

Witness Name: Briege Donaghy

Statement No.: 1

Exhibits: 73

Dated: 6th October 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF BRIEGE DONAGHY

I, Briege Donaghy, will say as follows: -

Introduction

1. This statement is made on behalf of the Regulation and Quality Improvement Authority ("RQIA") in response to a request for evidence by the Inquiry Panel for the purposes of the Covid-19 Public Inquiry, Module 2C.
2. I provide this statement in my role as Chief Executive Officer of RQIA, a position that I have held since July 2021 when I was appointed by the Authority, which I explain further below at paragraph, with the approval of the Department of Health ("the Department"). I lead RQIA's Executive Management Team and I am responsible to the Authority for the general exercise of its functions.
3. This is my first statement to the Inquiry.
4. The Inquiry has advised of its intention to hear evidence to enable it to understand the way that organisations, instrumental to the response to the pandemic, worked and the extent to which they informed government decision-making. By letter of 7 June 2023, the Inquiry requested that RQIA provides a draft statement to assist the Inquiry in receiving evidence to inform this Module. In particular, the Inquiry has requested that RQIA provide a draft statement for the purpose of this module that sets out its role during the pandemic in relation to care homes.

5. RQIA therefore provides this statement to inform the Inquiry of its construct, legislative powers, responsibilities and function prior to and during the pandemic, particularly as they related to care homes.
6. I have been supported in providing this statement by current employees of RQIA, including RQIA's current Director of Adult Care Services (the Directorate within which sits our Care Home Inspection Team) and RQIA colleagues who held senior positions in the organisation during the period of the pandemic. Where I provide information in this statement it is a product of my own knowledge or the product of information provided to me.
7. There may be a limit on the information which I can supply to the Inquiry but I have sought to assist as best I can.
8. While we note that the Inquiry's Terms of Reference seek to explore the period 11 January 2020 to 15 February 2022, this statement provides information in advance of this period, and through to the present date, where required, in order to ensure that the Inquiry has an understanding of the context of RQIA's legislative role, functions and adopted processes, and how those adjusted during the pandemic.

Introduction to RQIA

9. The RQIA was established by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as amended, (“the 2003 Order”) and came into existence in April 2005.¹
10. The RQIA is Northern Ireland’s independent health and social care regulator, a non-departmental public body within the Department of Health in Northern Ireland.
11. The Membership of the RQIA is set out in the 2003 Order (Schedule 1, Article 5), and consists of a Chairman and other members appointed by the Department of Health (“the Department”), through a Public Appointments process. Collectively, the Chairman and its members are referred to as “the Authority”, rather than a Board. As outlined at paragraph 2, above, the Authority appoints a Chief Executive, with the

¹ The RQIA was established under Article 3 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. Available: [The Health and Personal Social Services \(Quality, Improvement and Regulation\) \(Northern Ireland\) Order 2003 \(legislation.gov.uk\)](#)

or not. Not all health and social care services are required to register with RQIA under the 2003 Order. Services which are not required by the 2003 Order to be registered with RQIA are statutory services provided by the Health and Social Care Trusts. Most of the services provided by the Health and Social Care Trusts are not required to register with RQIA, although there are exceptions, including children's homes, care homes and domiciliary care services provided by the Health and Social Care Trusts.

16. RQIA has the power to take enforcement action against registered services and their providers, up to and including, cancelling the registration of the service/provider. It is a criminal offence for these services to operate if they are not registered with RQIA. Under Article 7 of the 2003 Order, RQIA must provide an Annual Report to the Department on the way which it has exercised its functions during that year, and on what it has found in relation to services. These Annual Reports are included with RQIA's Annual Accounts, which are available publicly. Other than this, RQIA's function does not specifically include the regular recording and providing of statistical information to the Department.
17. The role of RQIA is described within the Framework Document, dated September 2011 referred to within **Exhibit BD/2-INQ000256703** produced by the Department in accordance with Section 5 of the Health and Social Care Reform Act (NI) 2009. The Framework Document describes the roles and functions of HSC bodies and systems and their relationships with each other and the Department. The Inquiry will note the existence and role of the RQIA, Health and Social Care Board (now the Strategic Planning and Performance Group), Public Health Agency and Patient and Client Council. Furthermore, the services which are required to register with RQIA are also required to ensure that their staff are appropriately registered with professional regulators, including the Northern Ireland Social Care Council, General Medical Council and Nursing and Midwifery Council.
18. RQIA is funded primarily from an allocation made annually by the Department. Of an annual budget of circa £9.2m, just over £8m of this funding comes from the Department allocation. Under £1m comes from fees that RQIA raise in relation to services that must register with it. This includes Care Homes. The fee to register a care home with RQIA is £952, with an annual fee thereafter based on number of registered beds/ places. These fees were set out in The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005 and not been adjusted since.

19. Except in relation to pay awards, RQIA's budget has remained static for some time. There is no pattern of automatic uplift of budgets. Of RQIA's budget as set out, around £3.0m of this is spent on its Adult Care Directorate, which includes care home and domiciliary care services. It is the largest single service which RQIA regulates. Of the Adult Care Directorate budget, the Care Homes team is around £1.2m.
20. RQIA employs approximately 140 staff, including around 65 inspectors. Of those, around 17 are dedicated to Care Home services. RQIA Care Home Inspectors are professionally qualified, primarily coming from Nursing and Social Work backgrounds. Inspections are supported by others who may be Allied Health Professionals (eg Dietetics, Physiotherapy) and also Pharmacy professionals. All are required to have professional qualifications and maintain professional registration with their relevant regulator; for example, nurses must be registered with the Nursing Midwifery Council and Social workers with the Northern Ireland Social Care Council. All inspectors have their own personal continuous professional development requirements.
21. I understand that, prior to the onset of the pandemic, RQIA had a business continuity plan in relation to routine business disruption i.e. in relation to fire or other damage to its premises. It did not have a dedicated business continuity plan which considered the onset of a pandemic. In relation to a wider public health emergency affecting wider health and social care services, RQIA did not have a specific plan in place and would in such circumstances defer to the Department and its Emergency Planning arrangements. These arrangements were put into effect in response to the pandemic.

Regulation of Care Homes

22. At the end of March 2023, there were 472 care homes registered with RQIA, both nursing and residential. Approximately 16,000 residents were accommodated in care homes across Northern Ireland.
23. Nursing and Residential Care homes can accommodate adults over 18 years of age and the categories of care which can be provided in a Care Home are set out in the Registration and Improvement Authority (Registration) Regulations (NI) 2005. Categories include old age, dementia, mental disorder, learning disability, physical disability, drug / alcohol dependence, terminal illness, and sensory impairment. While care homes predominantly look after older people there are a number of care homes

for younger persons within the categories described above such as learning disability, physical disability and sensory impairment as examples.

24. The table below shows the numbers for each of Residential and Nursing Homes registered with RQIA and looks back to 2018, with some changes over that time period. Detailed information about the location and size of registered Care Homes is published in the RQIA Annual Report and Accounts 2022/23 referred to within **Exhibit BD/3-INQ000256704**. The largest registered Care Home is registered with 100 beds / places (a nursing home), while the smallest is 2 beds / places (a residential care home).

Table 1 : Number of Care Homes registered with RQIA at year end

Type	2018	2019	2020	2021	2022	2023
Nursing	248	248	248	248	246	242
Residential Care	209	232	235	233	231	230
Total	457	480	483	481	477	472

25. For Registered Services, including Residential Care Homes and Nursing Homes, there are service specific Regulations and Care Standards. For Care Homes these are: The Nursing Homes Regulations (Northern Ireland) 2005; The Residential Care Homes Regulations (Northern Ireland) 2005; and the Care Standards for Nursing Homes - December 2022; and the Residential Care Home Minimum Standards - December 2022.

