Witness Name: Michelle O'Neill MLA
Statement No: Module 7, statement 1
Exhibits: MON-07/01 to MON-07/58
Dated: 07 April 2025

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MICHELLE O'NEILL

I, Michelle O'Neill, MLA, will say as follows:

A. Role, Function and Responsibilities

1. I am currently a member of the Northern Ireland Assembly, having been first elected for the Mid-Ulster constituency in 2007. I am the First Minister in the Executive. Deputy First Minister is Emma Little-Pengelly. We were both elected by the Assembly to those joint roles on 3 February 2024. I am also the Vice-President of Sinn Fein since 2018.

2. During the period relevant to this module I was Deputy First Minister. I served as Deputy First Minister (dFM) from 11 January 2020 until 4 February 2022. As joint head of government in this jurisdiction I was jointly responsible for leading the Executive's response to Covid-19. This included making decisions around Non-Pharmaceutical Interventions (NPIs) and taking decisions on and implementing legislation relating to Covid, after taking the requisite advice into consideration. I was also involved in ministerial meetings with: UK Government Ministers; Ministers in the devolved administrations; and with Irish Government Ministers.

3. I have already provided statements to the Inquiry in modules 1, 2, 2c and 4, and where appropriate, will make reference to them in this statement relating to test, trace and protect. I have had the assistance of my legal representatives and Special Advisors in drafting this statement and have considered the draft scope document for the module.

4. During my term of office as Deputy First Minister, the most senior civil servant I would have worked with was the Head of the Civil Service (HOCS) and this was the person with whom I had the most contact throughout the pandemic. Their role was to lead the civil service, provide advice to Ministers and attend meetings of the Executive Committee.

5. In January 2020 the HOCS post was held by Sir David Sterling who had been interim HOCS since 2017. Sir David Sterling was replaced by Ms Jenny Pyper in December 2020. She agreed to take on the role on a temporary basis following an unsuccessful interview process for the HOCS position when no suitable candidate was found. Following a further recruitment process, Jayne Brady was successfully appointed as HOCS in September 2021. It should be noted that prior to Jayne Brady's appointment, the First Minister and I had agreed that the responsibilities of HOCS should change. It was agreed between us that the HOCS should remain as head of the wider civil service and the Executive Office (TEO) role, previously exercised by the HOCS, should be separated out. Therefore, Denis McMahon was appointed to the position of Permanent Secretary for TEO in July 2021.

6. I was also in regular contact with Karen Pearson who headed up the Covid response team in TEO and with Anthony Harbison, as head of the NI Hub. The senior civil servants in my office were Tim Losty, Carol Morrow, Donal Moran and Paula Magill who were principal private secretaries and private secretaries to me in my role as dFM. The personnel in these roles changed during the course of the pandemic with Tim Losty and Carol Morrow being replaced by Donal Moran and Paula Magill.

7. During the pandemic, I was also in very regular contact with Michael McBride, the Chief Medical Officer (CMO) and Ian Young, Chief Scientific Adviser (CSA). As they provided advice to the Executive throughout the Covid pandemic. My contact with them was both through their attendance at Executive meetings, which they attended throughout the pandemic, and also in regular meetings which took place between Arlene Foster, the First Minister, Robin Swann, the Health Minister and I, and Mr Swann's team of advisors. Richard Pengelly, Permanent Secretary of the Health Department, was also present at these non-Executive meetings.

8. The Special Advisors who worked with me were Stephen McGlade, John Loughran, Dara O'Hagan and Michelle Canning. Michelle Canning was in post from October 2020 to January 2021. The other Special Advisors were in post for the duration of the pandemic and the Executive and Assembly functioning. Their main role was to work collaboratively with civil servants to deliver my priorities as a Minister; to provide a political dimension to the advice available to me as Minister; to liaise with the Sinn Féin party and provide briefings on issues of Departmental and Executive policy; to liaise with Special Advisors of other parties on Executive business; to liaise with external interest groups; and to review and comment on advice provided by civil servants.

B. Power Sharing in January 2020

9. The Inquiry will be aware that our system of Government is different from that of the other Devolved Administrations. Our system of Government is based on the compromises in the Good Friday Agreement which were given effect in the Northern Ireland Act 1998. The most distinctive feature of the Executive is the fact that it is a mandatory coalition. Power-sharing is integral to the functioning of the Executive and the Assembly. In the event that there is a breakdown in power-sharing, which has happened intermittently since the establishment of the Assembly, then the Assembly and Executive no longer function.

10. The Inquiry is aware that power-sharing in this jurisdiction collapsed in early 2017. I understand that the Inquiry is not concerned with the different perspectives as to why the power-sharing Executive collapsed then and why the institutions remained inactive for as long as they did. It was, and is, a source of disappointment to me that the institutions were down for as long as they were. I have already given evidence that I believe that the absence of an Executive from January 2017 until January 2020 adversely impacted on preparedness for a pandemic. I also believe that the absence of the Executive had longer term consequences for our ability to respond to the pandemic. This was both as a result of the impact of the collapse of the Executive on policy developments, particularly, but not exclusively within health. But also, for more prosaic

reasons, to do with the realities of taking up ministerial office and being immediately faced with an unprecedented global pandemic.

11. When we initially took up office, we were playing catch-up on local policymaking and implementation across the range of Government Departments and functions. Public services overall, and the health and social care system in particular, were suffering the effects of the serious financial deficit that had been building up in public funds due to 10 years of Tory austerity. As is well documented, the health system was ill-equipped to deal with the normal demands made on a functioning health system, much less the crisis we faced with the onset of the global pandemic.

12. Before its collapse, the Executive had agreed to move to implement a more strategic, outcomes-based Programme for Government which would have cross-cutting interdepartmental working arrangements at its core. I believe that we lost out on the practical benefits that these arrangements would have brought in, had they been implemented.

13. Prior to its re-establishment, the Executive had committed to an ambitious programme of reform. We had committed to a long-term Investment Strategy and further committed to the implementation of "New Decade New Approach". This programme of reform reflected our collective view, across the political spectrum, that fundamental changes were needed to make meaningful improvements to the lives of those we were elected to represent.

14. Looking specifically at Health, as the Inquiry is aware from the evidence I gave in Module 1, as Minister for Health before the collapse of the Executive I was in the process of seeking to fundamentally transform the Health Service, through implementation of the Bengoa report reforms. There is no doubt that the process of transformation was hindered by the collapse of the Executive.

15. On entering office, the Executive was immediately faced with a nurses' strike the resolution of which was an immediate priority for the incoming Executive. That strike was not only about pay and conditions but specifically highlighted patient safety concerns as well as issues around recruitment and retention of staff. This jurisdiction

has consistently and regrettably had the worst waiting lists across these islands. Therefore, tackling waiting lists and transforming health and social care through the implementation of the Bengoa report reforms, had been highlighted as priorities within NDNA. Had the institutions not been down we would have been further along in implementing Bengoa by the time Covid hit and, in my view, would most likely have been in a better position to respond to the pandemic.

16. There was also the reality that we were a new Executive. Whilst I had been a Minister previously, I had not previously held the post of deputy First Minister. Other Ministers were becoming Ministers in new Departments or becoming Ministers for the first time. We needed to build working relationships with civil servants we had not necessarily worked with previously and we also had to build relationships with new Ministerial colleagues.

17. That said, there were experienced Ministers who were familiar with the working of Government and power-sharing. We had collectively made a commitment to work together and had already worked together to agree New Decade New Approach. I believe that there was a commitment from all in Government to deliver effective and accountable Government for those whom we were elected to represent.

18. The political institutions were reinstated at the outset of the pandemic on 11 January 2020. The early period was taken up with Ministers bedding into their new Departments. The cross-cutting role of TEO, and the position of First Minister and Deputy First Minister as joint chairs of the Executive, meant that my priorities in those early days was to get Executive agreement around the major cross-cutting strategic issues of the Programme for Government; passing the budget; implementation of New Decade New Approach; and implementation of the Investment Strategy.

19. The role of TEO, and First Minister and deputy First Minister, were to lead the Executive and co-ordinate/secure agreement on cross-cutting, strategic issues. While TEO is analogous to a Cabinet Office set up, its power of direction over other departments is limited to a co-ordinating role. Neither First Minister nor deputy First Minister could direct another Minister on matters pertaining to their own Department. Article 4(1) of the Departments (NI) Order (1999) provides that at all times the

functions of a Department shall, at all times, be subject to the direction and control of the relevant Minister.

