

UK COVID-19 INQUIRY, MODULE 2C

WRITTEN OPENING SUBMISSIONS ON BEHALF OF THE COMMISSIONER FOR OLDER PEOPLE IN NORTHERN IRELAND

COMMISSIONER'S CONSTITUENCY

1. As of March 2021, Northern Ireland had an over-60s older population of approximately 439,600¹ representing some 23 percentage of its total population. Northern Ireland has some 473 residential care homes² catering for that population through about 11,400 care packages³, not including those for domiciliary care. Nearly all those care packages are commissioned from the private sector.
2. The disproportionate adverse impact of Covid-19 on that population is generally accepted with Northern Ireland's Minister for Health Robin Swann acknowledging: *"The COVID-19 pandemic has had a huge impact on older people: 90% of COVID-19 deaths in the first wave of the pandemic were in people aged over 65. Around half of COVID-19 deaths in Northern Ireland occurred in a care home"*⁴.
3. A more focused look at the available statistical material reveals that from 19 March 2020 to 14 October 2022, which roughly approximates to the period covered by this Module, there were 4,892 Covid-related deaths recorded in Northern Ireland. The figures show that the majority of these deaths were amongst older persons⁵. Furthermore, by 19 February 2021 alone, about a third of the way through that period, there had been 983 deaths of care home residents in Northern Ireland, the overwhelming majority of whom died in the care home itself and not in hospital⁶. It is unclear how many older people died of Covid-19 during the pandemic. It is also not clear how many older people died of conditions for which they were unable to obtain treatment due to the focus of the

¹ Census 2021 population and household estimates for Northern Ireland | Northern Ireland Statistics and Research Agency (nisra.gov.uk)

² Regulation and Quality Improvement Authority - Social & Healthcare Services Directory Northern Ireland | Regulation and Quality Improvement Authority (rqia.org.uk)

³ Statistics on community care for adults in Northern Ireland 2020/21 | Department of Health (health-ni.gov.uk)

⁴ <https://www.bgs.org.uk/sites/default/files/content/attachment/2020-11-02/Letter%20to%20Robin%20Swann%20from%20British%20Geriatrics%20Society%20Nov%202020%20for%20website.pdf>

⁵ <https://datavis.nisra.gov.uk/vitalstatistics/weekly-deaths-dashboard.html>.

⁶ 'Weekly deaths in Northern Ireland at - <https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Weekly%20deaths%20bulletin%20-%20week%20ending%2019th%20February%202021.pdf>

scarce NHS resources on dealing with the pandemic or saw those conditions worsen.

COMMISSIONER'S ROLE

4. The Commissioner for Older People in Northern Ireland was established in accordance with the Commissioner for Older People Act (Northern Ireland) 2011 ("**the Act**") with the principal aim, as enshrined in section 2(1), being to safeguard and promote the interests of older people in Northern Ireland. The mandatory duties of the Commissioner are outlined in section 3:

(1) The Commissioner must promote an awareness of matters relating to the interests of older persons⁷ and of the need to safeguard those interests⁸.

(2) The Commissioner must keep under review the adequacy and effectiveness of law and practice relating to the interests of older persons.

(3) The Commissioner must keep under review the adequacy and effectiveness of services provided for older persons by relevant authorities.

(4) The Commissioner must promote the provision of opportunities for, and the elimination of discrimination against, older persons.

(5) The Commissioner must encourage best practice in the treatment of older persons.

(6) The Commissioner must promote positive attitudes towards older persons and encourage participation by older persons in public life.

(7) The Commissioner must advise the Secretary of State, the Executive Committee of the Assembly and a relevant authority on matters concerning the interests of older persons—

(a) as soon as reasonably practicable after receipt of a request for advice; and

(b) on such other occasions as the Commissioner thinks appropriate.

5. The Commissioner represents the interests of potentially over 600,000⁹ older people and their families in Northern Ireland. The Commissioner deals with and represents individuals living in their own homes, those living at home but reliant on domiciliary care, those living in supported living or in residential care homes as well as those in hospitals and hospices and even some constituents confined to prison establishments. Statistics and lived experience would suggest that the Commissioner's constituents are uniquely vulnerable to experiencing long term

⁷ The meaning of "older person" is defined in section 25 as meaning aged 60 years or over, or aged 50 years or over if the Commissioner is of the opinion that a matter raises a question of principle

⁸ All emphasis in this written submission is added, save where it appears to the contrary

⁹ Including his statutory power under Section 25 of the Act to raise issues in respect of the over-50 population.

physical or mental health conditions¹⁰, loneliness¹¹ and to feel more significant physical impacts of being required to shield¹².

