that does need done in  
13 Northern Ireland is actually the identification through  
14 health records of our ethnic minorities in regards to  
15 that, not just those who work in the health service but  
16 also who are part of our greater society as well.

17 In earlier modules we've referenced the encompass  
18 programme which was brought in, which is a single health  
19 record that will be -- sorry, is available now across  
20 all five of our geographical trusts, so that will start  
21 to feed into how that data is actually collected and  
22 utilised.

23 Q. Thank you.

24 Can we next move, please, to your paragraph 127a on  
25 page 42, please.  
207

1 across the United Kingdom in regards to what was  
2 actually being seen in regards to that.

3 In Northern Ireland, in regards to the socioeconomic  
4 groups, I think the biggest and I think the positive  
5 step, because of that cross-cutting nature, was actually  
6 those discretionary payments that the Department of  
7 Communities along with ourselves, were able to bring in  
8 at the start of this as well.

9 Q. Thank you. And was that the discretionary scheme that  
10 was available for isolation payments --

11 A. Yeah.

12 Q. -- from, was it, 25 March --

13 A. 25 March. So I think the Northern Ireland was the first  
14 of the four nations, actually, to introduce that payment  
15 and that support mechanism, as well, which I think -- I  
16 recall, my Lady, I think came up to a sum of £4 million  
17 during the duration of the pandemic, but it was  
18 something that we saw was necessary, and again, working  
19 with, and working with in partnership with the  
20 Department of Communities we were able to facilitate.

21 Q. Thank you.

22 Can we move to the next paragraph, 224, please.

23 You recall that the Public Health Agency  
24 commissioned reviews that considered the impact of the  
25 pandemic including isolation, and that evidence on  
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1 I think to understand paragraph 127a we just need to  
2 briefly look at -- this is a time around prioritisation  
3 and eligibility for lateral flow devices, which we know  
4 came on the end of 2021 and certainly you're suggesting  
5 January 2022 here.

6 You say:

7 "At the time I agreed this change in the guidance,  
8 I considered that it was clear; however, 5 years on, and  
9 no longer as immersed in the pandemic response as I was  
10 then, I can appreciate that at times the fast-changing  
11 nature of advice and guidance may have been challenging  
12 for some members of the general public. The Department  
13 made significant efforts to provide clear communications  
14 to accompany policy changes ... Clear communication and  
15 advice will be critical once again in any future  
16 pandemic response and I believe that recommendations and  
17 lessons learnt from the Inquiry will be particularly  
18 important in this regard."

19 Are there any particular further lessons or  
20 recommendations you would wish to bring to the Inquiry's  
21 attention?

22 A. My Lady, in regards to, I suppose, building on this and  
23 it is about communication in regards to clarity and  
24 understanding, while we changed our interim testing  
25 protocol, as well, you know, with ten iterations in  
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Northern Ireland over the period of the pandemic, we understood in working closely with the system, you know what it was changing, and what it meant, but in regards to making sure there's a clarity of understanding, and I think at times, especially useful in regards to the interaction with the children's commissioner in Northern Ireland, who was a very strong advocate of making sure language being used was as simple and as understandable as possible. So I think in regards to future productions of policies, strategies, that that is something that should be very clearly embedded in regards to steps that should be taken.

In regards to wider recommendations, I think my concern is the scalability of our laboratories in Northern Ireland was only possible because of the partnership working that was established in the heat of a pandemic. I would like to see that strengthened, maintained and made more robust. The concerns that I have like Lighthouse facilities, already we're seeing actually closed down across the United Kingdom, because I think it was Mark Drakeford who actually said in regards to his evidence as well, it's hard for politicians to sustain the investment in large-scale testing facilities and infrastructures in case they may be needed, but I think there has to be that watching

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finally for my purposes ask one question. At paragraph 310 on page 99, you -- thank you, that's page 310, page 99.

Can I ask you, you're referencing there the use of the Covid-19 proximity app. We know that Northern Ireland developed and got their proximity app out first. Do you have any reflections on the fact that essentially yourself in Northern Ireland and Scotland were using different apps than was then not the Covid-19 app that was then deployed from the end of September in England and Wales?

