

ORAL STATEMENT TO THE AD HOC COMMITTEE BY HEALTH MINISTER ROBIN SWANN – THURSDAY 14 MAY 2020 – COVID-19 UPDATE

Introduction

Good afternoon, and thank you for accepting my request to address you again here today.

I welcome this opportunity, and am keen to ensure openness, transparency and clear communication, with you as elected representatives, and with those you represent, in relation to the management of this ongoing emergency.

I can assure that my Department is doing all it can, along with the support of the whole Health and Social Care system, and with my Executive colleagues, to manage the impact of Covid-19 and mitigate its worst effects.

And in that, I - and those battling every day with this disease - are reliant on the continued good will and cooperation of the public, in seeking to protect each other from the spread of this disease, and protect the capacity of our front line services.

Regulations/Easing of Restrictions

You will have seen the changes made to the regulations which have come into effect in England in recent days, and you will have also seen the Executive's plan for how Northern Ireland transitions into a new phase of recovery.

Let me state once more that our approach to the easing of restrictions will be guided by science, and not by the calendar.

In these challenging times, the only thing we can say with certainty is that moving too swiftly to ease restrictions risks throwing away the progress we have all united to achieve in recent weeks.

I would like nothing more than to be able to tell everyone that everything is going to be alright, and that the worst is behind us. We have achieved much in recent weeks, and I am proud of the response of our health and social care workers in particular, and a better place is in sight.

Recovery

I wish to give members an update today on the recent developments with regards to surge planning, and the initial work being undertaken by my Department with regards to recovery.

As part of the preparations for the first wave, our priority was to ensure that the health and care system had sufficient capacity to deal with the rising numbers of Covid-19 patients.

During March and April critical care units across Northern Ireland implemented the regional critical care surge plan, providing the capability for the system to significantly increase critical care capacity.

With the number of Covid-19 patients requiring critical care maintaining a gradual downward trend, my Department has taken the decision to reduce the escalation level for critical care to 'Low Surge'.

As members will be aware, the Belfast City Hospital Tower Block was designated Northern Ireland's Nightingale Hospital for the first wave. Due mainly to the commitment of HSC staff and the positive impact of social distancing, the Nightingale has not been required to deliver its full capacity and will be stood down.

That is good news. It also allows for the reintroduction of urgent surgery and a range of other key services to be delivered from the Tower Block.

I wish to assure members that the system will retain sufficient additional beds to continue to deliver care for Covid-19 positive patients in the coming months. The Nightingale will continue to be part of the region's flexible plan to re-escalate if modelling suggests further waves.

Reducing the escalation level will ensure that the HSC has the capability to release and redeploy some capacity to enable the resumption of urgent surgery and treatment.

I recognise the severe impact that covid-19 has had on a range of key services, including essential services such as cancer screening and treatments. This pandemic has similarly thrown our already horrendous waiting times into further turmoil.

That is why I already have tasked officials to urgently develop a comprehensive recovery plan.

I must warn this House, whilst the immediate impact of Covid has been awful, the long-term impact will also be terrible. It will require serious efforts and serious financial commitment to try to fix some of the damage that has been done, however when it comes to restarting key services I really hope and expect that the Assembly and Executive are not found lacking with either.

I am also keen that we consider the extent to which innovation and new delivery models developed during the emergency response can be incorporated as we resume and develop health and social care services.

It is critically important to recognise that this will not be a return to 'business as usual'. Covid-19 will be with us for some time.

Deaths

It must be remembered that since I last addressed this Committee two weeks ago, more of our citizens have lost their lives to this terrible disease. As of today, the total number of fatalities across all sectors stands at 454. I would like to reassure members that figure does include deaths not only in hospitals, but also care homes, at home and in community settings.

There is understandably significant focus on the reporting of all deaths, but especially those in our homes. The RQIA are reporting weekly figures with regard to the numbers of deaths in nursing and residential care homes. The latest figures, when compared to the same period during both 2018 and 2019, indicates that the number of deaths are falling across the sector,

with spikes reported around 21 and 27 April 2020.

The official source of information in relation to deaths is NISRA however, and whilst recognising the absolute need for data to be accurate, I also want it to be timely. That is why earlier this week I wrote to NISRA asking them to consider moving beyond its current weekly bulletin on deaths, to instead publication twice a week or more. This morning I received a response from NISRA declining that request, however it is something I still want to continue to pursue.