6. Given the level of co-morbidities in that demographic and the tendency for immune systems to weaken with age, that demographic was predictably vulnerable to respiratory viruses and compromised health outcomes if they survived.
7. The Commissioner has sought throughout the pandemic to deliver for them in accordance with his mandatory duties. Some of those duties are particularly pertinent to his actions in relation to Covid-19 and this Inquiry.
8. Pursuant to sections 3(2) and 3(3) of the Act, the Commissioner is required to keep under review the adequacy and effectiveness of law and practice relating to the interests of older persons and the adequacy and effectiveness of services provided for older persons by relevant authorities. This necessitated the acquisition of a detailed knowledge of the law and practice of the health and social care sector and the experience of older persons in the Northern Ireland regulatory and operational context. This is significantly different from the other jurisdictions as the Equality Act 2010 does not apply and the health and social care systems are integrated, with both limbs being under the responsibility and control of the Department of Health¹³. The Commissioner's particular concern about the preparation for and management of the pandemic, is the extent to which Northern Ireland may have squandered the advantages that should have accrued from its integrated system. The Commissioner urges the Inquiry to give the closest scrutiny to this issue.
9. The Commissioner's publications demonstrate the depth of knowledge in his office of the regulatory and operational context prior to the pandemic, such as its 2014 report to the Minister 'Changing the culture of care provision in NI', its 2015 report 'Prepared to Care? Modernising Adult Social Care in NI' and its 2017 report on the 'CMA Care Homes Market Study'¹⁴. These highlighted serious

¹⁰ <https://www.health-ni.gov.uk/sites/default/files/publications/health/hsni-first-results-20-21.pdf>

¹¹ https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Loneliness%20in%20Northern%20Ireland%20201920_0.pdf

¹² <https://www.ageuk.org.uk/globalassets/age-ni/documents/policy/lived-experiences-brochure-final.pdf>

¹³ This was through a complex structure that included 5 regional Health and Social Care Trusts, Health and Social Care Board (now closed) and the Department of Health. Pursuant to the Health and Social Care Act 2022 (Northern Ireland), the functions of the Health and Social Care Board transferred to the Strategic Planning and Performance Group of the Department of Health

¹⁴ https://www.copni.org/media/1122/changing_the_culture_of_care_provision_in_northern_ireland_pdf.pdf

https://www.copni.org/media/1121/prepared_to_care_modernising_adult_social_care_in_northern_ireland.pdf

concerns over the provision of care to older people pre-pandemic and identified recommendations for reform. The Commissioner's office was also in regular communication with the Health and Social Care Trusts, senior members of the Department of Health, the Chief Social Work Officer and the Director of Mental Health, Disability and Older People on issues relevant to his constituency of older people. His office also regularly submitted responses to Government consultations in respect of proposed policy and legislative reform.

10. The Commissioner's intimate knowledge of the delivery of care in care homes, including its failings comes from his considerable experience. Approximately 60% of the requests for individual assistance to the Commissioner relate to health and social care, including issues in respect of care homes. The Commissioner's knowledge and experience made him particularly well-placed to identify the problems that Covid-19 was presenting in care homes.

ENGAGING WITH THE ISSUES

11. Pursuant to section 3(1) of the Act, the Commissioner must promote an awareness of matters relating to the interests of older persons and of the need to safeguard those interests. Fundamental to the Commissioner's role of promoting awareness of matters relating to the interests of older persons, is staying connected with his constituency. This has included engagement in the following ways: his website, surveys issued by his office, engagement with and interviews to local and regional media outlets, social media, PR campaigns and by way of his Newsletter. Virtual engagements took on a new significance during the pandemic as an essential way for the Commissioner to maintain his direct liaison with his constituents while respecting public health guidelines and legal regulations. The Commissioner has engaged with literally hundreds of people in this group.
12. There was also regular media engagement with over 300 recorded in the first year of the pandemic alone. The Commissioner stayed connected with the concerns of older people and their families by in-person engagements, social media groups, surveys, and tracking responses to the website. Meetings with Age NI also took place to develop the 'Check in and Chat' telephone service for over 60's who felt isolated and lonely. COPNI was also actively engaged with the ScamwiseNI partnership. This involved regular engagement with the public by way of social media, keeping them abreast of current 'scams' to be aware of. Meetings also took place during the pandemic with the Independent Care Home Providers group. The Commissioner considered it vitally important to meet with campaign groups such as 'Care Home Advice and Support Northern Ireland' throughout the pandemic.