**A.** I think part of that, my Lady, and I really don't want to take away the fact that our digital communications information officer, and his small team were actually able to produce a Covid-19 proximity app in Northern Ireland, considering the size and the ability that we have, that it was the first international cross-border app that was developed across the United Kingdom. We were the first, actually, to deploy a Covid-19 proximity app out of the five nations, as well, in regard to that. We had a successful uptake, I think, and complete over the duration and the period of time 6,700 people actually downloaded the proximity app in Northern Ireland, which, out of a population of 1.9 million, is actually, I think, a very positive story.

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brief across all four nations working in partnership as to how, if, and I sincerely hope it's never needed again, but should that large-scale laboratory system be ever need to be utilised, that there is ability to switch it on, should that also be in terms of physical capacity but also in the workforce as well, so that there is -- it's as collaborative as possible, there is a memory muscle there as well as to how it was done, when it was done, and what steps were taken.

Referring that specifically back to Northern Ireland would be part of my concern. Many of the senior medics and professionals that we relied upon came back out of retirement or from other parts of service simply because of their dedication to the Northern Ireland health service, but also the personal relationship, I believe, with our Chief Medical Officer. When I asked, they answered the call in regards to that. So I'm concerned, you know, five, ten years down the time, will we have that professional capacity in reserve, and standby, whose experience can be actually called on and utilised?

**Q.** Thank you.

You've given a great deal of reflection there to her Ladyship. We've also got paragraph 99 to 100 where you have given further personal reflections as well on earlier pages of other reflections, but can I just

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But it goes back to some of the communications we had around building up to it. We were very clear that our app wouldn't be there to capture data, it wouldn't hold any personal information, and again, that was because of that interaction working with the children's commissioner, you know, the information commissioner, and in regards to that as to how we developed it.

So we moved at pace in regards to the operation with the other apps that eventually was under -- interoperable with those apps as well over a period of time, but I don't think it had been right that we waited in regards to them developing our app to make sure that it worked with them. What we were able to do was work with the Republic of Ireland in regards to making sure that cross-border mechanism actually worked. I think it was the first international cross-border app that there was developed around the world using that platform.

So it wasn't the fact that our platform didn't work with the English one; I think it was the English one didn't work with ours in regards to that. They were able to adapt, you know, the care app that they already had.

**MS CARTWRIGHT:** Thank you, Mr Swann. Those are my questions.

My Lady, there are Core Participant questions.

