

Witness Name: Pauline Shepherd

Statement No.: 1 (Module 6)

Exhibits: PS/1 – 147

Dated: 17.12.24

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF PAULINE SHEPHERD

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I, **Pauline Shepherd**, of independent health and care providers, c/o UHY Hacker Young Fitch, Gordon Street Mews, 27-29 Gordon Street, Belfast, BT1 2LG, will say as follows:-

1. I am the Chief Executive Officer ('CEO') of independent health and care providers ('ihcp'). I have been in this role since May 2014.
2. I write this Statement in response to the letter from the Inquiry dated 9<sup>th</sup> May 2024. The documents referred to within this Statement are individually exhibited, following the relevant section of text.
3. I have been asked specifically to write this Statement and provide documentary evidence in relation to the impact of the Covid-19 pandemic on care providers in the United Kingdom, during the relevant period (that being 1<sup>st</sup> March 2020 and 28<sup>th</sup> June 2022). I understand that the Inquiry may, in due course, seek information on engagement at lower levels and/or that I may be contacted at other phases of the Inquiry.
4. ihcp was established in 1997 as a non-profit making membership organisation representing private, not-for-profit, charity and church-affiliated organisations providing residential and nursing home care, sheltered housing, day care and care in the home. The independent sector provides services to over 50,000 people across Northern Ireland every day and employs over 34,000 people. 15,000 of the 16,000 care home beds in NI and over 70% of the overall homecare support is provided by the independent sector.

5. The aim of ihcp is to influence positive change that enables members to provide and maintain good quality services through building constructive engagement with the key policy decision makers on social care. ihcp increases public awareness through regular media engagement and working closely with all stakeholders on social care issues including Regulation and Quality Improvement Authority ('RQIA'), Commissioner for Older People Northern Ireland ('COPNI'), Public Health Agency ('PHA'), Department of Health, Northern Ireland Social Care Council and Northern Ireland Health Trusts. ihcp has an alliance with the Homecare Association and is also a member of the Five Nations Care Forum. This Forum enables representative care organisations for Scotland, Republic of Ireland, Northern Ireland, Wales, and England to explore emerging models of care delivery, registration, regulation and government policy and identify areas of common concern; promoting inter-country collaboration where this is of value to service users and citizens.
6. ihcp is governed by a Board of Directors who are members of ihcp and are elected or re-elected to their role by members at each Annual General Meeting. The composition of the Board would have changed during the course of the pandemic. The current Board of Directors consists of the following members: -

- Cathal O'Neill – Director and Treasurer;
- Fiona McAnespie –Director and Secretary;
- JP Watson – Director;
- Ryan Williams – Director;
- Carol Cousins - Director;
- Jen Moore – Director;
- Dr Marina Lupari - Director;
- Wendy Waddicor – Director.

The Executive Team consists of the following independent appointees:

- Pauline Shepherd - part-time CEO;
- Heather Sleator - part-time consultant;
- NR part-time administrative support.

7. ihcp has 271 members, consisting of 80 residential care homes, 127 nursing care homes and 64 homecare providers (domiciliary care). Members provide services to older people and adults with learning disabilities.

#### ***Overview of Work of ihcp during the 'Relevant Period'***

8. During the Relevant Period, ihcp had a leading role in representing the concerns and views of the care home and homecare sector to the Minister for Health and Department of Health. The work of ihcp during this time included the following: -
- a. Engagement with Department of Health and other suppliers to secure the necessary supply of Personal Protective Equipment;
  - b. Regular engagement with the Department of Health, Health and Social Care Board ('HSCB'), Health Trusts, RQIA, PHA and COPNI;
  - c. Providing feedback from members to the Department of Health, initially regarding the lack of Covid-19 guidance, and then the frequent volume of confusing guidance;
  - d. Seeking to influence the Department of Health regarding the testing policy for staff, residents and all visitors;
  - e. Dissemination of all guidance and communication relating to Covid-19 including IPC, Track and Trace and vaccination roll-out;
  - f. Seeking to secure the necessary information for providers to make appropriate decisions based on informed risk assessments;
  - g. Supporting care homes in outbreak situations to secure staff to enable them to operate safely;
  - h. Briefing the Northern Ireland Assembly Committee for Health;
  - i. Providing frequent media interviews;
  - j. Securing timely and necessary funding to support the sector throughout the pandemic;
  - k. Meetings with the Health Minister, Chief Medical Officer and Chief Nursing Officer;
  - l. Conduit for information from the Department of Health and PHA to ihcp members;
  - m. Engagement on visiting policy and offering solutions;
  - n. Engagement with Trusts regarding psychological support to the sector;
  - o. Participation in Surge Planning;
  - p. Participation in Care Partner/visiting policy and its implementation;
  - q. Participation in the design and delivery of the vaccination roll-out programme;
  - r. Support for the sector in the roll-out of the RQIA Status Report Monitoring proforma;
  - s. Daily support communication to ihcp members.

## ***Assessment of Impact***

9. I have been asked to explain any work which ihcp did to assess the potential and actual impact of significant decisions. This includes, whether, and if so, how ihcp gathered information about, or assessed, the potential impact of Non-Pharmaceutical Interventions ('NPIs') on older people prior to the government in Northern Ireland making final decisions about their imposition. ihcp did not get the opportunity to assess the potential impact of significant decisions on older people, before these decisions were made by the government in Northern Ireland. In particular, ihcp did not have the opportunity of engagement with the government in Northern Ireland prior to these decisions being made. Decisions were communicated to ihcp by the relevant government departments, with a view to being implemented/actioned.
10. As regards the *actual* impact of NPIs upon older people, the decisions made by the Northern Ireland government were communicated to ihcp, following which these were communicated by ihcp to its members. Thereafter, ihcp received feedback from its members on the out workings and practicalities of the decisions which had been made by the government. When feedback was provided by members, this was communicated to the ihcp Board and decisions were taken either by myself or the Board as to whether to raise specific issues with Departmental Officials. ihcp did not conduct any surveys or research about the impact high level decisions were having on older people during the Relevant Period.
11. Communication on NPIs from ihcp members were via telephone contact or email to me and included the following: -
  - a. Quarantine policy and its impact on care home residents' well-being;
  - b. Testing policy and application to residents with dementia/learning difficulties;
  - c. Visiting policy and balancing the need to reduce the risk of covid transmission; with the need for residents to meet their family. Mitigations to manage the risks;
  - d. Discharge and testing policy from hospitals to care homes;
  - e. PPE policy for Care Homes and Homecare services;
  - f. Covid-19 outbreak management.

## ***Communication with the Northern Ireland Executive during the Relevant Period***

### ***Planning for the Pandemic***



12. Prior to February 2020, ihcp did not have any communication with the Northern Ireland Executive, Health Minister or Department of Health in relation to planning for the pandemic. There was no communication at Ministerial or Executive level with ihcp on planning for the pandemic.
13. All communications at this time relating to the pandemic were initiated by ihcp to the Department of Health, and questioned how the sector were to manage Covid-19. My first engagement with the Department of Health was on 27<sup>th</sup> February 2020, when I sought guidance and support from Departmental Officials on how Covid-19 should be managed in the care home and homecare sector, and specifically, whether there was any guidance for Northern Ireland similar to what had issued by the UK Government (Exhibit PS/1 (pages 1-3) - INQ000268057). On 28<sup>th</sup> February 2020, I received a telephone call from Ms Joyce McKee, Health and Social Care Board. During that call, Ms McKee committed to giving me weekly updates. I received an email from Ms McKee that day (Exhibit PS/2 (pages 4-9) - INQ000268116). These updates did not, however, take place. On 3<sup>rd</sup> and 6<sup>th</sup> March 2020, I emailed the Department of Health stating my concern that no one had been in contact with me (Exhibit PS/3 (page 10) - INQ000268127) and Exhibit PS/6 (pages 13-14) - INQ000397069). I also sent emails to RQIA on 3<sup>rd</sup> and 6<sup>th</sup> March 2020 (Exhibit PS/4 (page 11) - INQ000268138) and Exhibit PS/5 (page 12) - INQ000268149).
14. By letter dated 6<sup>th</sup> March 2020, I wrote to the Health Minister requesting a meeting with ihcp (Exhibit PS/7 (pages 15-16) - INQ000268171). The purpose of this meeting was to discuss a number of issues regarding the care home and homecare sector and the reform of adult social care services in Northern Ireland. On 20<sup>th</sup> March 2020, I received a response from [NR] Private Secretary to the Health Minister (Exhibit PS/31 (page 98) - INQ000268129). [NR] advised that due to significant pressures on the Minister's diary relating to developing situation caused by the Covid-19 virus, he was unable to meet with me at that time. I was asked, however, to resubmit my request to the Minister when the current situation had resolved.
15. On 9<sup>th</sup> March 2020,
- a. I emailed the Department of Health with regards to a teleconference between Trusts and the Public Health Agency (PHA) (Exhibit PS/8 (page 17) - INQ000397070);

- b. I received an email from the Department of Health outlining a number of actions and asking if I would be available for a twice weekly meeting (Exhibit PS/9 (page 18) - INQ000268192);
- c. I received an email from the Chief Executive Officer of the RQIA advising that they had not issued guidance from the RQIA and directing me to the Department of Health Northern Ireland and Department of Health England for most up to date information (Exhibit PS/10 (page 19) - INQ000268058);
- d. I responded to the RQIA that day to outline my concerns about the lack of advice to the sector (Exhibit PS/11 (page 20) - INQ000268069).

16. On 11<sup>th</sup> March 2020, I emailed RQIA as a result of guidance that had been issued by RQIA that day (Exhibit PS/12 (pages 21-24) - INQ000397063).

17. On 11<sup>th</sup> March 2020, I attended a meeting with a number of HSCB senior staff to outline ihcp's concerns. There was a commitment made to hold a workshop with the independent sector the following week, but this did not happen. This workshop was to answer the concerns of the independent sector regarding guidance on managing Covid-19 and workforce planning, and deploying resources between the sectors to where it was most needed. I was not provided with any minutes of this meeting for agreement. I did, however, send an email to ihcp Directors following this meeting by way of update (Exhibit PS/12(a) (pages 24(i)-(ii) - INQ000516726).

18. On 12<sup>th</sup> March 2020, I received an email from the Department of Health, stating the intention to put out a communication pointing to the Public Health England guidance and referring to a meeting with the CMO that day (Exhibit PS/13 (page 25) - INQ000268091). I did not receive an invitation to attend the meeting with the CMO.

19. On 12<sup>th</sup> March 2020, I received an email from the HSCB outlining the agreements reached during the meeting on 11<sup>th</sup> March (Exhibit PS/14 (pages 26-27) - INQ000268102).