C. Co-Working

20. I attended a number of committees, groups and forums dealing with the UK Government's response to Covid-19 about which I provide further detail below. As Deputy First Minister in the Northern Ireland Executive, each meeting I attended was as joint head of the devolved government representing the Executive. I participated in meetings of COBR, MIGs, 4 nation forums (with the Chancellor of the Duchy of Lancaster, hereinafter "CDL") and also meetings with the Secretary of State for Northern Ireland. My participation in these meetings was aimed at facilitating Executive input into UK Government responses (where possible and appropriate), co ordinating responses to the pandemic and highlighting issues that were of concern. I can advise that the general practice was that if a particular meeting had an item on the agenda which fell into a Minister of the Executive's area of responsibility, then that Minister would attend to address that issue.

21. I also participated in "Quad" meetings during the course of the pandemic. These meetings were between the Secretary of State for Northern Ireland (representing the British Government), the First Minister and Deputy First Minister and representatives of the Irish government. I have attached a list of all external meetings that I attended during the course of the pandemic from 28 January 2020 until 26 February 2022. As can be seen from the list many of these meetings were with representatives of the UK government. It is marked as Exhibit MON-07/01 [INQ000226006].

22. The list outlines, in broad terms, the meeting structures used. The meeting structures were: COBR; meetings between the Chancellor of the Duchess of Lancaster, Mr Michael Gove, and the devolved administrations; and meetings with Michael Gove and the devolved administrations in his role as Secretary of State for the Department of Levelling Up, Housing and Communities. Neither the Joint Ministerial Committee, the British-Irish Council or the UK Governance Group were used. The First Minister and I requested that a British-Irish Council meeting (which needs to be convened by the 2 Governments) be convened to discuss the issue of travel, but that request was never

acceded to. That request was made in Summer 2020. The first summit of the British-Irish Council after the restoration of the Executive occurred on the 6 November 2020 and was held virtually. The next summit was hosted by the Northern Ireland Executive and took place in June 2021.

23. I attach copies of meeting notes with the Prime Minister or the CDL when it was suggested that there be a meeting of the British-Irish Council was raised and when the benefits which could flow from such a meeting were identified. This proposal was considered at the following meetings:

i. 7 July 2020 – At a teleconference with the CDL and Devolved Administrations I emphasised the importance of a common approach to quarantine restrictions and the need to avoid differences between the approach in Britain and other jurisdictions. I considered that the British-Irish Council would offer a forum to do so - Exhibit MON-07/02 [INQ000226014].

ii. 24 July 2020 – At a Four-Nations call with the CDL and the Devolved Administrations I raised the issue of the Common Travel Area and confused travel guidance. I suggested a meeting of the British-Irish Council to consider the issue - Exhibit MON-07/03 [INQ000226015].

iii. 5 August 2020 – Junior Minister Declan Kearney participated in a Four Nations Call with CDL and Ministers from the Devolved Administrations. He noted the changes in rules to come in the Republic and suggested a North-South Ministerial Council or British-Irish Council meeting to consider policy issues such as travel in the Common Travel Area. Other Ministers are recorded in the note as having supported the proposal of British-Irish Council meeting - Exhibit MON-07/04 [INQ000226017], page 2.

iv. 13 August 2020 – At a meeting in Hillsborough Castle with the British Prime Minister and Secretary of State for Northern Ireland I explained that Covid issues had been discussed at a recent North South Ministerial Council meeting and meeting of British-Irish Council could discuss what was coming next - Exhibit MON-07/05 [INQ000226018].

24. I do not know why the Joint Ministerial Committee was not used. In the past I have acknowledged that it was an imperfect forum and did not meet as regularly as it might have but the Joint Ministerial Committee did have the advantage of a Joint Secretariat staffed by officials from the Cabinet office and the devolved administrations.

25. I think that it is important for the Inquiry to understand that while dealing with the day-to-day response of the pandemic I was not primarily focused on structures around UK Government meetings. My main concern was that any meetings should be meaningful and address any concerns or issues raised on the part of the NI Executive and to try to secure assistance where needed. My primary focus was on what was happening in the North and ensuring that, within the constraints the Executive worked, we responded as effectively as we could to protect lives through practical and meaningful application of policy decisions at department, community and individual level. This was the primary, day-on-day, work of the Executive and Ministers.

26. I have considered the extent to which the effectiveness of the 4-nation approach to Covid-19 response was affected by the use of UK Government structures rather than structures which afforded greater input to the devolved administrations. I found in general that the meetings between the UK Government and the devolved administrations involved the UK Government advising the devolved administrations of the decisions they had taken. These communications with the UK Government were usually communicated at the last minute. My view then and now, was that the meetings were not truly collaborative or a decision-making forum. This was a source of ongoing frustration with all the devolved administrations. They were helpful for raising issues and as a forum for exchanging information but were not a decision-making body. In my opinion, structures jointly owned by UK Government and the devolved administrations would have changed that dynamic and would have been a more effective decision-making forum.

27. I have been asked about participation in SAGE and its sub-groups and in the Joint Biosecurity Centre and how they contributed to effective intergovernmental decision making. In my view, without knowing the detail of how they operated, it was always

better for representatives of the Executive to participate in SAGE (and its sub-groups) and Joint BioSecurity Centres meetings, in order to be part of the discussion and sharing of information and to contribute their views on the most effective response. They would also have brought a local perspective and information on the virus in relation to its transmission on the island of Ireland and the border counties in particular.

28. I do not know why Executive representatives were not present at initial meetings, but it was a serious and, in my view, unnecessary gap and could only impact negatively as the absence of Executive representatives meant that our unique position on the island of Ireland may not have been recognised or taken on board by a government system based in London and often unaware of our circumstances.

29. The Scientific Advisory Group for Emergencies (SAGE) was the body tasked with providing independent scientific advice to support decision-making to the British Government during the pandemic. The north had limited representation on this body and the need to adopt an all-island response to Covid on the island of Ireland was not prioritised or given sufficient attention. There was no NI equivalent of SAGE. Because Ireland is a single epidemiological unit, adopting differing approaches in one part of the island to the other made no sense to me and had the potential to cause confusion and difficulties. The virus moved freely across the island and obviously did not recognise the border.

30. With regard to the degree to which there was a 4-nation approach to Covid-19 response between January 2020 and February 2022, I am aware that daily meetings and regular contact took place between the Chief Medical Officers and Chief Scientific Advisors of the UK Government and devolved administrations at official level. The advice that the Executive received from the Chief Medical Officer and the Chief Scientific Advisor and from officials was based on the ongoing work and contact that they were engaged in. So, it is my belief that there was a high degree of co-ordination. During this period there were high-level ministerial meetings to which I have referred above.

31. I understand there was high level of interaction between the Chief Medical Officer and the Chief Scientific Advisor for this jurisdiction together with their counterparts in England, Scotland and Wales. The decision to impose Non-Pharmaceutical

Interventions was taken by the Executive after consideration of advice from Chief Medical Officer and Chief Scientific Advisor and updates from the Minister of Health.

32. I cannot comment on the internal workings or effectiveness of Chief Medical Officer and Chief Scientific Advisor official meetings but only on the ones at Ministerial level of which I have direct experience. I have already pointed out my concerns about the late communications, the absence of a meaningful decision-making forum, and the growing frustration from all the devolved administrations that our concerns were not being taken on board by the UK Government.

33. I have been asked about the extent to which the UK Government worked with the Executive in developing and operationalising the test, trace and isolate system in the North. Work on developing the test, trace and isolate system was work primarily conducted within the Department of Health, overseen by Robin Swann and I am personally unaware of the extent of co-operation between the Department and the UK Government.

34. I do recall that at an Executive meeting on 16 March 2020, the Department of Health communicated at that meeting that a decision had been made, on 12 March 2020, to stop contact tracing strategy and to redeploy those resources - Exhibit MON-07/06 [INQ000065689]. I was of the view, that this approach seemed self-defeating and I made the point at the Executive meeting that the WHO advice was to test, isolate and contact trace and that we needed to adjust. I said that if everyone who was symptomatic was not tested then efforts to combat Covid could fail. I did not believe that we had reached the point where the prevalence of Covid in the community was such that community testing would have less value.

35. The response from the Health Minister was that he was following his CMO's advice, that circumstances and timings in the North of Ireland were different to the South, and to Britain, that countries which flattened the curve too soon would have a recurrence and he appeared to question the effectiveness of isolating people and our capacity to do so. He cited modelling behaviours that suggested that 80% of people would comply and expressed the view that if we moved too early, this would impact on families, it would not be sustainable, and that point in time was not the right time to act.