26. The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005 sets out a schedule for the frequency of inspections of registered services, which includes residential care homes and nursing care homes.

27. Under the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (NI) 2005, Regulation 6(1) specifies that RQIA shall arrange for premises which are used as an establishment, or for the purposes of an agency, to be inspected, in the case of a residential or nursing care home, a minimum of twice in every 12 month period. Since the establishment of RQIA under the 2003 Order, RQIA has undertaken to perform inspections in line with this requirement and publish its inspection reports. These reports are available on the RQIA website dating back to 2014.

28. RQIA's inspection of both Residential and Nursing Care Homes seeks to provide assurance of compliance by the Care Home with those standards and regulations. Identification of non-compliance may lead to enforcement action which may include: a commitment of the service provider to a 'Quality Improvement Plan' (QIP) , actions and timescales set out in the QIP within the Inspection Report and published on the RQIA website; or enforcement action including the serving of a 'Failure to Comply' Notice (related to Regulations); an 'Improvement Notice' (related to Standards); conditions being set until compliance is reached; and may also lead at the most severe case to 'Cancellation of Registration', which will result in closure of the service referred to at **Exhibit BD/4-INQ000283361**. I also provide below some information on RQIA's Care Home enforcement between 1st April 2018 and 31st March 2023.

Care Homes Enforcement 01.04.2018 - 31.03.2023

Year	Number of Failure to Comply Notices issued	Number of Registrations Cancelled
2018/19	14	0
2019/20	40	0
2020/21	31	1
2021/22	20	2
2022/23	12	1

The Response to Covid-19

Management structure and staffing

29. I have set out, at paragraph 11, some information relating to management arrangements within RQIA.

30. The Chief Executive position was held by Olive MacLeod, from July 2016 up until to week commencing 23 March 2020 when she was redeployed to the Public Health Agency (PHA) (and officially left RQIA on 31 August 2020). Mr Dermot Parsons became Interim Chief Executive from late March 2020 to 31 July 2020 when he had a period of sickness absence, and then officially left RQIA on 31 December 2021. Dr Tony Stevens was appointed as Interim Chief Executive by the Authority with approval from the Department, from 1 September 2020 to 30 June 2021, before I was similarly

appointed to the role of Chief Executive, from 1 July 2021 until present. Under paragraph 7 of Schedule 1 of the 2003 Order, the Chief Executive is an employee of and appointed by the Authority, and its responsibility to it for the general exercise of its functions in accordance with a Scheme of delegation set out in the Authority's Standing Orders. This appointment is subject to the approval of the Department. The Chief Executive is also appointed by the Permanent Secretary of the Department as Accounting Officer for the RQIA and reports to the Permanent Secretary in respect of those functions.

31. In April 2020, the then Interim Chief Executive developed and adopted, with the support of Assistant Directors, an Interim Management Structure (ref **Exhibit BD/5-INQ000256705**). This was required in response to the scale of senior staff who had been redeployed (temporarily and permanently), following a request from the Department on or around 18th March 2020 asking RQIA to identify all clinical and social care staff it employed, including:

- a. Olive Macleod, Chief Executive of RQIA redeployed to the PHA from week commencing 23 March 2020 (officially left RQIA from 31 August 2020).
- b. RQIA's Head of Business Support Unit was redeployed to the Department (and then onwards to the PHA) from week commencing 16 March 2020, then formally seconded to the Track and Trace Programme in the PHA in August 2020 and did not return to RQIA.
- c. A Director of Improvement and Medical Director were redeployed to the Department from 5 March 2020 and remain within the Department.
- d. An Acting Director of Improvement (previously the Deputy Director of Improvement), worked for a short period with the Department commencing on 6 March 2020.
- e. An Information Manager at RQIA was redeployed to the Department during the initial weeks of the pandemic.
- f. An inspector within RQIA's Hospitals Team was redeployed to assist with the Covid-19 response in Northern Ireland Ambulance Service.
- g. A new Assistant Director in the Improvement Directorate was redeployed to the Northern Trust Pharmacy Department to support the pandemic.
- h. A new Inspector, due to commence in RQIA's Hospitals Programme, agreed to remain temporarily with the Belfast Trust to support them with their Covid-19 work.

32. The RQIA is a relatively small organisation. At its fully funded staffing level (as at April 2022) there were approximately 140 staff in total. The redeployments set out above establish that 7 senior staff were redeployed at the outset of the pandemic. The experience of these staff could not be replaced for reasons including that the it was the intent of the Department to redirect experienced staff to other parts of the HSC system, particularly the Department and PHA, and because normal recruitment processes could not operate during the pandemic itself. Furthermore, the postholders retained their substantive posts on the understanding that they would return to these following redeployment. These redeployments had a material impact on the availability of senior management within RQIA, hence the need for the Interim Management Structure.
33. The interim Management Team set out a number of key functions in response to the pandemic, following the material reduction in RQIA regulatory functions, particularly physical inspections, pursuant to a Departmental Direction from the Chief Medical Officer dated 20th March 2020 and the significant redeployment of senior staff as set out above. The newly established functions included: the establishment and mobilisation of a Service Support Team (SST); creation of a database and online daily reporting of status and emerging issues from care homes, with daily distribution of that information to HSC organisations; the provision of guidance and advice to care home providers (and others) in relation to advice and queries; a continuation of some physical inspections of care homes based on an intelligence and risk based approach and it established RQIA as a point of distribution of information and guidance to Independent Providers from HSC relating to Pandemic Information and Guidance.
34. Prior to providing further information in relation to the key functions which were established by the interim Management Team, I address further changes which occurred in respect of the management structure and staffing in RQIA at the outset of the pandemic.
35. On 17 and 18 June 2020, the then-Acting Chair Mary McColgan and six Authority Members of the RQIA resigned with immediate effect. Two other Members had resigned the previous week to take up other posts. These circumstances left the RQIA without an Authority and without any Members.
36. In their letters of resignation to the Minister, the ex-Members of the RQIA set out their reasons for stepping down. These reasons included the following (which are set out within the Nicholl Report referred to within **Exhibit BD/6-INQ000260638**). Concern at

the lack of effort made by the Department to consult or engage with the Authority prior to making key decisions affecting the core purpose and statutory remit of the RQIA; particular concern over the decision by the Department at the end of March 2020 to (1) redeploy the RQIA Chief Executive to the PHA and (2) appoint (and extend the appointment of) an RQIA Interim Chief Executive without any communication with or involvement of the Authority; by excluding the Authority from involvement in any of these key decisions, the belief that the role of the Authority had been diluted and compromised.

37. On the day of the final Members' resignations, 18 June 2020, Christine Collins MBE was appointed as Interim Chair by the Minister, Robin Swann. An urgent Public Appointment process to enable the appointment of new Authority Members was then developed, agreed with the Office of the Commissioner for Public Appointments for Northern Ireland and put into effect. In the interim, two senior Department officials, whose roles were removed from those of the RQIA, so minimising any conflict of interest, were appointed as Temporary Authority Members from 14 August 2020 to enable the conduct of essential Authority business.
38. An Interim Six Member Authority, comprising individuals with legal, financial, medical, nursing, social work and administration/change management expertise was appointed on 30 October 2020 for an initial term of 1 year. There was, therefore, a period of 3 months during the pandemic where the capacity of the Authority was diminished. This was coupled with a number of senior RQIA staff being redeployed to other parts of the HSC system.
39. The Interim Authority appointed on 30 October 2020 was subsequently extended and continued in place until 31 January 2023, when it was replaced by a substantive 8 Member Authority following a Public Appointments process run in accordance with normal rules. The substantive Chair position was filled by Christine Collins MBE following a normal Public Appointments process, with effect from 1 October 2022.
40. As set out in the Nicholl Report, relations between the Authority (the RQIA Chair and Members), the RQIA Executive Management Team, and the Department had been dysfunctional for some time when the pandemic commenced. In this context, the resignation of the Acting Chair and Members, coupled with the other changes of senior personnel through redeployment, meant that RQIA did not have the full complement of strategic leadership and oversight required to effectively manage the organisation's

“normal business” (e.g. implementation of Internal Audit recommendations; financial control; oversight of performance management) and, clearly, a depleted Authority and senior management team will be affected by the impact and disruption caused by the pandemic with the significant redeployment of staff, including most of the Executive/ senior team.

