

Witness Name: Fiona Clarke

Statement No.:

Exhibits:

Dated:

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF FIONA CLARKE

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I, Fiona Clarke, will say as follows: -

1. I am a member of NI Covid Bereaved Families for Justice ('NICBFFJ').

#### **Northern Ireland Covid Bereaved Families for Justice ('NICBFFJ')**

2. NICBFFJ is a branch of the UK-Wide CBFFJ Group. It was established with a purpose of co-ordinating activity in Northern Ireland, co-ordinating involvement with the UK-wide inquiry into the handling of the pandemic and leading calls for a separate Northern Ireland (NI) Public Inquiry.
3. NICBFFJ was started in or around December 2021. Prior to that, a number of our members were involved in engaging with state entities and public representatives throughout the pandemic or were involved in other support groups and memorial groups.
4. Those in our group who did engage with state agencies and entities did so in an attempt to highlight issues, safeguarding concerns, care partner (referred to in the UK as essential care giver) failings in care settings, no wellbeing during end of life (EOL) arising due to the pandemic, or to address detrimental impacts arising from failures to implement effective policies, including those intended to benefit the most vulnerable. The aims were to gain access to residents and patients, improve the quality of care for those young and older adults and those with a disability living in

nursing and residential care, and to engage with those in authority on government policies, operational decisions and guidance that was not working at both ground and operational levels.

5. The NICBFFJ group was formed as both a support group and an action group, seeking to challenge decision makers in an attempt to highlight issues and safeguarding concerns and address the detrimental impact that visiting restrictions were having upon patients and residents in hospitals and care homes and of course, on their families. Draconian visiting restrictions in care were not protecting the vulnerable and this was also discussed when our campaign leads met with all five of the Northern Ireland Political Leaders during the Summer of 2022.
6. NICBFFJ aims to:
  - a. Apply pressure to ensure that there is accountability and transparency on the UK and NI Government's past actions, including their response to the Coronavirus Pandemic, and their ongoing approach.
  - b. Provide a collective voice for bereaved families and a supportive space for them to connect.
  - c. Ensure families are well-informed on their rights and options for seeking accountability in relation to their loved ones' deaths.
  - d. Make sure that families who have been bereaved by Covid 19 are involved in the commissioning of Covid 19 memorials, and that the National Covid Memorial Wall is made permanent.
7. NICBFFJ represent, and are made up of, members who have lost loved ones, both young and old, to Covid-19, in a variety of circumstances including in care homes, hospitals and in the community. Since its inception NICBFFJ have campaigned, in conjunction with CBFFJ UK for policy reviews and changes to prevent avoidable mistakes from being repeated.

8. NICBFFJ continues to empower members to hold the Government and public bodies to account to ensure that the circumstances leading to the deaths of their loved ones are avoided in the future. NICBFFJ's membership reflects a broad demographic of Northern Irish families who are united by the aim to learn lessons and save lives when we face future epidemics, pandemics and healthcare emergencies.

### **NICBFFJ and views on vaccines and therapeutics**

9. NICBFFJ is a diverse group of individuals. One of the group's strengths is the lived experience of our members, and we believe that the lived experience of our members brings real value to the Inquiry. Sometimes our different lived experiences results in a diversity of opinion among members on the issues under consideration by the Inquiry. As a result, there are a range of different views on the subject of vaccines and therapeutics. In this statement I propose to set out the issues which NICBFFJ want the Inquiry to consider in particular, and to set out examples of the range of views and lived experience of our members.

### **The preparedness of the UK for the rapid development of a 'Disease X' vaccine in early 2020; and the pace of vaccine development, procurement, manufacture and approval**

10. Our group has limited corporate knowledge of matters relating to development, procurement, manufacture or approval of vaccines for Covid-19. However, the pace and adequacy of these various elements are a matter of concern to our members and our group has relevant information to provide on how the outworkings of these processes impacted upon them and their loved ones.
11. For some of our members, the primary concern is the pace at which these steps were progressed. In the context of a global pandemic, requiring social distancing, and a high degree of risk of death, speed is of the essence. My own personal experience is that the Astra Zenica vaccine was approved in December 2020; my mother was given the first dose of the vaccine on 7 January 2021; she tested positive for Covid-19 on 12 January 2021; she was admitted to hospital on 16

January 2021; and she died on 17 January 2021. As a result I am left with the wish that the vaccine had been developed and approved for use at an earlier stage. If my mother had been vaccinated earlier or received two doses before she contracted Covid-19 it would have given her more of a chance.

