

IN THE UK COVID-19 INQUIRY

Before the Right Honourable Baroness Hallett D.B.E

STATEMENT OF GILLIAN BARANSKI

The Care Inspectorate Wales Corporate Statement provided in response to a request for evidence under Rule 9 of the Inquiry Rules 2006

I, GILLIAN BARANSKI, will say as follows:

Introduction

1. My name is Gillian Baranski. I am the chief inspector of the Care Inspectorate Wales (CIW). I have responsibility for ensuring the effective and efficient day to day delivery of all CIW's statutory, regulatory and inspection functions across Wales.
2. I want at the outset to express my deepest sympathies to all those who lost a loved one, friend or colleague as a result of the COVID-19 virus. This has been, and continues to be, an extremely stressful and difficult time. Despite the often heroic efforts of those working in social care, the loss and pain so many have experienced remains incalculable.
3. This witness statement is provided to assist the COVID Inquiry as evidence for Module 2B. The contents of this statement are true to the best of my knowledge, information and belief. In preparing this statement I have relied on advice and information from Margaret Rooney (Deputy Chief Inspector) who supported me in the compilation and drafting of this statement.
4. Exhibits in this witness statement are in a bundle marked GB: 1 to GB: 88.

Role of Care Inspectorate Wales

5. CIW is the operationally independent regulator of social care and childcare in Wales. We carry out regulatory functions on behalf of Welsh Ministers to provide assurance on the quality and safety of services. Though the Welsh Government funds the Inspectorate, our operational independence is conferred through the Government of Wales Act 2006 (as amended) and protected through a Memorandum of Understanding (MOU) between the Chief Inspector and relevant Welsh Ministers. A copy of this MOU is available on the CIW website: **[Exhibit GB/1- INQ000182578]**.
6. CIW registers, inspects, and takes action to improve the quality and safety of services for the well-being of the people of Wales. We decide who can provide services; inspect and drive improvement of regulated services and local authority social services; undertake national reviews of social care services; take action to ensure services meet legislative and regulatory requirements and respond to concerns raised about social care and childcare services.
7. The Regulation and Inspection of Social Care (Wales) Act 2016 (the 2016 Act) establishes the system for regulating adult and children's social care services in Wales. It provides the basis for CIW to regulate services defined in schedule 1 of the 2016 Act. The Welsh Ministers have regulatory functions under the 2016 Act, but these are carried out by CIW on a day-to-day basis in accordance with the MOU.
8. Part II of the Children and Families (Wales) Measure¹ 2010 (the Measure) sets out the system for regulating child minding and day care services in Wales. The Welsh Ministers have the function of regulating and inspecting child minding and day care services in Wales. The Welsh Ministers functions in this respect are also exercised by Care Inspectorate Wales (CIW) in accordance with the MOU.
9. CIW regulates the following services which are referred to as 'regulated services':
 - 9.1. adult and children's services: we regulate care home services for adults and children; domiciliary support services; adult placement schemes, residential family centre services, fostering services; adoption services; advocacy services and secure accommodation services under the 2016 Act and in accordance with

¹ A Measure is primary legislation in Wales.

the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 (the 2017 Regulations).

9.2. childcare and play services: we regulate child minders; crèches; full day care; sessional day care; out of school care and open access play provision under the Measure. and in accordance with the Child Minding and Day Care (Wales) Regulations 2010 (the 2010 Regulations).

10. CIW also reviews the performance of local authorities in delivery of social services functions. The Social Services and Well-being (Wales) Act 2014 provides the basis for CIW to review the way in which the social services functions of local authorities are exercised. We carry this out through a combination of inspection and performance evaluation activity.
11. In addition, we inspect but do not regulate:
 - 11.1. local authority fostering and adoption services,
 - 11.2. boarding schools,
 - 11.3. residential special schools (boarding arrangements under 295 days), and
 - 11.4. further education colleges accommodating students under 18.
12. The Inspection of Boarding Schools and Colleges (Powers and Fees) (Wales) Regulations 2002, Adoption and Children Act 2002 and Children Act 1989 provides the basis for CIW to inspect these services.
13. As social care, health and education are all policy areas for which the Welsh Government has devolved responsibility, CIW's functions were predominantly affected by decisions made by the Welsh Government rather than decisions made by the UK government or relevant departments. Therefore, our responsibilities were not impacted directly by the UK Government.

Numbers of social care and childcare services in Wales

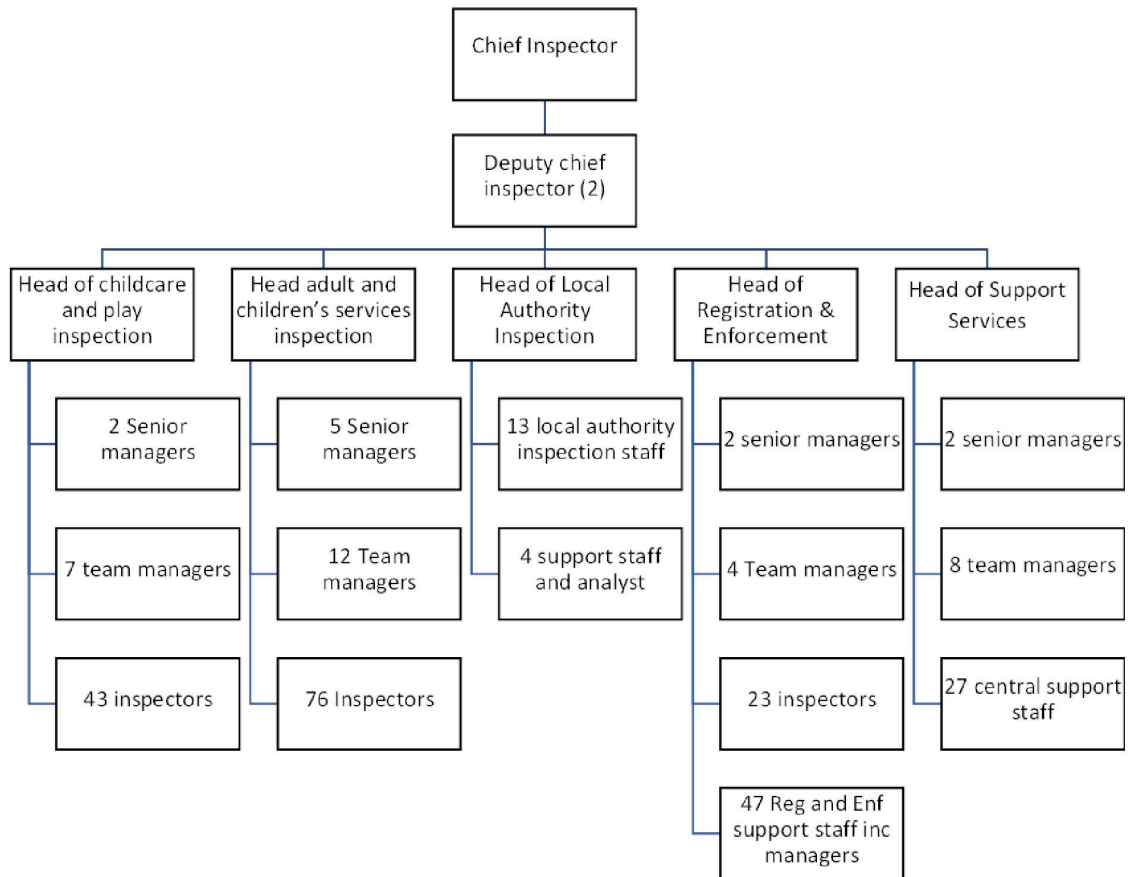
14. The numbers of services we regulate, and places provided (where applicable) is detailed in the table below.

| Number of services and places as at 31 March 2022 | | |
|--|-----------------|---------------|
| Adult and children's services | | |
| | Services | Places |
| Care Home Service for Adults | 1,033 | 25,332 |
| Care Home Service for Adults and Children | 17 | 151 |
| Care Home Service for Children | 256 | 1,061 |
| Domiciliary Support Services | 614 | - |
| Secure Accommodation Service | 1 | 22 |
| Residential Family Centre Services | 2 | 39 |
| Fostering Services | 46 | - |
| Adoption Services | 25 | - |
| Adult Placement Services | 9 | - |
| Advocacy | 2 | - |
| Boarding schools (not regulated services) | 11 | 1393 |
| Residential Special Schools (not regulated services) | 6 | 128 |
| Further Education colleges (not regulated services) | 3 | - |
| Total | 2,025 | 28,126 |
| Childcare and play services | | |
| | Services | Places |
| Child Minder | 1,686 | 13,517 |
| Creche | 14 | 406 |
| Full Day Care | 1,015 | 39,412 |
| Open Access Play Provision | 38 | 2,931 |
| Out of School Care | 358 | 14,723 |
| Sessional Day Care | 463 | 10,437 |
| Total | 3,574 | 81,426 |

15. There are 22 local authorities in Wales.

Structure of CIW

16. I set out the structure of CIW below:



17. As Chief Inspector, my role is to ensure the inspectorate runs efficiently and effectively on a day-to-day basis and delivers our statutory, regulatory and inspection functions. I am assisted in my role by two deputy chief inspectors (DCI):

17.1. Margaret Rooney

17.2. Vicky Poole

18. Both DCIs have senior leadership roles to ensure regulation, inspection and enforcement work of CIW is carried out effectively, to a high standard and in accordance with relevant legislation and best practice. They have responsibilities to

provide effective communication and collaboration with a wide range of service providers and stakeholders. They provide senior leadership and management to a team of heads of service ensuring they deliver their responsibilities consistently, effectively, efficiently and to a high standard.

19. CIW has a functional organisation structure with Margaret Rooney leading on corporate support services, registration and enforcement. Vicky Poole leads on inspection of regulated services (adult and children's services and childcare and play services) and inspection and review of local authorities' social services functions.