41. Following these resignations, RQIA’s normal corporate governance arrangements were significantly rebuilt following an initiative by the Interim Chair, when the Temporary Chief Executive went on long-term sick leave, to recruit Dr Tony Stevens, an experienced, recently retired HSC Trust Chief Executive as Interim Chief Executive. Dr Stevens was appointed by the Authority, and the appointment was duly approved by the Department in accordance with the 2003 Order; and Dr Stevens was appointed by the Permanent Secretary as Accounting Officer for RQIA. Dr Stevens worked to put in place a widely experienced senior advisory team (drawing in additional senior staff on a short-term basis from the HSC Leadership Centre for example) to support the remaining RQIA management team (referred to later as Interim Management Structure); developed a Management Plan for the remainder of the 2020 to 2021 year; and a Transitional Plan and organisational restructuring for the 2021 to 2022 year. This enabled RQIA to re-commence its functions from a firm basis; with proper operational governance procedures in place. Meanwhile the Interim Chair worked with the Interim Authority (from autumn 2020) to re-establish the Audit and Risk Assurance Committee, and the Business, Appointments and Remuneration Committee, to ensure strategic leadership and oversight of the RQIA’s performance; and to support the Interim Chief Executive in taking forward the analysis required to reshape the RQIA. In addition, the Authority’s Business Appointments and Remuneration Committee revised the Standing Orders of the Authority to ensure clarity of roles and responsibilities, to ensure appropriate schemes of delegation where in place.

Inspections prior to and during the pandemic

42. Prior to the pandemic, inspections of Care Homes were planned on an annual schedule, in order to meet the minimum requirement for two inspections in every 12 month period. Inspection methodology has evolved and developed over time and, in recent years, inspections would be largely unannounced (i.e. the Care Home manager/ staff would not be aware in advance of the date of the RQIA Inspection), and entail a physical inspection at the Care Home. This may last several hours or days and may include the Inspector being present at key handover times, night time and at weekends

or bank holidays. While the objective is to inspect each Care Home twice per year, on the basis of information / intelligence RQIA receives (from providers, patients, families, Serious Adverse Incidents, whistleblowing and other sources) a Care Home may be inspected more often based on concerns about safety and quality issues.

43. RQIA's performance against the twice annual inspection of Care Homes had largely met the requirement until 2019/2020. From that point, twice yearly inspections have not been met, including the 2020/21 year, 2021/22 year, and the 2022/23 year, all of which have been affected by the impact of the pandemic. The impact may be a direct impact i.e. relating to concerns about footfall into care homes premises (related to infection prevention control) or indirect, relating to reduced availability of RQIA staff; the increasing complexity of presenting concerns, issues and risks, the assessment of which is also undertaken by the same Inspector staffing, who also physically carry out inspections.

44. I referred at paragraph 33 to the Department's direction to RQIA on 20th March 2020 contained within **Exhibit BD/7-INQ000256706**. This direction stated:

The Department of Health gives direction to the Regulation and Quality Improvement Authority to reduce the frequency of its statutory inspection activity as set out in the Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005 and cease its non-statutory inspection activity and review programme with immediate effect until otherwise directed.

45. The covering letter to the direction stated:

I [the Chief Medical Officer] am confident that RQIA will take a pragmatic and flexible approach to how and when they inspect as and when this situation develops. I trust this Departmental direction will enable RQIA to prioritise inspections on an evidence, intelligence led and risk-assessed basis.

46. The Department's direction was to reduce the frequency of its statutory inspection activity due to the onset of the Covid-19 pandemic to registered services. This included care homes. However, capacity for physical inspections was retained on a risk-based assessment approach, resulting in some inspections being undertaken to several care homes deemed most at risk as a result of the pandemic and based on intelligence to the SST and from the daily reporting App from individual care homes. RQIA understand that the basis of this direction was to reduce footfall in care homes during

the pandemic and also permit the redeployment of RQIA staff, whose professional background I have commented on at paragraph 20.

47. During the early part of the pandemic, senior RQIA staff liaised with the Department on a regular basis to agree an inspection approach consistent with the direction of 20th March 2020. At this time the Department had also written to RQIA in respect of its inspection of other services. For example, RQIA's inspection of dental services had been stood down by the Department's letter of 25th March 2020 exhibited within **Exhibit BD/8-INQ000256707**.
48. RQIA conducted 47 physical inspections to nursing and residential homes during the period April 2020 to June 2020. For a comparative period, in the first quarter of the previous year, 200 (110 NH 90 RCH) physical inspections of care homes had been carried out. Physical visits to care homes during this period were based on level of judged risk by the RQIA staff and on information received from the care homes via the daily status reports and from the direct contact which RQIA's inspectors had with care homes through the Services Support Team.
49. From July 2020 until early autumn period 2020, physical inspections to care homes were increased after the 20th March 2020 Departmental direction was rescinded on 22nd June 2020 referred to with Document **Exhibit BD/9-INQ000256708**. From April 2020 to September 2020, there were 185 'on the ground' physical inspections, the majority of these taking place from July 2020 onwards.
50. The increased use of technology resulted in the Care Homes Team, with support from information colleagues, developing a Remote Inspection approach, where the provider submitted information in advance of inspection which enabled off site assessment. The inspection was then conducted remotely with the use of devices enabling discussion with management, staff and service users. An examination of the environment was also undertaken. There were 22 'remote' inspections and a small number of these were 'blended' inspections, meaning a remote inspection was followed by a site visit. Providers advised RQIA they found this inspection type time consuming and as confidence and experience with infection prevention control ("IPC") and personal protective equipment ("PPE") grew, this method was phased out but retained should it be needed.

51. The reduction in regulatory inspections to care homes during the height of the pandemic is understood to have been in common with the practice of other regulators across the United Kingdom and in the Republic of Ireland.
52. As I have indicated at paragraph 45, RQIA sought to liaise with the Department in respect of the direction of 20th March 2020. The Inquiry has requested that I address correspondence of 23rd March 2020 referred to a conversation that day and a “pragmatic approach” being taken by RQIA in the context of service provider queries and the standards and regulations around which RQIA operate. RQIA has not found any record of the conversation referred to.
53. It is clear that the Department expressed a recommendation of pragmatism upon RQIA in its correspondence of 20th March 2020 and 23rd March 2020 and in later correspondence. Subsequently, RQIA adopted a pragmatic approach in its surveillance, support and inspection of care homes, and this has already been referred in the form of remote inspections and blended inspections.
54. Another example of RQIA’s pragmatism is that, in some cases, temporary changes were made to the registration of a number of care homes to enable them to admit service users outside their registered categories of care, change the use of rooms / entire floors and in one example enabling a former Learning Disability home become a step-down unit for patients recovering from COVID-19. These temporary arrangements were removed when no longer required. This approach also enabled inspectors to support homes with “creative staffing models” when homes were in outbreak and staffing levels depleted. Other areas where a pragmatic approach was taken was in the issue of AccessNI certificates, with providers enabled to recruit staff with provision of soft copy documentation in place of original documentation in order to verify a person’s identity.
55. As the pandemic evolved, ‘solutions’ were put forward by Health and Social Care services that presented challenges to regulation. For example, the Department issued correspondence to Trusts to allow for a period, for the repurposing of facilities to provide residential care for children and young people. This included, for example, the repurposing of a Respite Unit to a Residential Unit. Children’s Homes (residential care) are required to be registered with RQIA. The Department’s letter to Trusts created a temporary arrangement where such units would be considered as an ‘Annex’ to an existing registered Home (ref **Exhibit BD/10-INQ000256696**). This was stood down on

2nd March 2022 and RQIA took steps to work with the provider Trusts to stand down the service or consider registration with RQIA, which is ongoing.