12. I would add to this that I would have liked an option to avail of the vaccine even if it had not yet fully completed all stages of the necessary approval process. My mother was 90 and had kidney disease so we were aware that Covid-19 posed a high risk. Otherwise she was fit and healthy. She was a country woman from Cookstown and nothing would get her down. She was still driving. If there had been the option to have the benefit of the vaccine at an earlier stage of the process, she would have taken it. For my mother, the risks from Covid-19 would have outweighed the risks from a vaccine.

### **Prioritisation decisions**

13. I had no issues with the approach to prioritization. My mother was 90 and had kidney issues. She was in Phase 1 and she received a first dose on 7 January 2021, approximately five weeks after the vaccine had been approved. I myself received my first dose of the vaccine at the end of May 2021 and my second dose a few weeks later.

### **Vaccine delivery programmes**

14. Our members had different experiences of vaccine delivery in Northern Ireland.
15. My own experience of vaccine delivery was good. In relation to my mother, I was in hospital when she received her vaccine dose on 7 January 2021. My brother took her to her local health centre in Glengormley and it was like a rolling system. She went in one door, received the vaccine, and went out the other door. There were no concerns about lack of PPE being worn by staff or anything like that. In relation to myself, I got my first vaccine at the end of May 2021 in a centre in Ballymena. I got my second dose a few weeks later at the local chemist. Again, I

had no difficulties at any stage. For me, the vaccine rollout took place relatively quickly.

16. Some members of our group are concerned about the issue of relatives contracting Covid from staff who were carrying out the vaccination programme. Nicola McClean's father, Robert Strain McClean, died on 20<sup>th</sup> January 2021. She works in a nursing home for adults with learning issues. A vaccination team came to the home, and as far as Nicola is aware, one of the vaccination team had Covid 19 and Nicola contracted Covid 19 as a result, with her father subsequently contracting Covid 19 from Nicola. He isolated at home for 10 days, was admitted to the Ulster Hospital, and died approximately 10 days later. Nicola is concerned that the failure to ensure adequate safeguards as part of the vaccine programme ultimately led to the spread of Covid to her father.
17. Some members are concerned about housebound and elderly patients who were unable to attend vaccine clinics or centres due to mobility issues. Michelle Reid's father, William Creen, lost his life due to Covid on 6<sup>th</sup> February 2021. The vaccination programme had started on 8<sup>th</sup> December 2020 but William was housebound and could not attend his surgery for his vaccination. He was immobile and his family were unable to get him to the surgery. His daughter rang the surgery to see if anyone could administer the vaccine at home but she was told that their hands were tied because they had no directive from the Department of Health. William tested positive for Covid on 24<sup>th</sup> January 2021 and lost his life due to Covid on 6<sup>th</sup> February 2021.
18. Some of our members would like clarity on the process that was used to appoint the head of the vaccination programme in NI during the pandemic.
19. Our group would also like to know how, and by whom, the success of the vaccine rollout was measured. They do not believe this should simply be a matter of comparing performance to neighbouring states. Rather the question should be whether the vaccine rollout could have been improved. If there was scope for improvement the Inquiry should identify this in order to inform the approach for any future pandemics.