13. Additionally, the Commissioner took part in weekly meetings of the 'Older People UK Network' during the pandemic. This provided a forum for representatives of statutory and charitable organisations from the four nations of the UK to share information, co-ordinate public comment, and keep track of the frequently changing regulations in each region. This engagement highlighted not just the actions in all four nations of the UK but the particular position of Northern Ireland, which alone has an integrated health and social care system.

14. The Commissioner continues to engage with his constituents on a daily basis through the various means outlined above and, therefore, he is well-placed to reflect their views and concerns to the Inquiry. He will aim to do so during the course of his evidence to the Inquiry.

COMMUNICATING CONCERNS

15. An important purpose in engaging with older people and identifying their concerns and matters affecting them is communicating that to those who are in a position to make a difference, particularly public authorities. From the earliest days of the pandemic the Commissioner played a direct and significant role in relaying concerns to the responsible decision-making bodies at the highest level and regularly communicating updates to the older population on key developments throughout the pandemic by his website and dedicated staff on the ground with the first publication being on 12 March 2020¹⁵.

1. Pursuant to section 3(7) of the Act the Commissioner is required to advise the Secretary of State, the Executive Committee of the Assembly and any relevant authority on matters concerning the interests of older persons either upon receipt of a specific request or on any such other occasion as he considered it appropriate. In service of this duty, the Commissioner took on an extremely pro-active role during the pandemic. For example, the Commissioner was publicly calling for universal testing in care homes from as early as 23 April 2020. Throughout the pandemic he actively participated in and made recommendations at frequent pandemic response meetings with the Department of Health, the Public Health Agency and the Regulation and Quality Improvement Authority. On 4 June 2020, the Commissioner and his senior team gave a briefing to the Committee for Health by invitation¹⁶. Throughout the pandemic the Commissioner had direct engagement on Covid-19 issues with the Minister for Health, the Chief Medical Officer, Department of Health officials, The Office of the First and Deputy First Minister, Department for Communities, Age NI, RQIA, the Northern Ireland Human Rights Commission, Public Health Agency, Patient and Client Council and Independent Health and Care

¹⁵ [Coronavirus: Information for older people | COPNI | ...](#)

¹⁶ aims.niassembly.gov.uk/officialreport/minutesofevidencereport.aspx?AgendaId=22527&eveID=11931

Providers.¹⁷ The purpose of this was to use the information he had from older people and their families, together with his own knowledge and experience of the weaknesses in the health and social care sector for older people, to contribute to formulating and improving the response of decision-makers to the pandemic. The Commissioner's experience is considerable having been in post for two consecutive terms.

2. The Minister for Health's officials shared information with the Commissioner on a confidential basis as part of building up the range of available data to inform future decisions and evaluate the impact of measures. The Commissioner used his engagement with key individuals to address and seek to improve the Covid-19 response on matters such as lockdowns, shielding of the vulnerable and elderly, use of PPE and face masks, testing, the timing of Government interventions and the identification of at risk and other vulnerable groups in Northern Ireland, particularly in relation to care home residents. He considers that his engagement influenced the government's decision making at the time.
3. The Commissioner published various statements in Northern Ireland throughout the course of the pandemic on issues of relevance to the Terms of Reference and as outlined in his witness statement. The Commissioner's office engaged with very large numbers of elderly people and their families during the pandemic in relation to pandemic-related issues and continues to do so. It received queries and complaints from well over 400 individuals/families about pandemic-related issues requiring assistance from the Commissioner's legal advocacy workers and qualified solicitors.
4. The Commissioner has therefore been at the forefront of representing the interests of older people in Northern Ireland from the start of the pandemic through to the present and, in doing so within his unique statutory role, he has gained valuable expertise that would be of assistance to the Inquiry.