56. The Department also issued correspondence to Trusts and to care homes advising that a care home may accept a resident/patient who had dementia care needs in circumstances where the care home was not registered with RQIA for that purpose (ref **Exhibit BD/11-INQ000256697**). RQIA raised a query with the Department in regard to this, advising that care homes already had the ability under the existing regulations to admit a resident/ patient with dementia care needs, where those care needs were not the primary need. This did not require the home to be dementia registered with RQIA. The Department withdrew the correspondence in this respect.
57. These approaches reflected the RQIA Care Homes Team's pragmatic approach. It sought to ensure the timely discharge of patients from hospitals to care homes, including in how it assessed requests for changes to the registration status of care homes, while still being cognisant of relevant legislation. The Nursing Homes Regulations (Northern Ireland) 2005 and Residential Care Home Regulations (Northern Ireland) 2005 set out the legislative requirements and best practice standards for providers to comply with in respect of admission of a service user to a care home. Regulations for residential care homes required an admissions policy and nursing care homes required a policy for unplanned or emergency admissions. Before admitting a patient to a nursing home, a needs assessment will be carried out by the commissioning Trust to determine the placement type to enable the discharge of the patient. Given the Trust will assess the needs of the patient to be discharged, care homes should only admit patients or residents whose care needs the home is registered to provide for, and that they can safely meet the assessed needs of the patient i.e. with suitable staffing and accommodation. During the pandemic, RQIA Inspectors would look at any proposed changes to the admission arrangements to care homes with both Trust colleagues and providers to ensure standards were adhered to. RQIA was not responsible for any policy change regarding admissions to care homes introduced by the Department during or following the pandemic but would have engaged closely with DOH, SPPG and PHA colleagues in this regard. This information would then have been shared with operational teams and Independent Sector providers for implementation.
58. RQIA also worked closely with the Belfast Trust, an Independent Sector Provider and Department in regard to opening a Step-Down unit in a Belfast Hotel. This was

considered as an innovative model within a “regulatory sandbox” framework i.e. it created an environment where external scrutiny is applied to the testing of an innovative concept, which can provide important intelligence about service redesign. Whilst this service was not registered / regulated by RQIA, Care and Estates inspectors assisted with the process and visited the establishment prior to opening.

59. During this time, RQIA did continue to make an assessment of intelligence it received and this could still result in regulatory enforcement actions being taken where necessary to ensure the safety and wellbeing of service users. As reported to the Health Committee on 22 October 2020, the then Interim Chief Executive, Dr Tony Stevens, referring to the assessed risks of Care Homes, advised that all Care Homes are at risk. Those Homes that had been subject to Enforcement actions may be considered as higher risk than others at high risk. At paragraph 28 I have set out some information of enforcement action taken by RQIA through the pandemic.

Services Support Team (SST)

60. In late March 2020, the Department was supportive of RQIA’s establishment of a Service Support Team (SST) in order to provide guidance and act as the first point of contact for nursing homes, residential care homes, domiciliary care agencies, and supported living providers registered with RQIA during the pandemic. All SST calls/contacts were recorded using the existing ‘concerns’ module on RQIA’s iConnect electronic system. Additional categories were added to the system to facilitate the recording and reporting of concerns raised with RQIA specific to Covid-19 issues.

61. During the peak of the pandemic, the SST operated seven days a week between the hours of 8:00am – 6:00pm and was contactable by telephone. Proactive contacting of registered services was also carried out by RQIA inspectors from across Directorates, to advise care homes, in particular, of the role of SST and check on their current status. In total, one-third of the contacts were proactive calls initiated by RQIA. This included calls from our Pharmacy Team, as part of their Covid-19 medicines management assessment exercise to support the provision of a Pandemic Medicines Pack in each care home or where the Care Home provider requested a call-back via the RQIA Daily Care Home Status Update App (see further detail below). Over Easter weekend 2020, RQIA contacted some 400 providers to check how they were dealing with the situation at that time and to offer specific assistance.

62. SST staff were supported each day by a senior manager at Assistant Director level who could assist with risk assessment of the homes and disseminate information to the Care Homes Team for action. In addition, SST inspectors were supported with daily updates on the rapidly changing COVID-19 landscape and guidance and an inspectors' pack was created and updated in real time to ensure RQIA staff were appropriately briefed.
63. In late April 2020, RQIA inspectors contacted domiciliary care services to provide advice on donning and doffing PPE when entering and leaving client's homes, and on the correct PPE for supported living services.
64. In early May 2020, RQIA Inspectors telephoned all nursing and residential care homes not experiencing a Covid-19 outbreak to risk assess their preparedness and to offer support. The inspectors' assessment of Covid-free homes' preparedness was supported by data collated by our information team regarding risk factors in care homes. This resulted in a number of homes being identified for on-site physical support visits. These visits were offered to the identified homes. Where the site visit was refused further support was offered per telephone. The relevant HSC Trusts also provided information to RQIA in respect of care homes they felt would benefit from a support visit and a weekly meeting was held with SPPG to support the initiative. In mid-May 2020, a programme of physical visits to services where RQIA inspectors had been providing advice and guidance on infection prevention and control practices was commenced.
65. Two-thirds of telephone calls received by SST were from care homes seeking guidance on issues including PPE, staffing, and testing, although the number of contacts referencing these matters decreased over time. RQIA inspectors provided focussed professional guidance, based on their detailed understanding of the sector, to support good quality care provision, and best practice in infection prevention and control. During the first wave of the pandemic, RQIA inspectors dealt with almost 3,500 contacts with care homes.

The Daily Care Home Status Update App and Daily Reporting

66. On 17 April 2020, the Chief Social Worker in the Department, Sean Holland, wrote to the Trusts, the HSC Board (HSCB), RQIA and the PHA to advise to only use one data return from care homes which would be collated by RQIA via a custom developed

application (“the App”) and then distributed to all stakeholders (ref **Exhibit BD/12- INQ INQ000256698**). This approach would reduce the burden on care homes in reporting only to a single point. Prior to this point, care homes did not submit daily status reports to any organisation.

67. Care home providers/managers were required to submit daily outbreak status updates in relation to a number of factors; for residents, staff, and a number of other issues affecting the service. This information was then shared by RQIA by e-mail daily with the Department, PHA, HSCB and the five HSC trusts (Belfast, Northern, South Eastern, Southern and Western) to assist in the HSC’s joint response to the Covid-19 pandemic and to ensure that duplication in reporting was minimised and reporting was regionally consistent. The RQIA Information Services Manager managed the distribution of the app’s data throughout the region and assisted the PHA establish a common data set and definitions of particular metrics.

68. The App also required each care home to rate their current workforce and PPE status, to provide current numbers of staff and residents who had been tested, numbers of staff and residents who were symptomatic, numbers of staff and residents testing positive, whether the home is in need of additional nursing or care staff, and whether the home required a terminal clean.

69. The collection of this information in a timely manner was crucial to the HSC in determining which care homes were most at risk and in need of support during the pandemic. The self-assessed daily returns provided an overview of the situation in the sector over time. Using the App, each home submitted a daily RAG (Red, Amber or Green) rating in four status areas (home determined the RAG rating): Workforce, PPE and Equipment, Domestic Cleaning, and Overall Status.