20. Each functional area is led by a head of service. They are:

20.1. Head of childcare and play inspection.

20.2. Head of adult and children's services inspection

20.3. Head of local authority inspection

20.4. Head of registration and enforcement

20.5. Head of support services

21. CIW's Senior Management Team (SMT) oversees the governance of CIW and is the executive decision-making body for the organisation. SMT consists of the Chief Inspector, the Deputy Chief Inspectors, Head of Adult & Children's Services Inspection, Head of Local Authority Inspection, Head of Registration & Enforcement, Head of Childcare & Play Inspection and Head of Support Services. The CIW Governance Framework April 2020 is exhibited as **[Exhibit GB/2-INQ000198632]** and the CIW Financial Delegations Framework - April 2020 is exhibited as **[Exhibit GB/2a-INQ000282309]**. Full day SMT meetings were held monthly. However, in addition to this and to enable us to respond to the fast moving and changing situation, from 25 March 2020, we began daily SMT virtual calls to share information, raise 'hot issues' and make decisions. The frequency of these calls reduced over time but continue on a weekly basis to date. In addition, from 23 March 2020, the situation was so volatile and fast moving, I began meeting daily with Margaret Rooney (DCI) and Vicky Poole (DCI) to enable us to update each other on the discussions we were having and general intelligence and information we were gathering.

Role of CIW during the pandemic.

22. CIW's regulatory functions to provide assurance on the quality and safety of services continued during the pandemic. Our response to the COVID-19 pandemic is set within the context of the prevailing national position in terms of understanding and knowledge about the virus and how it is transmitted, testing and PPE availability, public health advice and national COVID regulations and guidance. As part of our role, we report on and share information and intelligence about our findings from inspections, reviews and information service providers and the public share with us.
23. CIW is in a unique position as it has a direct link and relationship with every regulated service and local authority in Wales. We also have links with Welsh Government policy leads and officials and other key stakeholders in the health and social care sector such as Healthcare Inspectorate Wales, Social Care Wales, the Older People's and Children's Commissioners, voluntary organisations and umbrella groups representing providers.
24. During the pandemic these relationships were very beneficial as CIW was invited to join a number of groups such as:
 - 24.1. Social Care Planning and Response subgroup (from 13 March 2020); both Margaret Rooney and Vicky Poole were members of this group so where other business meetings clashed with this group, it would be more likely CIW could have a representative present. Therefore, in most instances only one of them attended.
 - 24.2. Social Care Testing and Infection Control Group (from November 2020): Vicky Poole and Name Redacted were members of this group so where other business meetings clashed with this group, it would be more likely CIW could have a representative present. Therefore, in most instances only one of them attended.
 - 24.3. Nosocomial Transmissions Group (from August 2020 to May 2022): Margaret Rooney was a member of this group with some occasions where other CIW representatives were asked to attend when Margaret was unable to.
25. We were also invited, from mid-March 2020 to join and contribute to a range of ad hoc and time limited groups that came together on specific issues such as testing for

specific social care sectors (e.g., supported living), data and guidance on the admission and care of residents during COVID-19. These ad hoc meetings, predominantly arranged by Welsh Government or Public Health Wales officials, were often convened quickly with no minutes or notes produced after the meetings. I am unable to provide dates of the meetings of these various groups as we no longer have access to calendars for this period.

26. CIW shared data, intelligence and findings with Welsh Government, local health boards and local authorities to inform national and local planning and decision making. The detail of this is described in subsequent sections of this statement. We also commented on draft guidance on matters such as testing in social care and discharge from hospital to care homes. This was achieved through various methods such as attendance at meetings to provide insight and information, sharing and publishing data reports and producing reports of our findings from our monitoring.
27. CIW acted as advocates for people who receive social care and those that provide social care and was able to use our knowledge and understanding of the sector to inform decision making and at times broker solutions. Examples of this are included in the proceeding sections of this statement.
28. During the pandemic, the Deputy Minister for Health and Social Services was very concerned about the impact of the virus on the social care and childcare sectors. She therefore requested regular informal meetings with me to share challenges the sectors we regulate and inspect were facing and to receive updates from our data and general information on the impact of COVID-19. These meetings were daily in the initial period of the pandemic, then three times per week and continue to the present day on a less frequent but regular basis. As these were informal meetings, minutes or notes were not produced. We also provided the Deputy Minister with regular informal briefings outlining the range of activities we were undertaking to provide assurance on the safety of services during the pandemic.
29. I set out in the following sections of this statement further detail of the key events, decisions and actions taken by CIW which explains, by reference to other exhibits and disclosed documents, our role in decision-making in response to the pandemic during the relevant period. They are:

- 29.1. using our data to provide a picture of the prevalence of COVID19 and its impact,
- 29.2. publishing our data to inform the public,
- 29.3. sharing the findings of our monitoring and inspections of services,
- 29.4. sharing information and updates via our website and communications channels,
- 29.5. CIW's role in relation to hospital discharge,
- 29.6. CIW's role in relation to testing in social care services,
- 29.7. supporting visitors to care homes, and
- 29.8. advising on suggested changes to regulations.

Using our data to provide a picture of the prevalence of COVID-19 and its impact

30. As stated earlier, CIW has a direct link and relationship with every regulated service in Wales. There is a digital case management system called 'CaSSI' which enables CIW to record and hold information about every regulated service in Wales. This system has an online element enabling providers to submit information and notifications to CIW online. The purpose of CaSSi is to enable CIW to hold information about registered service providers and the services they operate. It is not intended to be an information management system in respect of individuals who are cared for by providers.
31. However, under regulation 60 of the 2017 regulations and Schedule 4 of the 2010 Regulations, providers are required to notify CIW of a range of events and incidents. Some of these relate to changes relevant to the provider for example the absence of a responsible individual or manager while others relate to specific events involving people using the service. Examples of notifications about people using the service include: the death of a person using the service; serious accident or injury to an individual; or an occurrence of a category 3 or 4 or unstageable pressure ulcer. Where such notifications are made, we collect and hold the name of the person concerned and the relevant details of the incident involving them. This information about individuals is held within the CaSSi system and is used to inform our regulation and inspection of service providers. For example, where we are notified of an incident involving a person using the service, we may follow up with the provider to enquire about what actions they have taken, or we may case track that person's care during the next inspection.

32. In addition, the public can raise concerns with us about services and the details of these concerns are logged in our CaSSI system. People who raise concerns may name a specific person receiving care or they may raise a general concern about care practices in the service. Again, we use information from concerns to inform our inspection of service providers.
33. Under regulation 60 providers are required to notify us about the outbreak of an infectious disease. Inspectors follow up on notifications of an outbreak of infectious disease by contacting the provider to ascertain what measures they are taking to mitigate risk. This is part of our standard monitoring approach of regulated services.
34. COVID-19 was made a notifiable disease on 6 March 2020. Under the 2017 Regulations providers are required to notify CIW of any outbreak of an infectious disease and therefore providers were required to notify us of an outbreak of COVID-19. Prior to the pandemic, it was generally accepted that two or more cases of any infectious disease represented an outbreak. This was based on general PHW guidance about infectious diseases. Therefore, providers would only notify CIW when they had two or more cases of any infectious disease as opposed to each individual case.
35. To gain further intelligence about the prevalence of the COVID-19 virus in regulated services we used additional powers under section 32 of the 2016 Act and section 44 of the Measure to require providers, from 12 March 2020, to notify us of each individual case of suspected or confirmed cases of coronavirus within the service [Exhibit GB/3-INQ000198257]. This could be a member of staff, or a person who uses the service. However, we did not require providers to provide names of people who had suspected or confirmed COVID-19, rather they provided numbers of people.
36. From 16 May 2020, testing was extended to include all symptomatic and asymptomatic care home residents and staff with weekly testing of asymptomatic care home staff beginning on 15 June 2020. A written statement by the Minister for Health and Social Services regarding the extension of weekly testing for care home staff is exhibited as [Exhibit GB/4-INQ000198394]. On the basis testing was extended, from 19 August 2020 we stopped requesting notifications of suspected COVID-19 cases. We continued to require providers to notify us of each confirmed COVID-19 cases only i.e. those staff or residents with a positive COVID-19 test

result. Communications to providers on this matter are exhibited at **[Exhibit GB/5-INQ000198441]**.

37. On 12 March 2020 the UK moved from 'contain' to 'delay', CIW received the first notification of a resident of a care home with a suspected case of COVID-19 and a confirmed case of COVID-19 was notified to us on 13 March 2020.
38. On 16 March 2020, CIW received its first notification about a death of a care home resident due to suspected / confirmed COVID-19. At this time i.e., mid-March 2020 it was not known how the COVID -19 pandemic would progress or for how long it would last.
39. From 15 March 2020, CIW produced a daily report (working days) to monitor the number of cases being notified to us. An example of an email circulating this report on 15 March 2020 report is exhibited at **[Exhibit GB/6-INQ000198263]** and a copy of the report is exhibited at **[Exhibit GB/6a-INQ000198264]**. This report was initially produced manually and was e-mailed to colleagues in Welsh Government Health and Social Services Group. CIW was aware the data we held would be important intelligence about individual services but also about the impact and prevalence of COVID-19 in regulated social care services across local areas, local health board areas and Wales in general. Therefore, during the week beginning 16 March 2020 the Covid-19 Data and Intelligence team (CDI) was established by CIW to monitor incoming notifications in relation to cases (residents or staff) in social care services and to develop this report further so it could be produced automatically from the digital case management system.
40. The CDI team included representatives from CIW's data analyst team, inspectors and Welsh Government Knowledge and Analytical Services (KAS) statisticians. By 18 March 2020, the CDI team was producing the report daily (7 days a week). This report was entitled 'Coronavirus Notifications Report' on suspected and confirmed cases notified to CIW. From 19 March 2020, this data was made available via an iShare link (Welsh Government file storage system) to the Welsh Government Social Care Co-ordination group, policy teams and the Emergency Coordination Centre Wales (ECCW) to inform national planning and response. An email providing the live link to colleagues is exhibited at **[Exhibit GB/7-INQ000198268]**. By providing a live link to the file, colleagues could access it whenever they needed and see the latest daily updated data.