#### *Significant Communications / Meetings*

20. On 12<sup>th</sup> March 2020, the Chief Social Work Officer ('CSO'), Department of Health, issued a letter and interim guidance to registered providers, entitled '*Interim Guidance for social or community care and residential settings on COVID-19 at 12/03/2020*' (Exhibit PS/15 (pages 28-42) - INQ000268111).

21. On 13<sup>th</sup> March 2020,

- a. I sent an email to the Department of Health, regarding the sourcing of PPE (Exhibit PS/16 (pages 43-44) - INQ000268112);
- b. I received a response from the Department of Health, advising as to the appropriate person to contact (Exhibit PS/17 (page 45) - INQ000268113);
- c. I sent a further email to the Department of Health seeking advice on this issue and considered that a centralised approach needed to be taken (Exhibit PS/18 (page 46) - INQ000268114);
- d. I sent a further email to the Department of Health asking that I be informed as to BSO's response regarding PPE and that the feedback I received was that providers could not source PPE (Exhibit PS/19 (page 47) - INQ000268115);
- e. I received an email from the Department of Health advising that the guidance issued says that if providers cannot source their own PPE they should work with the Trusts (Exhibit PS/20 (page 48) - INQ000268117);
- f. I sent an email to the Department of Health advising that providers are reporting not being able to source PPE (Exhibit PS/21 (page 49) - INQ000268118);
- g. I received a response from the Department of Health, stating that the Trust would still utilise the buying power of the HSC, using BSOs expertise and buying power, and that it was unlikely BSO could engage directly with all the providers separately (Exhibit PS/22 (page 50) - INQ000268119).

22. By email dated 13<sup>th</sup> March 2020, I was asked to attend the Northern Ireland Assembly Committee for Health to provide, on behalf of ihcp, a briefing on any issues I wished to raise in relation to the Covid-19 situation, including the pressures and concerns regarding Covid-19 in the care home and homecare (domiciliary care) sector (Exhibit PS/23 (page 51) - INQ000268120). I was also asked to make contact ahead of the briefing if I had any papers or information. ihcp had no role in, nor had never been requested to attend, any Assembly meeting prior to the Covid-19 pandemic.

23. On 16<sup>th</sup> March 2020, I received emails from the Department of Health regarding a meeting to discuss coronavirus guidance for the independent sector (Exhibit PS/25 (page 57) - INQ000268122 and Exhibit PS/26 (page 58) - INQ000268123). I also received a copy of the draft guidance for care homes and homecare services (entitled '*COVID-19: Guidance for Nursing and Residential Care Homes in Northern Ireland*' and '*COVID-19: Guidance for Domiciliary Care Providers in Northern Ireland*') which

was shared in strict confidence. This was provided in advance of my attendance at a meeting later that day to discuss the guidance (Exhibit PS/24 (pages 52-56) - INQ000268121). (Full copies of the guidance documents are shown at Exhibit PS/27 (pages 59-81) - INQ000268124). I attended the meeting on 16<sup>th</sup> March and outlined my concerns about the guidance, including: -

- Interactions between the HSC and providers (which was not the case). I believe there was reference to engagement between Health and Social Care and providers, which had not happened. There was no discussion about the guidance before it was issued;
- Financial sustainability not referred to in relation to domiciliary care;
- Clarity needed on how services and clients are being prioritised in terms of care delivery;
- PPE, in terms of providers supplying their own and the shortage of general PPE;
- Concerns were also expressed at the meeting by the RQIA regarding lack of specific guidance;
- Request for flow charts and diagrams to be included like those issued by Belfast Trust;
- Need for one point of source for information;
- Need for common practice across all Trusts;
- Surge staffing plans;
- Guidance in relation to suspected cases, self-isolating residents, diagnosed cases;
- Contact protocol;
- Oxygen/paracetamol/antibiotics supplies;
- Falls management / anticoagulants;
- Notifications to Trusts/RQIA of possible Covid-19;
- Case volumes;
- Management of the death of a confirmed case;
- Dispensation of NISCC registration;
- Waiver of access NI renewal;
- Additional funding for LD in absence of day care provision;
- Student nurse allocation;
- RQIA inspections;
- Trust agreement on reach and care reviews;
- Pre admission screening methodology.

I was not provided with any minutes of this meeting for agreement.

24. On 17<sup>th</sup> March 2020, I received an email from the Department of Health, enclosing a letter the Chief Social Work Officer ('CSO') sent to 'Registered Providers' together with the issued guidance entitled '*COVID-19: Guidance for Domiciliary Care Providers in Northern Ireland*' and '*Covid-19: Guidance for Nursing and Residential Care Homes in Northern Ireland*', both dated 17<sup>th</sup> March 2020 (Exhibit PS/27 (pages 59-81) - INQ000268124).

25. On 18<sup>th</sup> March 2020, I received an email response from the CSO advising that, in respect of PPE, Trusts are being told to consider their independent provider partners alongside their own needs. I sent an email to the Department of Health, expressing concern about the lack of support and guidance (Exhibit PS/28 (page 82) - INQ000268125 and Exhibit PS/29 (pages 82-84) - INQ000397065).

26. On 19<sup>th</sup> March 2020, I attended and provided a briefing to the Northern Ireland Assembly Committee for Health, by remote session. Ms Agnes Lunny, Chief Executive of Positive Futures also provided a briefing. The official Hansard transcript of the Health Committee proceedings is shown at Exhibit PS/30 (pages 85-97) - INQ000268128. During the briefing, I raised a number of concerns which covered a range of topics, including: -

- Timely and consistent guidance and contact support from the PHA, RQIA and the Department of Health;
- Shortage of Personal Protection Equipment ('PPE');
- Staffing problems and redeployment of staff between sectors;
- Reducing unnecessary bureaucracy;
- Continuity of services, both throughout and after the pandemic;
- Impact of lockdown and restricted visits;
- Engagement on planning and communication generally;
- Medical supplies (oxygen, paracetamol and antibiotics);
- Testing of new admissions to care homes.

27. During this briefing, the proceedings were paused to announce that the first Covid-19 death had occurred in Northern Ireland. A series of questions were asked by the Health Committee members during the proceedings, which included the following issues: -



- Guidance, including the use of PPE, that had been issued by the Chief Social Work Officer, Sean Holland on 18<sup>th</sup> March 2020;
- The reduction of bureaucracy (in relation to regulations and recruitment) and the impact if RQIA inspections were reduced.

28. On 23<sup>rd</sup> March 2020, a joint letter from ihcp and a number of homecare provider members was sent to the Health Minister and senior officials, setting out the sector's dissatisfaction and frustrations surrounding insufficient leadership and action from the Department of Health and Trusts in relation to the Covid-19 challenge (Exhibit PS/32 (pages 99-101) - INQ000397066). As a result of this letter, a meeting between ihcp and the Health Minister took place. I was not provided with any minutes of this meeting for agreement. I am unable to locate any record of the meeting and what was discussed or agreed/the outcome.

29. On 26<sup>th</sup> March 2020, I received a letter from the Health Minister in response to ihcp's engagement with Departmental Officials on a number of issues of concern (Exhibit PS/33 (pages 102-106) - INQ000268131). This letter confirmed a number of commitments including: -

- Working together and support to the sector, including a dedicated support line and app for domiciliary care and care home providers (staffed by experienced RQIA inspectors);
- Inclusion of care workers in the Access NI Priority 1 definition, and legislative changes being made to the vetting process;
- New mechanisms for oversight of Trusts meeting requests for PPE, which should include how they are meeting requests from the independent sector;
- Deferral of Northern Ireland Social Care Council ('NISCC') registration fees and a high-risk concerns focus on regulatory oversight;
- A pragmatic approach by RQIA regarding provider queries;
- The introduction of Covid-19 specific teams to provide domiciliary care to clients in their own homes who are symptomatic;
- The expansion of testing of health and social care workers;
- A commitment regarding funding support.

30. On 27<sup>th</sup> March 2020, I received an email from the Department of Health enclosing a copy of a letter from the CSO to HSC Trust Chief Executives, regarding domiciliary care provision (Exhibit PS/34 (pages 107-115) - INQ000268132). Within that letter, the



- CSO drew attention to (and enclosed a copy of) the Health Minister's letter dated 26<sup>th</sup> March (as above). The CSO also addressed issues concerning Trust Covid teams for domiciliary care, PPE provision and financial issues.
31. On 27<sup>th</sup> March 2020, I received an email from the CNO, enclosing updated guidance on visiting in hospitals and care homes issues, entitled 'Covid-19 Draft Visitors Advice' and 'Visitors Guidance FAQ' (Exhibit PS/35 (pages 116-118) - INQ000268133). On the same date, the CSO issued the letter to HSC Trust Chief Executives. This was copied to the Permanent Secretary, CMO, CNO, RQIA, HSCB and PHA.
32. On 28<sup>th</sup> March 2020, I received an email from the Department of Health, enclosing guidance from the CMO on PPE, entitled '*HSS(MD)19/2020 – Personal Protective Equipment (PPE) – update to service*' (Exhibit PS/36 (pages 119-127) - INQ000268134).
33. On 29<sup>th</sup> March 2020, I sent an email to the CNO and Department of Health about the impact of news on visiting and availability of PPE (Exhibit PS/37 (page 128) - INQ000268135). I have no record of what the actual news on visiting was.
34. As a result of the letter dated 27<sup>th</sup> March, on 30<sup>th</sup> March 2020 I wrote to the Chief Executives of the five Northern Ireland Health Trusts regarding the Health Minister's commitments, and sought assurance on how homecare services would be supported by the Trusts to ensure on-going service delivery during the pandemic (Exhibit PS/38 (page 129-130) - INQ000268136). I am unable to locate any responses from any of the five Trusts / the Chief Executive Officers.
35. On 9<sup>th</sup> April 2020, I wrote to the Health Minister regarding emergency funding for nursing and residential homes (Exhibit PS/39 (pages 131-132) - INQ000268137). Within that letter, I outlined the unprecedented increase in costs experienced by nursing and residential homes as a direct result of the Covid-19 pandemic. These pressures were caused as a result of the need to increase staffing levels to deal with Covid-19, increasing numbers of staff isolating or shielding, increasing demand for PPE, as well as enhanced cleaning and rising insurance costs. This letter sought parity with increases in the care home funding support provided in England. I also sought a meeting with the Health Minister. I did not receive any reply to this letter. I referred to the lack of response to this letter within my further letter dated 20<sup>th</sup> April 2020.

36. On 9<sup>th</sup> April 2020, I received an email from the Public Health Agency containing a public health information message for the Easter holidays (Exhibit PS/40 (pages 133-134) - INQ000268139).