Green Status = the care home’s position is seen as good or adequate

Amber Status = care home may require assistance within next 24 – 72 hours

Red Status = the care home requires immediate assistance

70. From July 2020, daily updates were submitted by each care home through the RQIA Web Portal on the RQIA electronic information system ‘iConnect’, enabling the App to be stood down.

71. Moving from the App to reporting via RQIA's Web Portal enabled greater efficiency in submitting returns from care homes and producing daily reports, on the matters set out at paragraph 66. This approach continued to allow this information to be distributed to HSC partner organisations and enabled HSC organisations to take local action (i.e. Trusts regarding care homes within their area) and collective action regionally, in terms of monitoring the ongoing situation in the care homes sector across Northern Ireland as the situation in relation to Covid-19 evolved.

Sharing intelligence and distributing guidance

72. RQIA worked closely with other HSC organisations during the pandemic to obtain additional intelligence on circumstances in the care homes sector.

73. RQIA sought regular information from the Northern Ireland Ambulance Service (NIAS) and compared NIAS data on 999 calls with our register of care homes which allowed insight into the reporting of 999 calls received from care homes from 1 March 2020 onward, and comment on the overall trends for the sector. This was also useful intelligence for inspectors.

74. Outside of reporting on pandemic impact, care home providers are required by legislation to report deaths to RQIA as 'Notifiable' events⁴. These reports include all deaths which occur within the care home from all causes; however, care homes providers are not required to report the deaths of residents in hospital. These notifications continued to RQIA throughout the pandemic, and the data was analysed and shared with the Department. It was demonstrated that this showed a similar trend to the Northern Ireland Statistics and Research Agency (NISRA) data (the official repository for death data in HSC), with a peak occurring in the last two weeks of April 2020. During the first wave of the pandemic, the increased use of shared intelligence and data relating to care homes helped to inform decision-making across health and social care organisations in relation to circumstances within the care homes sector.

75. From April 2020, RQIA, on behalf of the Department and PHA, acted as a distribution point for the latest Departmental direction and guidance on a range of issues crucial to

⁴ See, for example, Article 27(3) of the 2003 Order and Regulation 30 of both The Nursing Homes Regulations (Northern Ireland) 2005 and Residential Care Home Regulations (Northern Ireland) 2005, Regulation 13 of The Nursing Agencies Regulations (Northern Ireland) 2005, Regulation 15 of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and Regulation 28 of the Independent Healthcare Regulations (Northern Ireland) 2005.

the providers and management of care homes, domiciliary care services and independent hospitals and hospices during the Pandemic.

Guidance issued to services focussed on:

- PPE and dress code;
- Human resources and staffing arrangements;
- Testing;
- Medicines management;
- Palliative care;
- Training resources; and
- A range of Care Home guidance (inc: visiting; Care Partners)

76. RQIA worked with partners such as PHA, Clinical Education Centre (“CEC”) and Department to ensure, along with the distribution of relevant information and guidance, that appropriate training was made available to care home staff, although RQIA was involved in providing training to care home staff prior to the pandemic also. CEC training on areas such as verification of Life Extinct were supported by RQIA. RQIA supported PHA to run a programme of “ECHO” sessions (delivered via video conferencing) which meant staff in care homes could attend training sessions without leaving the care home (ref Documents **Exhibits BD/13-INQ000256646, BD/14 - INQ000256647, BD/15 - INQ000256648, BD/16 - INQ000256649, BD/17 - INQ000256650, BD/18 - INQ000256651, BD/19 - INQ000256652, BD/20 - INQ000256653, BD/21 - INQ000256654, BD/22 - INQ000256655, BD/23 - INQ000256656, BD/24 - INQ000256657, BD/25 - INQ000256658, BD/26 - INQ000256659, BD/27 - INQ000256660, BD/28 - INQ000256661, BD/29 - INQ000256662, BD/30 - INQ000256663, BD/31 - INQ000256664, BD/32 - INQ000256665, BD/33 - INQ000256666, BD/34 - INQ000256667, BD/35 - INQ000256668, BD/36 - INQ000256669, BD/37 - INQ000256670, BD/38 - INQ000256671, BD/39 - INQ000256672, BD/40 - INQ000256673, BD/41 - INQ000256674, BD/42 - INQ000256675, BD/43 - INQ000256676, BD/44 - INQ000256677, BD/45 - INQ000256678, BD/46 - INQ000256679, BD/47 - INQ000256680, BD/48 - INQ000256681, BD/49 - INQ000256682, BD/50 - INQ000256683, BD/51 - INQ000256684, BD/52 - INQ000256685, BD/53 - INQ000256686, BD/54 - INQ000256693, and BD/55 - INQ000256694**). Inspectors participated in and facilitated training in relation to areas such as IPC, PPE, environmental cleaning and business continuity. This ECHO approach continues.

77. On a twice daily basis, on behalf of the Department of Finance Procurement branch, RQIA published details of PPE suppliers to support providers in sourcing additional supplies.
78. In addition to working closely with organisations within the HSC across Northern Ireland and the Department, RQIA also exchanged information with its fellow UK regulators (such as Care Inspectorate Scotland and the Care Quality Commission in England) to identify common trends across the UK and to compare our experiences during the pandemic.

Learning during the pandemic

79. In June 2020 the then Health Minister established a Rapid Learning initiative (“RLI”) to identify key areas of learning from the first part of the pandemic. Representatives from across the HSC and Independent Sector were involved. The Assistant Director for Care Homes in RQIA was part of this initiative and supported the engagement work stream, liaising closely with care home colleagues in information gathering to support learning and change. This piece of work concluded in approximately six weeks and was the precursor for the Enhanced Clinical Care Framework (“ECCF”).
80. Following the RLI the Health Minister commissioned the Chief Nursing Officer (“CNO”) to set up the ECCF. It became apparent during the early part of the pandemic that care homes had been disproportionately affected by Covid-19 in that they had a higher incident of deaths than was prevalent in the wider population. The RLI had identified not only this impact but also a lack of consistency in terms of support available from HSC Trusts. The Assistant Director for Care Homes in RQIA sat on the Project Board and participated in work streams along with RQIA pharmacy and information colleagues.
81. Departmental guidance and the impact of outbreaks in care homes resulted in visiting restrictions in care homes. Through engagement with relatives through RLI and ongoing work with ECCF, in Autumn 2020 CNO commissioned PHA to lead a piece of work to look at visiting arrangements, the impact of restrictions on the human rights of the residents and to assist the return of normalised visiting to care. RQIA’s Care Homes senior team were actively engaged in the development of the visiting guidance and the phased return to normalised visiting along with the establishment of the Care Partner role. The Care Partner role was designed to enhance visiting for those

relatives who had provided support to their loved ones prior to the pandemic, meaning they could continue to do so and, in effect, provide support to the care home staff. Both initiatives were co-produced with a number of other agencies and relative representatives. RQIA's care home inspectors considered the principle of both the visiting and Care Partner guidance during inspections, ensuring this was appropriately implemented.