SPECIFIC CONCERNS

5. The Commissioner's overall concern about the preparation for the pandemic is the extent to which the recommendations for what was required to improve the delivery of health and social care in Northern Ireland, had not been put into practice, and yet its predictable implications for responding to a pandemic was not factored into policy. As to the management of the response to the pandemic, the Commissioner's overall concern is the extent to which in dealing with a pandemic that brought both health and social care challenges, the advantages that should have accrued to Northern Ireland from its integrated health and social care system were squandered.

¹⁷ 'Timeline of Engagement with Key Actors', Internal COPNI Document

6. In that context and given the high level of mortality and morbidity of older people due to the pandemic, the Commissioner has some specific concerns.

CONTRADICTIONS

7. The Commissioner has a concern about the apparent contradictions in the government's response in Northern Ireland to the detriment of its management of the response to the pandemic. The government had a responsibility to protect the people of Northern Ireland from the impact of the pandemic and it frequently sought to reassure the public that it was acting to protect the most vulnerable. Also, that provision of and guidance on the use of Non-Pharmaceutical Intervention ("NPIs") was part of that effort. Nevertheless, decisions were made, and action taken that were not consistent with the protection of the vulnerable. The most obvious example of this was the refusal to initially create *"a ring of steel to protect care homes from the virus with effective PPE and priority testing"*, only seeking to do so much later when it was too late.
8. It is now clear that some of the initial decisions that were subsequently altered, such as the quality and availability of PPE to care workers, discharge of older people from hospital to care homes, testing of staff working with older people living and care home residents, put vulnerable older people at increased risk of contracting Covid-19 to often fatal effect. This was very obviously the case in relation to those older people in care homes where, after continual engagement on the issue of testing policy, it was ultimately acknowledged in May 2020 that the *"pandemic has drawn particular attention to the fragility of the care home sector"*. The Minister of Health notified an expansion of testing to all care home residents and staff and that work being done to roll out a programme of testing for all care home staff. Unfortunately, by that time there had been a total of 269 registered deaths from Covid-19 in care homes¹⁸.

COMMUNICATIONS

9. Closely associated with the issue of 'contradictions' in the government's approach is the issue of failures in communications. It should go without saying that the effective management of the pandemic was not something that could be achieved by the government alone. It required the active cooperation of stakeholders to discharge their functions in accordance with the government's guidance and the willingness of the public to abide by the restrictions imposed. Central to such a response was trust and confidence in what the government required and why. This in turn was dependent upon properly involving stakeholders in the development of the guidance, or at the very least in providing them with an

¹⁸ 'Weekly deaths in Northern Ireland at - https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Historical%20Weekly%20Deaths%20Bulletin%20-%20Week%20ending%208th%20May%202020_0.pdf

adequate explanation, and an openness and consistency in communications with the public.

10. However, that was not always the approach taken. The structure of social care for older people in Northern Ireland is heavily dependent upon a privately owned set of care homes and nursing homes who contract with the Health and Social Care Trusts (“HSCTs”) to provide accommodation and other services to older people under a regional contract. There are some 473 residential care homes¹⁹ catering for older people through about 11,400 care packages²⁰, not including those for domiciliary care. The significance of this service sector to the formulation and implementation of guidance to control the impact of the pandemic on older people should have been obvious to the government from the outset. Yet in many instances there was an inexplicable failure to engage with it to harness its experience to improve the formulation of policy, as well as to explain how the new regulations were intended to operate to maximise their effectiveness.
11. During the first wave of the pandemic, care homeowners were not afforded a meaningful opportunity to assist the government by providing information and feedback that could be factored into the development of policy and guidance. A good example is provided by draft ‘Covid-19: Guidance for Domiciliary Care Providers in Northern Ireland’, which was provided in the morning of 16 March 2020, to be discussed at a meeting that afternoon, and then to be finalized and published the next day. The government’s objectives were not properly discussed, there was insufficient time to respond to and address the concerns care home owners and others expressed about confused terminology, operational constraints, and the likelihood of unintended consequences. Some of these difficulties did materialize and leading to a loss of efficiency and effectiveness. Perhaps more significantly and arising from the inevitable consequence of a combination of the structure of the system, particular provisions in the guidance, and the scarcity of PPE, was the competition for PPE that developed between the care homes delivering social care to HSCT residents and the hospitals delivering health care to HSCT patients. This was unhelpful and counterproductive. More than that, it risked undermining the trust and confidence necessary to operate collaboratively to deliver the most effective care possible to protect lives.