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

37. I have been asked what role, if any, was played by the Memorandum of Understanding on Devolution have in facilitating intergovernmental communications during the pandemic. The Memorandum of Understanding on Devolution (MoU) was a statement of political intent rather than a legally binding agreement which aspires to co-operation, communication and exchange of information, statistics and research between Westminster and the devolved administrations. It therefore played a role in facilitating intergovernmental relations. However, the Joint Ministerial Committee structures which flowed from it were not used during the pandemic so any role it played was limited.

D. International

38. I have been asked about the level of work and collaboration there was between the Executive and other nations, in particular the Republic of Ireland in fulfilling the Executive's functions relevant to the issues in this Module. A Memorandum of Understanding was agreed by the Irish Minister for Health, Simon Harris TD, and the Executive Minister for Health, Robin Swann MLA and the respective Chief Medical Officers on 7 April 2020. It did not, however, amount to a comprehensive all-Island response - Exhibit MON-07/07 [INQ000130355]. The approach was more one of mitigation of the difficulties caused by the existence of two separate jurisdictions rather than a co-ordinated and consistent response. It was a statement of commitment and did not, by itself, create any legal obligations. It did not address the operation of a system of test, trace and protect.

39. I am unaware of any other co-operation between the Executive and the Irish Government on the issues which fall within the scope of this Module.

E. Preparedness

40. I have been asked whether I can assist in explaining the existing infrastructural capacity for test, trace and isolate in the North. I cannot assist, nor can I provide the Inquiry with an account of capacity to scale up after that date.

41. The Department of Health was responsible for test and trace capacity between January and March 2020. I believe that, ordinarily, testing for infectious diseases would be undertaken by the Public Health Agency (PHA). I was not aware of what work was being done within that Department or the PHA to test those capabilities. It did not, I believe, come to the Executive Committee as a matter for discussion. When the matter of scalability was raised in meetings of the Executive Committee Ministers, including myself, raised concerns. This was based on the importance conferred on testing by WHO advice and the apparent lack of capacity to scale up which existed here. States were encouraged to *"prioritize active, exhaustive case finding and immediate testing and isolation, painstaking contact tracing and rigorous quarantine of close contacts"* (Exhibit MON-07/08 [INQ000218368], page 21).

42. We were not informed at any stage prior to 16 March 2020 that test and trace could not be effectively deployed and would be halted. It was at this point, I believe, that it became clear that there was insufficient capacity to maintain community testing on any scale.

43. As outlined above, at the meeting of 16 March 2020 the Minister for Health, communicated that meeting that a decision had been made, within the Department of Health. As outlined at paragraph 35 above, he adopted this course in the basis of advice from the CMO. I am recorded later in the meeting as expressing my disagreement with this approach. I was concerned that "if we do not test everyone who has symptoms the approach will fail" - Exhibit MON-07/06 [INQ000065689] pg.4. In matters such as the deployment and prioritisation of resources Ministers exercise autonomy. It was not open to me, as Deputy First Minister, to direct a different approach despite my concerns.

44. I have been asked to explain whether there were any barriers to scaling up the existing infrastructural capacity to test, trace and isolate in the North, between January 2020 and June 2022, and further asked whether this issue was discussed at Executive Committee meetings.

45. The Department of Health was responsible for test and trace capacity between January and March 2020. The issue of problems with resources in order to conduct testing within the community, came to our attention on 16 March 2020, as discussed above. The Executive Committee's response has been detailed above, inasmuch as, while this was a matter which remained within the purview of the department of Health and the Public Health Agency, we did seek a paper on testing and community testing was re-instated, I believe, in and about May 2020.

46. I have been asked to explain the legislative framework in existence on 1 January 2020 to allow for test, trace and isolate system in the North. I am unaware of the specific legislative framework in place on 1 January 2020 which would have allowed for test, trace and isolate. I am aware that while it was determined that we needed to pass The Health Protection (Coronavirus, Restrictions) Regulations (NI) 2020 ("the Regulations"), which came into force on 8 March 2020, and subsequently passed further Regulations in 2021 and 2022, I am unclear, at this remove, as to the extent to which those Regulations, which were brought into effect by the Department of Health, specifically regulated test, trace and isolate.

F. Development of policies and strategies for test, trace and isolate

47. Test, trace and isolate policies were primarily a matter for the Department of Health. My involvement in their introduction and development was limited to contributions during meetings of the Executive Committee. I have reviewed the handwritten minutes of such meetings in the first half of 2020 and can point to a number of occasions on which I highlighted the importance of early and consistent test and trace:

- 16th March 2020 – please see Exhibit MON-07/06 [INQ000065689], pp. 4, 6, 7, 30 & 31
- 19th March 2020 – please see Exhibit MON-07/09 [INQ000065737], p. 7

- 30th March 2020 – please see Exhibit MON-07/10 [INQ000065748], p. 7
- 3rd April 2020 – please see Exhibit MON-07/11 [INQ000065719], pp. 9-10
- 6th April 2020 – please see Exhibit MON-07/12 [INQ000065720], pp. 12-13
- 20th April 2020 – please see Exhibit MON-07/13 [INQ000065691], pp. 27-28
- 22nd April 2020 – please see Exhibit MON-07/14 [INQ000213636], p. 3.

48. As appears I highlighted the importance of the need to test and trace. The reasons I did so were: firstly, because of the contents of WHO report, which identified test, trace and isolate, as an important means of containing the pandemic; secondly, because of the practice in other European countries, which appeared to be placing greater emphasis on test and trace than we were; and thirdly, because more testing would enable Ministers to have to hand more reliable data.

49. I have been asked about my role in decisions made with regard to test, trace and isolate between January 2020 and June 2022. My role on this issue would have been limited to my role as a member of the Executive Committee and the lead in test and trace was provided by the Department of Health. All Executive decisions were informed by scientific and medical advice that came from the Department of Health. As explained above the decision to end testing in the community in March 2020 was one taken by the Department of Health rather than one of the Executive Committee.

50. I have reviewed the minutes of relevant meetings. There were regular and detailed updates to the Executive Committee from the Minister of Health and his senior officials on how testing was being implemented. To assist the Inquiry I would highlight the following decisions of the Executive Committee, to which I contributed as Deputy First Minister, I have not included decisions of the Department of Health that I was merely informed about within the Executive Committee, as these will undoubtedly be addressed by the Minister and departmental officials.

51. On 3 April 2020 the Executive Committee agreed that the Minister of Health should bring forward a paper on testing strategy to the next meeting (Exhibit MON-07/15 [INQ000048451]), a copy of that paper is attached at Exhibit MON-07/16 – [INQ000103649] and is discussed at paragraph 81 below.

52. On 29 April 2020 the Minister of Health provided updates on the CV19 pandemic including on the expansion and utilisation of testing capacity - Exhibit MON-07/17 [INQ000048461].

53. On 11 May 2020 the Executive Committee decided that the Minister of Health would: circulate a paper on measures and the timetable required to implement a universal testing regime; circulate a paper detailing the current support measures for care homes; and consult further with the Minister of Finance about the potential utilisation of staffing capacity within the NI Civil Service to provide Covid test and trace resources - Exhibit MON-07/18 [INQ000048465]. A briefing document on care homes was provided to Executive Ministers on the 13 May 2020 - Exhibit MON-07/19 [INQ000438186]. I cannot now recall if the other suggestions resulted in papers coming to the Executive Committee.

54. On 14 May 2020 as Co-Chair of a meeting of the Executive Committee I introduced a paper regarding UK Government Plans to bring requirements in to make declarations to self-isolate on arrival within the territory of the UK. A copy of that paper is attached as Exhibit MON-07/20 [INQ000065610]. Following discussion, the Executive noted the plans and agreed in principle that work should be progressed by officials in relevant departments. It was also noted that regulations may be required (Exhibit MON-07/21 [INQ000048466], page 4-5).

55. On 18 May 2020 the Minister of Health introduced his paper on Assessment of Options for Covid-19 Digital Contact Tracing – Exhibit MON-07/22 [INQ000065622]. Following discussion, the Executive Committee agreed to defer consideration to allow for the First Minister, myself, the Minister of Health and the Chief Medical Officer (CMO) to meet the Secretary of State and representatives of the Irish Government – Exhibit MON-07/23 [INQ000048467]. Part of the reasoning for the deferment was to ensure that the App was part of a wider testing strategy that could be used beyond this jurisdiction given the volume and importance of north-south and east-west travel.