Decision making

82. The development of policy and practice driving the collective HSC pandemic response was managed through the Department lead emergency response planning approach. As I have referred to at paragraph 21, this is the established command and control arrangement for the management of serious incidents. This came into effect week beginning 9th March 2020 with the establishment of the Emergency Operational Command (EOC).
83. The Health and Social Care Board (HSCB - regional Commissioner) i.e. that which was in operation until the end of March 2022 and replaced by the SPPG, established an initial 8.30am conference telephone call daily with relevant HSC stakeholders and RQIA's Chief Executive made a request to include the organisation. RQIA attended this daily conference call from 11th March 2020 and a disciplined, clearly structured daily meeting developed over the following week. Over the course of the following week, as the EOC was established, RQIA established its internal arrangements (referred to as Bronze command). Initially, several planning meetings occurred each day with close contact with the Department Sponsor Branch. During the week commencing 23rd March 2020, the Bronze Command within RQIA was established and was known locally as 'big ticket' meetings so that participants who were new to emergency planning understood what type of intelligence they were to report centrally; the events and concerns, from the services as they developed.
84. On 25th March 2020, the Sean Holland wrote to the HSCNI system in relation to RQIA's role, SST and App (ref **Exhibit BD/56-INQ000256699**). RQIA Bronze ('big ticket') took the form of a daily (7-day) internal meeting where RQIA senior staff met, via conference call, to discuss the status of its own functions and those of the independent sector (care homes, domiciliary care, supported living) and Trust services and responses. Intelligence gathered by RQIA, including the information gained from SST and via the App, was utilised to plan RQIA's contribution to the daily Situation Report (Sitrep) from

Bronze (i.e. RQIA) to Silver command, HSCB, by 11.00am each day (7-days/ week). The 'RQIA Pandemic Response Manual (ref **Exhibit BD/57-INQ000256700**), outlined the process of information flows from HSC services and independent providers to RQIA and how this was processed to enable RQIA to report daily to Silver command.

85. When in receipt of RQIA's report, Silver command would compile a report based on submissions received from across the Bronze level and issue a composite report to all Bronze organisations and host a daily noon teleconference, generally hosted at Director level from HSCB, where each organisation was to give a further update and for discussion on specific topics, such as availability of PPE and sustainability of service. Very occasionally a second Silver meeting be initiated in a given day. The frequency was adjusted in line with the stage of the pandemic as assessed by the PHA with levels of infection/ outbreaks. The outcome of Silver was intended to enable Gold Command (the Department) to coordinate response, including on issues such as the release of PPE from emergency stores or to make a request for clarification on guidance or police. Silver Command would then ensure Bronze organisations were instructed appropriately following any decisions made by Gold Command.
86. RQIA was represented at Silver Command meetings by Deputy Director of Assurance in RQIA and occasionally an alternative Assistant Director. RQIA would not generally attend at Gold command unless by invitation when there were key matters to discuss.
87. Additionally, there were frequent surge planning meetings lead by the Department or PHA and where more detailed predictions and modelling were shared. RQIA attended the additional planning meetings, including 'surge' meetings, as the App data was central to understanding the status and to inform planning.
88. All organisations attending the Silver command were required to submit in advance a template outlining issues as they related to critical functions. As a result of the Service Support Team, RQIA provided written and verbal assessments of the operational pressures faced across care homes and other registered services such as domiciliary care (including supported living). The RQIA Review team Project Management Structure, led by the Senior Project Manager, managed and coordinated report writing, sitrep drafting and submission, Bronze meeting organisation and organisational summary update reports. This provided detailed data for Silver.

89. In addition, in support of EOC, daily data reports were generated by RQIA information colleagues from reports and daily statistics received by it, with details of concerns analysed to direct RQIA's response to the system, providers and EOC and daily data were shared with a number of individuals across the Depart and HSC to enable their data driven activities. The Assistant Directors and Senior Inspectors organised the implementation of the SST plan, and management of staff duty rotas. They were the front-line decision makers supporting RQIA's inspectors and participated in an on-call rota. The Assistant Directors observed and reported issues to Bronze and made judgements with regard to RQIA's response and support, and advised regarding effective Trust support actions. Assistant Directors planned welfare calls to registered services and ensured a response to requests for help and advice. The SST were further supported by RQIA's Project Managers who maintained central accessible digital files containing the most up to date advice for services and the Assistant Directors ensured Inspectors were well-briefed.
90. RQIA also engaged in and was represented at a number of specific work streams, referred to as "cells" as part of the EOC system and which developed regional guidance for HSC organisations, independent providers and HSC staff, including an Infection Prevent Control Cell, chaired by the Director of Nursing in the PHA and the Care Partner initiative, which I referred to at paragraph 81. In the early part of the pandemic two RQIA senior Inspectors, one from the Care Homes team and one with a IPC background, attended the IPC cell each morning. This was useful in disseminating any guidance change through to our SST, to ensure care homes were informed and to provide support for training if required.
91. In addition, the HSCB co-ordinated weekly Care Home, Domiciliary Care and Director of Social Work meetings to plan service responses and to consider the public health predicted trajectory of the pandemic ensuring service responses were coordinated across HSC organisations. A number of Surge Plans were produced, relating to Adult Social Care and Domiciliary Care. RQIA attended a weekly Social Care Sub-goup meeting with HSCB, PHA and HSC Trusts were issues such as vaccination programmes, testing arrangements were discussed. This was attended by an Assistant Director in RQIA and information shared with colleagues and SST as appropriate. PHA also set up a Care Home Weekly meeting with RQIA to look at Care Home Outbreak Trends, identify support needed to care homes, testing arrangements, vaccination uptake. This was directed by information secured from the App / Portal returns form homes.

Impact of the Pandemic on Care Homes in N Ireland

92. RQIA undertook a review of information available to it, such as from consulting with Inspectors, in relation to Care Homes during the period February 2020 to July 2020 inclusive, which was published in October 2020. The Report is published on the RQIA website (ref **Exhibit BD/58-INQ000256701**).

93. The following sets out the key findings of this report:

- a. Between February and July 2020, over one third of nursing and residential care homes (36%) in Northern Ireland experienced an outbreak of either Covid-19 or a flu like illness (FLI).
- b. The peak of the pandemic in care homes occurred between late March and early May 2020, with the largest number of both outbreaks and deaths reported during April 2020.
- c. Larger homes have proved more susceptible to outbreaks of Covid-19.
- d. Between March and July 2020, 429 death certificates were issued in respect of care home residents referencing Covid-19.
- e. Between March and June 2020 there were 336 'excess' deaths in care homes.
- f. Non-Covid-19 related ambulance / 999 calls from care homes, attendances in Emergency Departments (Eds), and admissions of care home residents to Health and Social Care (HSC) hospitals in Northern Ireland all fell to lower than average levels during March and April 2020, when compared to 2018 and 2019.
- g. The peak of activity for RQIA's Service Support Team also occurred between late March and early May 2020.
- h. Between March and July 2020, RQIA handled 3,464 calls or contacts with care homes in Northern Ireland, 84% of which were related to Covid-19 concerns or guidance.
- i. By July 2020, the situation in Northern Ireland care homes had stabilised, with the number of outbreaks, suspected cases, and reported deaths all having decreased since early May 2020.
- j. As at 31 July 2020, over 99% of care homes registered with RQIA reported that they had adequate supplies of PPE and adequate staffing in place.

Reflections and Learning

94. RQIA also carried out a 'Lessons Learned' exercise in August 2020, which examined the organisation's response to the Covid-19 pandemic from March 2020 to June 2020. This included a reflection on internal arrangements, use of intelligence and working with others. It also included the outcome of the submitted views of service providers in relation to their views on the support and guidance RQIA provided during the first wave of the pandemic; the daily status reports submitted to RQIA from care homes; and on our risk-based approach to inspection. Feedback on these issues was positive and these approaches were embedded in the continuing work at that time. RQIA staff views were also captured and reflected on (ref **Exhibit BD/59-INQ000256702**).

95. Specifically, in relation to embedding learning in mainstream regulatory work, the need for a risk-based approach to assessing information and intelligence which RQIA receives about services is essential. The assessment of the intelligence relating to care homes from the pandemic demonstrated care homes are at greater risk where a number of factors are prevalent including:

- a. Homes run by larger provider organisations (defined as having four or more nursing and residential homes);
- b. Homes with two or more changes of manager over the preceding year;
- c. Larger homes, defined as having 40 or more registered places;
- d. Homes within 10 years since their first registration;
- e. Homes which had more than 10 requirements /or recommendations stated as a result of RQIA inspections during the 2019-20 year;
- f. Homes located within a high-risk Local Government District (LGD).