37. On 20<sup>th</sup> April 2020, I wrote to the Health Minister regarding emergency funding for homecare services (Exhibit PS/41 (pages 135-136) - INQ000268140). Within that letter, I reiterated the commitment by Sean Holland, Deputy Secretary, (as outlined previously by the Minister) that *'Where a domiciliary care visit is not completed because a care worker is not let into the home the provider should not be financially penalised for this either now or later'*. I set out that this commitment was not being complied with by Health Trusts and that there was a significant adverse impact on homecare services in terms of funding pressures. I also outlined the pressures from staffing, enhanced cleaning, PPE and lower Northern Ireland tariff rates for homecare services. I did not receive any response to this letter. Funding issues were, however, taken up through meetings with Departmental Officials.

38. On 20<sup>th</sup> April 2020, I wrote to the Health Minister expressing serious concerns about a number of issues the sector was facing, and sought urgent consideration of, and assistance to find urgent solutions for, the pressures being faced by care homes and homecare (Exhibit PS/42 (pages 137-139) - INQ000268141). These pressures included the following: -

- Continued replenishment of PPE and clarity on PPE guidance;
- Concerns about how a policy on testing for residents was being implemented and managed;
- Criticality of pre-admission testing of patient discharged from hospitals to care homes;
- Possibility of care homes refusing admission to care homes where they see a risk to current residents;
- On-going financial pressures in homecare services and care homes;
- Inclusion of social care staff in wider staff support initiatives;
- Appreciation for inclusion of social care staff in the Department of Health psychological support services;
- A suggestion that ihcp should be included in a 'lessons learnt' review at the end of the pandemic;
- A request for a meeting with the Health Minister, following on from my request on 6<sup>th</sup> March 2020 which had been refused due to the pressures of Covid-19.

I did not receive any response to this letter. The above issues were, however, taken up with Departmental Officials.

39. On 20<sup>th</sup> and 29<sup>th</sup> April 2020, I was in text communication with the Health Minister's Special Adviser, Mr Mark Ovens regarding a meeting with the Minister (Exhibit PS/43 (page 140) - INQ000268142). On 29<sup>th</sup> April 2020, I had a telecon with the Health Minister and his Special Adviser. During this call, I discussed with the Minister the above letter, and in particular in relation to issues around testing, PPE and funding pressures in both Care Homes and Homecare services. I did not receive any minutes of this meeting for agreement. I have no other details of the content of the discussion other than that already stated.
40. On 26<sup>th</sup> April 2020, I received an email from Mr Mark Lee, Department of Health with regards an embargoed press release for guidance and funding announcement (Exhibit PS/45 (pages 142-187) - INQ000268144). I also received a text message from Mr Lee regarding the embargoed press release (Exhibit PS/44 (page 141) - INQ000268143).
41. On 30<sup>th</sup> April 2020, I sent an email to Mr Lee regarding the press release, and raised a number of issues, including testing, safe homes, staffing – surge planning and definition of an outbreak. I received a response from Mr Lee that day (Exhibit PS/46 (pages 188-189) - INQ000268145 and Exhibit PS/47 (page 190) – INQ000268146).
42. On 13<sup>th</sup> May 2020, I received an email from the Department of Health, enclosing a letter from the CNO dated 11<sup>th</sup> May 2020 (Exhibit PS/48 (pages 191-199) - INQ000268147). This letter provided an update to visitor guidance for end-of-life patients and enclosed a document entitled '*Principles for End of Life Care: Facilitating Patient Visiting at end of Life during COVID 19 Pandemic*'.
43. On 15<sup>th</sup> May 2020, I received a telephone call from the Clerk of the Northern Ireland Assembly Committee for Health, requesting that I provide a written brief on the Covid-19 disease response in the independent sector. I spoke with the Assembly clerk that day regarding the Assembly's expectations for the meeting. I then received an email from the Assembly clerk forwarding me a copy of the Department of Health News Release dated 13<sup>th</sup> May 2020 (Exhibit PS/49 (pages 200-202) - INQ000268148). Thereafter, I received a call from the NI Assembly Clerk on 15<sup>th</sup> May asking me to attend on 21<sup>st</sup> May 2020.

44. On 15<sup>th</sup> May 2020, I received a letter from the CSO and CNO, regarding the Covid-19 'Safe at Home' model (Exhibit PS/50 (pages 203-213) - INQ000268150).

45. On 18<sup>th</sup> May 2020, I provided an outline brief to the Northern Ireland Assembly Committee for Health in advance of the Committee meeting on 21<sup>st</sup> May 2020 (Exhibit PS/51 (pages 214-216) - INQ000397067). This brief included an update on some of the issues raised during the Health Committee meeting on 19<sup>th</sup> March 2020, including:-

- PPE;
- Surge Planning and staff deployment;
- Funding support;
- Testing issues;
- Restricted visiting and the impact on residents and families;
- Regulations and registration;
- Communication concerns.

I also outlined the current focus and way ahead in respect of the following issues: -

- The need to reduce the risk of transmission within, and entering into, care homes;
- Antibody testing;
- Rolling programme of repeat testing challenges;
- 'Safe Homes' project (staff 'live in' options pilot);
- Mobile testing and outreach teams;
- Reform and investment in social care;
- Training and terms and conditions.

46. On 18<sup>th</sup> May 2020, I received a copy of the Health Minister's announcement regarding the roll out of testing to residents (Exhibit PS/52 (page 217) - INQ000397068).

47. On 21<sup>st</sup> May 2020, I attended and provided a briefing to the Committee for Health. The official Hansard transcript of the Health Committee proceedings is shown at Exhibit PS/53 (pages 218-228) - INQ000268153.

48. During the briefing, I provided an update on the issues raised during the Committee briefing on 19<sup>th</sup> March 2020 (including in relation to PPE, surge planning and staff deployment, financial support, testing, restricted visiting, regulations and registration, and communication). I also addressed issues of current focus, including antibody

testing, testing/rolling programme, 'Safe at Home' project, pre-admission testing, outreach teams, and reform and investment in social care. A series of questions were asked by Members of the Legislative Assembly ('MLAs') and answered during the briefing, in respect of the following topics: -

- Measures that could be taken to reduce the ability of Covid-19 entering the care home sector;
- Testing, including pre-admission testing to nursing and care homes;
- The 'Safe Home' project;
- Communication;
- Whether the care home sector was left behind;
- Assistance from RQIA;
- A review of the care home sector at the end of the pandemic;
- Provision of PPE;
- Funding for care homes.

49. On 1<sup>st</sup> June 2020, I attended a teleconference with the Health Minister regarding testing policy. During this meeting, I raised issues regarding Covid free residents going into a Covid positive Emergency Department, which was reported to PHA. I was not provided with any minutes of this meeting for agreement.

50. On 22<sup>nd</sup> June 2020, I wrote to the Health Minister to seek a meeting to discuss the future for care home and homecare services (Exhibit PS/54 (pages 229-230) – INQ000268154). Within that letter, I raised an issue with regards to addressing current and ongoing funding issues for both care homes and homecare services. In anticipation of a future spike in the pandemic, I requested urgent engagement on the strategic direction of the independent care home and homecare industries.

51. By letter dated 29<sup>th</sup> June 2020, the Health Minister agreed to meet to discuss the strategic direction of care home and homecare services (Exhibit PS/55 (page 231) - INQ000268155). The meeting was scheduled for 30<sup>th</sup> July 2020.

52. On 28<sup>th</sup> July 2020, I was invited to a teleconference briefing by the CMO, regarding the regular programme of Covid-19 testing for all care homes (commencing on 3<sup>rd</sup> August 2020). That teleconference briefing took place on 28<sup>th</sup> July, during which we discussed the testing policy in care homes. I expressed my concerns regarding the extremely short lead in time, capacity to carry out testing, preparation/assessment for readiness



and the challenge of repeat testing on dementia and learning disability residents. I was not provided with any minutes of this meeting for agreement. Following the teleconference, I sent an email to the Department of Health, dated 28<sup>th</sup> July 2020 (Exhibit PS/56 (page 232) - INQ000268156).

53. Following the teleconference, I received a letter from the CMO, dated 29<sup>th</sup> July 2020 (Exhibit PS/57 (pages 233-235) - INQ000268157). Within this letter, the CMO confirmed that the testing programme (previously announced by the Health Minister on 18<sup>th</sup> May 2020) was to be made available for all care home staff and residents (including care homes which did not, and had not, experienced a Covid-19 outbreak). The CMO also outlined the details of how the testing programme would be applied.

54. On 30<sup>th</sup> July 2020, I and a number of ihcp Directors attended a meeting with the Health Minister and discussed a range of issues including: -

- Engagement with the sector/silo working;
- ihcp's role in co-production and representation of the sector;
- Clarification of lines of responsibility between the CMO / CNO and clarity for the sector;
- Continuing and additional pressures on providers;
- Need to continue the good practice in place during Covid, in readiness for a second wave / not revert;
- Homecare and Care Home pilots;
- Assurance on continued supply of PPE;
- Complexity of care managed in the sector.

I was not provided with any minutes of this meeting for agreement. I have also been asked to indicate who attended this meeting. I am, however, unable to find a note of the ihcp Directors who attended this meeting with me. I have no other information relating to this meeting or outcomes/what was agreed.

55. On 31<sup>st</sup> July 2020, I sent an email to the Department of Health, following up on the implementation of the testing policy (Exhibit PS/58 (page 236) - INQ000268158). I considered that we needed an urgent meeting to discuss the policy and roll out plan.