## **Vaccines as a condition of deployment**

20. There are different views within our group about the use of vaccination as a condition of deployment in health and social care settings.
21. My own view is that I am generally supportive of the use of vaccination as a condition of deployment. I appreciate that everyone has their own decision to make, and the reality is that when I was unwell, I would have taken help from anyone regardless of whether they were vaccinated or not. However, my view is that if vaccination can reduce the risk of contracting Covid in a health or social care setting, then this is the right thing to do.
22. Many of our group hold the same view and question the approach taken in Northern Ireland on the issue of vaccines as a condition of deployment. This issue is particularly concerning for members who had relatives in care homes. In June 2021, when government in England indicated that vaccines would become compulsory for care home staff, government in NI did not take this approach and did not introduce vaccination as a condition of deployment for care home staff. Media reports indicated that government in NI considered that this was “not necessary”.
23. For many of our members, the decision not to introduce vaccination as a condition of deployment for care home staff was at odds with any requirements for visitors to homes to be vaccinated. In addition, many care home providers kept vaccinated family members and visitors out while letting in unvaccinated staff. Providers justified this on the basis that staff were following Infection Prevention and Control (“IPC”) measures but family members point out that they similarly could have followed IPC measures. Many family members feel that the failure to introduce vaccination as a condition of deployment for care home staff meant that the human rights of staff were being prioritized over the human rights of residents and their families and other visitors. They would like the Inquiry to give particular consideration to this issue.

## Vaccines as a condition of visiting relatives in nursing homes

24. Related to the issue of vaccines as a condition for deployment, many of our members are concerned that vaccinated family members and visitors were not able to get into care homes on a more frequent basis to visit their family and loved ones whilst unvaccinated staff could go into the care home on a daily basis.
25. In this regard, Robin Swann wrote an open letter to the public on 28<sup>th</sup> June 2021. In this letter, he made a personal appeal to people to get vaccinated. **See FC/1 – INQ000382990.** He wrote that,

*"The push is very much on to get as many people vaccinated as quickly as possible. The Delta variant is spreading and the more people we get double jabbed, the more we will lessen its impact.*

*"So please don't put off your turn. The right time is now.*

*"It is also vital that people get fully vaccinated, with a second dose of whatever they had first.*

*"Vaccination helps us reclaim our lives. We all want to keep enjoying the things we have missed so much - going out, meeting up, enjoying ourselves with family and friends.*

*"It now also seems that some foreign travel and indeed some other activities and events may require official proof you have had both jabs.*

*"One way or another, vaccination opens doors to normality.*

*"First and foremost, of course, it is about looking after each other.*

*Vaccination protects you and protects others.*

*"You might think you are in a low risk group for Covid. That may be true but you don't know for certain. And if you get the virus, you could end up infecting someone who is still very vulnerable, or experiencing long COVID yourself.*

*"A small percentage of people don't get full protection from vaccination. That's inevitable. No vaccine in history has been 100% effective for 100% of people.*

*"So we need to protect these people – by doing everything we can to stop the virus spreading and reaching them.*

26. Despite this statement, and the indication from the Health Minister that “*one way or another, vaccination opens doors to normality*”, some members of our group are concerned that being fully vaccinated did not open doors to normality for care home residents or their families.

27. In light of this message from the Health Minister, it is difficult for many of our members to understand why vaccines were not made a condition of deployment for care home staff, and why vaccination status was not used to enable normalized visiting of family members in care homes. As a result, while everything else was returning to “normality” over the months following the rollout of the vaccines, care homes still did not open fully. Many families feel that this was discriminatory and a disproportionate interference with their family life and arose because insufficient value was placed on the importance of family contact with loved ones.

#### **Vaccines as a condition regarding isolation requirements in care homes**

28. Some of our members are also concerned by the approach taken in NI to the definition of “fully vaccinated.”

29. I exhibit an email chain between Martina Ferguson of our group and Tim Johnston in the Department of Health. **See FC/2 – INQ000486007**. This makes clear that the updated care home isolation guidance which came into effect on 4<sup>th</sup> February 2022 treated a person as fully vaccinated only if they had received a primary course plus a booster dose. The guidance treated those with zero doses, an incomplete primary course or a complete primary course but no booster dose as “*unvaccinated/partially vaccinated*”. Our group understands that this was different from the approach taken in England. We would ask that consideration is given to this issue.