96. RQIA is now developing an intelligence led risk-based approach to our core work, referred to as Regulation Framework. Whilst the legislation remains (particularly the 'Fees and Frequency 2005' which continues to require two RQIA inspections of care homes at the premises within each 12 month period, RQIA considers that it must take account of the presenting risks and direct capacity and resources to those presenting greatest risk for safety and quality of care, recognising too that it is important to be transparent about the decisions that drive these regulatory actions.

97. It is clear that collaborative working and information sharing amongst service industry stakeholders is also critical. This is important both working with providers and HSC organisations across Northern Ireland and with PHA and the Department, and also for

RQIA to engage and exchange learning with its fellow UK regulators (such as Care Inspectorate Scotland and the Care Quality Commission in England).

98. The use of the RQIA web portal (accessed by care homes providers via the RQIA website), rapid analytics and sharing information, has enabled collective efforts and responsiveness. RQIA has continued to facilitate care homes reporting via the web portal on a daily basis thus allowing RQIA and our HSC partners to monitor the ongoing situation in the care homes sector across Northern Ireland. RQIA is considering how it can develop and adjust this in the future.

99. RQIA is an independent regulator, as set out at paragraph 10. It generally will not express a view on matters which are of a political nature. Furthermore, RQIA did not have any role in proposals of the enactment of coronavirus legislation.

Other matters

100. RQIA's general duty is to provide independent assurance to the Department about the provision of services, and in particular about their availability and quality. Prior to the pandemic, although it did collect capture data for the purposes of its regulatory responsibilities, RQIA did not provide statistics to the health and social care system on a regular basis or as a result of any legislative or policy requirement, albeit care home statistics may have been included for convenience and understanding in RQIA's Annual Reports. The setting up of the App (and later via the portal) of a daily status reporting system from care homes, and the distribution of this information to key organisations within HSC, was outside of RQIA's normal role. RQIA is not the source of regional statistics in health and social care in Northern Ireland. Statistical information would, in the normal course, come from the SPPG, which has access to performance/activity information provided by Trusts; from PHA information on outbreaks and reportable diseases and the regional NISRA statistics service.

101. Policy in relation to testing during the pandemic was not produced by RQIA, although it did have a role of ensuring compliance with policy and it did collect data from care homes in relation to testing. As with any guidance issued by the Department or other relevant agencies, RQIA had a monitoring role. Inspectors reviewed IPC policies on testing on inspection of a care home and addressed any issues of concern raised. Through regular meetings with PHA, care homes with outbreaks and/or low vaccination uptake and poor testing arrangements would have been flagged to us and

again followed up with the individual service concerned, either immediately by SST or the RQIA aligned inspector.

102. By 23rd March 2020, there was a drive within RQIA to enable remote working for its staff, find new ways to remain connected and enable RQIA to contribute to the regional response. Additional phone lines were provided, the call routing options and voice instructions changed to enable sorting and directing of a wider range of enquiries to inspectors and administrative staff. There had been a history of some members of staff being provided with laptops and remote access, through F5 cloud-type technology, onto the network via non-HSCNI internet access; mobile phones were also in use. Mobile phones were issued to those staff who were required to be mobile i.e. Inspectors. Desk based staff i.e. administration and information colleagues did not receive mobile phones but had capacity to communicate via e-mail and an online telephone and communications systems, including Jabber. In addition, BSO ITS pushed out WhatsApp to RQIA mobile phones and through the use of both private and RQIA mobile phones managers formed WhatsApp groups for communication. For example, each morning colleagues would report to each other via a group their status e.g. 'WFH' meaning 'Working from Home' or share key pieces of information. RQIA staff, such as managers and inspectors already had laptops and indeed, checks were made to ensure bank inspectors had access to laptops should they need to be deployed in some way. However, prior to the beginning of the pandemic, most administrative staff were office based and accessed digital services through desk top computers. Thus, there was an initiative to supply these staff with laptops so that all core functions and required business-as-usual activities could be undertaken remotely. Other digital tools, such as the development of Glideapps, an enhanced portal for providers to directly input data into the RQIA's main information system (iConnect), larger scale Echo videoconferencing education, Pexip and Zoom video team meetings were also utilised as the transition to digital remote working was further enabled and extended. BSO ITS were able to supply RQIA with additional laptops and F5 remote access tokens. These worked well but on occasion there were difficulties experienced across the network, particularly with early pexip video and telephone conferencing and remote sign-in access across the network as the high volumes of digital traffic and high demand for access to the network services were not always sustainable with the limited infrastructure. The infrastructure had not been designed to accommodate such a high volume of demand, RQIA was dependent upon BSO to increase capacity and support the service.

Conclusion

103. RQIA provides this statement seeking to address those areas identified by the Panel and about which it intends to receive evidence in the course of Module 2C of the Inquiry. RQIA restates its intention to engage with the Inquiry in an effective, candid and transparent manner and remains committed to cooperating with the Inquiry's work in meeting the core objectives identified within the Terms of Reference. RQIA welcomes the opportunity presented through the Inquiry and an examination of the roles of all relevant stakeholders with a focus upon how the provision of care can be improved.

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

Signed: _____

Personal Data

Dated: _____ 10 October 2023 _____

Index of Exhibits (Briega Donaghy)

Reference Number	Name of Document
Exhibit BD/1- INQ000256695	RQIA Organisational Structure pre-Covid-19 Pandemic
Exhibit BD/2- INQ000256703	Department of Health, Social Services and Public Health Framework Document (September 2011)
Exhibit BD/3- INQ000256704	The RQIA Annual Report and Accounts for the Year Ending 31 st March 2023
Exhibit BD/4- INQ000283361	RQIA's Enforcement Policy August 2020
Exhibit BD/5- INQ000256705	RQIA's Interim Management Structure 8 th April 2020
Exhibit BD/6- INQ000260638	Independent Review into the Circumstances of Board Member Resignations in the RQIA (8 th December 2020)
Exhibit BD/7- INQ000256706	Letter from the Department of Health dated 20 th March 2020
Exhibit BD/8- INQ000256707	Letter from the Health and Social Care Board dated 25 th March 2020
Exhibit BD/9- INQ000256708	Letter from the Department of Health dated 22 nd June 2020
Exhibit BD/10- INQ000256696	Letter from the Department of Health dated 2 nd September 2021
Exhibit BD/11- INQ000256697	Letter from the Health and Social Care Board dated 9 th August 2021
Exhibit BD/12- INQ000256698	Letter from the Department of Health dated 17 th April 2020
Exhibit BD/13- INQ000256646	'Echo Sessions' programme provided to care home staff which continues
Exhibit BD/14- INQ000256647	Poster titled Echo for Care Homes & Domiciliary Care - Palliative Care in Partnership - a Regional Approach, facilitated by Loretta Gribben (Nurse consultant cancer, palliative and end of life care, Public Health Agency), dated 16/04/2020
Exhibit BD/15- INQ000256648	Email from RQIA information mailbox to Registered Persons of Regulated Health and Social Services, regarding ECHO training in relation to Care Homes Whole Home Testing, dated 24/08/2020
Exhibit BD/16- INQ000256649	Poster titled Covid-19 ECHO for Care Homes Whole Home Testing Facilitated By The Public Health Agency, dated 27/08/2020