56. Following the meeting on 30<sup>th</sup> July 2020, I sent a letter to the Health Minister, dated 4<sup>th</sup> August 2020 (Exhibit PS/59 (page 237) - INQ000268159). Within that letter, I thanked



- the Minister for the meeting and expressed a desire for ihcp to work in partnership with Health and Social Care, but highlighting the capacity issues this created for a small organisation. I sought a response to this letter within my further letter dated 16<sup>th</sup> November 2020.
57. On 6<sup>th</sup> August 2020, I sent an email to the Department of Health regarding the cumulative effect of issues in care homes (Exhibit PS/60 (page 238-239) - INQ000268161). Within that email, I asked that the systems and support for care homes remained in place for the foreseeable future and that any move to try and get to 'business as usual' should be delayed, that we need to work together and that we also need to be preparing for a second wave of COVID in care homes.
58. On 7<sup>th</sup> August 2020, I received emails from the Department of Health, seeking to arrange a meeting in respect of my email dated 6<sup>th</sup> August (Exhibit PS/61 (pages 240-243) - INQ000268162).
59. On 14<sup>th</sup> August 2020, ihcp attended a meeting with various stakeholders, including the Department of Health and RQIA. During this meeting, a number of issues were raised on behalf of ihcp, including, working together, cumulative effect of all the demands, inspections, testing, visiting, developing/changing guidance, grants/funding, reversion to pre-COVID processes, monitoring/auditing/surveys, communication with ihcp, Trusts alignment, absence of RQIA, flu vaccination, Homecare and surge planning. Following this meeting, I sent an email to various parties dated 17<sup>th</sup> August 2020 (Exhibit PS/62 (pages 244-254) - INQ000268163).
60. On 1<sup>st</sup> September 2020, I sent an email to the Department of Health, forwarding communication I had received from Southern Trust and requesting his help (Exhibit PS/63 (page 255) - INQ000268164). I received a response from the Department of Health stating that they were waiting for a letter to clear with the Minister (Exhibit PS/64 (page 256) - INQ000268165).
61. I emailed the Department of Health on 2<sup>nd</sup> September 2020 regarding funding for care homes and homecare services (Exhibit PS/65 (page 257) - INQ000268166), and received a response dated 3<sup>rd</sup> September 2020 (Exhibit PS/66 (page 258) - INQ000268167). I was disappointed and frustrated by this response, and sent a further email to the Department of Health that day (Exhibit PS/67 (pages 259-260) - INQ000268168). I received a further email from the Department of Health, setting out

that a paper was still going to the Minister with a funding proposition once it had been worked through (Exhibit PS/68 (page 261) - INQ000268169). I responded to this email, stating my frustration regarding delay and lack of communication, and requesting clarity on the timeline for funding (Exhibit PS/69 (page 262) - INQ000268170).

62. On 3<sup>rd</sup> September 2020, I sent a text message to the Health Minister (Exhibit PS/70 (pages 263-265) - INQ000268172). The Health Minister gave me his personal mobile number and suggested that I use it if needed. This was at the height of Covid-19 in care homes. I only used it if I could not get action from officials and only for those instances provided in this statement. I also had the mobile contact numbers of some officials (those being Mr Mark Ovens and Mr Mark Lee), and used these for urgent issues, as referred to within this statement. At the time, things were frenetic, there was little time to record or take notes of issues, it was the only way to get urgent messages through, and we were firefighting with limited resources.

63. In respect of the 3<sup>rd</sup> September 2020 text message, I advised the Health Minister that I was facing mounting pressure from (ihcp) members about the lack of progress on funding support, and that the sector felt that they were being 'strung along' by the Department. I also advised that ihcp Directors met with (Departmental) Officials on 9<sup>th</sup> July 2020 and had an open book look at business accounts. ihcp were told that a paper would be with us by the end of July. I set out that I had been trying since then to identify where this was and who was responsible, however, felt I was just getting the 'run around'. I informed the Health Minister that I was steering the ihcp Board to escalate this by formal letter to the Health Minister, but that an increasing number of Board members were wanting the 'media route'. I did not, however, want to add to the Health Minister's pressures at that time. I also flagged that I considered there to be serious under occupancy in some homes, and that I was concerned about where the unmet need for domiciliary care had gone in the community. I felt that these issues needed a strategic look in readiness for a second wave of the pandemic. I was happy to discuss these issues with the Health Minister if he considered it appropriate to do so. The Health Minister sent a text message reply that day saying that he would chase this, that I could let the Board know I had raised this directly with him, and that Mr Mark Lee, Director of Mental Health, Disability and Older People would be in contact with me that day.

64. On 10<sup>th</sup> September 2020, I attended a briefing with the CMO regarding an update about a number of issues being considered by the Northern Ireland Executive that day.

During this briefing, we discussed a number of key points, including restrictions in a number of post code areas across Northern Ireland, the message that people should not be concerned about this but should be careful and cautious about interaction, and advice to care homes in those areas affected regarding further visiting restrictions, a request for communication to the wider public and older people, that homecare needs to be factored into the considerations, whether positive cases actually highlighted particular demographics as a concern, communication on the number of asymptomatic cases, and a clear direction on visiting. I did not receive a copy of any minutes of this meeting for agreement.

65. On 11<sup>th</sup> September 2020,

- a. I sent an email to the Department of Health, requesting an update following the briefing with the CMO, and whether there was any progress with regards communication to care homes and families about visiting (Exhibit PS/71 (page 266) - INQ000268173);
- b. I received a response from the Department of Health that day advising that a letter to care homes would be shared shortly (Exhibit PS/72 (page 267) - INQ000268174);
- c. I was also in text communication with Mr Lee, Department of Health on that date (Exhibit PS/73 (pages 268-269) - INQ000268175);
- d. I received a further email from the Department of Health that day, enclosing a copy of the referred letter to care homes (Exhibit PS/74 (pages 270-273) - INQ000268176);
- e. I received a further email from the Department of Health on 11<sup>th</sup> September, regarding restrictions on care home visiting and suggested that a Q&A session / document may be required (Exhibit PS/75 (page 274) - INQ000268177).
- f. I sent a response that day in which I confirmed that that the draft letter was sufficient but agreed there needs to be a follow up Q&A (Exhibit PS/76 (page 275) - INQ000268178 and Exhibit PS/77 (page 276) – INQ000268179).

66. On 14<sup>th</sup> September 2020, I sent an email to Mr Lee, Department of Health requesting an update on the Q&As (Exhibit PS/78 (page 277) - INQ000268180). Mr Lee responded that day, stating that he had sent answers round for clearance, and was waiting for nursing and medical colleagues to come back to him to confirm (Exhibits PS/79 (page 278) - INQ000268181, Exhibit PS/80 (page 279) – INQ000268183 and Exhibit PS/81 (page 280) – INQ000268184). I sent a text message to Mr Lee,

- Department of Health requesting an update on the Q&A's (Exhibit PS/82 (pages 281-283) - INQ000268185). On 16<sup>th</sup> September 2020, I sent a further text message to Mr Lee requesting that someone contacted me urgently about payments, as a number of care homes had not been paid anything for three months (Exhibit PS/82 (pages 281-283) - INQ000268185).
67. On 21<sup>st</sup> September 2020, I was in contact with Mr Lee, Department of Health by text about an announcement on visiting, and the issue of extending visiting restrictions across Northern Ireland being on the agenda for the Executive's meeting (Exhibit PS/82 (pages 281-283) - INQ000268185).
68. The Minister provided an announcement on 21<sup>st</sup> September 2020.
69. On 22<sup>nd</sup> September 2020, I was requested to attend an urgent conference call with the CMO to update on Northern Ireland Executive decisions relating to care home visiting and restrictions for all care homes not just postcode areas. During this conference call, we were informed for the first time about 'Care Partners' and extending visiting beyond postcodes. ihcp would have expected to be consulted on the issue of Care Partner. We were seeking mitigations in the form of rapid testing of visitors and wanted to ensure that risks were fully assessed, and any appropriate mitigations taken. The Care Partner role was a new role which was not fully understood or communicated. It was, however, the independent businesses that carried the risk, not the Health and Social Care. I did not receive a copy of any minutes from this meeting for agreement. I am unable to recall who attended this conference call.
70. On 23<sup>rd</sup> September 2020, I received an email from the Department of Health, enclosing an advance copy of the draft care home visiting guidance (entitled '*COVID-19: Regional Principles for Visiting in Care Settings in Northern Ireland*') which was for implementation that day (Exhibit PS/83 (pages 284-321) - INQ000268186). I sent an email to the Department of Health that day, copied to the CMO and CNO in which I raised a list of points, including inconsistency in messages to the public, information necessary to carry out risk assessments, a Q&A on visiting for families and the general public, resources to manage visiting and testing, the urgent need to address the points in my correspondence and the need to clarify the role of Care Partner (Exhibit PS/84 (pages 322-323) - INQ000268187).

71. On 23<sup>rd</sup> September 2020, I received a letter from the Northern Ireland Assembly Committee for Health asking for the views of ihcp on a range of issues, to inform an inquiry into the impact of Covid-19 on care homes (Exhibit PS/85 (pages 324-328) - INQ000268188). A reply was sought by 19<sup>th</sup> October 2020. This request included consideration of a range of issues, including: -

- Discharges from hospital to care homes;
- Access to PPE;
- Testing in care homes;
- Funding and increased costs for care homes;
- Staffing issues and levels;
- Visitors;
- Regulation: RQIAs role, inspections & risk factors including public versus private ownership;
- Medical care within care homes and advance care planning; and
- Preparedness within the HSC and in care homes.

72. On 24<sup>th</sup> September 2020, I received a letter from the CNO and the CSO referring to new guidance that had been issued the previous day in relation to visiting in hospitals and care homes (Exhibit PS/86 (pages 329-333) - INQ000268189). This letter also included reference to the introduction of the role of 'Care Partners'. Care homes were expected to have completed the process for the introduction of 'Care Partners' as soon as possible, and by no later than 5<sup>th</sup> November 2020.

73. As a result of the letter from the CNO/CSO dated 24<sup>th</sup> September, I requested a meeting with the CNO. On 25<sup>th</sup> September 2020, I emailed the CNO to request a conversation regarding a number of issues causing concern in the sector. The CNO responded, stating that a meeting would be set up as soon as possible and asked that I gave her an idea of what the issues were. I responded to the CNO that day, setting out a list of issues to discuss, including testing delays and impact on being able to implement the visiting policy, testing of homecare staff, legal liabilities on decisions on visiting, staffing/resource problems, inflexibility of funding to assist with visiting, co-chair nomination for the project on enhancing clinical support, enhancing clinical care in care homes and the feasibility of Care Partners (Exhibit PS/87 (pages 334-337) - INQ000369659).



74. On 25<sup>th</sup> September 2020, I sent an email to the CNO and other senior officials, forwarding a copy of an email sent by an ihcp member to the RQIA regarding concerns and pressures in the sector. Within my email, I stated that I have issued many emails and had many meetings but was asking for someone in a senior position to help with these in a joined up way (Exhibit PS/88 (pages 338-340) - INQ000268190).

75. On 29<sup>th</sup> September 2020 I met with the CNO and other Departmental Officials via Zoom link to discuss care home provider concerns about the new visiting and 'Care Partner' guidance. This was a heated discussion, during which I expressed a number of concerns, including that,

- There had been no discussion with the sector about the new visiting policy / the role of Care Partner, and that it had been imposed without consideration of all the necessary factors or engagement;
- The necessary data was not available to enable providers to make the necessary risk assessments;
- Tests were not being returned within the required timescales. I also advised the CNO that testing needed to be sorted as any increased footfall into care homes needed routine testing and that the risks associated with the Care Partner role needed to be assessed;
- I also asked that Departmental communication to the public, about visiting in care homes, should spell out the risks of visiting and that it was impossible to eliminate the risk of Covid-19 entering a care home.