## **Public messaging on vaccines**

30. There are different views within our group about the clarity and adequacy of public messaging on vaccines and vaccine delivery.
31. Some of our members had no difficulty with public messaging on vaccines. I myself had no difficulty. I remember that when there were a number of vaccines available there would have been discussion between people about which one was the best, with different people suggesting that one or other vaccine was preferable. However, at the end of the day, my main concern, particularly for my mother, was that the vaccine should be available as soon as possible, and for me, it was clear when the vaccine would be available and how it would be prioritized.
32. Some of our members would like to know more about the material used to formulate the NI government's public messaging on vaccine effectiveness and efficacy. In particular, when the government was reporting to the public on vaccine effectiveness and efficacy, what risk factors or formula were used? For example, was it Absolute Risk Reduction, Absolute Risk Increase, Relative Risk or Relative Risk Reduction?
33. By way of example, I cited above the Health Minister's open letter to the public on 28<sup>th</sup> June in which he urged members of the public to get the vaccine (referred to above at para 25). His key message was that getting the vaccine would protect us and others around us. Some members of our group would like to know what vaccine evidence was used, and what safety evidence was used, to ground this message.

## **Vaccine safety**

34. I had no concerns about vaccine safety. For me, the greater risk was from Covid-19 itself. To my knowledge the vaccine has never caused any harm to any of my family.
35. However, this was not the case for all of our members. For example, William Wilson suffered organ failure after receiving the Pfizer vaccine. He spent a

significant period of time recovering in hospital. Subsequently he obtained an exemption certificate in relation to the Covid vaccine. Deborah Braiden also has concerns in and around the possibility of damage caused by the Covid vaccine. As a group we are concerned to ensure that the concerns of all our members are fully considered and investigated, and we would therefore ask the inquiry to fully consider the evidence of vaccine safety and the risks it posed to those taking the vaccine, and whether the public were fully informed about these risks. One issue which may require consideration is the extent to which information about the vaccine was not fully publicised, and therefore whether any perceived lack of openness contributed to vaccine hesitancy.

### **Vaccine hesitancy**

36. My own view is that the vaccine rollout was relatively quick, and I am not sure that there is much more that the Government could have done to increase confidence in the vaccine to reduce vaccine hesitancy. However, it will be apparent from the previous paragraphs that our group includes those who continue to be concerned about the safety of the vaccine.

### **Differences between NI and RoI in terms of rollout and uptake and consequences of this**

37. Some of our members are concerned that there was a disparity between vaccine uptake in the Republic of Ireland and Northern Ireland, but no border controls were introduced to manage or mitigate the risks arising from this disparity, nor is it clear whether there was a coordinated approach between authorities on the island to reduce the disparity in the early stages of the vaccine rollout.

### **Barriers to uptake of the vaccine and disparities in vaccine coverage between identifiable groups within Northern Ireland**

38. Some of our members would like to know the reason for the disparity of vaccine uptake as between (a) Health Service staff and (b) staff in care homes, given that both were among the first cohort of people to be offered the vaccine.

### **Vaccine misinformation**

39. I did not have any difficulty with vaccine misinformation, however as noted above some of our members do have concerns about the safety of the vaccine. They are therefore concerned that official sources have not been fully truthful with the general public about the effects of this vaccine.

### **Vaccine redress**

40. William Wilson of our group made a claim to the Vaccine Damage Payment scheme as a result of the impact that the Pfizer vaccine had on him. However, despite having sustained serious, life changing injuries his claim was unsuccessful as he was deemed to not meet the criteria of a 'severe disablement' or 60% disablement.

### **Therapeutics: Access to therapeutics and treatment using new and existing medications (development, trials, steps)**

41. Many members of our group have concerns about access to therapeutics and use of new and existing medications to treat Covid.

42. My own personal knowledge of this issue comes from the experiences of my mother and myself when we tested positive for Covid in January 2021.

