Module 2c (Northern Ireland) Week One

Opening Statements

Witnesses

- **Marion Reynolds (**Northern Ireland CBFFJ)
- **Nuala Toman** (Disability Action Northern Ireland)
- **Eddie Lynch** (Commissioner for Older People for Northern Ireland)
- **Gerry Murphy** (Northern Ireland Committee of the Irish Congress of Trade Unions)
- **Sir David Sterling** (former Head of the Northern Ireland Civil Service)
- **Chris Stewart** (The Executive Office Northern Ireland)
- **Dr Joanne McClean** (Director of Public Health, Public Health Agency of Northern Ireland)
- **Jenny Pyper** (former interim Head of the Northern Ireland Civil Service)
- **Karen Pearson** (The Executive Office (Northern Ireland)
- **Jayne Brady** (Head of the Northern Ireland Civil Service)

Opening statement of the Chair

I have explained why we cannot call more people who suffered loss during the hearings. We just do not have the time. We have to press on, and I have to publish any recommendations before memories fade and people forget the appalling suffering caused by the pandemic. We will need the support of the public and the media to ensure any recommendations I make are implemented.

Opening statements

Counsel to the Inquiry

Professor Hale stated that relative to the spread of the virus, measures came into force in England slower than Scotland, Wales and Northern Ireland, largely because the viral spread began first in England. The devolved administrations implemented stricter policies on school and workplace closures and public events before Westminster. Northern Ireland therefore saw measures adopted relatively early in the spread of the disease, whilst England had already reached a significant prevalence before measures came into force.

The fact that the Republic of Ireland had its own airports, its own policies for international travel, and a permeable border posed difficulties for Northern Ireland in terms of its ability to control who entered. There are obvious issues as to whether there was scope for greater co-operation with the Republic of Ireland.

Power sharing resumed on only 11 January 2020, thus coinciding with information about Covid-19 emerging from China. Sir David Sterling as former head of the civil service has said that the absence of power sharing for the three years leading up to the pandemic led to public services being in a state of stagnation and decay.

22 January 2020, a paper about sector resilience in the context of a pandemic flu preparation was shared. The paper noted that no work had been commenced due to competing priorities of the EU exit preparations. This had resulted in Northern Ireland being more than 18 months behind the rest of the United Kingdom in sector resilience.

On 6 February, the director of population health in the Department of Health in Northern Ireland stated: "I do not consider it necessary to activate NICCMA arrangements at this time unless and until the infection appears in Northern Ireland and impacts are experienced here." NICCMA = (Northern Ireland Central Crisis Management Arrangements).

The Chief Scientific Advisor (CSA) Professor Ian Young was on leave because of illness between 12 February 2020 to 23 March 2020. It doesn't appear that he had a role in advising about the pandemic prior to taking leave. Northern Ireland had no membership of SAGE and it's unclear the extent to which anyone from Northern Ireland attended those early meetings. Northern Ireland had no modelling capacity of its own that could be set up in an emergency situation. It was only when the CSA returned that he set up such a group. Until it came together for the first time on 27 April 2020, Northern Ireland didn't have an independent advisory group that could take into account the SAGE papers and other academic work and translate into advice.

1 March 2020 Northern Ireland had its first confirmed positive result for Covid-19.

2 March was the first substantive discussion at Executive Committee.

3 March the Cabinet Office asked departments to fill out a table outlining the impacts and challenges across intergovernmental dependencies of various intervention options.

6 March Cabinet Office sent another email across the United Kingdom, again seeking information about the impact of non-pharmaceutical interventions. The Cabinet Office sought an urgent response by 7 March.

The Chief Medical Officer of Northern Ireland had taken the view that Northern Ireland shouldn't respond to that request. David Sterling said if he had to choose between annoying the Cabinet Office or the CMO, he would annoy the Cabinet Office. The criticism has been made, that the devolved administrations felt cut off from central government decision-making, but it's obviously of note that at this critical juncture when information was being sought by the Cabinet Office about what the effect of non-pharmaceutical interventions would be, the CMO is advising not to respond with the information requested.