I was not provided with any minutes of this meeting for agreement. I am unable to elaborate on why I described this meeting as 'heated' other than being frustrated by the lack of engagement with the independent sector and the feeling that issues were being imposed.

76. By letter dated 30<sup>th</sup> September 2020, I wrote to the CNO with reference to our meeting on 29<sup>th</sup> September (Exhibit PS/89 (pages 341-344) - INQ000268191). Within that letter, I reiterated the issues raised during our meeting, including in relation to delays in test results for staff and residents, data on infection and transmission rates, staffing shortages, Care Partners, testing of care staff and testing of RQIA inspectors, agencies, public/employer liability insurance and public messaging. I also raised a number of related issues which ihcp had continued to raise with the Department of Health, but not yet received a response, including funding and ihcp's capacity to work in partnership and co-design/production. I also raised a further point which we had not



had time to previously address in respect of the programme of work on enhancing clinical care. In conclusion, I was unable to see how care homes would be able to take forward the guidance on visiting which had been issued, including meeting a deadline of 2<sup>nd</sup> November 2020 to have Care Partners in place.

77. On 1<sup>st</sup> October 2020, I emailed the CNO providing an article issued by the Welsh Health Board on visiting and stating that it very much aligned with the points we discussed at our meeting earlier in the week (Exhibit PS/90 (pages 345-346) - INQ000268193).

78. On 4<sup>th</sup> October 2020, I emailed the CNO outlining a proposal regarding care home visitor pods to assist with visiting (Exhibit PS/91 (pages 347-348) - INQ000397071). I do not believe I received any response to this email.

79. On 5<sup>th</sup> October 2020, I received an email from COPNI, enclosing updated Northern Ireland COVID 19 Regional Action Plan for Care Homes (Exhibit PS/92 (pages 349-353) -INQ000268195). This document was provided in advance of a meeting COPNI had set up with the Department of Health, HSCB, COPNI, PCC and AgeNI, which I was invited to attend.

80. On 5<sup>th</sup> October 2020, I attended the meeting set up by COPNI. The purpose of the meeting was to discuss the action plan arising from the Surge Plan. A number of points were raised during the meeting, including lack of engagement with families and residents, questions about the support to care homes to deliver action, policy decisions and the need to work in partnership and co-production and challenges about the Care Partner role. I raised a number of points, including surge planning, baselining the current position, RLI (Rapid Learning Initiative), a holistic view of the full impact on care homes, the document 'keeping care homes covid free', support needed for the sector, testing, integration of Homecare surge plan, and the cumulative effect of matters on care homes. I did not receive a copy of any minutes of this meeting for agreement.

81. On 6<sup>th</sup> October 2020, I received an email from the CNO in response to my email of 1<sup>st</sup> October, stating that we were 'ahead of the curve with our thinking' and that the issues are complex but not complicated (Exhibit PS/93 (page 354) - INQ000268196). On 7<sup>th</sup> October 2020, I emailed the CNO asking for an update on the issues of public

messaging, testing and funding as a result of our meeting about enablers to visiting (Exhibit PS/94 (page 355) - INQ000268197). I did not receive any response.

82. By letter dated 7<sup>th</sup> October 2020, I wrote to the Health Minister regarding the sustainability of care home and homecare services through the continuing Covid-19 pandemic (Exhibit PS/95 (page 356-357) - INQ000268198). Within that letter, I advised the Health Minister of a number of issues that remained unanswered and unresolved, including: -

- The apparent lack of connectedness between the Departments and the lack of decisions on issues that need urgent attention to support a sector through this challenging time;
- The sector feeling bombarded by documents, plans, monitoring returns, reporting, surveys, assurance requests, inspections and guidance;
- Lack of engagement on some elements of work and unreasonable demands with no discussion at all;
- Need for greater communication to resolve issues;
- Need for an escalation system to address critical issues.

I did not receive any response to this letter. I flagged the lack of response to this letter within my further letter dated 16<sup>th</sup> November 2020.

83. On 19<sup>th</sup> October 2020, I sent a letter to Mr Colm Gildernew, Chair of the Northern Ireland Assembly Committee for Health setting out ihcp's response to the request for information for the Inquiry into the impact of Covid-19 in care homes (Exhibit PS/96 (pages 358-362) - INQ000268199). This letter covered the list of areas in the original request, including: -

- Tests not always being available prior to discharge from hospital to care homes in line with policy; the need for discharge pathways for all Trusts; and the need for a universal approach to retesting discharged patients after 4-7 days to ensure covid-negative;
- Assurance on the continuity of supply of PPE and consistency of approach;
- Delays with National testing, local Trust testing capacity, and need for all footfall into care homes to be routinely tested;
- Funding and increased costs for care homes, plus staffing issues;
- Visiting and the range of systems in place to enable visiting;
- Regulation (in respect of RQIA inspections);

- Concerns about resourcing and funding to deliver on surge plans.

84. On 20<sup>th</sup> October 2020, I sent an email to the CNO following up on our meeting on 29<sup>th</sup> September 2020 and my letter of 30<sup>th</sup> September 2020 and asking for an update on the issue of Care Partner (Exhibit PS/97 (page 363) – INQ000268200). I received an email response from the CNO on 20<sup>th</sup> October apologising for the delay and confirming I would have a response the next day (Exhibit PS/97 (page 363) - INQ000268200).

85. On 21<sup>st</sup> October 2020, I received a letter from the CNO in relation to our meeting on 29<sup>th</sup> September and in response to my letters dated 30<sup>th</sup> September 2020, and email reminder of 20<sup>th</sup> October 2020 (Exhibit PS/98 (pages 364-367) - INQ000268201). This letter included the following: -

- An acknowledgement that there were some delays in testing, but that this was improving;
- That the data on infection and transmission rates available to the sector was under review;
- The Minister had announced that day the increased funding support for care homes;
- An acknowledgment that the Care Partner role was a complicated area and there was a need to work with providers on this. The CNO and CSO would both use any media opportunity to reinforce the message to the public that 'care homes cannot eliminate covid entering a home particularly as footfall increases';
- The Minister's announced plans for additional funding support for care homes.

86. On 21<sup>st</sup> October 2020, during a press conference, the Health Minister announced an additional £27m funding support for Care Homes to assist with testing/visiting and enhanced cleaning. The Health Minister also made reference to asking his officials to streamline the process for paying/claiming this funding. During that press conference, the CSO also made a statement regarding the money that had already been available to care homes for ipads etc, to enable visiting and that this was now being extended to be available to assist with the physical building adaptations to assist with visiting. The CSO reinforced the challenging balance between relaxing visiting and keeping residents safe.

87. On 22<sup>nd</sup> October 2020, I received an email from the Department of Health, attaching a draft paper on the Care Partner concept and seeking feedback by 30<sup>th</sup> October (Exhibit PS/99 (pages 368-384) - INQ000268202).
88. On 29<sup>th</sup> October 2020, I sent a text message to Mr Lee, Department of Health requesting a telephone call, to which I received a response (Exhibit PS/100 (pages 385-386) - INQ000268059).
89. On 30<sup>th</sup> October 2020, the Department of Health issued its guidance on the Care Partner role.
90. On 3<sup>rd</sup> November 2020,
- a. The CSO and CNO issued a letter regarding the Environmental Cleanliness in Care Homes and enhanced cleaning (Exhibit PS/101 (pages 387-388) - INQ000268060). Within that letter, it was confirmed that additional funding had been made available to support care homes to deliver enhanced levels of cleaning, but that the take-up of that funding had been very low to date;
  - b. I received an email from the Assembly Clerk to the Committee for Health, seeking clarification on a matter relating to how care homes were alerted to changes in surge levels (Exhibit PS/102 (pages 389-390) - INQ000397061). I responded by email dated 4<sup>th</sup> November 2020, confirming that ihcp had been asking for clarity on the visiting guidance and sought an alert system linked to surge levels, but had received no notification of same. I also asked for a copy of the document that was referred to within the Assembly Clerk's email (that being the 'Regional Principles for Visiting' document) (Exhibit PS/108 (page 398) - INQ000397062);
  - c. I received an email from the Department of Health regarding the press release regarding the COVID-19 Testing Programme in Care Homes – Weekly Testing of Care Home Staff (Exhibit PS/103 (pages 391-393) - INQ000268062).
  - d. I received advance notice by email of a CMO briefing on 5<sup>th</sup> November concerning a press release about care staff testing moving to weekly (Exhibit PS/104 (page 394) - INQ000268063, Exhibit PS/105 (page 395) -

INQ000268064 and Exhibit PS/106 (page 396) - INQ000268065);

- e. I sent a text message to Mr Lee, Department of Health stating that I was getting a lot of calls about funding for care homes. I requested confirmation as to whether there was any indication when the money and guidance would be ready to roll out. Mr Lee responded that day stating that a letter with headlines would be out that week (Exhibit PS/107 (page 397) - INQ000268066).

91. On 5<sup>th</sup> November 2020, I wrote to the CNO and the CSO regarding a letter that had been issued to providers on 3<sup>rd</sup> November 2020 relating to enhanced cleaning (Exhibit PS/109 (pages 399-400) - INQ000268068). Within the 5<sup>th</sup> November letter, I challenged some of the statements that had been made within the 3<sup>rd</sup> November letter regarding the enhanced cleaning fund policy. I also highlighted that ihcp had been continually bringing to the attention of RQIA and the Department of Health the increasing pressures that care homes were under due to staffing shortages, increasing testing and increased footfall management. I did not receive any response to this letter, however, the issues were picked up in discussions with Departmental Officials.

92. A telephone conference was arranged and held with the CMO on 5<sup>th</sup> November 2020. I was, however, unable to attend this call due to a last minute change of the time of the meeting (Exhibit PS/110 (pages 401-402) - INQ000268070). I did, however, send an email to the CMO and CNO that day, outlining a number of questions/issues that I wanted to raise at the briefing (Exhibit PS/111 (pages 403-404) - INQ000268071), including: -

- In relation to increase routine testing for staff in care homes, there had been no resource allocated for additional work to carry out any of the testing;
- Routine testing for anyone regularly attending a care home;
- Capacity to deliver testing both in pillar 1 and pillar 2;
- Testing for patients discharged from hospital to their own homes where homecare packages are required;
- Supported living settings;
- Problems with track and trace system;
- Rapid testing.