56. On 21 May 2020 the Minister of Health, supported by the CMO and CSA, presented the updated paper entitled "Updated Testing Strategy for Northern Ireland" – Exhibit MON-07/24 [INQ000207244]. The Executive Committee supported the updated

strategy at that meeting – Exhibit MON-07/25 [INQ000048468]. I recall complimenting the updated paper as being very comprehensive.

57. On 9 July 2020 the Executive Committee considered a paper from the Minister of Health, with respect to rules on international travel - Exhibit MON-07/26 [INQ000207264]. It set out the Department of Health's review of the Health Protection (Coronavirus, International Travel) Regulations (NI) (2020). Also, additional sectoral exemptions from self-isolation were agreed by Ministers – Exhibit MON-07/27 [INQ000048481].

58. On 20 July 2020 Ministers were provided with a paper on the "Go Live of the Northern Ireland Covid App" - Exhibit MON-07/28 [INQ000130399]. Ministers were encouraged to support its roll out and did so in the Executive meeting of 23 July 2020 - Exhibit MON-07/29 [INQ000048482]. This would include its promotion in Executive Communications.

59. On 20 August 2020 the Minister of Health provided an update to Executive colleagues. There had been an increase in numbers of positive cases, the position in care homes was concerning and test and trace figures were discussed. The Executive noted that a minority of the population had been flouting the guidance. Ministers discussed the merits of moving to a regulatory approach rather than reliance on guidance. Officials were requested to consider the matter further. Consideration was also given to the public authorities tasked with ensuring enforcement of the regulations. Ministers amended the Regulations to allow those who were self-isolating to exercise outdoors with members of their household - Exhibit MON-07/30 [INQ000048486].

60. On 5 November 2020 the Minister of Health again updated the Executive Committee on the development of the pandemic. This included an update on the NI Contact Tracing Service. It was noted that a paper was to be provided by the Minister for Communities on support for those required to self-isolate – Exhibit MON-07/31 [INQ000048496]. I have looked and cannot find this paper from DFC on support for those required to self-isolate. DFC papers from around this time period include Exhibit MON-07/32 [INQ000390854] (Section 75 Screening – 17.11.20); Exhibit MON-07/33 [INQ000208785] (Heating Payment Scheme – 08.12.2020); Exhibit MON-07/34

[INQ000208786] (Use of Coronavirus Regulations - Social Distancing in Licensed Supermarkets – 10.12.20). However, in my commentary on the Executive Committee Minutes I note the following from the typed minutes of 09.11.20 meeting "3. In relation to a query from the Minister for Communities, the Chief Medical Officer advised that it would be for NISRA to take forward a survey in relation to levels of self-isolation compliance here, as an aid to establishing likely costs of self-isolation payments. The Minister of Health advised that officials in his Department and the Department for Communities may engage on the matter." - Exhibit MON-07/35 [INQ000048497].

61. The meeting of the Executive Committee on 9 November 2020 was a difficult one. Disagreement between Ministers on whether or not the accept the scientific and medical advice to extend restrictions has already been considered by the Inquiry in module 2c. During the meeting, the issue of test, trace and isolate was considered and discussed. The Northern Ireland Statistics and Research Agency (NISRA) was to take forward a survey in relation to levels of self-isolation compliance. This would assist the estimation of the costs of self-isolation payments. The Executive Office (TEO) was requested to write to the Speaker of the Assembly to ensure MLAs who were required to self-isolate could contribute to debates. The Executive Committee was also updated on good engagement with UK Government Minister, Michael Gove MP on the introduction of mass testing and development of a vaccination strategy. The Minister of Health also explained that his Department was working on mass testing and vaccination strategies - Exhibit MON-07/35 [INQ000048497].

62. On 19 November 2020 Ministers received an important paper from the Minister of Health. It was entitled "Modelling the Course of the Pandemic". It included explanations and recommendations on mass testing using lateral flow devices and testing kits as well as on vaccination - Exhibit MON-07/36 [INQ000137370].

63. On 26 November 2020 the Minister of Health provided an update on pandemic developments in the jurisdiction. The Executive decided that the incoming HOCS should establish and chair task force on CV-19 involving the DOH, TEO and PHA to enable and facilitate sufficient logistical roll out of mass testing capability, vaccination roll out, strategic compliance and public communications – Exhibit MON-07/37 [INQ000048500].

64. At the meeting of 20 December 2020 Ministers requested legal advice and an updated paper from the Department of Health regarding a travel ban from Britain and from the Republic of Ireland. It was provided the following day - Exhibit MON-07/38 [INQ000290213]. At the next meeting a vote to ban such travel was taken but not supported by sufficient Ministers - Exhibit MON-07/39 [INQ000022460].

65. On 11 February 2021 Ministers were updated by the Minister of Health. A paper on asymptomatic testing was provided – Exhibit MON-07/40 [INQ000212940]. This included information on testing and the impact of behaviours on the rate of decline of the virus. Ministers also received, and considered, a paper on asymptomatic testing – Exhibit MON-07/41 [INQ000048515].

66. On 25 March 2021 the Executive Committee considered an update from the Minister of Health including information on hospital admissions, care home outbreaks and the roll out of the vaccination programme. We were also provided with an update on the continuing work of the Covid Taskforce. Ministers agreed that the approach to international travellers should be based on the Red List and that its content would be kept under regular review. The arrangements for managed isolation should be flexible enough to enable a broader approach on international travel should the need arise and agreed to manage the travel implications airing from the decision to remove the Stay Home requirement from 12 April 2021 - Exhibit MON-07/42 [INQ000048522].

67. On 29 April 2021 the Executive Committee considered the issue of international travel. Further engagement by Ministers and the Covid Taskforce on the issue of the Common Travel Area was needed however before any change in approach – Exhibit MON-07/43 [INQ000048527].

68. At a subsequent meeting on 13 May 2021 the Executive agreed to remove the essential travel reasons in line with international travel, retain the guidance on self-isolation with some new exemptions and request, by way of guidance, that those exempt from self-isolation take a pre-departure LFD test and then further LFD tests 2 days and 8 days after arrival in the North. A statement on Executive decisions was also adopted which stressed the importance of test and trace – Exhibit MON-07/44 [INQ000207216].

69. On 27 May 2021 the Executive Committee decided to lift the guidance on travel to the jurisdiction but retain mitigations. Individuals who had tested positive were not to travel and those with symptoms should test and self-isolate – Exhibit MON-07/45 [INQ000207218].

70. On 10 June 2021 Ministers considered the "Pathways Out of Restrictions – Proposals for Relaxation" document - Exhibit MON-07/46 [INQ000357301]. The Executive Committee agreed the proposed dates for the relaxations with ratification dates and recommendations in relation to safer travelling messaging including the use of LFTs - Exhibit MON-07/47 [INQ000048533].

71. On 12 August 2021 the Executive Committee considered a paper from the Minister of Health entitled "Self-Isolation for fully Vaccinated Close Contacts of Covid-19 Cases" - Exhibit MON-07/48 [INQ000065647]. The Executive agreed to implement the approach which represented a change in requirements although financial support from the DfC would continue for people in financial hardship Exhibit MON-07/49 [INQ000048540].

72. On 9 September 2021 the Executive Committee was provided with an update by the CMO that testing was now at its highest level yet and capacity continued to be expanded. There was significant pressures on hospitals and health and social care staff and this pressure was unlikely to ease prior to the end of October. Surge planning was also discussed which would replace the school-led process of identifying close contacts of CV19 cases with a more targeted PHA led approach - Exhibit MON-07/50 [INQ000048542].

73. On 23 September 2021 the Executive Committee was presented with a new paper from the Department of Health on Pre-Departure Testing and Day 2 PCR testing for fully vaccinated travellers - Exhibit MON-07/51 [INQ000065599]. Ministers decided to align with UKG and remove the requirements from certain countries and maintain it for others - Exhibit MON-07/52 [INQ000207224].

74. On 27 September 2021 the Executive Committee agreed to remove many of the requirements for social distancing in retail and indoor venues for those fully vaccinated or those who could have taken lateral rapid flow tests or PCR tests - Exhibit MON-07/53 [INQ000236759].

75. On 7 October 2021 the Executive Committee received an update from the CSA. He noted a decline in number of positive cases and an increase in test positivity resulting from a more targeted testing strategy. The Executive agreed that venue and event organisers should be recommended to require proof of vaccination or negative PCR or LFT results - Exhibit MON-07/54 [INQ000048544].