11 March, the Republic of Ireland announced a package of measures, and this included the closure of schools.

12 March, this led to a meeting between the head of civil service, Sir David Sterling, the First Minister (FM) and the deputy First Minister (dFM), the Health Minister and the CMO. Sir David Sterling said there was no medical or scientific evidence to support measures announced by the Taoiseach. The Health Minister stated that containment measures are working in Northern Ireland and following the Republic of Ireland position would crash the NHS and create unnecessary panic and fear. Community testing and tracing was

halted in Northern Ireland on 12 March, and it's understood that this was because of a lack of testing capability.

There's a serious issue as to why Northern Ireland's central contingency arrangements were activated so late in the day. There's a serious issue as to what exactly the Executive Committee's role had been up until that point. Was it because Ministers were blinkered by seeing Covid-19 as a health issue and simply didn't give thought to the need for a cross-departmental approach at a very early stage?

30 June 2020 the Deputy First Minister and the Minister for the Department of Finance attended a funeral. That seems to have damaged public confidence.

11 May 2023 there was a meeting after the director of Covid strategy within the TEO was made aware that there might be a problem with the wiping of ministerial phones. The original draft of the note of that meeting rightly made reference to the need to tell the Inquiry that that was the position, but this didn't happen for some time, and that was despite the fact that the Inquiry had already asked for evidence about the use of informal communications. It was only on 11 August 2023 that TEO notified the Inquiry of the potential data loss. Why did TEO not know before May 2023 what happened to the devices, and why did it fail to inform the Inquiry for three months that this was the position? Why were the minutes of the meeting altered so as to preclude the clear reference to this?

Peter Wilcock obo NI CBFFJ

Why was there no forceful and immediate emergency response by the administrative and political decision-making bodies in Northern Ireland until late March 2020?

There was a recognition by the Department of Health as early as 6 February 2020 that the framework to co-ordinate and manage emergency responses within Northern Ireland known as NICCMA would need to be activated at least when Covid arrived in Northern Ireland. When this happened on 27 February, there followed a number of potential missed opportunities, by both the Department of Health and the Executive Office, to make any meaningful effort to stand up a civil contingency response to the pandemic until the weekend of 14 March 2020.

There was a hurtful and premeditated decision from senior Sinn Féin members of the Executive to attend a large-scale funeral gathering at a time when people across Northern Ireland were being denied that basic right by decisions made by the Executive.

You will hear evidence about outrageous suggestions from senior ministers that there was a meaningful difference in transmission between Nationalist and Unionist areas. The nadir of this dysfunction came during the acrimonious and late-night meetings of the Executive between 9 and 12 of November 2020 when the Democratic Unionist Party thought it appropriate to insist on a cross-community vote on public health measures which affected every community equally. This enabled the DUP to effectively exercise a veto over the continuation of restrictions which were recommended by the Northern Ireland CMO and supported by other political parties from all communities, including the Ulster Unionist Minister of Health. This action created the clear impression amongst many of those that I represent, that even with eight

months' experience of the terrible dangers of Covid, party politics mattered more to some senior politicians than following the science.

In the autumn of 2020, Northern Ireland's Chief Medical Officer, Dr McBride, in exchanges with the minister of health wrote:

> *"Dysfunctional bastards. How will we ever get through this with an enemy within? I have a good mind to walk off and leave them to it, as no doubt do you. But then those that really matter, those whom they seem to have forgotten they represent, are really depending on us."*

In November 2020 the Chief Medical Officer sent a message to the Chief Scientific Adviser officer reading:

> "*Disgraceful. They should hang their heads in shame. How will history tell this story to the wife and two boys of a 49-year old who said goodbye to their father on Facebook as he lay in the ICU for the sake of two weeks' more effort?*"

Danny Friedman KC obo Disabled Peoples Organisations

Disabled people in Northern Ireland make up one in four of the population. Despite making up such a significant part of the population, NI did not collect data on mortality of the disabled population until December 2021. Only then did it discover that between March and September 2020 disabled people were 40% more likely to die of non-Covid causes, and 48% more likely to die of Covid, than non-disabled peers.

On the one hand, human rights are integral to the peace process. On the other hand, Northern Ireland does not enjoy a progressive human rights culture. Disabled people are not as protected as they would be under the Equality Act 2010. The United Nations Convention on the Rights of Persons with Disabilities is hardly recognised or implemented in Northern Ireland at all. The social model of disability, ascribing disability to social forces rather than individual medical deficits, forms no part of policy. The states discharge of positive obligations of consultation, data collection and emergency planning in accordance with the rights of disabled people is minimal.