AGEISM

¹⁹ Regulation and Quality Improvement Authority – Social & Healthcare Services Directory Northern Ireland | Regulation and Quality Improvement Authority (rqia.org.uk) at - [https://www.rqia.org.uk/what-we-do/register/services-registered-with-rqia/rqia-register/all-care-homes-\(including-rqia-service-id\)/](https://www.rqia.org.uk/what-we-do/register/services-registered-with-rqia/rqia-register/all-care-homes-(including-rqia-service-id)/)

²⁰ Statistics on community care for adults in Northern Ireland 2020/21 | Department of Health (health-ni.gov.uk) at - <https://www.gov.uk/government/statistics/statistics-on-community-care-for-adults-in-northern-ireland-2021>

12. One of the more concerning aspects for older people and their families of the government's response to the pandemic in Northern Ireland was that in certain instances it gave the appearance of reflecting ageist prejudices. This seemed to arise out of the government's determination to 'protect the NHS' by preventing hospitals from becoming overwhelmed by the increase in admissions. Whilst a laudable objective, the real issue became how to manage such a high rate of very sick Covid-19 patients and how best to allocate the required but scarce resource of ICU beds and ventilators.
13. The Commissioner recognized that the allocation of medical resources during a fast-developing pandemic can raise complex ethical issues for health care providers and professionals. He understood that an ethical group had been formed to provide guidance and assumed that an 'ethical framework' would be established as had been the case in 2017 in the event of pandemic flu²¹. However, nothing was ever disclosed about any such group and its work during the Covid-19 pandemic and the public was left unaware of its existence and role, which might have assuaged some of the concerns about decision-making around the treatment of older people. This would have been particularly helpful given the high death rates of older people dying in care homes without admission to hospital and access to the specialist nursing care, ventilators, and other mechanical intervention available there.
14. Rather, a real fear was allowed to develop amongst older people and their families that age was being used as a criterion for making those decisions, rather than a clinical requirement such as a person's capacity to benefit from admission and treatment. These fears were sufficient to prompt the Commissioner, along with others who participated in what became known as 'Four Nations meetings' (Chief Executives of Age UK and Independent Age, Older People's Commissioner for Wales, Chief Executive Age Cymru, Chief Executive Care Scotland, and Chief Executive Age Scotland), to release joint statements on issues such as the rights of older people to treatment during the pandemic and on older people being pressurized into signing Do Not Attempt CPR forms. However, the Commissioner considers that it should more properly have been the task of government to provide the necessary assurance to the public about treatment, i.e., that the position was not as they feared and as was subsequently revealed in Sir Patrick Vallance's diaries with reference to Prime Minister Boris Johnson that "*older people [should be] accepting their fate*" and 'letting younger people get on with

²¹ Guidance; 'Pandemic flu planning information for England and the devolved administrations, including guidance for organisations and businesses', 2017 at - <https://www.gov.uk/guidance/pandemic-flu#ethical-framework>

their lives during the pandemic' and that "Covid is just nature's way of dealing with old people – and I am not entirely sure I disagree with them"²².

DISCRIMINATION

15. Allied to the issue of ageism is that of discrimination. Clearly older people were disproportionately affected by the pandemic. It is a matter for the Inquiry to determine whether there is any evidence of direct or indirect age discrimination in the government's response to the pandemic in Northern Ireland. Such a possibility highlights another issue of real concern to the Commissioner. It is a mandatory duty for the Commissioner as provided by section 3(4) of the Act to promote "the elimination of discrimination against older people". He and his predecessor have called for the introduction of legislation to protect older people from age-based discrimination.

16. The Programme for Government for the period 2011 – 2015 recognised the need for age discrimination legislation in the provision of goods, facilities, and services. Accordingly, it included a specific commitment to enact his legislation. However, Programme for Government draft outcomes framework consultation document published in March 2021²³ does not include a specific 'Outcome' addressing the needs of older people. This is despite the Executive's paper 'New Decade, New Approach' stating "an Age, Goods, Facilities and Services Bill should also be brought forward by the Executive as basis for ensuring that no one is discriminated against because of their age" and despite more than 10 years having elapsed since the government's commitment, there still being an absence of age discrimination legislation in Northern Ireland in relation to the provision of goods, facilities, and services.