41. The Coronavirus Notifications Report developed over time to include dashboards presenting the numbers of care homes notifying CIW of cases of COVID-19 in the last 7 and 28/20² days in each local authority and local health board area. This provided an indication of the numbers of care homes that were locked down. It also included charts showing total deaths and COVID-19 related deaths notified to us over time. An example of the fully developed report is exhibited at [**Exhibit GB/8-INQ000198645**].
42. From the beginning of May 2020, CIW also shared these reports on a weekly basis with local authority directors of social services via the Association of Directors of Social Services (ADSS) Cymru to assist them in their local planning and response. CIW continued to share these reports with local authority directors of social services until May 2021 following the move to alert level three. An example of the email issued is exhibited at [**Exhibit GB/9-INQ000198327**], and attachments provided are also exhibited as a report on Covid impact on care providers 13-19 April [**Exhibit GB/9a-INQ000198328**], CIW Provider survey thematic report period 30 March 2020 to 20 April 2020 [**Exhibit GB/9b-INQ000198329**], Notifications of Deaths received from Adult Care Homes 1 March 2020 to 29 April 2020 [**Exhibit GB/9c-INQ000198330**], Monitoring of notifications of deaths from adult care homes 30 April 2020 [**Exhibit GB/9d-INQ000198331**], CIW - Coronavirus Notifications 29 April 20 [**Exhibit GB/9e-INQ000198332**], and a Letter on 1 May 2020 regarding CIW data is exhibited at [**Exhibit GB/9f-INQ000198333**].
43. CIW was invited to join the Nosocomial Transmission Group in August 2020. A highlight dashboard of daily care home data was extracted from CIW's Coronavirus Notifications Report and shared with this group at each meeting from November 2020. An example of this report was exhibited at [**Exhibit GB/6a-INQ000198264**].
44. On 15 April 2020, CIW submitted an informal briefing to the Deputy Minister for Health and Social Services, Julie Morgan to update her on the number of

² This was aligned to the number of days a care home remained locked down following the start of an outbreak. The 28 day timescale was based on PHW advice, which represented two incubation periods. When testing capacity had increased and it could be shown that no one at the care home had the virus it was reduced to 20 days in January 2021.

notifications being reported to CIW of service user deaths in adult care homes for the period 1 to 14 April 2020 [**Exhibit GB/11-INQ000198301**].

45. On 15 April 2020, CIW generated its first report detailing daily notifications received by CIW from providers regarding the deaths of care home residents called 'Care Home Deaths Report'. This report reported on the total number of deaths notified to CIW, was generated each day, circulated by e-mail to CIW Senior Management Team (SMT) and made available via an iShare link to Welsh Government Health and Social Services policy officials, the Welsh Government KAS COVID-19 team and the Technical Advisory Cell (TAC). The report is exhibited at [**Exhibit GB/12-INQ000198634**]. The email circulating the report is exhibited at [**Exhibit GB/13-INQ000198299**].
46. During my meetings with the Deputy Minister for Health and Social Services I discussed the headline figures from the Care Home Deaths Report and the Coronavirus Notifications Report. This included headline figures of all deaths in care homes notified to us to date and in the last fortnight. I also provided headlines about the COVID-19 cases which CIW had been notified of, such as numbers of services with outbreaks in last 7 or 28/20 days and percentage of care homes with outbreaks by local authority and local health board geographical footprint.
47. As our online death notification did not collect information about the person's ethnicity or protected characteristics, we were unable to collate and report on this in relation to COVID deaths. Although, from late August 2020, we collected information on death notifications about age, gender and learning disability and autism, we were unable to conduct robust analysis of this data as we did not have the equivalent data in respect of all residents living in care homes. Therefore, it was difficult to draw reliable conclusions about any over representation of a particular age range, gender or of people with a learning disability or autism.
48. We believe we were in a relatively good position to use the data and information we collect and hold not only to inform our regulatory work but also to share with Welsh Government, local health boards and local authorities to inform their planning and decision making. However, there were some challenges in respect of data including:
 - 48.1. CIW's data collection tools were not set up to enable us to collect specific information about COVID-19, making it initially difficult to get robust data.

However, we made changes to our online notifications to address this at an early stage in the pandemic.

- 48.2. While we were confident compliance with notification requirements was reasonably good, we could not guarantee every death or confirmed case in a social care was notified to us. This was principally due to a recognition that providers were under significant pressure and may not have notified us about every incident. We made this clear by including this caveat alongside our data. We also took action to limit this through our communications with providers and reviewing data to identify and contact providers with low level of notifications which could possibly indicate noncompliance with notification requirements.
- 48.3. Providers received requests for data and information from a number of organisations which placed additional pressures on them. For example, providers have legal requirements to notify CIW about certain events as described in paragraph 31; they are also expected to notify Public Health Wales (PHW) about notifiable diseases, environmental health officers required information and commissioners of care often include data requirements within their contractual arrangements with providers. While we were able to provide some of the information required to others, we did not collect the full range of information at the frequency required. There was no one single data collection process or arrangement which would enable information to be collected from social care providers and used by different agencies. We believe in any future health emergency; it would be beneficial for agreement at the start for one agency to take the lead on collecting a regular single set of data from social care providers to be shared with partners for emergency planning and response purposes. It would seem logical the regulator takes the lead on this as we have a broad range of statutory powers we can rely on.
- 48.4. We engaged with PHW and the Office for National Statistics (ONS) to share our data to provide a fuller picture and validate the national data set produced by ONS. However, it was clear there were different definitions of what constitutes a care home. CIW registers care homes as defined in the law. However, PHW and ONS categorised other types of care settings as care homes which were not registered as care homes for example supported living environments. We shared our data with ONS so that these differences could be understood and explained.
- 48.5. There were two areas we were asked for data on and which we were unable to provide. These related to the numbers of staff working in social care services, the numbers of people living in care homes and the numbers of vacant places

in care homes. The Welsh Governments 'Care Home Capacity Tracker' (an online tool giving providers the ability to record their vacancies) was still in development at the start of the pandemic and was fast tracked into early release to enable data on care homes vacancies to be collected although submission of information to this tool is voluntary and therefore reliant on providers keeping it updated in a timely way.

Publishing our data to inform the public

49. From the beginning of May 2020, CIW's aggregated data on reported cases of COVID-19 in care homes and deaths notified to CIW was published to provide greater transparency and information to the public. In addition, this data could be used to inform planning and response at a national, regional and local level.

50. On 5 May 2020, our data was first published on the Welsh Government Stats Wales website. This data was then published weekly until the end of July 2020 and then moved to fortnightly publication up to present date. KAS also published a statistical report alongside this data which was a narrative on the interpretation of the data as well as comments on quality and methodology. The email issuing briefing to Ministers before publishing the first set of data is exhibited at **[Exhibit GB/14-INQ000198335]** and attached documents are exhibited as CIW national headline figures as at 1 May 2020 which is exhibited at **[Exhibit GB/14a-INQ000198336]**, Chief Statistician's update regarding mortality statistics, exhibited at **[Exhibit GB/14b-INQ000299980]** and Adult Care Home Death notifications 4 May 2020 is exhibited at **[Exhibit GB/14c-INQ000282310]**. While the data continues to be published, the statistical report was stopped in July 2022 having been published weekly until July 2020 and then fortnightly until July 2022. The Office for National Statistics (ONS) used this data in the weekly publication to inform its publications.

51. From early December 2020, the data on the number of care homes by local authority area that had informed CIW of a confirmed case of COVID-19 in staff or residents in the last 7 and 28 /20 days was published alongside the death data described above on the Welsh Government Stats Wales website. An example of this is exhibited at **[Exhibit GB/15-INQ000198580]**.

52. Between July and November 2020, CIW received seven requests to disclose data on deaths relating to COVID-19 in individual named care homes. These requests were received from relatives of people living in care homes, members of parliament or the Senedd and the media. Margaret Rooney, as the Information Asset Owner (IAO) for CIW considered these should be refused and I agreed.
53. CIW took this position for a number of reasons. Between 12 March and 19 August 2020, providers were not only notifying CIW of deaths of people with confirmed COVID-19 but also suspected cases. These notifications did not necessarily reflect the cause of death included on death certificates. Therefore, data on numbers of notifications of deaths at individual care homes could present an inaccurate picture as some of these deaths may have been caused by other factors. CIW also believed it was not in the public interest to disclose information which may identify people and consequently result in further distress to people or their families. This is because some care homes have very low numbers of people living in them and some had small numbers of deaths. Therefore, publishing the information at a care home level could lead to individuals and their cause of death being identified. In addition, we were concerned the public could erroneously associate high deaths with poor care and we did not believe it was in the public interest to negatively impact the care sector by releasing this information, particularly given the pressures on the sector during the height of the pandemic. This could prejudice their ability to provide the necessary quality and levels of care to their residents. Our reasons for refusing to release this information were set out in each individual response to such information requests. Through our regular communication with the Care Quality Commission (CQC) and Care Inspectorate Scotland (CIS), we were aware that CQC and CIS had taken a similar position when dealing with such requests.
54. Therefore, CIW's response during the height of the pandemic had been to refuse these requests and to advise the requesters of the care provider's duty under the 2017 regulations to be open with people in their care and their families. In some cases, we were able to provide other information about a specific person to their relative. In others we provided the data at a local authority level.
55. CIS and CQC published information on notifications of deaths in individual care homes on 26 May 2021 and 21 July 2021 respectively. Through our communication with CQC we were aware the Information Commissioner's Office had issued a decision notice on 19 May 2021 in relation to a request to CQC in June 2020 for

information on deaths at individual care homes. The CQC had refused to disclose the requested information. The ICO set out in its decision notice CQC had correctly withheld the information. However, the ICO added:

'this is an extremely finely balanced case, she considers that at the time of the request the public interest in favour of disclosure is outweighed by the public interest in favour of maintaining the exemption. She also notes that the CQC recognises that the balance of the public interest will change and is now actively considering and reviewing when and how the withheld data can be released'.