The Department of Health emergency response strategy of 30 March had no workstream on social vulnerability. The awaited disability strategy promised for 2021 remains unpublished. No minister led on disabled people's issues.

The consequence of a siloed health department, lack of meaningful engagement, and poverty of data is that protection of disabled people during the pandemic was flawed. That was especially so with regard to shielding letters, access to food, and inclusive communication.

Sam Jacobs obo TUC and ICTU (Northern Ireland Committee of the Irish Congress of Trade Unions)

It was a feature of the pandemic that many in frontline and essential roles who could not work from home were also in lower paid roles. They already suffered the structural health disadvantages associated with

lower paid and insecure work. That included many who worked in health and social care, those who kept transport systems going, who cleaned our public spaces, who worked in food processing, in manufacturing and in many other roles.

Many lower paid workers in higher risk roles faced losing pay whilst they needed to self-isolate. The UK's statutory sick pay arrangements of £94 per week are totally insufficient and do not approach the financial reality of family life in the UK. The lack of adequate financial support for self-isolation was a powerful disincentive to it and will have placed an upward pressure on the spread of the virus, particularly on communities already suffering socioeconomic and health disadvantages. It is now evident that the Chief Medical Officer was raising the very same issue internally within government.

MS Anyadike-Danes KC obo Commissioner for Older People

Older people, that is 60 years and over, make up 23% of the population in Northern Ireland. 90% of Covid-19 deaths in the first wave of the pandemic were in people aged over 65, and around half of Covid-19 deaths in Northern Ireland occurred in a care home.

The Commissioner is concerned about the possibility that the decision-making which impacted most adversely on older people was not just the result of poor planning and a failure to engage with the realities of the structures and resources as they existed at the time but betrayed a degree of ageist prejudices.

Ms Murnaghan obo Dept of Health for NI

All too often the task was not to make the right decision, but to make the least wrong one. Near impossible choices were required. This department remains convinced that the lockdown and the other non-pharmaceutical interventions were the best available option at key junctures, but it also acknowledges that these measures came at a heavy cost and that all decision-makers had to grapple with truly awful dilemmas.

The expert report obtained by the Inquiry observes that too much pressure was placed on one department, namely the Department of Health. The virus could have been a public health crisis too great for a new administration and the society that it serves.

Mr Coll KC obo TEO

The TEO does not exercise day-to-day management and control of the other departments, and the head of the civil service does not have the power to direct the permanent secretaries of other departments in the exercise of their functions.

It is acknowledged by TEO that in its preparedness for and in its addressing of the pandemic, there will have been matters that could have been done differently and should have been done better. TEO have listened in order to learn from the work of the Inquiry and to do things better in the future.

Witnesses

Marion Reynolds obo NI CBFFJ

Individuals were treated as objects of concern rather than as people with needs, as individuals with their own unique way of living. I felt that was lost.

Our main concerns are the difficulties that people had in seeing their relatives, the difficulties they had in being confident that the care their relatives were receiving was of a standard that was appropriate, the fact that there were no safeguards in place in terms of other agencies going into the homes, RQIA inspectors were stopped, OTs, podiatrists all of these people although they're providing a service, they're also a safeguard. Those services once they're withdrawn meant that the homes really were acting as fiefdoms of their own.

Nuala Toman obo Disability Action NI

Disabled people during the pandemic were isolated, lonely, social care had collapsed, and disabled people faced challenges accessing food and medicine, with many disabled people going hungry. We were largely invisible amongst public decision-making processes, and our voices went unheard.

The lack of cross-departmental co-operation caused issues. The Department for Communities led the emergency food response whilst organisations supporting disabled people and disabled children were funded by the Department of Health. As a result of this, disabled people's organisations and organisations representing disabled children were not involved in the food emergency response planning, meaning disabled people and disabled children were largely invisible and had no access to food or medicine.

Disabled people were 42% more likely to die of Covid-19 than non-disabled people. There's no available evidence to indicate that there were specific mitigations put in place for disabled people. Public messaging was inaccessible for the disabled; there were no mitigations for visually impaired people telling them they had to queue outside supermarkets.