17. In those circumstances and given the experience of older people during the pandemic, the Commissioner published a report in March 2024, 'Are you ageist? Older people's perceptions of ageism in Northern Ireland'²⁴. Currently Northern Ireland is an outlier. No one in Scotland, England and Wales can lawfully be discriminated against in the provision of goods, facilities, and services due to their age. Accordingly, the Commissioner has called in his report for legislation to be developed to ensure that older people are given the same legal safeguards in Northern Ireland as in other UK regions.

²²

<https://www.theguardian.com/uk-news/2023/oct/31/boris-johnson-favoured-older-people-accepting-their-fate-covid-inquiry-hears>

²³ <https://copni.org/assets/general/resources/march-2021-programme-for-government.pdf>

²⁴ <https://copni.org/assets/general/resources/are-you-ageist-copni-report-on-ageism-in-northern-ireland.pdf>

18. The Commissioner hopes that the Inquiry can consider that legislative difference between Northern Ireland and the rest of the UK and the impact it may have had in the development of any policy or the provision of any guidance that disproportionately affected older people, with a view to considering making recommendations to address it.

OBJECTIVE FOR THE INQUIRY

19. The Commissioner is not only concerned about the sheer number of older people that suffered or died, but the extent to which it was avoidable.

20. From as early as the end of what became known as the 'first wave', the Commissioner was advocating for there to be an investigation, particularly into what happened in care homes, so that lessons would quickly be learned to ensure that proper measures could be put in place. The Commissioner is eager for this Inquiry to conclude as soon as possible so that its recommendations can be reflected into future planning. Whilst the next occurrence of a pandemic in the UK cannot be known with any certainty, it seems sensible to anticipate another pandemic at some stage, and it cannot safely be assumed that it will be in the distant future.

21. The Commissioner's main objective for his participation in the Inquiry is to assist the Inquiry as much as he can from his experience and expertise in arriving at a clear understanding of what went wrong during the pandemic in relation to the impact on older people, so that the lessons are properly learned to ensure, insofar as is possible, that the mortality, morbidity, and sheer trauma experienced is avoided in the event of another pandemic.

22. The Commissioner is strongly of the view that despite the experience from 'exercise Cygnus' to assess the UK's preparedness and response to a flu pandemic outbreak, and all the modelling talent and epidemiological expertise available to government it failed in its most basic of tasks; to ensure that the public would be as safe as possible from the impact of a pandemic. A high price was paid for that failure by older people and those professionals and family who cared for them. He wishes to do all that he can to ensure that a similar price is not paid through any failure in pre-pandemic planning or pandemic management.

CONCLUSION

23. The statistics in relation to older people's experience of the pandemic are stark:

"90% of COVID-19 deaths in the first wave of the pandemic were in people aged over 65. Around half of COVID-19 deaths in Northern Ireland occurred in a care home".

24. The percentage of deaths would be even higher were those of 60 years and over included. Whilst the high numbers of older people who died at such an alarming rate in care homes remains shocking, it fails to adequately convey their experience. Frequently they died isolated from their loved ones. They are likely to have found what was happening to them, the loss of physical contact and the absence of familiar family, not only incomprehensible at times but extremely frightening. For some older people in care homes, the first wave happened in the end stage of their lives.
25. Many older people who did not die during the pandemic nonetheless suffered considerably during lockdown and the repeated periods of isolation imposed by their care homes or the need to shield in their own homes. Residents in care homes were frequently restricted to their own room and denied the opportunity to socialize with other residents who lived under the same roof. This lack of social contact frequently led to a deterioration in physical health and often brought about a decline in mental health. For some those whose mental powers were already in decline, the opportunity to have any appreciable contact with someone they recognized was lost before that contact could be re-instated. For others who were in end stage of their lives, the absence of their family and friends, and limited physical interaction with care staff meant that this precious end-of-life period frequently had a very limited quality.
26. The Commissioner's absolute priority is to work with the Inquiry to assist in finding out what happened and why, what lessons might be learned for the future and move as quickly as reasonably possible to the issuing of effective recommendations for the future benefit of all in Northern Ireland.

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**Monye Anyadike-Danes KC
Bobbie-Leigh Herdman, Lara Smyth, and Aislinn Brady
Counsel for the Commissioner**

**Aimee Miller and Diane Rowan
Solicitors for the Commissioner
Legal Services, COPNI**