43. My mother's name was Margaret Megaw Lusty. She was born on 25 October 1930. She had been a shop owner and proprietor. She was living with me when she passed away. Although she was 90 years old and had kidney disease, she was otherwise a fit and healthy woman and still drove herself about. Mum tested positive for Covid-19 on 12 January 2021, and she was admitted to Antrim Area

Hospital on 16 January. At that point they had opened up a ward for the elderly, I think it was called ward AAA. I understand that this was a ward in which the decision was made that they were not going to ventilate. I was also in Antrim Area Hospital with Covid at this time and I begged to see my mother, but I was not allowed although the nurse gave me some pieces of information. I continued to plead with them to let me see her and finally they agreed. They closed the lifts and corridors off and brought me down in a wheelchair. When I was in the corridor being transported someone shouted, *“Out of the way – she is infected.”* There were four people in Mum’s Bay, all elderly and all dying. Mum was lucid and able to talk. I sat with her all night. She said, *“I think I have COVID.”* I said to her, *“If you had it do you think that they would let me sit down with you?”* I did not want my mother to know that she was dying. I was able to speak to all the family all night on Facetime and they were able to chat to Mum. There were no showers or toilets available for Mum. She had to wear a nappy. I said to her, *“They put nappies on everyone”* and I told her that I had one also as they were afraid of contracting Covid. I left Mum around 8am that morning. The porter told me that they tried to give her porridge, and she managed two spoonful’s, but she was getting extremely tired.

44. I pleaded all that morning to get back down to see my mother, but they said they were too busy. My brother and sister went to the hospital and waved through the glass at my mother until a nurse pulled down the blinds. At that stage Mum was distressed and appeared to be in pain as she was rubbing her hip. My sister Gail, who is a care home manager with extensive knowledge and experience in treating elderly patients at end of life, noticed that her oxygen saturation levels were in the 60’s, she appeared short of breath, she had a blue tinge around her mouth and her fingers were also blue. Gail pressed a buzzer to seek medical attention for her mother. It took 9 minutes for anyone to respond. Eventually two doctors came to speak to Gail about her concerns. Their opinion was that Mum was not in pain. Gail explained her background to the doctors and emphasised that our family wanted Mum to pass without pain and with the dignity she deserved. Gail begged the Doctors to give her Morphine or Midazolam. The doctors did not engage on this request, and we still don’t know whether the requested medications were administered. My brother Michael subsequently phoned me and said that the

hospital had called and informed him that they were taking the oxygen off Mum. I got back to Mum's ward at about 2pm. A head nurse said to me, "*If your mother isn't dead by 3pm you are back up to C block.*" I felt there was absolutely no empathy or compassion whatsoever. There was no dignity. All the patients dying did not even have a curtain around them.

45. My mother died later that afternoon. She wanted to be cremated but no one wanted to remove her pacemaker due to Covid, so we were not able to give her the sendoff she deserved. She is buried in Carnmoney cemetery.
46. I believe that the staff at the hospital had written my mother off before giving her a chance. There was a complete absence of partnership between the health professionals and my mother and family. My brother tried to speak to the health professionals, but he got nowhere. The only thing that was given to my mother was oxygen. I do not feel that they tried at all with Mum to provide her with adequate care or therapeutic treatment.
47. In relation to myself, I fell ill on 5 January 2021. I was supposed to go to work but I had to call in sick. On 7 January I received a positive PCR test. On 9 January I became breathless and sleepy, and I knew that I was not getting enough oxygen. On 10 January I began vomiting blood and I slept for 20 hours solid. I contacted the out of hours doctor and was advised to take some paracetamol. My temperature was extremely high, and I had to place towels on my head to cool down. I was not able to make it to the bathroom. On 11 January I rang the GP and explained that I was vomiting blood. He ordered an ambulance, but I was afraid of infecting the staff, so I made my own way to Antrim Area Hospital. I underwent chest x-rays and got a bed in A&E. I believe I was given Dexamethasone and told it was a trial medication. I was in a heart ward for a couple of days. Then I was moved upstairs to another Covid room. I rarely saw anyone. Nurses stayed outside the door because to come in they had to get their PPE on, so they did not come into the ward very often. There were no showers on the ward, no toilets, and everyone had to use a commode. I was given oxygen until the day I left hospital. My temperature was spiking, and I could also have been given paracetamol, but I am not sure. Eventually the drugs they gave me did make me feel better, although I was treated terribly. Nothing was really explained to me.