93. A meeting was scheduled to take place on 10<sup>th</sup> November 2020 with the CNO to refine the role of Care Partner. This meeting was, however, cancelled on 9<sup>th</sup> November 2020, with notification that it would be rescheduled. On 10<sup>th</sup> November 2020, I sent an email to the Department of Health enquiring when the meeting was to be rescheduled (Exhibit PS/112 (page 405) - INQ000268072). I received a response from the Department of Health that day, advising that the Public Health Agency would be taking the lead for this engagement and would be in contact to arrange a meeting (Exhibit PS/113 (page 406) - INQ000268073).
94. On 10<sup>th</sup> November 2020, I sent a text message to Mr Lee, Department of Health, thanking him for pushing through the care home funding. I also requested an update on homecare and further communications from Trusts. Mr Lee responded, stating as follows: 'Pushing on homecare. Had hoped to announce yesterday. Just waiting on sign off on bringing guarantee to an end'. I sent a further text message to Mr Lee that day asking if there was any word on the finer detail from Trust on the claim element from care homes, that there were a lot of queries and worries and whether there was any scope to work on any plan with the sector. On 11<sup>th</sup> November 2020, Mr Lee responded affirmatively. I also asked Mr Lee if there was scope to work together on the plan before it was finalised. Mr Lee confirmed that there would be scope 'on the application based bit', which I flagged was raising concern. I requested a meeting with Mr Lee and that we include some of the ihcp directors to feed into their proposals (Exhibit PS/114 (pages 407-409) - INQ000268074).
95. On 11<sup>th</sup> November 2020, I sent a further text message to Mr Lee, Department of Health asking if some of the ihcp directors could join the meeting with the Department of Health. Mr Lee responded that day, stating that he would aim to set up something next week involving ihcp directors (Exhibit PS/114 (pages 407-409) – INQ000268074 and Exhibit PS/115 (pages 409-410) - INQ000268075).
96. On 12<sup>th</sup> November 2020, I sent an email to the PHA setting out that I had been advised that the PHA are now taking the lead in developing the Care Partner model and that I was keen to engage on this as a matter of urgency (Exhibit PS/116 (page 411) - INQ000268076). I received a response from PHA later that day, advising that the Department of Health remained the lead for the work, that communication was going to be sent out to the sector regarding implementation of the policy (Exhibit PS/117 (pages 412-413) - INQ000268077). The response also included an attachment entitled 'Guidance for care homes on regular testing and what to do in outbreak situations',



which provided contact details in relation to testing (Exhibit PS/117 (pages 412-413) - INQ000268077).

97. On 13<sup>th</sup> November 2020, I received an email from the RQIA enclosing a letter issued from the CNO/CSO to Care Home providers regarding the implementation of Care Partners in care homes in Northern Ireland (Exhibit PS/118 (pages 414-440) - INQ000268078). Enclosed with that letter were the following documents: -

- Annex A – Letter from the CNO and CSO dated 24<sup>th</sup> September 2020;
- Guidance document entitled, '*The Care Partner – Additional information to further support implementation of the care partner concept*';
- FAQ document entitled, '*The Care Partner Frequently Asked Questions*';
- Care Partner booklet.

98. On 16<sup>th</sup> November 2020, I wrote to the Health Minister in relation to working in partnership, co-production and co-design (Exhibit PS/119 (pages 441-442) - INQ000268079). Within that letter, I expressed disappointment that the Minister's public statements in relation to the support he committed to give to the care home and home care sector during the pandemic were not being translated into behaviours (as outlined in my letters dated 4<sup>th</sup> August 2020 and 7<sup>th</sup> October 2020). This included: -

- On-going concerns about Care Partner and lack of engagement;
- Increasing pressures due to additional tasks with staff shortages;
- The handling of a press release in relation to the clinical analysis carried out by Dr Herity regarding correlation between hospital discharges and Covid-19 in care homes.
- With this letter, I enclosed a copy of the following correspondence:
  - Letter from ihcp to the Department of Health, dated 16<sup>th</sup> November 2020 (Re: Clinical Analysis of Discharge Patterns from HSC Hospitals in Northern Ireland during early 2020 and any Link with COVID-19 Outbreaks in Care Homes);
  - Letter from ihcp to the Chief Nursing Officer / Chief Social Work Officer, dated 16<sup>th</sup> November 2020 (Re: Visiting Guidance and Care Partner role);

I did not receive any response to my letter to the Health Minister. I flagged the lack of response to this letter within my further letter dated 23<sup>rd</sup> March 2021.

99. On 16<sup>th</sup> November 2020, I wrote to the Department of Health regarding the report on the 'Clinical Analysis of Discharge Patterns from HSC Hospitals in Northern Ireland during early 2020 and any link with Covid-19 Outbreaks in Care Homes' by Dr Herity (Exhibit PS/120 (pages 443-444) - INQ000268081).

100. On 16<sup>th</sup> November 2020, I wrote to the CNO and CSO regarding visiting guidance and the Care Partner role (Exhibit PS/121 (pages 445-446) - INQ000268082). Within that letter, I expressed concerns about their communication to care homes on 13<sup>th</sup> November 2020 regarding visiting, and in particular, the Care Partner role. This letter included the following:-

- Ihcp's agreement that there is a need to find a balance between managing Covid-19 and managing visits;
- The need for any risks to be mitigated (in particular, the risk of increasing footfall in care homes);
- Insurance issues, in terms of visiting policy and care partner requirements;
- That funding for supporting visiting had been announced by the Minister on 22<sup>nd</sup> October 2020, but was not yet available;
- Lack of response on the constructive feedback from ihcp on the documents issued regarding the Care Partner role.

I did not receive any response to this letter. I flagged the lack of response to this letter within my email to the Health Minister's Special Adviser, dated 21<sup>st</sup> January 2021 and letter to the Health Minister, dated 23<sup>rd</sup> March 2021.

101. On 16<sup>th</sup> November 2020, a letter was sent from the CMO, CNO and CSO to all registered providers (and copied to ihcp, amongst others) regarding hospital discharges and COVID-19 outbreaks in care homes, and the research commissioned by the Department of Health / report prepared by Dr Herity (Exhibit PS/122 (pages 447-448) - INQ000268083).

102. On 18<sup>th</sup> November 2020, I wrote to the Health Minister regarding rapid testing for care homes and homecare services (Exhibit PS/123 (pages 449-450) - INQ000268084). In this letter, I referred to recent letters outlining ihcp's concerns about the misalignment of Departmental visiting policy with the readiness of care homes to increase footfall and relax visiting. I asked that the Department urgently consider the rapid testing options available and suggested that these could be made available at the entrance to

care homes and results returned within 15 minutes. I also asked that homecare (domiciliary care) staff should be tested in line with staff in care homes. I did not receive any response to this letter. I referred the lack of response to this letter within my letters dated 1<sup>st</sup> December 2020 and 23<sup>rd</sup> March 2021, and an email to the Minister's Special Adviser dated 21<sup>st</sup> January 2021.

103. On 20<sup>th</sup> November 2020, I sent a text message to Mr Lee, Department of Health asking if the plan was on course to get a letter out today about the funding and grant process. Mr Lee responded that day, stating that this was being chased and that he would let me know once he had heard. Mr Lee sent a further text message stating that he had not managed to get a hold of finance colleagues, but that he was chasing this (Exhibit PS/124 (pages 451-452) - INQ000268085 and Exhibit PS/125 (page 452) - INQ000268086).
104. On 25<sup>th</sup> November 2020, I email the Department of Health, in which I forwarded a copy of my email to the CNO on 4<sup>th</sup> October regarding Visitor Pods, I also ask if rapid testing could be moved forward (Exhibit PS/126 (page 453) - INQ000268087).
105. On 25<sup>th</sup> November 2020, I attend a Ministerial briefing about care homes opening to visiting. I have no other information relating to this briefing, and cannot, therefore, confirm what was discussed or the outcome.
106. On 26<sup>th</sup> November 2020, I received an email response from the Department of Health, in which it was stated that there were some challenges with rapid testing, including accuracy of results (Exhibit PS/127 (page 454) - INQ000268088). I was advised that until I saw a line from the CMO or CSO or someone confirming an approach to use lateral flow tests in care homes, there should be no assumptions about what they may or may not be able to do in that context. Holding off on facilitating visits until lateral flow tests arrive was said not to be an advisable strategy. I respond to this email that day, providing a wide range of data on the reliability of rapid testing and stating that I considered these could ease problems with staffing and visiting (Exhibit PS/127 (page 454) - INQ000268088).
107. On 27<sup>th</sup> November 2020, a letter was circulated from the Department of Health regarding a financial support package announced by the Minister for Health (Exhibit PS/128 (pages 455-462) - INQ000268089).

108. On 28<sup>th</sup> November 2020, I texted the Health Minister requesting an urgent discussion around visiting and the Care Partner role (Exhibit PS/129 (pages 463-464) - INQ000268090). I set out that I was concerned about the pressure being placed on care homes to have Care Partners in place. I had flagged in letters concerns about the nature of the role without mitigating associated risks, but had received no replies. I felt that Officials had interpreted this as a reluctance to open doors to visiting, when in fact were enabling visiting, albeit with social distancing. I set out that keeping visitors out of care homes was certainly not what this was about. I requested an opportunity to discuss this issue with the Health Minister. I did not receive any reply to this text. I did not send (or receive) any further text messages to/from the Health Minister.
109. On 29<sup>th</sup> November 2020, I sent an email to the Department of Health regarding the Care Partner role (Exhibit PS/130 (pages 465-485) - INQ000268092). Within that email, I set out that I considered it would be useful to share feedback provided to ihcp on the subject of Care Partners, and attached a copy of that feedback. I also asked if I could be kept posted on the work by the Department of Health in respect of the Care Partner role.
110. On 30<sup>th</sup> November 2020, I received a letter from the Health Minister referring to my letter of 4<sup>th</sup> August 2020 (Exhibit PS/131 (page 486) - INQ000268093). This letter confirmed the Minister's continued commitment to support care homes and stated that there had been some excellent examples of partnership working between the sectors. Within that letter, the Minister also confirmed that there was no resource support available for ihcp.
111. On 1<sup>st</sup> December 2020, I wrote to the Health Minister again raising concerns about the role of Care Partner, how this policy was being taken forward and delays in allocation of the general support funding (Exhibit PS/132 (pages 487-488) - INQ000268094). I again requested that rapid testing should be put in place to reduce risk. I did not receive any response to this letter. I flagged the lack of response to this letter within my email to the Minister's Special Adviser, dated 21<sup>st</sup> January 2021 and letter to the Health Minister, dated 23<sup>rd</sup> March 2021.
112. On 10<sup>th</sup> December 2020, I sent a text message to Mr Lee, Department of Health requesting confirmation as to who he had sent my letter dated 16<sup>th</sup> November 2020, as I was seeking to follow up on this letter (Exhibit PS/133 (page 489) -

INQ000268095). Mr Lee responded, stating that he would see if he could get me something back that day (Exhibit PS/133 (page 489) - INQ000268095).