56. The CIW Senior Management team therefore decided on 28 July 2021 the time was right for CIW to reconsider its position and to publish death notification data at individual care home level. The rationale for this decision was COVID-19 cases had reduced over the summer of 2021 and pressures on the sector had eased (Wales moved to alert level 1 on 7 August). In addition, CIS and CQC had published this data in Scotland and England and the ICO comments in the decision report suggested CIW would be successfully challenged if we continued to refuse disclosure of this information. There was no reasonable argument not to release the information especially when the other regulators in the UK had already released it.
57. We sought to publish the data in a manner which would provide a picture of the impact of COVID-19 on care homes but also the context in which the notifications were made so the data would be interpreted accurately. For example, we explained notifications to CIW included people who may have died in hospital, but who lived at the care home. We worked with Care Forum Wales (CFW), an umbrella organisation representing social care providers in Wales, to develop the key messages accompanying this data. The data was published on 21 October 2021 and those who had requested the information previously were sent a link to the publication. A copy of the email to providers advising of the publication date of information about COVID-19 related deaths of people in care homes is exhibited at **[Exhibit GB/16-INQ000198570]**.

Sharing the findings of our monitoring and inspections of services.

58. I met with the deputy chief inspectors (Margaret Rooney and Vicky Poole) on the morning of 16 March and took the decision to pause our routine inspection

programme for childcare and social care services including local authority social services with effect from 5pm on 16 March. A copy of the advice sent to the Deputy Minister for Health and Social Services which was copied to the Minister for Health and Social Services and the First Minister is exhibited at [**Exhibit GB/17-INQ000198265**]. We made this decision to reduce the risk of our inspectors spreading a virus, which was not fully understood, to people using and working in care services and to honour our duty of care to CIW staff. In addition, we sought to ensure local authorities and care service providers could focus their resources on maintaining the health and safety of people using services and their staff in these exceptional circumstances. Although CIW took the decision to pause routine inspections, CIW was clear we would continue to inspect any service where we had significant concerns about the safety and well-being of people for example as a result of concerns raised or intelligence shared with us.

59. To increase the level of intelligence we had about the quality and safety of services when we were not undertaking routine inspections and to assist with contingency planning, we wrote to local authorities on 16 March 2020 asking them to share information with us in a timely way on any service they had concerns about. We equally committed to sharing any concerns we may have with local commissioners. A copy of the letter is exhibited at [**Exhibit GB/18-INQ000198575**].

60. On 20 March 2020, the deputy chief inspector (DCI), Vicky Poole sent a letter to directors of social services (cc'd to local authority chief executives and local health boards) with an update on CIW's work. The letter included suggested arrangements for sharing concerns and intelligence at an operational and strategic level. This was crucial to ensure both CIW and local authority/Health Board commissioners had as accurate and up to date information about the position in regulated services as possible. This information would be crucial to CIW in terms of informing us of significant concerns about the safety and well-being of people and where an inspection was required. We committed to share notifications received from services about COVID-19 on a daily basis. A copy of the email is exhibited at [**Exhibit GB/19-INQ000198269**] and the letter issued is exhibited at [**Exhibit GB/19a-INQ000198270**]. This led to regular meetings with local authority and health board commissioners enabling intelligence to be shared about services. The frequency of these meetings varied depending on the local authority but in general were fortnightly in the initial phases of the pandemic but have now moved to approximately every month. In the summer of 2020, the DCI and Head of Adult and Children's Services

Inspection met with local authority and health board commissioners on a regional basis to explore with them what was working well in terms of our information and intelligence sharing arrangements and what more we could do. We agreed the arrangements implemented during the pandemic allowed for more regular and systematic sharing of intelligence which was beneficial. We agreed this should continue and be formalised within a Memorandum of Understanding (MOU). The MOU was developed and is the process of agreement.

61. During the latter part of March 2020, although no physical inspections were undertaken, inspectors continued to monitor and follow up on:
 - 61.1. Notifications including notifications of suspected or confirmed COVID-19 cases in staff or people using the service. Providers were also required to notify CIW of other events as set out in schedule 3 of the 2017 Regulations and Schedule 4 of the 2010 Regulations. Examples include outbreak of infectious disease, death of an individual and the occurrence of a category 3 or 4 pressure ulcer, an unstageable pressure ulcer or a deep tissue injury, events that could affect the running of a service etc.
 - 61.2. Concerns or safeguarding incidents reported to us by people using services, their families or representatives, staff, or other professionals.
 - 61.3. Services already on our enforcement pathway. Where service failings had been identified at previous inspections, we wrote to these providers seeking an update on actions they had taken to address shortfalls.

62. Depending on the intelligence contained within notifications, concerns and incidents coupled with prior knowledge of the service, inspectors followed up using a range of methods:
 - 62.1. contacting the provider directly to seek further information or evidence of actions taken by providers,
 - 62.2. referring appropriate matters to local authority safeguarding in line with our safeguarding policy,
 - 62.3. liaising with the local authority and local health boards to collect further intelligence, or
 - 62.4. a combination of the above.

63. On 23 March 2020, the UK went into the first national lockdown for a three-week period. At this point it became clear our ability to undertake routine inspection activity would be limited for longer than we had originally anticipated. We therefore began the process of developing new ways of working to enable us to provide assurance when we were not regularly crossing thresholds.
64. This included the introduction of weekly check in calls made by inspectors to adult and children's services care providers from 30 March and to childcare and play services from 6 April 2020. The purpose of the check in calls was to support providers through the difficult time. We sought to gain feedback about services to inform a picture of pressures across Wales and identify any specific problems for services, areas where CIW could develop guidance and advice through frequently asked questions and information to feedback to our partners in local authorities and local health boards. A copy of the email issued to providers introducing the calls is exhibited at **[Exhibit GB/20-INQ000198277]**.
65. In the latter half of June 2020 SMT began considering when and how CIW should begin to move from a response to a recovery phase. There was still significant pressure on social care and childcare services in Wales and we did not wish to unnecessarily add to this with a disproportionate regulatory burden. Therefore, we did not believe it was prudent to return to our full inspection programme. However, we sought to move back to regulating and inspecting but, in a risk-based, intelligence-led way. We agreed at our SMT meeting on 30 June 2020 to move to a recovery phase from 30 July 2020. We agreed to adopt an increased focus on monitoring to gain further assurance about the quality and safety of services. For example, during our check in calls with providers, there was an increased focus on how providers were ensuring the safety and well-being of people. While our calls to providers continued to focus on key areas such as access to PPE and support from other agencies for example GP and end of life services in adult services, we also brought in elements that related specifically to monitoring regulatory matters. We replaced 'check-in calls' with 'monitoring calls' in early August 2020. Monitoring calls were made monthly, to adult and children's services, then moved to a more extended period in the autumn to winter months.
66. Check-in calls enabled CIW to have some line of sight of the position in individual services and to identify regional or national patterns and trends which we could share with partners to inform the planning and response effort. To this end we produced

periodic summary reports which collated the information we were gleaning during these calls. Often these reports enabled us to highlight key issues for providers. For example, the availability of PPE, COVID-19 tests, the time taken to receive test results and discharge arrangements were issues providers spoke to us about. An example of the email issuing the summary report is exhibited at **[Exhibit GB/21-INQ000198319]** and attached documents were previously exhibited as Report on Covid impact on care providers 13-19 April **[Exhibit GB/9a-INQ000198328]**, CIW Provider survey thematic report period 30 March 2020 to 20 April 2020 **[Exhibit GB/9b- INQ000198329]**, Notifications of Deaths received from Adult Care Homes 1 March 2020 to 29 April 2020 **[Exhibit GB/9c-INQ000198330]**, Monitoring of notifications of deaths from adult care homes 30 April 2020 **[Exhibit GB/9d- INQ000198331]**, CIW Coronavirus notifications for adult and children's services 29 April 2020 **[Exhibit GB/9e- INQ000198332]** and a letter on 1 May 2020 regarding CIW data already exhibited at **[Exhibit GB/9f-INQ000198333]**.

67. We shared these summary reports with the Welsh Government and stakeholders to provide them with intelligence from the ground and to inform their planning and response. The reports were shared approximately fortnightly between 1 May 2020 and 3 July 2020 with relevant Welsh Government policy teams via the social care coordination inbox. This was then forwarded to various Welsh Government policy workstream leads and to the members of the Welsh Government's Social Care Planning and Response subgroup. Its membership included a wide range of stakeholders including representatives from local authorities, provider umbrella groups, Children's and Older People's Commissioners. We also produced individual summary reports for each local health board and shared this with them on 16 June 2020. These individual health board reports were shared with the Chief Nursing Office (CNO) and Health Inspectorate Wales (HIW). An example of an individual local health board summary report check-in call is exhibited at **[Exhibit GB/22-INQ000198644]**. On 25 September 2020, we published an overview of feedback from the social care sector captured during check-in and monitoring calls with social care providers between March and July. The email notifying the Deputy Minister for Health and Social Services of the publication and containing the report is exhibited in **[Exhibit GB/23-INQ000198498]**. The report is exhibited in **[Exhibit GB/24-INQ000198499]**.
68. As described in paragraph 58, on 16 March 2020 we took the decision to suspend our programme of routine local authority performance review activity to enable local authorities to focus fully on responding to the challenging circumstances. Instead, we

developed new ways of working which reflected the need for us to engage in more supportive relationships with local authorities. This included ongoing review, monitoring and engagement with senior leaders in local authorities, in addition to stakeholder meetings across Wales. From September 2020, we began a revised programme of assurance checks. We used information and intelligence gathered throughout the year from discussions with senior leaders within the local authority, notifications etc. to consider the strengths and risks in each local authority so we could focus on areas where our work could make the biggest difference.

69. Within this framework we asked specifically the following two over-arching questions:
- 69.1. How well are local authorities discharging their statutory functions to keep people who need care and support and carers who need support, safe and promote their well-being during the pandemic?
 - 69.2. What are local authorities doing to prevent the need for children to come into care; and are children returning home to their families quickly enough where safe to do so?
70. We took a pragmatic, flexible and risk-based approach, working with local authorities to identify methods which best reflected the prevailing environment. We undertook all activity virtually; we met with people online or used the telephone and accessed case files remotely. Our findings derived from a number of methods including: reviewing case files, focus groups, interviews and surveys. We spoke with social services leaders, managers and practitioners and their partners as well as listening to adults and children and their families/carers.
71. We published a National Overview Report of our assurance checks 4 November 2021. Within the report we shared our findings from our assurance checks and future challenges for the social care sector.
72. We also shared key reflections from our work included in my annual Chief Inspector's report of 2020/21 (published on 18 August 2021) and 2021/22 (published on 20 October 2022).
73. Both the National Overview Report on Assurance Checks and the Chief Inspector's annual report were shared with Welsh Government Ministers and laid before the Senedd.