76. On 2 December 2021 the Minister of Health introduced a paper which proposed changes to arrangements for testing of close contacts of positive Covid-19 individuals. The Executive Committee agreed to support the testing arrangements - Exhibit MON-07/55 [INQ000207228].

77. I have been asked to provide the WHO guidance referred to by me at paragraph 28 of my Module 2c statement and as requested, I attach a copy of that report. As indicated I became aware of the World Health Organisation's report on its international mission to Wuhan around the end of February 2020. From my perspective, I noted the importance it placed on tracing, testing and isolation and that was an issue I raised within the Executive throughout the course of the pandemic. The document is attached as Exhibit MON-07/08 [INQ000218368].

78. I have been asked about the decision to halt testing in the community, which decision was made by the Department of Health on 12 March 2020. The Department of Health's decision to stop contact tracing was communicated to the Executive at an Executive meeting on 16 March 2020 - Exhibit MON-07/06 [INQ000065689]. The approach seemed self-defeating to me and I made the point at the Executive meeting that the WHO advice was to test, isolate and contact trace and that we needed to adjust. I said that if everyone who was symptomatic wasn't tested than the efforts to combat Covid will fail. I did not believe that we had reached the point where the prevalence of Covid in the community was such that community testing would have less value.

79. The response from the Health Minister was that he was following his CMO's advice, that circumstances and timings in the North of Ireland were different to the South, and to Britain, that countries which flattened the curve too soon would have a recurrence and he appeared to question the effectiveness of isolating people and our capacity to do so. He cited modelling behaviours that suggested that 80% of people would comply and expressed the view that if we moved too early, this would impact on families, it would not be sustainable, and that point in time was not the right time to act.

80. At the time the Department made its decision, the decision was an operational one for the Department of Health rather than one for the joint decision of Ministers in the Executive. The Northern Ireland Act (1998) and article 4 of the Departments (NI) Order (1999) provide that Departments are independent and are subject to the direction and control of the Minister. It is simply not open to me as Deputy First Minister to direct an individual Minister to adopt take actions within his remit.

81. As an Executive there is some scope for encouraging a Minister to look at an issue again, and subsequently, on 3 April 2020 the Executive Committee agreed that the Minister should bring forward a paper on testing strategy. That document was provided on 06 April 2020 (Exhibit MON-07/16 – [INQ000103649]). It set out key actions including increasing laboratory capacity and testing of key workers. It also provided strategy on short, medium and long-term testing strategies.

82. On 11 May 2020 the Executive Committee decided that the Minister of Health would: circulate a paper on measures and the timetable required to implement a universal testing regime; circulate a paper detailing the current support measures for care homes; and consult further with the Minister of Finance about the potential utilisation of staffing capacity within the NI Civil Service to provide Covid test and trace resources (Exhibit MON-07/18 [INQ000048465]).

83. The Test, Trace and Oversight Board was established within the Department of Health in May 2020. I recall that contact tracing was re-introduced on a pilot basis towards the end of April 2020 with resumption in the middle of May.

84. At paragraph 69 of my statement to module 2 of the Inquiry (Exhibit MON-07/56 [INQ000273783]) I described what seemed to me to be a lack of urgency from the UK Government in relation to school closures, testing and isolation at the outbreak of the pandemic in March 2020. My impression was that the UK Government was not responding to the emergency in a comparable manner to other European governments. This was most obvious in the continued staging of large sporting events which would not have taken place in other countries. I am not able to explain to the Inquiry why there was a lack of urgency and lack of action in relation to testing and tracing within the Department of Health. My own impression, at the time and since, was that the Department of Health was taking its lead from the UK Government.

85. I have been asked why, in my statement for Module 2c of this Inquiry, I said that "there were tools that could and should have been used better and much earlier and which were not used to their maximum benefit. Test, Track, Trace, Isolate and Support, is one example.". This reflects my concern at the fact that in March 2020, at the outset of the pandemic, testing and tracing was stopped by the Department of Health, in a decision made by them, without consultation with other members of the Executive. As indicated, the Minister was entitled to take such a decision, however I thought it was the wrong decision. As I have indicated above, eventually testing in the community was re-introduced, but it remains my view that the decision on 12 March 2020 was a misstep.

86. As outlined above, this issue was raised by me, and others, at the Executive Committee meeting of 16 March 2020, and thereafter at the Executive Committee meeting of 3 April 2020 the Minister was asked to bring forward a paper on testing strategy, and ultimately testing in the community was re-introduced in and about May 2020.

87. I have been asked to explain what information Ministers were seeking on 12 November 2020 relevant to mass testing and the Liverpool pilot and whether the information was forthcoming. My recollection is that additional information being sought by Ministers was in relation to the effects of certain restrictions in different sectors. I believe the Liverpool pilot reference was to the voluntary Covid-19 rapid antigen testing pilot. I do not now recall what further information, if any, was provided to Ministers on these matters.

88. I have been asked to explain why in my supplementary statement in Module 2c, I described the system of test and trace as "initially inadequate for the scale of the challenge". This was a specific reference to the decision of the Department of Health to end community testing in mid-March 2020. Prior to the meeting of the Executive Committee on 16 March 2020 I was not aware of the inability of the Department or the Public Health Agency (PHA) to undertake effective testing for the population. I was also of the view that this testing should have been a priority in terms of allocation of resources.

89. As outlined above, thereafter the Minister produced a testing strategy to the Executive Committee and community testing was re-introduced, in and about April 2020. After community testing was re-introduced in May 2020 I don't believe I had further concerns about the adequacy of test and trace.

90. I have been asked to address the extent to which I relied on expert, independent expert or academic opinions and guidance to inform policies and strategies for testing, tracing and isolating in Northern Ireland. As set out in my statement to module 2c of the Inquiry, the expert advice that I received was provided to the Executive as a whole. I did not receive any additional expert scientific or medical advice that was not available to my colleagues. I did not independently source academic opinions or guidance. The advice to the Executive Committee came from the CMO, the CSA and the Minister of Health. I was, initially, concerned that the scientific advice was derived from the advice to the UK Government and did not adequately account for our position on the island of Ireland. However, these concerns related to introduction and relaxation of restrictions rather than guidance provided to the Executive Committee to inform policies and strategies for testing, tracing and isolating.

G. Data Modelling

91. I have been asked about: the data sources; the type of modelling; and the adequacy of data and modelling, in informing the policies and strategies for testing, tracing and isolating in Northern Ireland.

92. The data sources and modelling, that the Executive Committee relied upon to inform policies and strategies for testing, tracing and isolating in this jurisdiction came from the Department of Health. That data was generally presented to Ministers by either the CMO, the CSA or the Minister for Health. It was explained to Ministers that data and modelling was a tool to assist decision making but could not be considered as a prediction. Concerns about modelling were raised from time to time both at meetings of the Executive Committee and in communications with the UK Government.

93. There were sometimes concerns about some of the modelling coupled with, at times, a lack of clarity around recommendations and advice being presented. Ministers were asking for more information that could assist our decision making for issues such as the hospitality industry, mass testing and the Liverpool pilot. There were also concerns that because much of the modelling was English based, it appeared that local conditions - which could be different - were not necessarily being taken into account and that absence left a gap in our knowledge. However, I believe that there was a general acceptance by most Ministers that modelling was not an exact science, and that human behaviour brought an added unpredictability. However, there was frustration, on occasion, over the gaps identified.

94. There were also issues in relation to the reliability of the data and modelling used in this jurisdiction in order to predict the peak of the pandemic. The CMO had always advised that it was not an exact science. Nonetheless, it was an important tool to be considered by the Executive Committee in making decisions.

H. Testing technologies

95. I have been asked to explain who was responsible for the development of testing in the North, the Department of Health was responsible.

96. I did not have any involvement in the development of testing technologies. These were operational matters undertaken by officials in the Department of Health.

97. I have been asked to describe the information and advice I received with regard to the characteristics of PCR and LFD testing methods. At this remove I cannot recall the first

occasion on which I was advised about the specific characteristics of PCR and LFD tests. I have reviewed some of the minutes of the meetings of the Executive Committee in 2020 and I believe that PCR tests were discussed on 30 March 2020. The CMO explained the approach and stated that his Department were committed to more testing when capacity allowed - Exhibit MON-07/10 [INQ000065748], pg. 12-13.