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1 **LADY HALLETT:** Mr Thomas.  
 2 Mr Thomas is that way.  
 3 Questions from PROFESSOR THOMAS KC  
 4 **PROFESSOR THOMAS:** Good afternoon, Mr Swann, just a couple  
 5 of questions, if I may. At -- I'm sorry, I should  
 6 introduce myself: Leslie Thomas, I represent FEMHO, the  
 7 Federation of Ethnic Minority Healthcare Organisations.  
 8 At paragraph 255 of your statement, you say that it  
 9 was not possible to analyse trends relating to  
 10 ethnicity:  
 11 "Due to poor coding of ethnicity in health care  
 12 records ..."  
 13 As:  
 14 "... routine data flows did not allow the  
 15 identification of trends in the transmission and  
 16 infection rates of Covid-19 ... [for] different ethnic  
 17 backgrounds."  
 18 Question: can you explain how this lack of data,  
 19 disaggregated by ethnicity, impacted on policy  
 20 decisions?  
 21 **A.** Well, it was the fact that that data wasn't collected in  
 22 regards to health records in Northern Ireland, as  
 23 I referred to in an earlier answer.  
 24 The development of the encompass digital record now  
 25 asks for ethnicity, and I think first language and  
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1 ability to follow that through, to make sure those  
 2 weaknesses don't present themselves again.  
 3 **PROFESSOR THOMAS:** Thank you, Mr Swann. Thank you, my Lady.  
 4 **LADY HALLETT:** Thank you, Mr Thomas.  
 5 Mr Wilcock, who is just there.  
 6 Questions from MR WILCOCK KC  
 7 **MR WILCOCK:** Good afternoon, Mr Swann.  
 8 As you know, I represent Northern Ireland Covid  
 9 Bereaved Families for Justice, and I've been granted  
 10 permission to question you on four separate topics, none  
 11 of which you've been asked about so far.  
 12 Topic 1. According to your statement, at  
 13 paragraph 48, you cannot now recall receiving  
 14 information on the pre-pandemic capacity of the existing  
 15 laboratories' testing capabilities in Northern Ireland.  
 16 When your then permanent secretary for the  
 17 Department of Health gave evidence in Belfast this time  
 18 last year, he stated that, "By any measure, Northern  
 19 Ireland had a low testing capacity in  
 20 February/March 2020."  
 21 Does it follow that you never discussed the issue of  
 22 the pre-pandemic capacity of Northern Ireland's existing  
 23 laboratories with your permanent secretary after you  
 24 took office on 11 January 2020?  
 25 **A.** Again, I think in an earlier answer, my Lady, I spoke  
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1 country of origin as well. So one of the learnings, not  
 2 just coming out of an earlier module, but the  
 3 deficiencies within our previous healthcare system, was  
 4 that that data was not recorded.  
 5 **Q.** Just following on from that, what strategic and policy  
 6 outcomes could have been potentially achieved which were  
 7 undermined by this lack of data?  
 8 **A.** Well, I don't think there was any -- in regards to that  
 9 lack of data, when we talked earlier on in regards to  
 10 the work of the PHA and the guidance that it actually  
 11 put out, it put out its guidance, how to access testing  
 12 and later vaccination, in a number of actually ethnic  
 13 languages, you know, from Timorese through to a number  
 14 of other languages. In Northern Ireland, because of our  
 15 food sector, we have quite a number of ethnic groups  
 16 within Northern Ireland.  
 17 So in regards to those policy decisions, because we  
 18 didn't have that health data, by the ethnicity, it made  
 19 it challenging for us to do that.  
 20 I do hope -- and that's why, when I was Health  
 21 Minister, I saw the benefit of encompass in regards to  
 22 rolling out that single health record across Northern  
 23 Ireland so that everybody accessing our health service  
 24 has that ability built into it. But also that,  
 25 centrally, the department, the PHA and others have the  
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1 about the pathology review that had been started  
 2 in 2016. It went out to public consultation in 2017 and  
 3 then was commenced under 2020 as well, so there's work  
 4 been done in regards to that within the department,  
 5 about actually development of the broader region in  
 6 Northern Ireland, so that -- in that context, that was  
 7 about how we bought about a single electronic recording  
 8 system, LIMS, so it is actually interoperable with  
 9 encompass as well. But bringing those -- rather than  
 10 those labs been under the five trust structures, were  
 11 bought under one single structure as well.  
 12 So the capacity as to the number of testing machines  
 13 or platforms I don't recall being mentioned at that  
 14 level at that stage, but there was a bit of the  
 15 structural review of our laboratories.  
 16 **Q.** So is your answer: yes, I didn't speak to Mr Pengelly  
 17 but work was going on nevertheless?  
 18 **A.** There was work going on. Not every conversation I had  
 19 in regards to every structure, every statement, every  
 20 strategy, was with the permanent secretary.  
 21 **Q.** Topic 2, Public Health Agency.  
 22 In your statement you state that:  
 23 "[You] consider that the collaborative way in which  
 24 the Department in the PHA worked throughout the pandemic  
 25 in delivering the [test, trace and isolate] programme  
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significantly helped meeting the unprecedented demands of the pandemic and helped make the most of available experience, skills and expertise. This close joint working [you] believe had a positive impact in [Northern Ireland]."

Can I ask you four questions on that statement.

One, whilst it's clear that the Department of Health and the PHA did work together in delivering test, trace and isolate and protect, do you accept that, as we heard in Module [2C], the relationship was not without its tensions?

**A.** The relationship I don't think was without its tensions, my Lady, but that isn't in opposite to the fact that we weren't or couldn't work closely together in regards to what needed done and indeed what was done.

**Q.** So what impact, if any, did those tensions have on the delivery of test, trace and isolate policy in Northern Ireland?