Better communication between the Department for Communities and the Department of Health could have ensured that Disability Action were represented on the emergency response. In doing that, access to disabled children and disabled people would have been there from the outset meaning that disabled people and disabled children would have had access to food and medicine on an equal basis with others.

Eddie Lynch (Commissioner for Older People for Northern Ireland)

Discharge into care homes was quite reckless a decision to take. The reports that I was getting from the care home providers themselves showed that they were very much aware of the risks this policy could have on their residents. Clearly decisions like this need to be thought through and the consequences of

making those decisions need to be thought through. I'm sure that that policy alone contributed to a lot of negative outcomes in homes.

It was clear that there were negative impacts of restrictions on visiting on both families and the residents. Families could see their loved ones deteriorating but they couldn't do anything about it. That was deeply distressing

This comes back to preparedness. Some money was made available to create visiting pods and that could be expanded. There are ways that contact could be increased with the right infection control measures in place. Care home providers should have been engaged at a higher level than they were. Guidance was produced but we only had sight of it a day before it was published. The providers would have liked more opportunity to influence that guidance, so when it was introduced, it was more effective. The Guidance was putting a lot of extra responsibilities on the care homes without proper consultation with them. There was a lot of things in the guidance that they just felt was impractical,

The families are the eyes and ears on the ground in our social care system. One of the unfortunate consequences of the restrictions that that oversight of care within homes was reduced, and that was certainly an added fear for family members in that situation.

One of the big issues that they were raising was the ongoing lack of PPE equipment. They had raised concerns around testing as well. There was a willingness on the part of the care homes to work with government to ensure that they could do their job as best they could. More of a partnership approach to getting care right would have been much more effective on the ground and would introduce new practices a lot more quickly than they ended up being.

Northern Ireland has an integrated health and social care system, but I think the pandemic showed the dividing line between the two. There was clearly a focus on protecting the NHS and hospital capacity. As a result, I had many care providers saying they had been left high and dry, that they were being left to fend for themselves, not least the issues around PPE where they felt they weren't getting the support, despite reassures that the health trust would be providing that. On the ground, that clearly wasn't happening and it did take several weeks to sort that issue out.

The fact we had an integrated health and social care sector meant that there were relationships in place, but I don't think those contacts were maximised in the way they could have been.

Through my eight years as Commissioner, I have been frustrated with how slow the process has been to address the very clear issues in adult social care. With an ageing population these issues are only going to become more serious if action is not taken. The pandemic showed, we can't afford to sit on these issues any longer, we need actions and real change to be brought in to protect some of the most vulnerable in society. In Northern Ireland we remain the only part of the UK or Ireland that doesn't have age discrimination legislation. That leaves people vulnerable and not as protected as they could be.

Gerry Murphy (Northern Ireland Committee of the Irish Congress of Trade Unions)

The Strategic Engagement Forum was established in March 2020. It brought together employers, trade unions and statutory bodies, including the Health and Safety Executive for Northern Ireland, and the Public Health Agency. It was tasked with providing advice and counsel to the government of Northern Ireland around how their response to the pandemic could be managed across the economy and the workforce, the labour market. We were the people who identified the list of key workers. We were the people who provided the list of essential sectors. We developed particular guidance around health advice and mitigations.

The forum didn't survive terribly long either. Effectively by the middle of 2020 it had ceased to function. It was particularly disappointing because it had done some good work and had confirmed that collaborative working was possible.

The very low rate of statutory sick pay meant that a lot of workers felt they had no option, even though they were sick, but go to work. The consequences of that were that the risk to their fellow workers in their place of work increased. So the virus spread further, beyond the workplace, because these workers were asymptomatic and were taking the virus home with them.

Those on the frontline and in lower paid roles were left behind despite the very huge effort on the part of their trade union representatives. Help such as it was when it came to that sector was too late, the harm had already been done.

It was very important that data on ethnicity would be collected, simply because BAME workers were in the lowest paid and the highest risk occupations. We also know that they were living in the most deprived communities and the figures then and now confirm that they were at two-thirds more risk than those that were living in the best or in the least deprived areas.