I. Supply of tests

98. While in post as Deputy First Minister I received updates from the Department of Health on the development and roll-out of testing. However, I did not play any role in decision-making relating to the supply of PCR and LFD tests in this jurisdiction.

99. I have been asked about my views as to the strengths, limitations and key issues relating to the provision of PCR tests in Northern Ireland.

100. The Executive Committee did not adopt or approve the process by which PCR and LFD tests were made available to certain groups. Prioritisation, distribution and funding were operational matters for the Department of Health.

101. I have been asked whether there were issues in relation to the adequacy of supply of PCR and LFD tests. I do not believe I was aware of any issues relating to the adequacy of supply of PCR and LFD tests within the relevant period. If such problems did arise, I do not recall them being brought to the Executive Committee for discussion.

102. I have further been asked to comment on the consistency and effectiveness of engagement between public authorities and the healthcare bodies responsible for the roll-out of testing. That is not something I would be aware of the detail of, as Deputy First Minister. Planning, policy- making and roll-out were matters for the Department of Health. These were matters that may, instead, have been raised with officials in the Department of Health as opposed to The Executive Office or the Executive Committee.

J. Tracing

103. I have been asked who was responsible for tracing in the North and further asked about the tracing methods used in the North and the development of digital tracing technology, including StopCOVID NI.

104. The Department of Health and the Public Health Agency were responsible for tracing in this jurisdiction. I was not involved in the development of tracing methods, as these were operational matters for the Department of Health. I am aware that the PHA used a telephone contact tracing system. Thereafter, the Department of Health introduced a digital tracing system, known as StopCOVID NI, in July 2020. It was intended to be compatible with the contact tracing app in the Republic of Ireland and also the app being developed by the NHS for use in Britain.

K. Isolation

105. I have been asked who was responsible for the development of isolation policy in the North. The Department of Health developed the policies related to isolation for those confirmed as having Covid-19 or being in contact with those who had the infection. The policies were then considered and approved by the Executive Committee. I believe that this is a question which can be more effectively answered by Department of Health officials

106. I have been asked who was responsible for providing financial and practical isolation support for those required to isolate in the North and about any role I had in the development of practical or financial support.

107. As Deputy First Minister I did not have a direct role in the provision of financial and practical support, however, as a member of the Executive, I provided Executive support to the Ministers more directly involved in the provision of financial and practical support. The Department which would have taken a lead in the provision of practical and financial support would have been the Department for Communities, and I provide some information about the type of assistance which they provided, by way of financial and practical measures to enable people to comply with NPI's and to isolate. These matters were brought to Executive Committee for consideration and discussed at Executive level.

108. In the first instance, it is acknowledged that a number of British government support schemes undoubtedly recognised the impact of Covid on individuals who needed economic assistance, such as furlough and the Self Employment Income Support Scheme (SEISS). The £20 per week Universal Credit uplift was a modest support for people who were unemployed and were the lowest paid.

109. Department of Finance and Department for Economy initiatives were primarily directed at businesses, but also at individuals who could no longer work. The Department of Finance provided financial supports for initiatives taken by other Departments when they needed financial supports to put in place measures which would enable people to comply with NPIs and to isolate as required.

110. The Department for Communities undertook a lot of work to try and mitigate the impact of NPIs on vulnerable groups and to provide financial and practical support to those required to isolate. These supports enabled people to isolate due to being exposed to the virus, and were designed to enable people both to comply with NPI's without undue hardship, and to isolate without feeling compelled to work or to be in the community for economic reasons.

111. Thus, the Department established the Covid Community Help line, which went live on 27 March 2020. The Help Line was a freephone community helpline operated by Advice NI which allowed members of the public to call for support and signposting. The Help Line was available seven days a week to ensure that the most vulnerable had access to practical support and emotional support during that very difficult time, including to those required to isolate.

112. Because people were being required to isolate at home, and stay at home more generally, we were conscious that heating costs would increase. Heating costs are a particularly acute issue for the elderly and people needing help with high levels of daily care. The Department of Communities worked on the Affordable Warmth Scheme to lift income thresholds for those who could receive support to ensure more households had access to this scheme. This scheme was directed at low-income households to address the effects of fuel poverty and energy inefficiency.

113. The Department also developed the Covid-19 Heating Payment Scheme which provided individuals who were in receipt of specified benefits with additional financial assistance in recognition of the additional costs arising because of the pandemic. This payment was an important intervention by the Department designed to reduce the financial burden experienced by the most vulnerable in our community.

114. Accommodation and the need for security of accommodation was recognised as an important issue, clearly absent security of accommodation, people who needed to stay at home, including to isolate, could not do so. The Department of Communities in conjunction with the Department of Health and the Housing Executive, developed a Memorandum of Understanding to address the issue of how to respond to rough sleepers during lockdown, to ensure that they had access to accommodation and access to health care.

115. The Department of Communities also took steps to prevent evictions from rented accommodation over the course of the pandemic, moving emergency legislation to delay evictions in the private rented sector. The Private Tenancies (Coronavirus Modifications) (Northern Ireland) Act 2020 was passed on 4 May 2020 and required landlords to give tenants a 12 week notice to quit period before seeking a court order to begin proceedings to evict with the objective of reducing the risk to tenants in the private rented sector becoming homeless during the pandemic. The Act made provision for the Department to amend the 12 weeks up to 6 months.

116. The Department also froze Housing Executive rents during the pandemic and secured agreement with social housing providers to '*no evictions'* policy over the course of the pandemic. All these measures were designed to ensure that people would not be made homeless because of difficulties in paying rent over the course of the pandemic.

117. The Department of Communities also amended regulations as part of the Coronavirus Act relating to statutory sick pay, The Statutory Sick Pay (General) (Coronavirus Amendment) Regulations (Northern Ireland). The Regulations widened eligibility for statutory sick pay, in defined circumstances relating to Covid-19 and it suspended

waiting days so that statutory sick pay was payable from the first day of work missed, due to sickness or self-isolation, rather than the fourth.

118. Discretionary support payments are available in the North to help vulnerable people with short-term living expenses or household items under the Social Security system. A Discretionary Support scheme was in existence, and the Department of Communities amended this scheme to increase the income threshold to allow more people to apply. Thus, the Department introduced emergency legislation (The Discretionary Support (Amendment) (COVID-19) Regulations (Northern Ireland) 2020), passed in April 2020 to increase the income threshold for Discretionary Support payment via the Social Security system during the pandemic. Therefore, more people were able to get financial assistance, including access to a Discretionary Support self-isolation grant to help with the cost of living if they or a member of their immediate family was either diagnosed with Covid-19 or are self-isolating in line with the guidelines. In November 2020, in anticipation of a second wave, the existing Covid-19 self-isolation grant was enhanced increasing the daily allowance payable and extending the number of days for which an award can be made. This non-repayable Discretionary Support Self-Isolation Grant assisted many vulnerable people with short-term living expenses during this difficult time.

119. All face-to-face personal independent payment (PIP) and disability living allowance (DLA) assessments, as well as attendance allowance reviews, were paused in March 2020, to safeguard people's health and safety while ensuring that the Department continued to provide the most appropriate support to vulnerable disabled people. Discretionary support payments were also increased to help vulnerable people with short-term living expenses or household items. This could also be availed of by those required to isolate. The Discretionary Support Self-Isolation Grant was increased. Increased funding was provided by the DfC to Fare Share. This was a network of charitable food distributors who delivered food to vulnerable persons. I understand this would have been of assistance to those required to isolate. Funding was also provided to local councils to assist with the effects of the pandemic. Increased financial support to the elderly, young persons and those with disabilities was provided including to those required to isolate. The sports sector also provided support to those in isolation and the DfC provided a hardship fund to the clubs and community groups.

120. I should also acknowledge that the Department of Justice which had responsibility for prisoner, prisoner welfare and the welfare of staff working in prisons, took significant steps to avoid the spread of Covid 19 in prisons. Prisoners coming to prison from the community were isolated within the prison system, so as to ensure that Covid did not spread from the community into the prison. Remote access to court and remote family visits were put in place. It is notable that outbreaks of infection and deaths did not occur within the prison system here in contrast, I believe, to prison systems in Britain and the Republic of Ireland.

L. Borders

121. I have been asked who was responsible for the border policy in relation to test, trace and isolate in the North. Under the current constitutional arrangements, agreed in the Good Friday Agreement and given effect in the Northern Ireland Act (1998), immigration is an excepted matter whereas health is transferred matter. Border policy in relation to test, trace and isolate had to operate in this context. It is my understanding that the Departments of Health in both the Republic and in the North co-ordinated a test, trace and isolate app during 2020.