113. On 11<sup>th</sup> December 2020, the Minister released a statement about care homes reluctance to introduce the Care Partner role (Exhibit PS/134 (page 490) - INQ000268096).

114. By letter dated 15<sup>th</sup> December 2020, I wrote to the Health Minister expressing the extreme disappointment of ihcp about the Minister's statement on 11<sup>th</sup> December, when in fact we had been trying to engage with the Health Minister over a number of weeks (Exhibit PS/135 (pages 491-492) - INQ000268097). I outlined ihcp's responses to a series of comments that had been made by the Department and the Minister within the 11<sup>th</sup> December statement. I, again, requested an urgent meeting with the Minister to discuss this issue and the need for rapid testing. I did not receive any response to this letter. I flagged the lack of response to this letter within my letters dated 7<sup>th</sup> January 2021 and 23<sup>rd</sup> March 2021, and in an email to the Minister's Special Adviser dated 21<sup>st</sup> January 2021.

115. On 15<sup>th</sup> December 2020, I also wrote to the CMO in relation to rapid testing (Exhibit PS/136 (pages 493-494) - INQ000268098). I advised that I had been communicating with Health and Social Care for some weeks seeking clarity about rapid testing, and that I had received no reply to the issues raised. As such, I sought the CMO's help. I stated that care homes were concerned about allowing untested visitors into care homes, and had been working with the Department on a trial of lateral flow testing in 15 care homes. However, the pressure from Health and Social Care and families to relax visiting, against a backdrop of increasing community transmission, was a concern and that we were seeking to reduce risks using rapid testing. I provided links to relevant research concerning rapid testing and sought help from CMO. I did not receive any response to this letter. I flagged the lack of response to this letter within my further letter dated 7<sup>th</sup> January 2021.

116. On 16<sup>th</sup> December 2020, a letter was issued from the CMO/CNO regarding visiting and care partner arrangements and access to testing over the Christmas period (Exhibit PS/137 (pages 495-501) - INQ000268099). That letter enclosed a document entitled '*Access to COVID-19 testing for visitors to further support visiting arrangements within care homes over the Christmas period*'.



117. On 18<sup>th</sup> December 2020, a letter was issued by the CMO regarding Covid-19 testing arrangements for residential and nursing homes (Exhibit PS/138 (pages 502-517) - INQ000268100). Enclosed with that letter were the following documents:-

- Annex A - *'Covid-19 Testing Guidance for Care Homes'*;
- Annex B—*'Visiting and Care Partner Arrangements in Care Homes over the Christmas Period'*;
- Document entitled *'Covid-19 testing centres available over the Christmas period – available until Friday 8 January 2021'*.

118. On 18<sup>th</sup> December 2020, I received a letter from the Department of Health regarding the report on the 'Clinical Analysis of Discharge Patterns from HSC Hospitals in Northern Ireland During Early 2020 and Any Link With COVID-19 Outbreaks in Care Homes' (Exhibit PS/139 (pages 518-521) - INQ000268101).

119. On 22<sup>nd</sup> December 2020, I sent a further letter to the Department of Health regarding the report on the 'Clinical Analysis of Discharge Patterns from HSC Hospitals in Northern Ireland during early 2020 and any Link with COVID-19 Outbreaks in Care Homes' by Dr Herity (Exhibit PS/140 (pages 522-523) - INQ000268103).

120. On 23<sup>rd</sup> December 2020, the CNO/CSW issued letter to care home providers and HSC Trust Executives about discharges from hospital to care homes and related funding (Exhibit PS/141 (pages 524-526) - INQ000268104).

121. On 7<sup>th</sup> January 2021, I wrote to the Health Minister requesting engagement (Exhibit PS/142 (pages 527-531) - INQ000268105). Within that letter, I outlined in detail the list of outstanding matters that I had been raising in communication over several months and sought the Department's response and engagement on the issues. These included:

- Rapid/lateral flow testing;
- Care Partner role/definition;
- 'Forceful encouragement';
- Public/Employer liability insurance and funding;
- Engagement with the sector;
- A report prepared by Dr Herity, commissioned by the DoH on the transmission of Covid-19 from hospitals to care homes;
- Increase in transmission.

I also raised the following further matters with the Minister, involving:

- Current outbreaks;
- Outbreak status/visiting/staffing;
- Care Partner decision-making;
- Visiting v Care Partner arrangements;
- Vaccination programme;
- Proportionality;
- Extension of lockdown.

I, again, requested the opportunity to meet with/further discuss the above issues with the Department. I did not receive any response to this letter. I flagged the lack of response to this letter within my email to the Minister's Special Adviser dated 21<sup>st</sup> January 2021 and further letter to the Minister dated 23<sup>rd</sup> March 2021.

122. On 21<sup>st</sup> January 2021, I sent an email to the Health Minister's Special Adviser, Mr Mark Ovens, regarding correspondence that had not been responded to (Exhibit PS/143 (pages 532-533) - INQ000397064). I attached to that email copies of my letters to the Health Minister dated 16<sup>th</sup> November 2020, 18<sup>th</sup> November 2020, 1<sup>st</sup> December 2020, 15<sup>th</sup> December 2020 and 7<sup>th</sup> January 2021. I requested Mr Ovens help as the Health Minister's Special Adviser. I stated that I had exhausted all avenues to try to engage on the issues in the letters, and sought an urgent response. I recollect having a phone call with Mr Ovens. I unfortunately did not, however, make a note of that call or any further follow up communication. Furthermore, I was not provided with any minutes of this meeting for agreement.

123. On 21<sup>st</sup> January 2021, the Northern Ireland Assembly Committee for Health issued its Inquiry Report on the Impact of Covid-19 in Care Homes (Exhibit PS/144 (pages 534-666) - INQ000268107).

124. On 22<sup>nd</sup> March 2021, I sent a text message to Mr Lee, Department of Health enquiring about a bonus for staff. Mr Lee responded that day stating that they (the Department of Health) were still working through some of the practicalities, that he would touch base with colleagues and let me know if there was anything significant to know. (Exhibit PS/145 (page 667) - INQ000268108). Thereafter, the Health Minister established a Fair Work Forum which was taken forward by Officials.

125. On 26<sup>th</sup> April 2021, I received a text message from Mr Lee, Department of Health asking if I was available to speak (Exhibit PS/146 (page 668) - INQ000268109). Mr Lee stated that the Health Minister was keen to announce the creation of a care forum to look at terms and conditions in the sector, bringing together, IS, statutory sector and unions.

126. On 29<sup>th</sup> November 2021, I wrote to the Health Minister regarding concerns about visiting pathway meetings and the media coverage on visiting. I sought Department of Health support to bring balance to the narrative on access to visiting (Exhibit PS/147 (pages 669-670) - INQ000268110). ihcp was part of the Visiting Pathway Policy group, which was taken forward by the PHA. I did not receive any response to this letter.

127. I have been asked to draw together what I consider to have been the most significant decisions, actions or omissions that the Northern Ireland Executive or Ministers were responsible for in relation to care homes and/or domiciliary care (in terms of the response to the Pandemic). I cannot be specific on who the decision makers were in relation to some of these policies, however, the most significant decisions, actions and/or omissions were as follows:-

- Lack of overall pandemic clinical management strategy and communication system;
- Policy on supply of PPE: the independent sector were required to source their own PPE, and only if they were not able to procure were they then to seek help from Trusts;
- Policy on testing; the sector sought rapid testing to be available for all those attending care homes, in order to mitigate the risk of covid entering or moving around care homes;
- Funding support: the pressures from reduced occupancy levels and increased infection control measures were acknowledged, but the processes for providing funding for the sustainability of the sector were at times slow and time-consuming;
- Policy on visiting: the sector sought to reduce risks of Covid-19 transmission through rapid testing and controlling the numbers of visitors. Understandably, there was pressure from families to open up visiting, but equally some families were concerned about increased footfall, and care homes needed to mitigate any risks;

- Discharge policy and pressure put on care homes to accept admissions in the early days of the pandemic, when testing had not been commenced;
- The policy of cold calling relatives by Trust personnel to put in place DNACPR decisions on the care records of residents was damaging, and in some cases the decision was laterally reversed as families did not understand the consequences.
- Pressure to re-admit residents back into their care home from hospital when the resident was still positive with Covid-19, and the lack of understanding that, particularly in dementia settings it was not always possible to isolate those positive with Covid-19.

I have been asked to provide further elaboration, details and specific examples of the nature and source of the latter two bullet points/concerns on the part of ihcp, and what, if any, action was taken to escalate those concerns. I have no further information on these issues.

128. I have also been asked to address, the extent to which the Northern Ireland Executive and/or Ministerial decision making impacted upon the day-to-day operation of care homes. Everyone was under extreme pressure during the Pandemic and were seeking guidance. Guidance was frequently contradictory and was so voluminous, that it added more pressure to staff struggling to care for very ill people. Risk management was critical, however, the information to make informed risks was not always readily available, so providers had to make decisions with anecdotal information i.e. levels of Covid-19 in local areas. Increased infection control and donning/doffing of PPE was time consuming. Isolation of residents and change of PPE added stress for staff and required more time to manage. Managing family communication and reassurance also added pressure. Furthermore, the staffing resource to implement the policies and guidance was not considered, but rather it was expected that Care providers could accommodate all the additional processes at a time when their staff teams were depleted by Covid positive cases.

#### Statement of Truth

The facts stated in this witness statement are true to the best of my knowledge and belief.