48. Other members of our group also raise problems about the therapeutics available to their loved ones. Deborah Braiden's father Arthur was admitted to hospital with a cardiac event. He was also diabetic. He apparently contracted Covid within the clinical setting. Deborah has serious concerns about the lack of medical interventions made available to her father. Deborah believes that he did not receive the bronchial treatment that should have been made available. On the other hand, it is Deborah's belief that her father was inappropriately given Midazolam given that he was a renal patient. Deborah has serious concerns about this.
49. Derek Glasgow also has concerns about the use of Midazolam. His mother, Ruth Margaret Elaine Glasgow, was admitted to Craigavon hospital with Covid in January 2021. Her family got her a phone so that they could chat to her. Initially she was on the ventilator, and she told them that she was feeling completely exhausted. Subsequently she rang and said that she was great and looking forward to breakfast. The next thing was that Derek's sister rang him to say that she had spoken to the doctor and their mother was not going to make it. Derek believes that his mother was given Midazolam and that this actively ended her life. Within four hours she went from talking about getting breakfast to dying.
50. Christine Tumlinson also has concerns about the use of therapeutics. Her father, James Gallagher, tested positive on 10<sup>th</sup> June 2020 and died on 3<sup>rd</sup> July 2020 at Downe Hospital. Christine is concerned that her father was taken off Diazepam while in hospital which she believes would have caused withdrawal because he had been on it for 10 years. Christine is also concerned that her father was given Midazolam. She retains her father's notes which show the doses of Midazolam administered.
51. Geraldine Anderson's husband of 40 years, Seamus, tested positive for Covid on 10<sup>th</sup> January 2021. On 14<sup>th</sup> January 2021 he was assessed at the Covid Assessment Unit in Altnagelvin Hospital, but he was sent home with a prescription to ease his stomach pain. Geraldine was shocked that he was sent home. On 15<sup>th</sup> January 2021 he was admitted to hospital and he passed away on 22<sup>nd</sup> February 2021. Geraldine was aware that ECMO machines could potentially help patients with Covid and asked if Seamus could be placed on this. She was informed that

there were none in Northern Ireland save in Newcastle. She was also informed that Covid patients wanting to use this machine needed to be detected earlier. She feels that if Seamus had been admitted earlier, he may have benefitted from treatment and therefore would have had a chance.

52. Sarah Jane Clarke's father, Ian Clarke, was vulnerable and suffered from Arthritis, Chronic Lung Disease and Seilty Syndrome. He was in remission from cancer since 2011. He tested positive for Covid and was admitted to hospital on two occasions for short periods and then sent home. He was then admitted on a third occasion. At this stage his family asked if he could be given medication to assist his lungs, but they were informed that it was too late and the damage had been done already. Sarah Jane questions why her father was not offered medication to assist his lungs when he was first admitted to hospital.

53. Julie McMurray's husband Robert went into hospital in December 2020 for a bowel operation. The operation was a success, but Robert was diagnosed with Covid on 19<sup>th</sup> January 2021 and died on 30<sup>th</sup> January 2021. Julie has reservations about the treatment that Robert was given. She has doubts about whether Robert was given appropriate medication.

54. Our group would like the Inquiry to consider these matters in particular, and to consider the failure of healthcare providers to adopt a "partnership approach" with patients and their families in their therapeutic treatment of Covid-19 (including with respect to the use of medication, ventilators, CPAP machines, ECMO machines, Midazolam, Dexamethasone, and other therapeutic interventions). I would like the Inquiry to consider the failure of healthcare providers to properly explain the available therapeutic options.

### **Therapeutics and Long Covid**

55. Before Covid I was not on any medication. Since Covid, I am on 9 or 10 different tablets a day. I have not been able to go back to work. Some of that may be down to grief but a lot of it is down to Covid. I am just not very well now. I never had mental health problems before and now I am on tablets for it. I went to the respiratory clinic in Whiteabbey and they sent me home because my oxygen levels

were not good, my blood pressure was through the roof, and I should not have been out. They came out to the house for about three weeks after that, but that was it. I understood from them that they are just being inundated with ailments and problems arising from Long Covid. The latest thing for me is that my interior muscles are just not working properly anymore. I am now quite immobile, and I never was before.