**A.** I'm not sure that -- well, first of all, I'm not sure specifically as to what tensions were where within the system or when you're referring to, but I'm not aware, during my time as minister, that those tensions were -- what was referred to as tensions actually had any impact on the delivery of test, trace and isolate.

**Q.** When you gave evidence in M2C, for example, you stated

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a regular interface with the chairs, and meetings of all my arm's length bodies, and it's not something that I ever recall the chair of the PHA raising with me.

In regards to the review that was brought about at that point in time, was actually commissioned by I think it was Professor Ruth Hussey, who was a former Chief Medical Officer from Scotland (sic), and what that was, was to assist working in partnership with the PHA board in regards to making sure that they were as robust and as ready as they could be for the next 18 months, following what had been a very challenging time.

**Q.** In fact, the review confirmed, didn't it, that among the structural weaknesses that the PHA had had to content with in carrying out its test and trace functions were the fact that it had, and I quote:

[As read] "... had temporary leadership arrangements for some years, a new interim CEO, and a new Director of Public Health came into post [I'm quoting from the review] as the first wave of the pandemic took hold. They faced a substantial challenge to pick up the reins of the organisation at such a crucial time. And when the organisation had to embrace remote working at speed whilst mounting an effective response, there were vacancies in senior posts. The health improvement function, for example, had 46% of its staff in temporary

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that the Public Health Agency was "not in a robust enough situation to scale up as was necessary". That's one of the tensions that we were talking about.

Was that one of the reasons why, in late 2020, your department commissioned a rapid, focused external review of the Public Health Agency for Northern Ireland's resource requirements in response to the pandemic over the next 18 to 24 months?

**A.** But I think the assertion of the assessment of PHA at that point in time, my Lady, isn't a tension. It was my perception at that stage that it wasn't. And if it's stating, I think there was previous --

**Q.** That's not a tension, thinking something -- the operational body is not in a fit state --

**A.** Sorry, it never presented itself as a tension with any conversations I had with the chair of the PHA. It was my impression at that stage doesn't mean to say that if you've an assessment of something being in that state that it necessarily produces a tension. I don't think there was any counter in regards to those conversations at that time in regards to how that relationship worked.

I think when you actually look at some of the board and some of the interactions that were set up, there was that good working relationship between the organisations and ourselves. And as minister, my Lady, I set up

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posts as a result of delays to approval mechanisms at regional level."

The report goes on to refer to the initial service being extremely stretched by demand, insufficient project management.

None of this is to criticise the efforts that PHA made, but the fact was, it was starting well behind the starting line, wasn't it?

**A.** Yes. And that's where my original statement -- I think the first quote that you actually gave -- was the reflection from that. But it was also, my Lady, the work that then came out and the recommendations that come out from that Hussey review to reshape and refresh the PHA in regards to that.

And I think one of the recommendations, and I know we talk about that change in leadership, but all organisations go through change in leadership at various stages.

**Q.** Topic 3. This is partially in the context of the meeting you've been asked so much about, about 16 March 2020.

In your statement to the Inquiry you state at paragraph 16 that you as the Minister for Health set the overall course of the TTI programme, you approved strategy and policy decisions, and that while you, and

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1 I quote from your statement:  
2 "... regularly updated the Executive on delivery of  
3 the programme and policy changes, with a few exceptions,  
4 the Executive was generally asked to note the changes."

5 Do you agree that the few exceptions that you refer  
6 to all post-date August 2021?

7 **A.** I don't remember each of those papers in detail as to  
8 whether they finished to noted or to approve or what  
9 their action was, was taken at that stage. But I think  
10 it goes back to, again, the earlier answer about those  
11 issues that were cross-cutting and controversial, or  
12 those issues that were actually cross-cutting or those  
13 that I felt, you know, the need and the ability to  
14 update the Executive as to the steps that we were  
15 taking.

16 **Q.** Well, I don't want to repeat the various arguments  
17 either way. We've been through those at length.

18 Can I just ask you this: in retrospective, do you  
19 accept that it might have been better for you, and the  
20 First Ministers, and the Executive, to have worked in  
21 a more collaborative and transparent way at the outset  
22 of the pandemic?