Sharing information and updates via our website and communications channels

74. From 18 March 2020, we had established a dedicated Coronavirus (COVID-19) area on our website. This included details of statements made by CIW to registered providers, umbrella organisations and directors of social services and a series of FAQs (frequently asked questions) for providers which we were updating regularly. Our website also included links to relevant guidance and statements by the Welsh Government and the UK Government.
75. As we had direct links with regulated social care services, we were well placed to assist the Welsh Government in its communications with them. We did this by acting as a conduit for Welsh Government letters and guidance updates to regulated services. This included letters from the Chief Medical Officer and the Deputy Director General for the Health and Social Services Group within the Welsh Government. During the period between March 2020 and 30 May 2022, CIW sent communications on behalf of the Welsh Government to regulated social care providers in Wales. This was essential to ensure key messages and guidance was shared with providers in a timely manner.

CIW's role in relation to hospital discharge

76. To the best of my recollection, it was on 13 March 2020 we first became aware of decisions taken by the Welsh Government in respect of a framework of actions, within which local health and social care providers could make decisions in preparation for the anticipated increase in confirmed cases of COVID-19. We were made aware of this via a statement made by the Minister for Health and Social Services. As part of this framework, health and social care providers were enabled to make decisions to expedite discharge of vulnerable patients from acute and community hospitals and fast track placements to care homes by suspending the protocol which gives the right to a choice of home. The statement exhibited in **[Exhibit GB/25-INQ000198262]** and the email confirming the final version is at **[Exhibit GB/25a-INQ000198261]**.
77. At a SMT meeting on 20 March, it was agreed we would act as the voice of the sector and raise concerns on Welsh Government policy groups on COVID-19, in

particular in relation to shortages of PPE and for testing of individuals being discharged from hospitals to care homes.

78. We were first asked to comment on and attend meetings to discuss Public Health Wales (PHW) guidance for providers entitled 'Admission and Care of Residents during COVID-19 Incident in a Residential Care Setting in Wales' at the beginning of April 2020. This was guidance adapted by PHW from guidance entitled 'Admission and Care of Residents during COVID-19 in a Care Home' produced by the Department for Health and Social Care with Public Health England, Care Quality Commission and NHS England. Margaret Rooney (DCI) attended these meetings on behalf of CIW and provided comments on draft guidance referred to in this section of this statement. For the reasons described in paragraph 25 we do not have any minutes or notes from meetings. I am unable to provide dates of these meetings as we no longer have access to calendars for this period.
79. CIW was asked to comment on the 'Admission and Care of Residents during COVID-19 Incident in a Residential Care Setting in Wales' guidance and accompanying letter which was proposed to be sent to providers. Within the letter and guidance, providers were being advised and encouraged to accept patients from hospital including those that may have COVID-19. The guidance detailed how some patients being discharged to care homes may have COVID-19, whether symptomatic or asymptomatic and all of these patients could be safely cared for in a care home if the guidance was followed.
80. CIW understood the difficulties at this time around lack of availability of tests and the need to release capacity in hospitals and to reduce the length of time people remained in hospital where COVID-19 was present. However, we did not believe discharging people from hospital to care homes without a test or with a positive test was the right approach. It was our position while it may be possible to care for the person being discharged safely in a care home, this placed other people in the care home at risk of contracting COVID-19. This is because we were aware of the levels of vulnerabilities of people living in care homes, many of whom live with dementia and move around in their environment. In addition, this approach was different and contradictory to that which was taken in respect of people at high risk living in the community, who were advised to shield. We shared these concerns with PHW and the Welsh Government in the meetings referred to earlier and in e-mails exchanges. Those concerns are set out in an email Margaret Rooney shared with PHW and

Welsh Government officials on 7 April 2020, exhibited at [**Exhibit GB/26-INQ000198279**], which included the draft letter that was to be issued to care homes which is exhibited at [**Exhibit GB/26a-INQ000198280**]. On 8 April 2020 Margaret Rooney noted those concerns which she had raised had not been reflected in the 'Admission and Care of Residents during COVID-19 Incident in a Residential Care Setting in Wales' guidance, and I subsequently received an update confirming the same, exhibited at [**Exhibit GB/27-INQ000198288**].

81. We refused to be included in the branding of this guidance as we remained opposed to the advice around accepting residents who had been discharged from hospital without testing or with confirmed COVID-19. Email exchanges in relation to this matter are exhibited as follows. An email exchange with Public Health Wales and Health and Social Services Group colleagues on 7 and 8 April 2020 is exhibited at [**Exhibit GB/28-INQ000198569**]. An email to Health and Social Services Group colleagues and Deputy Chief Inspectors on 8 April 2020 is exhibited at [**Exhibit GB/29-INQ000198281**]. An email providing CIW comments on draft briefing and advisory notes is exhibited at [**Exhibit GB/30-INQ000198302**] and the draft documents attached to that email containing CIW comments are exhibited as an advisory note on support to care homes for Covid-19 exhibited at [**Exhibit GB/30a-INQ000198303**] and an advisory note on the requirement to test patients discharged from hospital into a care home in Wales is exhibited at [**Exhibit GB/30b-INQ000198304**]. A copy of email exchanges from 17 April 2020 to 21 April 2020 regarding amendments to the advisory note on discharging hospital patients is exhibited at [**Exhibit GB/31-INQ000198305**].
82. Under regulation 14 of the 2017 regulations, providers must not provide care and support for an individual unless they have determined they can care for and meet a person's needs taking into account the resources (PPE, staffing levels etc) and facilities they have and the needs of the existing residents living at the home, before they agree to provide care. The Welsh Government did not suspend this regulation during the pandemic. We set this out for providers in a frequently asked question published on 1 April 2020.
83. We received concerns from providers about the guidance issued on 2 April 2020 by the Department for Health and Social Care for care homes in England referred to in the second sentence of paragraph 74; some providers operate across England and

Wales. The concerns related to the advice about accepting new admissions of people being discharged from hospital with confirmed COVID-19.

84. In the first week of check-in calls with providers (30 March – 5 April 2020), a small number of providers talked about being pressured to admit people from hospital who had not been tested. At the same time providers were telling us they were struggling to get adequate PPE, in particular masks. During the next two weeks (6 April – 12 April and 13 April – 19 April), providers raised more concerns during check in calls about pressures to accept new admissions of people being discharged from hospital without testing or with confirmed COVID-19. A number of providers reported they were refusing new admissions while others did accept new admissions. Access to appropriate PPE was also raised as a continuing issue. Examples of the feedback from those check-in calls are exhibited at **[Exhibit GB/32-INQ000198643]** and **[Exhibit GB/33-INQ000198642]**.
85. A new approach to hospital discharge to care homes, testing and step-down care was announced in two joint letters from the Chief Medical Officer (CMO) and the Welsh Government Deputy Director General which issued on 22 April 2020 to care providers and on 24 April to local health board chief executives exhibited at **[Exhibit GB/34-INQ000198573]**.
86. This approach included testing all individuals being discharged from hospital to live in care homes regardless of whether or not they were admitted to hospital with COVID-19. In addition, people being transferred between care homes or newly admitted from the community were to be tested. People would only be discharged from hospital to a care home where they had a negative COVID-19 test result.
87. There was a delay in the updated guidance being amended by PHW; this was subsequently amended and published on 07 May 2020 and exhibited at **[Exhibit GB/35-INQ000198367]**.

CIW's role in relation to testing in social care services

88. CIW's role in relation to testing was primarily one of commenting or offering assistance to facilitate testing in social care settings and sharing our knowledge and understanding of the sector to inform decision making. Testing arrangements changed and expanded as more tests became available and knowledge about how

COVID-19 spread grew. CIW provided comments on testing plans as exhibited at **[Exhibit GB/36-INQ000198346]** and a copy of the interim guidance upon which the comments are made is exhibited at **[Exhibit GB/36a-INQ000198347]**.

89. In March 2020, COVID-19 testing was not available for social care staff nor those living in care homes. Testing in Wales was prioritised for individuals requiring admission to hospital, health care workers involved in frontline patient facing clinical care and others, where recommended by Health Board Medical Directors. A written statement setting out this position is exhibited at **[Exhibit GB/37-INQ000198641]**.
90. In the initial weeks of our check-in calls with providers the availability of testing for staff and people living in care homes was raised by many respondents. Testing capacity was an issue and our understanding at that time (later part of March 2020) was, there were only approximately 500 tests available in Wales in mid-March. A copy of an email I received from the Deputy Director for Coronavirus response setting out the plans to upscale testing is exhibited at **[Exhibit GB/38-INQ000198276]**.
91. At the beginning of April CIW understood each local authority had a quota of 15 tests per day to be used for social care staff. There was set criteria which had to be met to be given a test and providers had to refer to local authorities to access these tests. An email I received from the Deputy Chief Inspector relating to the testing criteria for social care workers is exhibited at **[Exhibit GB/39-INQ000198282]** and related attached documents are a Covid-19 testing form exhibited at **[Exhibit GB/39a-INQ000198283]**, a Covid-19 Social Care worker testing referral form is exhibited at **[Exhibit GB/39b-INQ000198284]**, Covid-19 staff Testing Criteria is exhibited at **[Exhibit GB/39c-INQ000198285]** and testing criteria is exhibited at **[Exhibit GB/39d-INQ000198286]**.
92. In a meeting with Welsh Government policy and PHW officials and attended by Margaret Rooney on 22 April 2020, the approaches to arranging testing for social care staff at this time was described as being disparate in different areas. Although there had been an attempt to create a consistent approach, this had been applied differently across Wales.
93. As all regulated providers in Wales have an online account with CIW, we offered to assist by enabling providers to refer staff for tests through their online CIW accounts.

This would bring consistency to and streamline the approach for providers. However, it was important to engage with local authorities about this to ensure the offer of assistance from CIW would add value. Notes from a discussion at the social care sub-group on this matter are exhibited at **[Exhibit GB/40-INQ000198307]**.