Personal Data

Signed: **Pauline Shepherd**

Dated: *17 December 2024*



Witness Name: Pauline Shepherd

Statement No.: 1 (Module 6)

Exhibits: PS/1 – 147

Dated: 17.12.24

## UK COVID-19 INQUIRY

### WITNESS STATEMENT OF PAULINE SHEPHERD

#### EXHIBIT SCHEDULE

Exhibit	Paragraph Number	Internal Reference	Inquiry Reference
PS/1	13	Exhibit PS/1 (pages 1-3)	INQ000268057
PS/2	13	Exhibit PS/2 (pages 4-9)	INQ000268116
PS/3	13	Exhibit PS/3 (page 10)	INQ000268127
PS/4	13	Exhibit PS/4 (page 11)	INQ000268138
PS/5	13	Exhibit PS/5 (page 12)	INQ000268149
PS/6	13	Exhibit PS/6 (pages 13-14)	INQ000397069
PS/7	14	Exhibit PS/7 (pages 15-16)	INQ000268171
PS/8	15	Exhibit PS/8 (page 17)	INQ000397070
PS/9	15	Exhibit PS/9 (page 18)	INQ000268192
PS/10	15	Exhibit PS/10 (page 19)	INQ000268058
PS/11	15	Exhibit PS/11 (page 20)	INQ000268069
PS/12	16	Exhibit PS/12 (pages 21-24)	INQ000397063
PS/12(a)	17	Exhibit PS/12(a) (pages 24(i)-(ii))	INQ000516726
PS/13	18	Exhibit PS/13 (page 25)	INQ000268091
PS/14	19	Exhibit PS/14 (pages 26-27)	INQ000268102
PS/15	20	Exhibit PS/15 (pages 28-42)	INQ000268111
PS/16	21	Exhibit PS/16 (pages 43-44)	INQ000268112
PS/17	21	Exhibit PS/17 (page 45)	INQ000268113
PS/18	21	Exhibit PS/18 (page 46)	INQ000268114
PS/19	21	Exhibit PS/19 (page 47)	INQ000268115
PS/20	21	Exhibit PS/20 (page 48)	INQ000268117
PS/21	21	Exhibit PS/21 (page 49)	INQ000268118
PS/22	21	Exhibit PS/22 (page 50)	INQ000268119
PS/23	22	Exhibit PS/23 (page 51)	INQ000268120
PS/24	23	Exhibit PS/24 (pages 52-56)	INQ000268121
PS/25	23	Exhibit PS/25 (page 57)	INQ000268122
PS/26	23	Exhibit PS/26 (page 58)	INQ000268123
PS/27	23 & 24	Exhibit PS/27 (pages 59-81)	INQ000268124



PS/28	25	Exhibit PS/28 (page 82)	INQ000268125
PS/29	25	Exhibit PS/29 (pages 82-84)	INQ000397065
PS/30	26	Exhibit PS/30 (pages 85-97)	INQ000268128
PS/31	14	Exhibit PS/31 (page 98)	INQ000268129
PS/32	28	Exhibit PS/32 (pages 99-101)	INQ000397066
PS/33	29	Exhibit PS/33 (pages 102-106)	INQ000268131
PS/34	30	Exhibit PS/34 (pages 107-115)	INQ000268132
PS/35	31	Exhibit PS/35 (pages 116-118)	INQ000268133
PS/36	32	Exhibit PS/36 (pages 119-127)	INQ000268134
PS/37	33	Exhibit PS/37 (page 128)	INQ000268135
PS/38	34	Exhibit PS/38 (page 129-130)	INQ000268136
PS/39	35	Exhibit PS/39 (pages 131-132)	INQ000268137
PS/40	36	Exhibit PS/40 (pages 133-134)	INQ000268139
PS/41	37	Exhibit PS/41 (pages 135-136)	INQ000268140
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PS/43	39	Exhibit PS/43 (page 140)	INQ000268142
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PS/45	40	Exhibit PS/45 (pages 142-187)	INQ000268144
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PS/47	41	Exhibit PS/47 (page 190)	INQ000268146
PS/48	42	Exhibit PS/48 (pages 191-199)	INQ000268147
PS/49	43	Exhibit PS/49 (pages 200-202)	INQ000268148
PS/50	44	Exhibit PS/50 (pages 203-213)	INQ000268150
PS/51	45	Exhibit PS/51 (pages 214-216)	INQ000397067
PS/52	46	Exhibit PS/52 (page 217)	INQ000397068
PS/53	47	Exhibit PS/53 (pages 218-228)	INQ000268153
PS/54	50	Exhibit PS/54 (pages 229-230)	INQ000268154
PS/55	51	Exhibit PS/55 (page 231)	INQ000268155
PS/56	52	Exhibit PS/56 (page 232)	INQ000268156
PS/57	53	Exhibit PS/57 (pages 233-235)	INQ000268157
PS/58	55	Exhibit PS/58 (page 236)	INQ000268158
PS/59	56	Exhibit PS/59 (page 237)	INQ000268159
PS/60	57	Exhibit PS/60 (page 238-239)	INQ000268161
PS/61	58	Exhibit PS/61 (pages 240-243)	INQ000268162
PS/62	59	Exhibit PS/62 (pages 244-254)	INQ000268163
PS/63	60	Exhibit PS/63 (page 255)	INQ000268164
PS/64	60	Exhibit PS/64 (page 256)	INQ000268165
PS/65	61	Exhibit PS/65 (page 257)	INQ000268166
PS/66	61	Exhibit PS/66 (page 258)	INQ000268167
PS/67	61	Exhibit PS/67 (pages 259-260)	INQ000268168
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PS/69	61	Exhibit PS/69 (page 262)	INQ000268170
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PS/71	65	Exhibit PS/71 (page 266)	INQ000268173
PS/72	65	Exhibit PS/72 (page 267)	INQ000268174
PS/73	65	Exhibit PS/73 (pages 268-269)	INQ000268175
PS/74	65	Exhibit PS/74 (pages 270-273)	INQ000268176
PS/75	65	Exhibit PS/75 (page 274)	INQ000268177
PS/76	65	Exhibit PS/76 (page 275)	INQ000268178
PS/77	65	Exhibit PS/77 (page 276)	INQ000268179
PS/78	66	Exhibit PS/78 (page 277)	INQ000268180
PS/79	66	Exhibits PS/79 (page 278)	INQ000268181

PS/80	66	Exhibit PS/80 (page 279)	INQ000268183
PS/81	66	Exhibit PS/81 (page 280)	INQ000268184
PS/82	66	Exhibit PS/82 (pages 281-283)	INQ000268185
PS/83	70	Exhibit PS/83 (pages 284-321)	INQ000268186
PS/84	70	Exhibit PS/84 (pages 322-323)	INQ000268187
PS/85	71	Exhibit PS/85 (pages 324-328)	INQ000268188
PS/86	72	Exhibit PS/86 (pages 329-333)	INQ000268189
PS/87	73	Exhibit PS/87 (pages 334-337)	INQ000369659
PS/88	74	Exhibit PS/88 (pages 338-340)	INQ000268190
PS/89	76	Exhibit PS/89 (pages 341-344)	INQ000268191
PS/90	77	Exhibit PS/90 (pages 345-346)	INQ000268193
PS/91	78	Exhibit PS/91 (pages 347-348)	INQ000397071
PS/92	79	Exhibit PS/92 (pages 349-353)	INQ000268195
PS/93	81	Exhibit PS/93 (page 354)	INQ000268196
PS/94	81	Exhibit PS/94 (page 355)	INQ000268197
PS/95	82	Exhibit PS/95 (page 356-357)	INQ000268198
PS/96	83	Exhibit PS/96 (pages 358-362)	INQ000268199
PS/97	84	Exhibit PS/97 (page 363)	INQ000268200
PS/98	85	Exhibit PS/98 (pages 364-367)	INQ000268201
PS/99	87	Exhibit PS/99 (pages 368-384)	INQ000268202
PS/100	88	Exhibit PS/100 (pages 385-386)	INQ000268059
PS/101	90	Exhibit PS/101 (pages 387-388)	INQ000268060
PS/102	90	Exhibit PS/102 (pages 389-390)	INQ000397061
PS/103	90	Exhibit PS/103 (pages 391-393)	INQ000268062
PS/104	90	Exhibit PS/104 (page 394)	INQ000268063
PS/105	90	Exhibit PS/105 (page 395)	INQ000268064
PS/106	90	Exhibit PS/106 (page 396)	INQ000268065
PS/107	90	Exhibit PS/107 (page 397)	INQ000268066
PS/108	90	Exhibit PS/108 (page 398)	INQ000397062
PS/109	91	Exhibit PS/109 (pages 399-400)	INQ000268068
PS/110	92	Exhibit PS/110 (pages 401-402)	INQ000268070
PS/111	92	Exhibit PS/111 (pages 403-404)	INQ000268071
PS/112	93	Exhibit PS/112 (page 405)	INQ000268072
PS/113	93	Exhibit PS/113 (page 406)	INQ000268073
PS/114	94 & 95	Exhibit PS/114 (pages 407-409)	INQ000268074
PS/115	95	Exhibit PS/115 (pages 409-410)	INQ000268075
PS/116	96	Exhibit PS/116 (page 411)	INQ000268076
PS/117	96	Exhibit PS/117 (pages 412-413)	INQ000268077
PS/118	97	Exhibit PS/118 (pages 414-440)	INQ000268078
PS/119	98	Exhibit PS/119 (pages 441-442)	INQ000268079
PS/120	99	Exhibit PS/120 (pages 443-444)	INQ000268081
PS/121	100	Exhibit PS/121 (pages 445-446)	INQ000268082
PS/122	101	Exhibit PS/122 (pages 447-448)	INQ000268083
PS/123	102	Exhibit PS/123 (pages 449-450)	INQ000268084
PS/124	103	Exhibit PS/124 (pages 451-452)	INQ000268085
PS/125	103	Exhibit PS/125 (page 452)	INQ000268086
PS/126	104	Exhibit PS/126 (page 453)	INQ000268087
PS/127	106	Exhibit PS/127 (page 454)	INQ000268088
PS/128	107	Exhibit PS/128 (pages 455-462)	INQ000268089
PS/129	108	Exhibit PS/129 (pages 463-464)	INQ000268090
PS/130	109	Exhibit PS/130 (pages 465-485)	INQ000268092
PS/131	110	Exhibit PS/131 (page 486)	INQ000268093
PS/132	111	Exhibit PS/132 (pages 487-488)	INQ000268094

PS/133	112	Exhibit PS/133 (page 489)	INQ000268095
PS/134	113	Exhibit PS/134 (page 490)	INQ000268096
PS/135	114	Exhibit PS/135 (pages 491-492)	INQ000268097
PS/136	115	Exhibit PS/136 (pages 493-494)	INQ000268098
PS/137	116	Exhibit PS/137 (pages 495-501)	INQ000268099
PS/138	117	Exhibit PS/138 (pages 502-517)	INQ000268100
PS/139	118	Exhibit PS/139 (pages 518-521)	INQ000268101
PS/140	119	Exhibit PS/140 (pages 522-523)	INQ000268103
PS/141	120	Exhibit PS/141 (pages 524-526)	INQ000268104
PS/142	121	Exhibit PS/142 (pages 527-531)	INQ000268105
PS/143	122	Exhibit PS/143 (pages 532-533)	INQ000397064
PS/144	123	Exhibit PS/144 (pages 534-666)	INQ000268107
PS/145	124	Exhibit PS/145 (page 667)	INQ000268108
PS/146	125	Exhibit PS/146 (page 668)	INQ000268109
PS/147	126	Exhibit PS/147 (pages 669-670)	INQ000268110