23 **A.** I think, my Lady, from -- I think this has been covered  
24 in M2C and earlier in regards to this. The challenges  
25 of working across a five-party mandatory coalition

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1 inpatient care, protecting those caring for them, and in  
2 the management of outbreaks, for example, in care homes.

3 Now, Professor Arden has provided an expert report  
4 to the Inquiry pointing out that policies prioritising  
5 certain groups, such as testing for NHS staff and  
6 patients early on in the pandemic may have had  
7 implications for other groups, including vulnerable  
8 person in the community.

9 Do you agree with Professor Arden?

10 **A.** I think it goes back to the abilities, if you look at  
11 the interim testing protocols I referred to earlier on,  
12 my Lady, there were ten of them throughout the duration  
13 of the pandemic, it was about the utilisation of the  
14 capacity that we had. As Health Minister, if we'd have  
15 been able to start in March 2020, at the point in  
16 regards to testing that we finished with, with LFDs, you  
17 know, it would have been a very different picture.  
18 Something I wish we'd been able to do far quicker in  
19 regards to that.

20 And I think it was in regards to LFDs first become  
21 available at the end of that year, I asked for 4 million  
22 from Matt Hancock and I got them, in regards to that,  
23 because I valued the ability for testing but it's also  
24 that testing of those people in those critical care  
25 facilities as well.

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1 weren't without its challenges, especially during the  
2 period of a pandemic. In a transparent way, I know --  
3 I appreciate your comments in regards to that, my Lady.  
4 I think one of the criticisms that wasn't levelled in  
5 regards to any of our Executive meetings was a lack of  
6 transparency, because I think it was covered widely in  
7 M2C, was the fact that those meetings were often  
8 directly linked to media as they were having -- as well  
9 as we were having those conversations.

10 **Q.** I think you know very well, don't you, I'm not referring  
11 to that as transparency.

12 **A.** Right, well, no --

13 **Q.** -- transparency within the Executive.?

14 **A.** I think there was a level of engagement and I'm sorry,  
15 that's what I took as transparency in regards to that  
16 comment and in regards to the wider point. But I think  
17 in regards to that communication within our Executive,  
18 I think it was healthy. It was robust, but it was also  
19 part of that challenge that we have in Northern Ireland  
20 of a five-party coalition.

21 **Q.** Which we understand. Thank you.

22 Topic 4. This is to do with targeting of testing.  
23 In your statement to the Inquiry, you point out that  
24 after March 2020, testing was primarily targeted in  
25 clinical care of the sickest individuals requiring

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1 **Q.** In terms of the knock-on implications, this Inquiry has  
2 heard evidence from one of my clients, who you know,  
3 Hazel Gray, who contacted you in December 2020 about the  
4 fact that her wheelchair-bound mother's home carers were  
5 never tested because of the policy of their employers,  
6 the Western Trust home care, and that this had more than  
7 likely led to her 80-year old father contracting Covid  
8 and being taken to hospital, given that he rarely left  
9 the house.

10 She described in the text messages that she  
11 exchanged with you, "This is a major flaw in the  
12 system".

13 Sadly, as I believe you know, both Mrs Gray's  
14 parents died shortly afterwards. Do you agree that her  
15 description of what she'd been told as "a major flaw"  
16 was in fact an understatement?

17 **A.** Well, in regards to the testing of all healthcare  
18 workers and again (unclear) through those protocols, my  
19 Lady, there was regards to where we could get testing in  
20 regards to facilities. In regards to Mrs Gray, I do  
21 want to pass on publicly my sympathies to her and her  
22 family in regards to the trials that she went through at  
23 that stage. I do know from reading her statement and  
24 also listening to her commentary, both in the impact  
25 video but also in media reports back home of the

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challenges that that presented and also the report, and the response that the Western Trust has gave to her in regards to that.

So it goes back to that point of symptomatic and asymptomatic healthcare workers testing. My Lady, if I had had the ability to test everyone regularly when they wanted it, as they required it, I can assure you, my Lady, and this Inquiry, and the members that the counsel represents, that I would have been doing that from the very beginning.