94. Margaret Rooney contacted two directors of social services as representatives of ADSS Cymru to ask for a local authority view on this. The feedback suggested CIW's involvement might not be as helpful as anticipated as it could add an additional step to the process, therefore we did not proceed with this. Responses following our engagement and subsequent information provided to Welsh Government colleagues are exhibited at **[Exhibit GB/41-INQ000198306]** and **[Exhibit GB/42-INQ000198316]**. Examples of the support CIW offered around testing are exhibited as email exchanges of 1 May 2020 regarding testing of self-isolating care home staff which are exhibited at **[Exhibit GB/43-INQ000198317]** and **[Exhibit GB/44-INQ000198318]**.
95. At this time (April 2020) CIW was advocating for asymptomatic testing of all care home staff and residents, although CIW appreciated there were limits on the number of tests available and capacity to undertake tests in a timely manner. Email exchanges on this matter are exhibited at **[Exhibit GB/45-INQ000198308]** and **[Exhibit GB/46-INQ000198311]**.
96. We were able to assist the Welsh Government by giving access to the contact details and the unique service identification numbers (SIN) of regulated social care providers in Wales. CIW shared this data on care homes with Welsh Government policy teams which was then passed on to the UK wide portal system so that the services could be set up on the portal to access testing kits. In particular, the CIW SIN numbers enabled care home providers to be identified and given access to the portal. An email setting out how we were able to assist is exhibited at **[Exhibit GB/47-INQ000198345]**.
97. On 20 May 2020 the Welsh Government issued '*Interim guidance on delivering Covid-19 PCR testing in care homes, the management of residents and staff who test positive for Covid-19 and reporting arrangements*'. This set out plans to extend testing to all residents and staff in care homes that had not reported an outbreak or any cases of coronavirus in the last 28 days. This also included arrangements for local health boards to report a daily situation report (sit-rep) on testing in care homes

to Care Inspectorate Wales and Public Health Wales. CIW assisted with this by developing a template for local health board to complete, collating the results and sharing with the Welsh Government. I exhibit an email the Deputy Chief Inspector sent to the CIW leadership on this matter at **[Exhibit GB/48-INQ000198372]** and the associated attachment containing the Situation Report Template - Aneurin Bevan UHB is exhibited at **[Exhibit GB/48a-INQ000198373]**. CIW collected, collated and shared this information on behalf of the Welsh Government between 22 May and 24 July 2020 when these reports were no longer required.

98. In December 2020, CIW advocated for people living in supported living to be given the same access to testing and vaccinations as people living in a care home service. People with learning disabilities are often in receipt of domiciliary care through supported living arrangements. These settings can be providing care for a number of people, operating in 'closed' communities with shared facilities similar to care homes. We also gathered and aggregated information on supported living settings where five or more people were living in 'closed' communities. We shared this with Welsh Government policy teams to facilitate these supported living providers to get access to the RT-PCR Testing Programme for their workforce in January 2021. This meant these providers could order PCR test via the portal whereas all other domiciliary support providers were to be part of the Lateral Flow Testing Programme at a later date. An email sharing contact details for providers is exhibited at **[Exhibit GB/49-INQ000198539]**.
99. CIW was also able to provide feedback to the Welsh Government, health boards and local authorities on how the testing arrangements were working on the ground. CIW did this by sharing the qualitative analysis of the responses we gathered during check in calls with regulated social care providers. An example qualitative analysis of check-in calls is exhibited at **[Exhibit GB/50-INQ000198640]**.
100. From November 2020, CIW attended and contributed to the Welsh Government's Social Care Testing and Infection Control Group. The purpose of the group was to co-ordinate clinical, social care sector and operational intelligence to inform the design and implementation of the testing and infection control strategy and policy for social care. The terms of reference of the group are exhibited at **[Exhibit GB/51-INQ000198526]**. An email of 11 November 2020 circulating the terms of reference with other associated documents is exhibited at **[Exhibit GB/51a-INQ000198524]**, and further attachments are exhibited as a programme of asymptomatic testing of

care home staff, guidance and mechanisms for local decision-making, exhibited at **[Exhibit GB/51b-INQ000198525]** and a draft document regarding testing and infection control for Social Care is exhibited at **[Exhibit GB/51c-INQ000198527]**.

101. In December 2020, the Welsh Government published the Coronavirus Control Plan: alert levels in Wales for Social Care Services for adults and children. This set out a new four level plan of measures for dealing with coronavirus in Wales in terms of testing and infection prevention control measures for social care alongside each of the national levels.

Supporting visitors to care homes

102. During early March 2020, we received correspondence and notifications from providers informing us they were restricting non-essential visitors to their service to mitigate the risk of COVID-19 entering the home. On 23 March 2020, the Welsh Government wrote to all care home providers in relation to restricting visits to care home accommodation. This letter is exhibited at **[Exhibit GB/52-INQ000198273]**.
103. Following changes to the coronavirus regulations on 1 June 2020, the Welsh Government wrote to all care home providers on 5 June giving updated advice on how care homes could safely facilitate outdoor visits under the current regulations. CIW circulated this to regulated social care providers on behalf of the Welsh Government. A copy of this letter is exhibited at **[Exhibit GB/53-INQ000198383]**.
104. Throughout the pandemic, I was particularly concerned about the impact on people living in care homes when there were restrictions on visits from family and friends. This was an issue regularly raised with me by the Deputy Minister Health and Social Services in our informal meetings.
105. Therefore, CIW, in collaboration with the Welsh Government, developed guidance to support care services to enable family and friends to visit their loved ones as safely as possible whilst restrictions were in place. CIW facilitated a stakeholder group to inform the development of this non-statutory guidance. This group met for the first time on 1 June 2020, the attendance list is exhibited at **[Exhibit GB/54-INQ000198378]**. The guidance was agreed and circulated to providers by CIW on behalf of the Welsh Government on 23 June 2020 **[Exhibit GB/55-INQ000198412]**.

106. As the national restrictions changed during subsequent waves of the pandemic, the guidance was amended by the Welsh Government considering the views shared by the stakeholder group and advice from PHW. There were 14 iterations of the guidance which was subsequently amalgamated and summarised within the Welsh Government's Social Care Transition plan in Spring 2022. CIW facilitated the stakeholder group to meet to discuss changes to the guidance in line with the changing regulations.
107. We ensured stakeholders on this group included representatives of people with a learning disability and children, so their specific needs were recognised in the guidance. Welsh Government housing policy officials were also invited to join this group. They recognised the need to develop separate guidance for people with a learning disability living in supported living.
108. On 28 August 2020, the Minister for Health and Social Services, Vaughan Gething, confirmed indoor visits to care homes could resume from that date. However, in September and October 2020, as cases began to increase again, local restrictions were put in place in specific local authority areas. Where these restrictions were in place, meeting indoors with other people and extended households was not allowed. These local lockdowns subsequently led to local decisions being made to restrict visits to care homes. Some local authorities including those not subject to a local lockdown decided to restrict both indoor and outdoor visits. Our understanding was these decisions were made in local multi-agency Incident Management Teams (IMTs). CIW was made aware of these either through our regular meetings with local authorities, via reports from providers and this was raised with us by the Older People's Commissioner for Wales. We shared this feedback with the Welsh Government and provide it as an exhibit at **[Exhibit GB/56-INQ000198535]**.
109. CIW understood the difficulty local authorities and providers had in balancing people's right to meet with family members with the need to protect those living in care homes from infection. CIW was also aware of the profound impact on well-being that can result from restrictions on visitors. I was keen to ensure proportionate and balanced decisions were made in relation to restricting visits, in particular outdoor visits. Our position at this time was what happened in care homes should mirror what was happening and permissible in the local communities. In particular, our view was while the public could meet outside, people in care homes should also have that right

and we shared that with Welsh Government colleagues as exhibited at **[Exhibit GB/57-INQ000198484]**. Therefore, following a statement from the Deputy Minister for Health and Social Services on 23 September, I issued a joint letter with Albert Heaney (Deputy Director General Health and Social Services) to Directors of Social Services in Wales. The letter urged directors to ensure PHW was engaged via the local IMTs process to make these decisions. This would ensure the public could be reassured restrictions were only imposed when absolutely necessary on the basis of sound advice. An email containing the joint letter is exhibited as **[Exhibit GB/58-INQ000198485]** and a copy of the letter is exhibited as **[Exhibit GB/58a-INQ000198486]**.

110. Restrictions on visits continued to change as cases increased or decreased during the latter part of 2020 and early 2021 with a further 17 day 'circuit break' lockdown imposed from 6pm Friday 23 October until the start of Monday 9 November 2020 and a new set of national measures coming into force in Wales from 9 November 2020.
111. In November 2020, CIW facilitated and assisted with the Welsh Government initiative to provide temporary 'pods' to care homes across Wales to help facilitate visits over the winter months. CIW communicated with providers to seek expressions of interest from providers to become involved in the scheme and we seconded a member of staff to the Welsh Government to assist with the administration and delivery of these 'pods'.
112. CIW also escalated issues as they were raised with us particularly in relation to local IMT decision making which did not appear to be in keeping with the guidance. A copy of an email in relation this issue was exhibited at **[Exhibit GB/56-INQ000198535]** and a copy of an attachment to that email is exhibited at **[Exhibit GB/59-INQ000198536]**. Following this the Welsh Government wrote to IMTs reiterating care home visiting should be risked assessed to facilitate visiting where ever possible even in Alert Level 4. A copy of this email is exhibited at **[Exhibit GB/60-INQ000198537]**.
113. We also contacted local authority directors of social services advising them the advice they gave to care home providers regarding visits should be in keeping with the national guidance and asking them to alert us if different advice was given with an explanation for this. A copy of this communication is exhibited at **[Exhibit GB/61-INQ000198551]**.