Exhibit BD/17- INQ000256650	Email from RQIA information mailbox to multiple recipients, regarding ECHO session for housekeeping/domestic staff on environmental cleanliness in care homes, dated 28/05/2020
Exhibit BD/18- INQ000256651	Poster for ECHO session for care homes environmental cleanliness for housekeeping & domestic teams facilitated by the Public Health Agency in partnership with Belfast Trust, dated 03/06/2020
Exhibit BD/19- INQ000256652	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session on swabbing for the roll out of the National Testing Initiative, dated 10/06/2020
Exhibit BD/20- INQ000256653	Poster for ECHO session on swabbing for the roll out of the national testing initiative facilitated by the Public Health Agency, dated 11/06/2020
Exhibit BD/21- INQ000256654	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session on Environmental cleanliness in care homes during Covid-19, dated 18/06/2020
Exhibit BD/22- INQ000256655	Poster for ECHO session on environmental cleanliness in care homes facilitated by the Public Health Agency, dated 25/06/2020
Exhibit BD/23- INQ000256656	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session in relation to balancing the risk and rights of visiting during a pandemic, dated 23/07/2020
Exhibit BD/24- INQ000256657	Poster for ECHO session on balancing the risk & rights of visiting during a pandemic facilitated by the Public Health Agency, dated 29/07/2020
Exhibit BD/25- INQ000256658	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session on care homes whole home testing, dated 10/08/2020
Exhibit BD/26- INQ000256659	Poster for ECHO session on Care Homes Whole Home Testing Facilitated by the Public Health Agency, dated 13/08/2020
Exhibit BD/27- INQ000256660	Poster titled Care Home Swabbing Testing Guidance, dated between 18/08/2020 and 01/09/2020
Exhibit BD/28- INQ000256661	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session on the national testing initiative, dated 14/08/2020
Exhibit BD/29- INQ000256662	Poster titled ECHO for care homes whole home testing facilitated by the Public Health Agency, dated 20/08/2020
Exhibit BD/30- INQ000256663	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session on environmental cleanliness in care homes, dated 01/09/2020
Exhibit BD/31- INQ000256664	Poster titled ECHO Environmental Cleanliness in Care Homes facilitated by the Public Health Agency, dated 02/09/2020
Exhibit BD/32- INQ000256665	Email from RQIA information mailbox, regarding upcoming ECHO session on general principles of environmental cleanliness in carehomes, dated 04/09/2020
Exhibit BD/33- INQ000256666	Poster for ECHO session on environmental cleanliness in care homes facilitated by the Public Health Agency in partnership with Belfast Health & Social Care Trust, dated 14/09/2020
Exhibit BD/34- INQ000256667	Email from RQIA information mailbox, regarding ECHO session on environmental cleanliness in care homes, dated 04/09/2020

Exhibit BD/35- INQ000256668	Poster for ECHO session on environmental cleanliness in care homes facilitated by the Public Health Agency in partnership with Belfast Health & Social Care Trust, dated 14/09/2020
Exhibit BD/36- INQ000256669	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session on environmental cleanliness in care homes, dated 11/11/2020
Exhibit BD/37- INQ000256670	Poster for ECHO session on environmental cleanliness in care homes facilitated by the Public Health Agency, dated 24/11/2020
Exhibit BD/38- INQ000256671	Poster for ECHO session on environmental cleanliness in care homes facilitated by the Public Health Agency aimed at cleaning and housekeeping staff, dated 26/11/2020
Exhibit BD/39- INQ000256672	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session on visiting & risk assessment and learning from an outbreak, dated 04/12/2020
Exhibit BD/40- INQ000256673	Poster for ECHO session on learning from an outbreak to be delivered by Una McDonald and others and facilitated by the Public Health Agency, dated 15/12/2020
Exhibit BD/41- INQ000256674	Poster for ECHO session on visiting and risk assessment facilitated by the Public Health Agency, dated 14/12/2020
Exhibit BD/42- INQ000256675	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session on medicines management and the role of the care assistant in medicines management, dated 21/12/2020
Exhibit BD/43- INQ000256676	Poster for ECHO session on medicines management and the role of the care assistant in medicines management facilitated by the Public Health Agency, dated 07/01/2021
Exhibit BD/44- INQ000256677	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO sessions, dated 08/01/2021
Exhibit BD/45- INQ000256678	Poster for ECHO session on Palliative and end of life care and Advanced Care Planning, dated 14/01/2021
Exhibit BD/46- INQ000256679	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session on learning from experience on the front line for care homes and workforce support tools, dated 12/01/2021
Exhibit BD/47- INQ000256680	Poster for ECHO session on learning from experience on the front line for care homes and workforce support tools, dated 19/01/2021
Exhibit BD/48- INQ000256681	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO session on care home activity coordinators, dated 19/01/2021
Exhibit BD/49- INQ000256682	Poster for session for activity co-coordinators with a focus on music and the arts, dated 29/01/2021
Exhibit BD/50- INQ000256683	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO sessions on engaging with care homes about moving forward with visiting, dated 24/03/2021
Exhibit BD/51- INQ000256684	Email from RQIA information mailbox to multiple recipients, regarding upcoming ECHO sessions for carehomes, dated 12/05/2021
Exhibit BD/52- INQ000256685	Poster for ECHO session titled an introduction to wellness pathway; advance care planning, dated 27/05/2021

Exhibit BD/53- INQ000256686	Poster for session for Care Homes Activity Co-ordinators session, dated 21/05/2021
Exhibit BD/54- INQ000256693	Email from RQIA to multiple recipients, regarding upcoming ECHO session in relation to Covid-19 and understanding litigation, dated 17/05/2021
Exhibit BD/55- INQ000256694	Poster for ECHO session on understanding litigation delivered by Rosemary Wilson and facilitated by the Public Health Agency, dated 07/06/2021
Exhibit BD/56- INQ000256699	Letter from Sean Holland (Chief Social Work Officer, Department of Health) to various care providers and various chief executives, regarding RQIA Service Support Team for providers of care for issues arising out of the pandemic, dated 25/03/2020
Exhibit BD/57- INQ000256700	Draft Document titled Regulation and Quality Improvement Authority Covid-19 Pandemic Process Manual, dated June 2020
Exhibit BD/58- INQ000256701	Document titled the Impacts of Covid-19 on care Homes in Northern Ireland February 2020 to July 2020 RQIA Overview Report, dated October 2020
Exhibit BD/59- INQ000256702	Presentation titled RQIA Covid-19 Lessons Learned, undated (file data suggests December 2020)

Annex C: Request for documents

The following are additional documents not contained within the Exhibits of the Witness Statement of Briege Donaghy but are otherwise requested by the Inquiry under Annex C:

Documents related to the making of key decisions

1. Letter from the Department of Health dated 17th March 2020 (**INQ000256636**);
2. Letter from the Department of Health dated 23rd March 2020 (**INQ000256637**);
3. Letter from the Department of Health dated 23rd March 2020- (**INQ000256638**);
4. Minutes of RQIA's Executive Team (EMT) Meeting 16th April 2020 (**INQ000256639**);
5. Mr Dermot Parson's Statement to the Northern Ireland Health Assembly 14th May 2020 (**INQ000256640**);
6. Dr Tony Stevens Statement to the Northern Ireland Health Assembly 22nd October 2020 (**INQ000256641**);
7. Letter from the Department of Health dated 23rd December 2020 re update on work (**INQ000256642**);

RQIA did not nor were requested to participate in any informal meetings with the government of Northern Ireland during the Specified Period.

Communications with the Public

The RQIA did not issue any significant announcements, including guidance or advice to the public during the Covid-19 Pandemic.

Meetings with counterparts

RQIA's Key Decisions and Action Log 9th March 2020-1st July 2020 (**INQ000256643**)

Operational documents

No additional operational documents are held.

Learning

RQIA's 'Lessons Learned' Presentation delivered to the Authority on 17th September 2020
(**INQ000256644**)

RQIA's Summary and Action Plan (6th October 2020) (**INQ000256645**)