56. I am not happy with the therapeutic treatment that I am getting on an ongoing basis. I have been referred to a Long Covid clinic but when I ask questions they just say, "*We don't know.*" I have been to Antrim hospital, to Ballymena, to Whiteabbey, to Coleraine, and they just tell you, "*We are finding these things out, we don't know.*" It was the same as recently as last week.
57. I feel that the authorities are not putting enough effort into developing or trialing ways of treating Long Covid. My own perception is that there is a huge gap and a lot of people really need help but they are not getting it.

### **Engagement with State Entities**

58. On 14<sup>th</sup> April 2021 the Department of Health circulated correspondence relating to Visiting and Care Partner Arrangements in Care Homes. **See FC/3 – INQ000492267.** This was circulated to Martina Ferguson of our group in her capacity as a member of the Relatives Dementia Care Group. This refers to the establishment of a "Moving Towards Normalised Care Home Visiting in Northern Ireland Task and Finish Group." It also makes clear that, "*Ultimately the decision to permit visitors into a care home and how this is organized remains the responsibility of care home managers. Such decisions must continue to be based on a risk assessment and ensure safety of both patients/residents and the visitor. However, Providers must understand that continuing to operate a blanket ban on any type of visiting is no longer an option.*" Also relevant is the Department's correspondence dated 17<sup>th</sup> September 2021. **See FC/4 – INQ000381982.** Also relevant is the Department's correspondence dated 20<sup>th</sup> April 2022 (together with Appendices A and B). **See FC/5 – INQ000486008.**



59. On 16<sup>th</sup> June 2021 the BBC reported that Michael McBride told a Stormont briefing that at least three quarters of care home staff were already vaccinated, and that the number was probably a lot higher than that. **See FC/6 – INQ000492288**
60. As a result of this Martina Ferguson from our group contacted the Department of Health, the Public Health Agency and the Regulation & Quality Improvement Authority (RQIA) to ask how many care home staff there are in NI care homes. All three bodies indicated to Martina Ferguson that they do not hold the number of staff in care homes.
61. Subsequently on 2<sup>nd</sup> August 2021 Martina Ferguson from our group emailed the Department of Health and queried the source and provenance of 75% figure. **See FC/7 – INQ000486009.**
62. On 17<sup>th</sup> August 2021 the Department replied. **See FC/8 – INQ000486010.** This reply indicated that the information was self-reported by care homes through daily updates submitted through the Regulation & Quality Improvement Authority (RQIA) Web Portal.
63. Also, in August 2021 Martina Ferguson made a number of Freedom of Information requests on this issue to the RQIA (reference FOI/1529 and FOI/1563) and the PHA (reference FOI/123/21). **See FC/9 – INQ000087829.**
64. The RQIA and PHA both relied on s.22 of the Freedom of Information Act 2000 in their responses.
65. Our group would like to have clarity on the matters raised in the FOI requests, particularly the source and provenance of the information on the numbers of staff working in NI care homes and the proportion of vaccinated staff.
66. For completeness I also exhibit correspondence from the Department dated 6<sup>th</sup> August 2021 setting out updated advice from JCVI regarding children aged 16 and 17 years of age. **See FC/10 - INQ000348935.**

## Recommendations for the Future

67. Our group would like the Inquiry to consider recommendations relating to the following:

- a. The vital importance of a partnership approach between patients/patients' families and healthcare providers with respect to the provision of therapeutics, including at times of crisis; and the need for proper engagement by healthcare professionals with patients/patients' families in order to explain and advise on the available therapeutic options.
- b. The particular value of family contact and the value of using vaccination, etc. as a method of mitigating or removing any restrictions on family contact during a pandemic.
- c. The urgent need for adequate and dedicated research into Long Covid and the urgent need to develop and trial therapeutics for treating Long Covid.

**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.

**Signed:** \_\_\_\_\_

Personal Data

9/25/2024

**Dated:** \_\_\_\_\_