114. In January 2021, CIW arranged a meeting with the Wales Council for Voluntary Action (WCVA) and Social Care Wales (SCW) to discuss options for volunteers to provide much needed capacity to support visiting. The notes of these meetings which we have been able to find are exhibited as an email containing the notes of the meeting held on 6 January 2021 which is exhibited at **[Exhibit GB/62-INQ000198542]** and the associated meeting note which is exhibited at **[Exhibit GB/62a-INQ000198543]** and an email containing the notes of the meeting held on 14 January 2021 which is exhibited at **[Exhibit GB/63-INQ000198540]** and the associated meeting note which is exhibited at **[Exhibit GB/63a-INQ000198541]**. As a result of the good and close working relationships CIW has with Welsh Government policy teams and broader stakeholders, CIW was able to make links between WCVA and the Welsh Government to facilitate additional funding to support this initiative. This is exhibited as an email on 6 January 2021 enquiring about extra funding which is exhibited at **[Exhibit GB/64-INQ000198538]** and a further email exchanges on 3 March 2021 which are exhibited at **[Exhibit GB/65-INQ000198552]**. These were supported by ministerial advice MA/JM/1013/21 and associated documents regarding the funding of a volunteering approach to support care homes to facilitate and support visiting and social contact between residents and relatives. The email to the Deputy Minister for Health and Social Services containing these documents is exhibited at **[Exhibit GB/66-INQ000198553]**, the Written Statement to accompany this decision is exhibited at **[Exhibit GB/66a-INQ000198555]**, a project proposal for volunteering to support care homes is exhibited at **[Exhibit GB/66b-INQ000198556]**, and the ministerial advice is exhibited at **[Exhibit GB/66c-INQ000198557]**. This led to a pilot project run by Age Cymru and funded by the Welsh Government to recruit and train volunteers to help visitors with PPE and other safety guidelines when visiting loved ones in care homes. These volunteers reduced the burden on staff working in care homes, releasing them to focus on delivering care.
115. On 10 March 2021, we hosted a joint online webinar with PHW and the Welsh Government around dynamic risk assessments, with a focus on facilitating visitors. The purpose of the event was to increase providers' understanding of the risk assessment tool which had been developed by Public Health Wales and assisted providers in their decision making. The event also provided an opportunity for providers to ask questions on risk assessments, care home visiting, or any other

matter to PHW and Welsh Government colleagues. The invitation to the event is exhibited at **[Exhibit GB/67-INQ000198558]**.

116. We continued to receive contact from families of people living in care homes and providers who were aware the resumption of indoor visits had been announced by the Welsh Government from 13 March 2021, and providers, who had received the updated guidance on this. However, providers were being advised by some IMTs, Gwent and Pembrokeshire in particular, not to facilitate indoor visits. We again highlighted this to the Welsh Government so that it could be raised at the appropriate meetings/groups. A copy of our email exchange is exhibited at **[Exhibit GB/68-INQ000198566]**.
117. On 12 May 2021, we again arranged joint webinars with the Welsh Government and Public Health Wales for providers to answer questions they had about the guidance for visiting care homes. These events took place on 12 and 19 May 2021. An email updating providers on matters raised during the Q&A sessions is exhibited at **[Exhibit GB/69-INQ000198568]**.
118. At the end of March 2022, the Welsh Government published the 'Social care approach to respiratory viruses: autumn and winter 2022 to 2023' and within this was advice to care home providers about the need for visitors to be welcomed, encouraged and enabled when there was no outbreak at the care home. A copy of this document is exhibited at **[Exhibit GB/70-INQ000198639]**.

Advising on suggested changes to regulations

119. In the early part of March 2020, CIW recognised the number of people requiring support in hospitals and in the community was expected to increase as a direct result of COVID-19. Local authorities, health boards, independent, voluntary and third sector providers needed to be agile in providing additional capacity at short notice. Local authorities and health boards were considering how they could establish urgent provision, predominantly care home provision. Additional care home beds were needed to relieve capacity pressures in hospitals. These services would require registration under the 2016 Act.

120. In addition, regulated social care providers would need to recruit additional staff or volunteers quickly to fill gaps due to staff shortages because of illness or staff shielding.
121. The 2017 regulations which underpin the 2016 Act include requirements that would constrain local authorities', local health boards' and providers' ability to bring services and or staff on stream as quickly as was needed at that time.
122. CIW put forward options to the Government regarding possible amendments to the 2017 regulations that could enable the sector to respond quickly, create the increased capacity required, and reduce pressures in the context of the present emergency. An email on 13 March 2020 providing comments on the Coronavirus Bill is exhibited at **[Exhibit GB/71-INQ000198258]** and attachments to that email are exhibited as the Coronavirus Bill Provisions Table which is exhibited at **[Exhibit GB/71a-INQ000198259]** and CIW regulations hot issues arising from coronavirus Covid-19 which is exhibited at **[Exhibit GB/71b-INQ000198260]**. A further email on 16 March relating to additional thoughts since the email on 13 March is exhibited at **[Exhibit GB/72-INQ000198266]** and a revised copy of the CIW regulations hot issues arising from coronavirus Covid-19 document is exhibited at **[Exhibit GB/72a-INQ000198267]**.
123. This included:
- 123.1. the option to use section 2(3) of the 2016 Act to exempt services created to respond to the Covid 19 emergency from registration. CIW suggested this could be limited to services provided by local authorities and health boards or commissioned by them and delivered by providers who had an existing registration with us or the Care Quality Commission (CQC).
- 123.2. amending the requirements for pre-employment checks for newly recruited staff. The 2017 Regulations contain requirements regarding evidence providers must hold in relation to fitness of staff such as evidence of qualifications, two written references. As the circumstances of the pandemic could make it difficult to source the full range of documented evidence, the amendment allowed these requirements to be discharged by providing as much evidence as was reasonably practicable.
- 123.3. delaying implementation of the annual return requirement initially by one year to May 2021. CIW subsequently advised the Welsh Government to delay this

again until October 2022 and that the scope of information required in the annual returns should be limited to that which is on the face of the 2016 Act.

- 123.4. relaxing requirements under regulation 45 of the 2017 regulations which limits the number of people who may be accommodated in shared rooms in care homes for adults. Relaxing these conditions on a temporary basis enabled service providers with unoccupied rooms or rooms which were not in use as bedrooms to increase the maximum capacity within their home, where this was needed as a consequence of the COVID-19 pandemic. This could only be done with the agreement of CIW (as a variation to an existing service). This enabled CIW to assess these variations on a case-by-case basis, with regard to the best interests of all the residents.
124. Under the 2017 Regulations, care staff working in care homes for children, secure accommodation or domiciliary support services were required to register with SCW within six months of the date they commence employment. The regulations give CIW the power to extend the six months in exceptional circumstances. In response to the COVID-19 pandemic, CIW extended this period to 12 months for all new employees in these services. CIW took this decision to support providers to recruit and retain additional staff when they needed them most. Ministers agreed to this approach on 20 March 2020 and a link to the Ministerial agreement is exhibited at [**Exhibit GB/73-INQ000097598**].
125. CIW re-instated the six-month period in a phased way from 1 October 2022, aligning with the date the requirement for adult care home workers to register came into force. A copy of the informal briefing to Ministers in relation to this change is exhibited at [**Exhibit GB/74-INQ000198574**].
126. Ministers agreed to these legislative changes, and the Regulated Services (Service Providers and Responsible Individuals) (Wales) (Amendment) (Coronavirus) Regulations 2020 which amended the 2017 Regulations were passed on 3 June 2020 and came into effect on 5 June 2020. CIW communicated these changes to the sector.
127. In terms of amendments to section 2(3) of the 2016 Act to exempt services created to respond to the COVID-19 emergency from registration, providers of such exempt services had to submit a notification to CIW which included information in relation to

the service they intended to provide such as staffing numbers, fitness of staff, support and supervision for staff, health and safety etc. CIW produced guidance for its inspectors and maintained a central record of these services. CIW received notifications regarding twelve services which proposed to operate as a care home under the exemption, three of which did not become operational.

128. CIW also provided advice to the Welsh Government in respect of relaxations to National Minimum Standards (NMS) for Regulated Childcare for children up to the age of 12 years. A copy of this advice is exhibited at **[Exhibit GB/75-INQ000198278]**. These included:
- 128.1. Staffing ratios
 - 128.2. Minimum standards in relation to minimum numbers of staff on duty and the number of supernumerary staffing arrangements
 - 128.3. Staff qualifications
 - 128.4. DBS requirements – staff who moved from one settings to another where not required to apply for a new DBS if they had an existing DBS less than 3 years old.
129. Providers were required to inform their local authority Family Information Service of their intention to implement any of these relaxations. CIW advised that providers should also notify CIW and local authorities should inform CIW they had agreed to the changes. A copy of the email issued on 8 April 2020, highlighting the new guidance is exhibited at **[Exhibit GB/76-INQ000198289]**. Attachments to the email are exhibited as, the Welsh Government Circular WG 005/2020 which is exhibited at **[Exhibit GB/76a-INQ000198290]**, and Frequently asked questions regarding the relaxation of NMS is exhibited at **[Exhibit GB/76b-INQ000198292]**,
130. NMS were relaxed on 6 April 2020 until 24 June 2020 but were subsequently extended twice until 31 December 2020 and then reintroduced from 14 January 2021 until 30 June 2021. CIW communicated these changes to the sector on behalf of the Welsh Government. CIW also provided the Welsh Government, on request, with data on the numbers of providers who had notified us they were applying the relaxation in their service. An example of the sharing of this data is exhibited at **[Exhibit GB/77-INQ000198382]**.

Learning lessons

131. Between July 2020 and October 2021, we held a range of internal learning sessions to identify what worked well and areas for improvement both in terms of how we operate as an inspectorate and lessons relevant to those who lead and work in the social care sector. A note of the session held on 29 July 2020 is exhibited at [**Exhibit GB/78-INQ000198571**], a note of the session held on 19 October 2020 is exhibited at [**Exhibit GB/79-INQ000198636**]. An email sent on 18 November 2020 with the CIW return for the Permanent Secretary's lessons learned stocktake is exhibited at [**Exhibit GB/80-INQ000198528**] and a copy of CIW's return to that stocktake commission is exhibited at [**Exhibit GB/80a-INQ000198529**]. In addition, as part of our planning for recovery, we considered what aspects of new ways of working we would want to retain or build upon into the future.