122. I have addressed the effect of partition on Covid-19 policies and strategies in paragraphs 124-127 of my statement for module 2 (Exhibit MON-07/57 [INQ000273783]). Policies adopted by the Executive Committee had to accommodate the geographical reality that we were part of the island of Ireland as well as the political reality of their being two separate legal jurisdictions. The policies adopted on quarantine in relation to test, trace and isolate in the North were based on the scientific and medical advice from the CMO, the CSA and the Minister for Health. There were occasions when different rules applied north and south and the difficulties of such a scenario were acknowledged. On occasion DUP colleagues on the Executive Committee favoured the policies adopted by the UK Government. Further, a practical barrier to the adoption of consistent policy was sometimes that the collection of data in both jurisdictions was often difficult to compare.

123. Public health matters were transferred and within the legislative scope of the Assembly. The Executive had the power to control its borders and/or impose restrictions on people arriving either from the Common Travel Area (CTA) or internationally on public health grounds should any particular measure secure the agreement of a majority of Ministers in the Executive Committee. The First Minister and I had asked for a British-Irish Council to be convened to address concerns around travel. However, the British-Irish Council was not convened, despite our request. Neither the Executive, nor I as Deputy First Minister, could unilaterally convene such a meeting and ensure attendance from other contributors. I do not believe I was ever given an adequate explanation for why the BIC was not convened during this period. It seemed to me to be a suitable forum to address these types of concerns.

124. From my perspective, there was not sufficient consultation with members of the Executive about issues of border control and/or travel restrictions. It seemed to me that the UK Government generally made decisions on these issues and then informed the devolved administrations, ourselves included, of those decisions. This approach was despite the fact that we were in a different position and our perspective ought to have informed their views. The unique challenges and the unique advantages of being on the island of Ireland were not properly considered. The traffic light system adopted by the UK Government, identifying countries as Red/Amber/Green, was clear and easy to convey and to understand. What was not clear was the methodology used to inform the red/amber/green lists. The Executive asked for an explanation on methodology and decision-making from the UK Government. I cannot recall for certain now but believe this request would have been made through the Department of Health. I understand that point prevalence; estimated proportion of the population currently infectious; incidence rate; and rate of new infections — were the main measures used but caveated with being subject to uncertainty and assumptions. A more critical issue for me was the interpretation of the data on the prevalence of infection in other countries. It did not appear to me to be entirely consistent. I believe there were at least some occasions when the UK government differed in decisions on travel rules from other European governments including the Irish government. It was not always obvious whether this was the result of different data or different risk analysis from the national governments. The result, however, was different decisions on which countries were on red/amber/green lists. It seemed to me there was also an inconsistency across the five

administrations on these islands regarding categorisation. The Irish Government appeared to be taking a more cautious approach. My preference was to have a consistent and co-ordinated approach across all five administrations when it came to international travel.

125. I believe that more should and could have been done to control movement into the North. However, it was not possible to get an agreed Executive position on this. An example of the difficulty in achieving consensus can be seen in the meeting of the Executive Committee on 21 December 2020. There was a new variant reported in London, the south-east of England and Wales. However, the Executive Committee would not adopt a ban on non-essential travel. The proposal was brought to a vote but not carried. I think there should have been a more co-ordinated and agreed approach in relation to border control between the Irish and British governments and the devolved administrations. The request from the First Minister and I for a British-Irish Council summit to discuss travel could, I believe, have assisted in getting an agreed approach. Had there been a two-island approach in response to the Covid crisis, international travel and travel within the Common Travel Area would have been a central part of that approach.

M. <u>Enforcement</u>

126. I have been asked about my role in coordination with PSNI regarding enforcement of rules relating to test and trace, and the development of enforcement strategies over the course of the pandemic. As Deputy First Minister I had no role at all in co-ordinating the enforcement of the rules and/or guidance by the PSNI. The Chief Constable is operationally independent. In accordance with part II of the Police (Northern Ireland) Act (2000), the PSNI explains its activities to the Northern Ireland Policing Board.

127. We recognised that lockdown and NPIs were a significant and far-reaching change in how society conducts itself. It was, however, crucial that there was widespread compliance or lockdown would ultimately prove ineffective in protecting public health, which was our objective. The Regulations which we introduced imposed criminal sanctions for breaches of lockdown. While I recognise that criminal sanction should be a step of last resort, it was difficult to see who, other than the police, would be in a

position to enforce the restrictions in a consistent manner throughout the North. The greater the adherence to the restrictions the more effective they would be in protecting public health. The possibility of sanction for breach of the restrictions was, in my view, a necessary element in ensuring compliance. In creating restrictions, the Executive like many governments, was balancing the consequences for the population to health, economic and mental health and well-being.

128. Our preference was to bring people along with us, to highlight the importance of social distancing and good hygiene and to encourage people to act responsibly. Enforcement, whether through the councils, health and safety and other statutory agencies, and the police was seen as a last resort. Convincing people of the necessity and effectiveness of the measures was the best way to achieve widespread compliance and therefore protect public health. The police were the only organisation with the capacity and the resources to enforce the Regulations across society.

N. Adherence

129. I have been asked about what data was available to me about adherence to test, trace and isolate. There were occasional issues about adherence to Non-Pharmaceutical Interventions generally, which increased somewhat, as the pandemic progressed. When the CMO provided advice on introduction of measures/restrictions he also provided advice on behavioural science. This included general advice on adherence to rules and guidance. I don't believe that there was a particular focus, when looking at the issue of adherence, on non-adherence to test, trace and isolate, rather the focus would have been more generally about adherence to NPIs.

130. I have been asked about the impact my attendance at the Bobby Storey funeral may have had on adherence to the Regulations. I have referred, in previous statements to this Inquiry, to my attendance at the funeral of my close friend, Bobby Storey, in a personal capacity. I fully accept that my actions caused hurt to many families who had lost a loved one during the pandemic at that time. That was never my intention, and for that, I have offered my heartfelt and unreserved apology to the families, in the Assembly Chamber, at the TEO Scrutiny Committee, at the Executive Committee, at the party leaders' forum and via media press conferences and to this Inquiry.

131. Whilst my attendance at the funeral was not in breach of any of the Regulations in effect at the time, I accept that my attendance at the funeral did damage the public health messaging. I cannot sensibly comment on the extent to which that was the case and I have never seen any evidence that there was a change in public attitudes or behaviour towards the Regulations after June 2020 but I recognise that my attendance at the funeral may have resulted in a diluting or undermining of the public message to adhere to the Regulations. I also fully acknowledge that my actions compounded the hurt that bereaved families went through and for that I am truly sorry.

O. Public Messaging

132. Test, trace and isolate policies and strategies were provided by the Department of Health and the Executive Information Service (EIS). Early in the pandemic it was clear that the Executive Information Service (EIS) wasn't geared up to deal with an emergency such as Covid and the accompanying public messaging campaign that was needed. Its focus was on distilling Executive decisions into press statements and communicating them to the press and media. They were reactive rather than proactive and did not have a particular focus on social media aside from tweeting on an official Executive Twitter account. There was a tendency by EIS to use the more traditional media outlets. While this had its place there was a need for the Executive to be sharper and to communicate more directly with the public. To that end a PR agency, Genesis, were commissioned early in the pandemic. Their remit was to improve communications of Executive decisions to the public. They utilised graphic designs and digital messaging to make our messages clear and accessible.

133. Once the whole Executive approach kicked in, we moved to regular, and for a period, daily updates The daily updates took the form of joint Press Conferences by the First Minister and I, further, at a relatively early stage, we took steps to ensure that those Press Conferences were supported by sign language interpreters, for both British and Irish sign language, to ensure that the deaf community had access to Executive advice. We were extremely alive to the need for effective communications and clear messaging. There was a particular issue for the Executive in ensuring that our public health

messages reached some younger people. We did make efforts to communicate our message on media which would have been appealed to younger people.

134. The Inquiry is aware that the consistency of public health messaging was a matter of concern. The inconsistencies around public health messaging, whether from the rest of Ireland or from Britain, had the capacity to confuse the public, particularly when the messaging was conflicting or inconsistent. Most people in the North watch and listen to media from both Ireland and Britain as well as local news bulletins. This also applies to social media. They were thus exposed to different messaging from the different Governments. Different approaches across different administrations, in my view, hampered the Executive's ability to provide clear and consistent messages to the public.