Sir David Sterling (former Head of the Northern Ireland Civil Service)

My general role is three-fold:

1. Principal adviser to the First Minister and the Deputy First Minister
2. Head of the Executive Office;
3. Head of Civil Service

As head of the civil service, I have no powers of direction over the permanent secretaries in the other eight departments. The First Minister and the Deputy First Minister can't direct the ministers of departments, the Ministers have operational control over their department. Any matters which are cross-cutting, which affect more than one department, which are novel or contentious, there is a requirement that they be brought to the Executive Committee. The First Minister and Deputy First Minister have a degree of control over issues which are cross-cutting, novel or contentious. But on issues which fall entirely within the remit of a department then individual Ministers have a certain discretion.

Collective Cabinet Responsibility doesn't apply in NI in the same way that it does in Westminster and that's effectively because there is no government of the day whom everyone serves; it is a mandatory coalition.

There is a requirement within the Ministerial Code that outside of the Executive Ministers do not criticise decisions taken by the Executive. There is also a requirement that papers which are submitted to the Executive are not disclosed outside, they should remain confidential to members of the Executive.

There was a practical impact of the leaking in that ministers brought papers to the Executive as late as possible to reduce the chance that they would leak. That creates difficulties for other Ministers who were not getting papers until very close to the start of the meeting. This would then lead to adjournments. It made it harder to do business.

The absence of ministers for those three years left the health service in a weaker position than it would have been in to deal with a pandemic. At the start of 2020 the problems in the health service would have been considered by pretty much all Ministers as one of their top priorities, if not the top priority.

The First Minister and the deputy First Minister or the TEO may activate NICCMA following a request to do so from the Executive. In the absence of any such requests whenever TEO judges it appropriate to do so. It doesn't require the lead department to ask the First Minister and the deputy First Minister to activate these arrangements, they have the power to do that.

My view is you do not need to activate NICCMA which is a response function, until you've moved out of the prepare phase. We had not reached the stage in January/February where in my view it was appropriate to activate NICCMA.

The Department of Health was taking the lead in preparing for and responding to the pandemic. We were liaising very closely with them. I was always very clear that if they had asked us to activate NICCMA at any point, we would have done so. NICCMA was not activated until the third week in March. That was felt to be appropriate at the time. Just because it wasn't activated before then doesn't mean things weren't being done. There was a lot of preparatory and planning work going on. I do concede that it would probably have been prudent to have maybe done it a few days earlier, but I'm talking a few days, not a few weeks. The Chief Medical Officer didn't ask us to activate NICCMA until somewhere around 14/15 March.

We didn't have the first case in Northern Ireland until 27 February. Knowing what we know now, should we have been doing more? I'm happy to accept that perhaps we should have been. At the time, I wasn't being pressed to do anything more than we were doing at that time.

8th March a Minister asked for the Hub to be set up but they were told stand-up would be premature. Yes, there's evidence here that they were asking me to do this, but they weren't pushing me, which leads me to conclude if it had been a really big issue for them they would have come to me directly.

I did not see any realistic prospect that Northern Ireland would move ahead of UK Government in terms of lockdown or partial lockdown. The Chief Medical Officer would have had to have recommended it, the political parties to come together to agree and it would have needed mitigating measures, essentially finance to compensate businesses for being forced to close down. None of those three factors were likely at that time.

There was no expectation nor instruction that schools should plan on the basis that they're going to be closed for a significant period of time. We may well have been aware at the time that there were suggestions from SAGE that schools might have to close, but we had no indication from the UK Government that this was likely to become a policy that would be recommended. Knowing what we know now, it may have been that we should have been saying to them "please prepare a plan which assumes that you're told to close schools" but that was something we did not foresee at this time in early March.

The dFM attended a funeral and that did cause divisions and the atmosphere in the Executive was difficult after that. One of the most immediate practical implications was that the joint press conferences which took place most afternoons by First Minister and deputy First Minister, they stopped. It wasn't helpful but I can't point to tangible things that didn't happen because of it. But generally it's harder to do business when the relationship is not how it should be.

Chris Stewart (The Executive Office Northern Ireland)

Had overall policy and operational responsibility for all civil contingencies matters.

Sector Resilience was one of the areas of work that was delayed or postponed because of the need to give priority to Brexit. In February 2020 there were five members of staff in the Civil Contingencies Policy Branch (CCPB), but the intention was to have 12. By 6th Feb the staff had gone down to 2. 16th March TEO approves activation of NICCMA. We only had 2 volunteers to join it. The hub was fully staffed by 26 March.