**Q.** But the world is as was, rather than what we wish it to be. Do you agree that in fact her statement of what happened was much more than a major flaw?

**A.** Well, in regards to the loss of a parent, basically in regards to the loss of two parents from this pandemic, my Lady, when we look at the number of lives lost across this United Kingdom and indeed across the world, the flaws that were there, the challenges that have been made, and hopefully the recommendations that come out of this Inquiry, make sure that that sort of a case and occasion never arises again.

**MR WILCOCK:** My Lady, they are all the questions I wish to ask.

**LADY HALLETT:** Thank you very much indeed, Mr Wilcock. Mr Swann, that completes our questions we have for

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doubts the commitment and dedication that people like you, and indeed the professor, put into responding to the pandemic. So thank you very much for all that you did then. Thank you for your help in the Inquiry, and I know for a fact that we have not ended the burden on you. So thank you for the help that you'll also be giving, I think again in July.

**THE WITNESS:** Yeah, I think so, my Lady.

**LADY HALLETT:** Well, thank you very much. We shall end there, and I shall return at 10.00 tomorrow.

**MS CARTWRIGHT:** Thank you, my Lady.

(4.36 pm)

(The hearing adjourned until 10.00 am the following day)

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you today.

The pressure on health ministers was extraordinary. Do you ever question why you didn't go in the opposite direction when your party suggested you took on health in January 2020?

**THE WITNESS:** My Lady, I have many times gone back to that, and I don't want to make light of anything that we've been through today. When I said we'd those two choices, I was, you know, the former president of the Ulster Young Farmers Clubs of Ulster. The two departments that were left was Health and Agriculture. And there is many a reflection, I wonder, when we look back now, five years on, if I'd been Health Minister rather than Agriculture, how things could have changed differently.

But, my Lady, I hope the input that I was able to make as Health Minister made some positive difference in regards to how we responded in Northern Ireland. I think I was fortunate to have a very dedicated healthcare professionals around me working in health and social care, but also at a departmental level, PHA level, and all those other organisations who were providing input at what was a very challenging time.

**LADY HALLETT:** Well, Mr Swann, I don't know if you heard what I said to Professor McBride, but whatever criticisms people may have to make of the system, no one

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<b>14</b> <b>[3]</b> 82/4 106/21 174/19 <b>14 June 2021</b> <b>[2]</b> 2/11 2/15	<b>14 miles</b> <b>[1]</b> 204/5 <b>14 years</b> <b>[2]</b> 82/3 82/5 <b>15</b> <b>[1]</b> 157/12 <b>1500</b> <b>[1]</b> 129/23 <b>1500 tests</b> <b>[1]</b> 30/13 <b>151</b> <b>[1]</b> 81/3 <b>154</b> <b>[1]</b> 81/6 <b>155</b> <b>[2]</b> 168/19 168/20 <b>16</b> <b>[15]</b> 18/11 18/12 21/5 24/21 47/19 56/11 57/16 70/19 166/21 174/19 174/19 179/17 182/3 186/3 220/23 <b>16 March</b> <b>[19]</b> 25/2 25/12 26/8 26/9 54/4 61/25 66/10 71/8 91/4 125/10 125/12 125/18 126/24 128/22 157/15 157/21 191/18 194/2 199/7 <b>16 March 2020</b> <b>[4]</b> 18/6 51/24 54/14 220/21 <b>16-odd</b> <b>[1]</b> 144/16 <b>16th</b> <b>[6]</b> 48/10 55/1 57/19 58/4 69/1 191/8 <b>17</b> <b>[1]</b> 175/24 <b>17 November 2020</b> <b>[1]</b> 35/11 <b>17.00</b> <b>[1]</b> 23/4 <b>170</b> <b>[1]</b> 40/21 <b>171</b> <b>[1]</b> 41/18 <b>173</b> <b>[1]</b> 112/1 <b>18</b> <b>[3]</b> 9/7 131/20 218/8 <b>18 May</b> <b>[1]</b> 198/25 <b>18 May 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<b>[1]</b>

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