P. Inequalities

135. I have previously addressed my concern and the concern of my Ministerial colleagues to the effects of lockdown on vulnerable groups in our society. With regard to test, trace and isolate these same concerns arose. We were alive to the adverse impact of Non-Pharmaceutical Interventions generally, including the requirement to isolate, on vulnerable communities. The adverse impact of Non-Pharmaceutical Interventions were addressed holistically, with steps taken to mitigate the adverse impacts on vulnerable groups.

136. Steps to identify and mitigate societal inequalities were most often taken within Departments in their particular area of responsibility. The Executive Committee was regularly informed of the steps being taken to identify adverse impacts on vulnerable groups, and measures required to address those issues. This knowledge contributed to the manner in which the adoption and later relaxation of restrictions was addressed. Special consideration was given to the elderly, the disabled and those living in very rural areas for example. Additional support was made available for those on low income. Steps taken to identify adverse impacts on vulnerable groups and measures taken to address them are set out below. Vulnerable groups included women and children at risk of domestic violence, those on low income and/or social security benefits, the elderly, the disabled and the isolated.

137. While the reality of the pandemic and the need to make decisions at speed meant that the normal procedures under section 75 of the Northern Ireland Act (1998), where public authorities are required to have due regard to the need to promote equality of opportunity between certain categories of persons, did not operate as normal. The process was suspended as the priority had to be the protection of public health. However, as an Executive we were aware of the impact of our decisions on people's lives and livelihoods. Thus, as an Executive, we sought to mitigate the adverse impact of measures, as much as possible.

138. The issue of women and children who might be trapped in a violent relationship was a matter of particular concern. The Department for Communities was allocated significant funding to try and alleviate this hardship. The First Minister and I met with Women's Aid in April 2020 to discuss the difficulties faced by that organisation and its service users.

139. The Department of Communities established a Voluntary and Community Sector Emergency Leadership Group, which included grassroots and regional organisations who work in the voluntary and community sectors, to ensure that the Department, Minister and the Executive, were being kept fully informed about the impact of measures in local communities and were more readily able to identify issues in relation to vulnerable groups in society when they arose. The Leadership Group worked with the Minister for Communities and the Department to highlight vulnerable groups, community responses and to identify necessary Departmental interventions over the course the pandemic. Thus, we had in place a system which allowed for feedback in relation to the adverse impact of NOIs generally, including the impact of test, trace and isolate, to the Executive.

140. In addressing our provision of financial and practical support to people required to isolate, I have identified steps taken by the Department of Communities on behalf of the Executive to put in place financial supports to ensure that those on low income were protected during the pandemic and could isolate if necessary. In particular, the steps taken to ensure security of accommodation, both in terms of responding to the street homeless, who were a particularly vulnerable group, as well as those in the private rented sector more generally is addressed at paragraphs 110 - 119 above. Recognition

of the adverse impact on disabled persons was made in the changes to receipt and assessment of social security benefits.

141. At paragraphs 112 - 113 above I have also addressed how we responded to the issue of heating costs, which was an issue of particular concern for the elderly and people needing help with high levels of daily care. We clearly identified the elderly and people requiring care assistance as a particularly vulnerable group who would require particular help, because of the imposition of NPI's including the need to isolate.

142. The Ministers for Infrastructure and Agriculture put community transport measures in place to ensure vulnerable people in rural areas, who had to isolate as a result of Covid-19, had access to vital services. I understand that community transport operators were able to repurpose Dial-A-Lift services to help the most vulnerable, such as the elderly and the disabled, to access shops and services for everyday requirements. Further, where possible steps were taken to transport services to such persons rather than requiring those people to travel.

143. Persons on low income were recognised as a particularly vulnerable group. We were aware that food poverty was an urgent issue and one which required a speedy response. We knew that lockdown and the requirement to isolate would impact low-income families the most and that access to food was essential. In March 2020 the Department of Communities began working on a food distribution plan for those who would be shielding and for low-income families. We understood that for most vulnerable people the support needed would be either delivery or collection of groceries and supplies through availability of online delivery slots or through volunteers. For those most in need we provided weekly food boxes. Food distribution centres were established throughout the 11 local Council areas. The Department of Communities worked with local Councils and community and voluntary organisations to identify people in the community who needed support. Food supply and distribution infrastructure was established.

144. The Department of Communities and the Department of Health also liaised to identify those who were shielding and the Department of Communities then implemented an

enhanced meals on wheels service. The Department also met with supermarkets to introduce priority shopping for those shielding, or isolating.

145. In June 2020 the Department of Communities invested up to £875,000 to FareShare, a national network of charitable food redistributors to deliver and increased supply of food to community food providers. This was important as a wrap around support alongside the access to food programme.

146. Equally, we were aware that, school closures necessitated in response to the pandemic, would deprive the children in low-income families of access to free school meals. Approximately 96,000 children in the North of Ireland were entitled to free school meals at that time, representing approximately 30% of the entire school population. The Minister for Communities and Minister for Education worked together to implement a scheme of free school meal direct payments to families. This step was taken to ensure that the vulnerable families of children, who would ordinarily have access to free school meals, obtained financial assistance in place of free school meals and would not experience increased financial hardship because of school closures. This scheme was announced by both Ministers on 26 March 2020. In July 2020, the Executive extended this scheme, to make payments to the families of children entitled to free school meals over the holiday periods, Summer, Easter, Christmas, and half-term school breaks.

147. Access to pharmacies was also an issue. The issue was identified to the Department of Communities, through their engagement with grassroot organisations. The safe delivery of medication from community pharmacies to vulnerable and isolated people who were self-isolating or unable to arrange for the collection of their medication needed to be addressed and a set of 'Standard Operating Procedures' were put in place to deal with the issue of ensuring that vulnerable people had access to medication.

148. As appears from the statement of Carál Ní Chuilín in Module 2c (Exhibit MON-07/58 [INQ00043631]), significant funds were allocated through the Department of Communities to target support at the most vulnerable in society. I refer by way of example, to the COVID-19 community support fund which allowed local councils to directly support grassroots organisations to help those in greatest need. A Covid-19 Charities Fund was established to provide financial support to charities which had lost

income due to the impact of Covid-19. A diverse range of charities received funding in the initial tranche, and providing support for charities is one means of providing support for the most vulnerable in society. In November 2020, a Voluntary, Community and Social Economy Sector Covid Recovery Fund to enable them to deliver services to the most vulnerable in our communities.

149. There was a recognition of the vulnerability of those with disabilities in rural communities and the Rural Affairs Minister and the Communities Minister launched a programme aimed at promoting a more inclusive society by enabling disabled people to participate more fully in arts, cultural and active recreation activities.

150. I am conscious of evidence received during Module 2c when representatives of disability organisations expressed the view that their voice had not been heard by elected officials during the pandemic. While measures were taken to address issues around inequality towards disabled people I entirely accept the evidence of the lived experience of people with disabilities and the issues raised are issues in respect of which I recognise that any Executive must take them on board and address if we are again faced with a pandemic.

Q. Lessons Learned

151. I do not believe there were any internal or external reviews, lessons learned exercises or similar produced or commissioned by the Executive relating specifically to test, trace and isolate.

152. I consider the Executive Committee to have performed reasonably well in the shared discharge of its functions with the subject areas covered by module 7. Test, trace, isolate and protect were matters in which the Department of Health was the primary government actor and while I had concerns about the Department's approach in the very early months of the pandemic, those issues were subsequently addressed.

153. In considering the legacy of the Covid-19 pandemic on infrastructure, policies or resources some years later my view is that public services generally, and the health service in particular, was unprepared primarily due to inadequate resourcing of public

services over a number of years. As has been outlined previously, public services in the North, have been inadequately funded, for years, because of austerity, and the infrastructure in 2020 was inadequate to deal with a pandemic, and the sad reality is that remains the case. Despite the change of Government, it remains the case that the UK Government appears unwilling to invest in infrastructure in public services in the North, which have always suffered financially relative to the UK.

154. It is my view that effective public services, including in particular the health service, require adequate and consistent investment ahead of the next pandemic. This responsibility falls to us all, including the UK Government to ensure sufficient resources are available to the devolved administration here.

155. I am also conscious of the criticisms made of the Executive during Module 2c by groups representing people with disabilities, and their sense that people with disabilities were not heard by their political representatives. That is something I, as First Minister take seriously, and it will be to the forefront of our minds as an Executive should a pandemic strike again.

R. Statement of Truth

156. I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: PD

Dated: 07 April 2025