I had to step down because I had to shield and the role could not be carried out remotely, so Mr Harbinson therefore took over as Chief of Staff.

In prepare mode, TEO's role would be to regularly review plans prepared by individual departments and public authorities. One of the key lessons that we learned from Brexit is that it's necessary but not sufficient for departments to plan individually, there needs to be someone, in this case TEO, taking an overview and joining up the plans and drawing them together and coordinating. If TEO was of the view that there were deficiencies in the plan, then we would point that out. But TEO would not itself have the expertise, for example, to critique a plan from education and certainly not from health.

When we move into the operational phase, then TEO is part of the hub and the civil contingencies arrangements. It would be responding to sectoral resilience issues as and when they're raised by departments or public authorities.

It was not my view that Civil Contingencies Policy Branch had all the capacity or capability that it needed to fully discharge the entirety of the role that I envisaged for it. In Feb 2020 it had sufficient expertise to deal with the immediate challenge of gathering together sectoral resilience plans in preparation for the coronavirus pandemic.

It was clear from an email that I received on 22 January from the head of the branch that we were 18 months behind where we ought to be in our planning and preparation for a pandemic influenza.

The appropriate point to activate the hub to move into operational role is a matter of very fine judgement. Activate too late and you impede the response. Activate too early and you won't have made sufficient progress in the planning.

We were not as well prepared as we ought to have been. We ought not to have been 18 months behind in our planning for an influenza pandemic. We got to where we got by mid-March by dint of extremely hard work by a small and under-resourced team over a very short period. That is not a satisfactory position to be in. We ought not to have been in that position. We ought to have been better prepared.

Dr Joanne McClean (Director of Public Health, Public Health Agency of Northern Ireland)

PHA is an arm's length body of the Dept of Health with the CMO as sponsor. From around 2017 issues were being raised with the Public Health Agency by its sponsor about its capacity and capability to carry out its core functions. Most of that was around staffing. It's fair to say that the PHA was not prepared in a number of ways, and I wouldn't try to argue that we were.

The core role of the PHA is to provide surveillance about the transmission of a disease when there is an outbreak. From the outset of the pandemic the PHA faced real challenges in its ability to access data so that it could provide that information onwards to the Department of Health about the transmission of a disease. We didn't have any method of identifying hospitalisations with Covid-19 and we weren't able to trace hospital-acquired Covid-19 until May. PHA doesn't run testing. It is much more obvious to us now that testing capacity and the rapid expansion of that at the start needs to be a priority. That is something that I would expect will be built into plans.

The Public Health Agency established for the first time ever, a system whereby clinical staff could report patients who died in hospital who had had a positive Covid test within the previous 28 days. This was the first time anything like this had been set up before. It depended on very busy clinicians who were looking after very sick patients completing an administrative task, so there's a little bit of a weakness there, that you could get under-reporting for very understandable reasons.

20th April Hugo Van Woerden emails the CMO saying 500 people were being trained in contract tracing. That was not correct. There had been a suggestion that 500 environmental health officers could be loaned to the PHA to help with contact tracing, but those staff did not come across to the PHA.

There was a real concern early in the pandemic that hospitals were going to very quickly be overwhelmed. My understanding was the direction was that testing would be reserved for symptomatic people. Advice on testing was considered by the expert advisory group on testing.

Jenny Pyper (former interim Head of the Northern Ireland Civil Service)

There was no head of civil service between August 2020 and December 2020 when I took the role on an interim basis. The head of the Civil Service is not able to dictate to the permanent secretaries how they might operate or what their priorities should be. It leaves the head of the Civil Service in a position of having to use soft power to encourage.

There were a number of difficult cross-cutting issues, such as quarantine arrangements and the establishment of a support scheme to assist travel agents. There was a sense that quarantine was the responsibility of the Department of Health and the travel agents' scheme should have fallen to the Department for the Economy which had responsibility for tourism. But neither of those departments would accept responsibility for delivery of those two big initiatives. My department, the Executive Office, was seen as a dumping ground for cross-cutting initiatives and those two areas were allocated with considerable reluctance to my staff.