Lessons learned about CIW processes and actions

132. **New ways of working:** During the pandemic, when CIW was unable to undertake physical inspections, CIW used alternative methods of collecting evidence and providing assurance such as check-in and monitoring calls with providers to discuss pressures, provide support and ensure people and services remained safe. CIW was assisted in this by the technological resources available. CIW used virtual methods of meeting with providers and stakeholders which increased our ability to engage and collect and share intelligence such as conducting registration interviews, premises visits, inspections, and attendance at safeguarding meetings virtually. We enhanced our online system to enable providers to send us evidence virtually and securely via direct messaging.
133. Feedback from our lessons learned sessions and our planning for recovery demonstrated these new ways of working could enhance our regulatory processes. Therefore, we have maintained some of these methods such as virtual interviews and the use of direct messaging to gather information and evidence from providers. CIW used the lessons we had learned during the pandemic to agree a new set of principles that guide how we undertake our work. These are:
- 133.1. Putting people first: the voice and well-being of people are at the heart of our work underpinned by a rights-based approach.
 - 133.2. Being intelligence-led: our work is informed by data and intelligence.
 - 133.3. Being risk based and responsive: we take a planned, risk based, proportionate and timely approach to our work.
 - 133.4. Working collaboratively: we listen, share information and work collaboratively.
 - 133.5. Supporting improvement and innovation: we use our knowledge and powers to support social care and childcare services to improve and encourage new ways of working.
 - 133.6. Reflecting and learning: we take time to reflect and learn from all aspects of our work, and to adjust our approach where necessary.
134. CIW has initiated a project in our childcare and play area of business to test out a new approach to regulating childcare and play services which takes account of the learning from new ways of working during the pandemic and our principles. It seeks to review and improve our approach to supporting improvement in the sector. This includes a proposal to test the use of improvement meetings with providers between

inspections. The methodology for these meetings will draw on the learning from the use of check-in and monitoring calls during the pandemic. CIW plans to pilot these approaches in childcare and play and then consider how this could apply across other areas of our business.

135. While virtual inspections enabled CIW to get some insight into what was happening at a service, some inspectors fed back it was difficult to get a real sense of quality and safety and what people's experiences were like virtually. One aspect of virtual inspections which was difficult was the direct contact and engagement with people using services. It underlined the importance of the direct contact we can make with people using services when we visit and the use of the Short Observational Framework for Inspection (SOFI) tool CIW used on inspection to assess the quality of people's experiences. This is a tool developed by the Centre for Applied Dementia Studies at Bradford University and is used by inspectors to capture the experiences of people who use services who may not be able to express this for themselves.
136. As pressures eased in the care home sector, we felt it was important to capture people's experiences. CIW inspectors talked to people using services by phone or Skype to find out their thoughts and views on what had happened to them during the initial months of the pandemic. Our discussions focused on their experience during the pandemic, keeping in contact with friends and family, communication and support. CIW spoke to 228 people using adult care services (8 younger adults) and 15 children and young people between 27 – 31 July 2020. The findings were set in the overview report CIW produced on check in calls in September 2020.
137. **Use of data and intelligence:** During the pandemic CIW developed data reports referred to in previous sections of this statement which provided insight into the prevalence and spread of COVID-19 in care homes and its impact. These reports were shared with relevant partners to inform their planning and response. This highlighted the power of the data CIW holds and how important it is to utilise it to inform our regulatory function but also making it available in an accessible way for stakeholders and the public. This learning has led to enhancements to our Case Record Management System to create service chronology reports which bring together the most salient information about a service in one place to assist inspectors in their decision making.

138. CIW has also developed a new interactive data visualisation tool providing information on the number of services and places for care home services, domiciliary support services and childcare and play services across Wales. It also includes information on quality of services. This 'data tool' provides easily accessible information and enables stakeholders and the public to quickly interpret our data.
139. As described in paragraph 48.3, social care providers received requests for data and information from a number of organisations which placed additional pressures on them. This is because there was no one single data collection process or arrangement which would enable information to be collected from social care providers and used by different agencies. We believe in any future health emergency; it would be beneficial for agreement at the start for one agency to take the lead on collecting a regular single set of data from social care providers to be shared with partners for emergency planning and response purposes. It would seem logical the regulator takes the lead on this as we have a broad range of statutory powers we can rely on.
140. As the information we collected did not include details about the person's ethnicity or protected characteristics, we were unable to collate and report on this in relation to COVID deaths. Where we did have some data related to age, gender and learning disability and autism, we were unable to conduct robust analysis as we did not have the equivalent data in respect of all residents living in care homes. Therefore, it was difficult to draw reliable conclusions about any over representation of any particular group. Beginning in May 2023, providers are now required to submit an annual return to CIW which includes a broad range of management information about people using the service. This includes data on age, gender and ethnicity and will provide an annual snapshot of this information. In addition, CIW and Healthcare Inspectorate Wales (HIW) are developing a joint Equality, Diversity and Inclusion Strategy to be published by April 2024. The actions underpinning this strategy will include reviewing and amending our data collection processes to enable us to have better intelligence about the issues which effect people with protected characteristics.
141. **Collaborating with Partners:** From the beginning of April 2020, we established regular meetings with local authority and local health board commissioners enabling intelligence to be shared about services. These meetings enabled us to work much more closely with commissioners and environmental health officers to plan our inspections. In the summer of 2020, Vicky Poole (DCI) and Name Redacted

(Head of Adult and Children's Services Inspection) met with local authority and health board commissioners on a regional basis to explore with them what was working well in terms of our information and intelligence sharing arrangements and what more we could do. We agreed the arrangements implemented during the pandemic allowed for more regular and systematic sharing of intelligence which was beneficial. It was agreed this should continue and be formalised within a Memorandum of Understanding (MOU). The MOU has been developed and is the process of being signed off.

142. **Planning and decision-making:** CIW enjoyed good relationships with relevant Welsh Government policy teams and had access to Ministers prior to the pandemic. Therefore, we were included in meetings and discussions about important issues related to social care and childcare in Wales such as testing and visiting. This was of huge benefit as CIW is uniquely placed to understand issues faced by the sectors we regulate and inspect; holds valuable intelligence and can help with identifying early warning signs, concerns from providers and how policy initiatives are impacting on the ground.

Lessons learned for social care and childcare sector

143. As the inspectorate and regulator of social care and childcare in Wales, we were well placed to provide reflections on the impact of COVID-19 on the sectors and share any lessons that could be learned. Predominantly this came from our monitoring, inspection and reporting our finding.
144. In the Summer of 2020, the Health, Social Care and Sport Committee of the Senedd undertook an inquiry into the COVID-19 outbreak in Wales, specifically considering the impact of the outbreak, and its management, on health and social care services in Wales. CIW provided written evidence to the committee exhibited at [**Exhibit GB/81-INQ000198579**]. The committee report was published on 8 July 2020 and is exhibited at [**Exhibit GB/82-INQ000066487**]. In addition, the Children, Young People and Education of the Senedd undertook an inquiry into how the outbreak of COVID-19 was affecting all aspects of life for children and young people (including students in further and higher education). In May 2020, CIW provided written evidence to this committee as exhibited at [**GB/83-INQ000198638**].

145. In September 2020, we published the overview of the feedback received by CIW from the social care sector about their experience of COVID-19. In October 2020, CIW and HIW jointly published our shared reflections and lessons learned during the first wave of the pandemic. Our joint aim was to share some of the most significant issues from our own work and those that had been raised with us so that these could be considered in national and local planning for the upcoming winter period. An email sent to on 2 October 2020 with a copy of the letter shared with Chief Executives of all Health Boards, Trusts and Local Authorities in Wales is exhibited at **[Exhibits GB/84-INQ000198490]** and a copy of the attached letter also dated 2 October 2020 is exhibited at of **[Exhibit GB/84a-INQ000198492]**.
146. The health and social care regulators across the UK and Ireland met regularly throughout the pandemic and continue to do so. These meetings provided an opportunity to share learning. In January and November 2021, CIW participated in learning events with the British Isles and Ireland Health and Social Care Regulators to discuss and share lessons learned. An email issued on 2 February 2021 containing a letter to participants and the seminar report is exhibited at **[Exhibit GB/85-INQ000198544]**, A copy of the letter to participants is exhibited at **[Exhibit GB/85a-INQ000198545]** and the seminar report is exhibited at **[Exhibit GB/85b-INQ000198546]**. The PowerPoint presentation for the event in November 2021 is exhibited at **[Exhibit GB/86-INQ000198635]**. The event in January 2021 was particularly beneficial as the regulators invited relevant government policy officials to this seminar so that we could share our joint learning with them to inform further planning and response.
147. CIW has also shared our reflections and learning at a number of partner events including the ADSS Cymru Summer Festival (July 2021) and the Care Roadshow (November 2021). The notes for ADSS Cymru Summer festival are exhibited at **[Exhibit GB/87-INQ000198637]**. The notes from the Care Roadshow are exhibited at **[Exhibit GB/88-INQ000198646]**.
148. The key lessons learned and reflections we shared are summarised below:
- 148.1. The importance of a rights-based approach to ensure people receiving health and social care, and their families or advocates, are involved in decision

making with decisions taken on an individual basis and in the best interests of the person.

- 148.2. Recognising, and minimising as far as possible, the impact not being able to see family and friends has on the mental health and well-being of many people.
- 148.3. The importance of co-ordinated communication for successful hospital discharge, recognising family members and providers are partners in care for many people.
- 148.4. The importance of having a co-ordinated communication strategy to minimise duplication and ensure messages are shared with the right people at the right time.
- 148.5. Ensuring health and social care staff have access to testing with timely turnaround of results; sufficient PPE (personal protective equipment) with clarity about its use; access to infection prevention and control training and support, including support networks for managers and care workers.
- 148.6. The importance of continuity of staffing to help mitigate the risk of agency staff transmitting the virus if they are working across different services.
- 148.7. The interdependence of the health and social care sector recognising providers of social care services should be treated as equal partners in care and people working in the social care sector should have parity of esteem and terms and conditions as those working in the NHS.
- 148.8. The value of working co-productively with all partners to bring together a wide range of knowledge and stakeholders to address complex issues and achieve the best outcomes for people.
- 148.9. Working with and sharing information with partners is key to achieving improvements in care services.

Statement of Truth

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.

Personal Data

Signed: _____

Dated: __2 November 2023_____