One of the reflections from my tenure was that in the case of a national emergency, the head of the Civil Service could exercise some additional authority in relation to brigading the necessary resources to take forward some of those big cross-cutting initiatives.

We hadn't had an executive for three years until January 2020 and there had been no legislative programme being delivered during that time. So there were civil servants there during my tenure who had no experience of making legislation.

1st December 2020 I had a meeting with FM and dFM . They were frustrated that they were not getting the information they wanted. They said they were looking for a more co-ordinated approach and that they don't know what's happening but were left to front things. They were frustrated that on a number of occasions the minister for health and I think on one occasion the CMO, had given press briefings containing information they were not aware of.

The leaks hampered decision-making because there was a breakdown of trust. I think it added to the public loss of confidence in decision-making, and it could have had other impacts in terms of public adherence.

There were no objections from ministers about the setting up of the taskforce, but the health minister did express concerns. His concern was that in some way the taskforce would dilute or seek to reinterpret the health information.

Both the Executive and the Covid Taskforce did consider the impact of restrictions and indeed of lifting restrictions on different groups, but we didn't do it in a systematic way. An opportunity was missed by the Covid Taskforce to have an equality workstream that would have given some focus to the work that was being done in terms of stakeholder engagement but also the work that was being done by individual departments with their stakeholders. I think assumptions were made that that information was being considered and assessed by departments and was factoring in and featuring in their individual departmental responses

Karen Pearson - **The Executive Office**

The role of CCG(NI) is not to be a policymaking forum. Its role is very tightly defined, it's there to drive the emergency response, it's not there to supplant the role of ministers in policy decision-making. The CCG(NI) will take decisions, it will allocate resources, it will task out certain actions, but it will not supplant the role of the Executive in any way, but it's got to be there to support that decision-making process. I suppose if CCG had stood up a little bit earlier that might have been good but it's a huge undertaking so you should stand it up at the right point. I think it eventually stood up in full on 18 March.

There were tensions between the Heath Minister and the Executive. I don't think serious consideration was being given to removing the Health Minister from his role. The First Minister and the deputy First Minister didn't have a handle on what the Department of Health were doing in response to the pandemic. Things were being done by the Health Minister that took them by surprise.

In September SAGE and the CMO were suggesting a circuit-breaker for six weeks, rather than a lockdown. That would have meant a significant reintroduction of restrictions. The Executive found that difficult because by that time they had lived experience of the impact of restrictions on people, families, on education and the economy. Each minister would have seen it in their own sectors, but they would have also heard from their constituents about the impacts. They had to go through a process of balancing those issues to get to the right decision. That did start to ramp up the tensions. Eventually it went to a cross-community vote. It was health measures that were being proposed for the entire community in Northern Ireland. They were being proposed by a Unionist Minister and the vote was being invoked by other Unionist Politicians to defeat the measures that was being proposed by a Unionist.

Leaks were happening during the meeting. That must be damaging to decision making if people can't be assured they can speak candidly and openly.

Planning for vulnerable groups fell short. I wouldn't want to suggest that absolutely nothing was done and there was no consideration, but you can't point to a structure for the way we dealt with it. Each department would have been taking the steps that fell to them, but a workstream within the taskforce to pull it all together would have been the way to go.

Jayne Brady (Head of the Northern Ireland Civil Service)

Whilst I am the head of the Civil Service, I don't have the power to direct permanent secretaries, who are the heads of their division. I took over in September 2021.

The data loss caused by Ministers and SPADs phones being wiped was known about within TEO on 9th May when the TEO Inquiry team was informed. I was not told about it that time. It wasn't raised to me until 4 August. I would have expected that issue to have been flagged at the earliest opportunity.

11th May there was a meeting between civil servants. There is a dispute between the people attending about what was discussed about the wiping. The minutes of the meeting have been amended. The first draft of the minute that was produced and said that phones had been wiped as the phones had been

returned to a factory reset position. The amended version removed the reference to a factory reset and also omitted any reference to informing the Inquiry about it.

In my view it materially changes the substance of the meeting because not just was the information regarding the actual reset not covered but also the point the action point to inform the Inquiry. I believe it was mistake to edit the minutes in that way. I think it indicates there was not transparency.

Use of WhatsApps and capturing the relevant information is a significant issue that we have failed to address adequately through this Inquiry.