Every life lost too early is a tragedy. And there has been much focus on statistics and percentages, and I know I don't need to remind anyone in this House, that behind every figure was someone who was loved and now deeply missed.

And, whilst it is right to recognise that were it not for the heroic work of our health and social care workers - and the tremendous sacrifices made by everyone across Northern Ireland - the numbers of deaths we would be facing would be many times worse; this is of no consolation to those who have been bereaved, and who have not been able to mourn them as they would choose to do. Once again, my deepest condolences go to their friends and families.

I will now take some time to update you on the latest developments in the approach I have adopted to deal with this emergency, and to outline some of the significant actions that have been key to my response.

Testing

Testing continues to be a vital tool in our response to this Covid-19 pandemic.

As of this morning, the total number of individual tests processed by our local HSC labs now stands at 43,835, almost a further 11,500 tests have been carried out locally as part of the national testing programme.

As of 12th May we had tested 12,573 health care workers and that is a central reason why we have such a low staff absence rate. The latest figures from Monday show that there were 304 staff off due to Covid-19, with a further 2,042 absent due to self-isolation. Combined that is 3.2% of the entire workforce that are working so courageously on the frontline.

Through our work with a number of key stakeholders and delivery partners across the HSC system, local universities, and industry we plan to further significantly increase our testing capacity.

This expansion is being overseen by my Department's Expert Advisory Group on Testing and is delivered in close collaboration with our expert virology team.

As a priority we are further expanding our testing programme in care homes; testing is being expanded on a phased basis starting and the NI Ambulance Service is now providing a mobile testing service to assist care home staff and Trust teams who support care homes.

This expansion of testing is additional to the testing currently undertaken in homes where there is an outbreak or cluster of infections, when all staff and residents are tested.

Care Homes

And on the significant issue of support for Care Homes, I'd like to take a few moments to update you on the wide range of measures being deployed in Northern Ireland to protect care home residents during the Covid-19 pandemic.

The number of homes with a confirmed Covid outbreak stands at 75, with a further 32 suspected. However let me also highlight that there are now 27 closed outbreaks. Whilst it's not easy, through the heroic effort of homes, the residents, their carers and cleaners, it is possible to get covid out of the home.

I would also remind Members that for every home with either a confirmed or suspected outbreak, there are 3 that don't. Whilst I am loath to draw comparisons, this does compare much more favourably to other parts of these islands.

Yet there is no doubt at all that care homes here have been seriously impacted by this disease. Our colleagues in the Republic and across the UK have had exactly similar distressing experiences and I want to emphasise that extensive support has been and is continuing to be provided to the care home sector.

The Department, Board, PHA, Trusts and RQIA are all playing their part, and we are constantly seeking ways to enhance and intensify this support.

We moved before other parts of the UK to increase testing in care homes. **Figures from RQIA yesterday demonstrated that 3,346 residents have been tested for Covid-19 – that represents 25% of the total population of care homes in Northern Ireland. At the same time 3,632 care home staff had also been tested.**

In addition to a significant expansion of testing for care home residents and staff - which will be informed by advice by the Scientific Advisory Group for Emergencies, and the Department's Strategic Intelligence Group, up to 40 nurses from the HSC are being deployed to support testing in care homes and will be integrated into the support teams currently in place.

I have also agreed that testing will be extended into supported living - with this work now underway - and I am ensuring that there is strengthening by Trusts of hospital-to-community outreach teams who deliver specialist care and support to older people in care homes and their own homes.

Considerable support has also been provided to the care sector through the provision of free of charge staffing time to care providers, and making available a range of training materials and courses on topics such as practical nursing skills, the management of acutely ill patients, and infection control available to care home staff.

In addition, a Service Support Team has been set up by the RQIA to allow experienced inspectors with backgrounds in nursing and social work to provide direct advice to care homes and domiciliary care providers; with over 1,000 contacts to this team to date.

This pandemic has highlighted, again, the importance of the work which is undertaken day and daily within social care, and, as such, I am currently finalising a paper for the Executive which charts a way ahead for this sector including - as an immediate priority - additional support for staff.

However, in addition to these immediate actions, the COVID-19 pandemic has highlighted the need to reflect and plan for the frailty and clinical acuity of residents in homes.

There has been a significant shift in the complexity of care provided over recent years, and the staffing profile needed to provide the best care has also changed, with requirements for

more registered nurses and a multi-disciplinary team. Those residents who would have been in hospital 5 years ago due to multiple morbidities and receiving palliative or end of life care for mainly long term conditions, are often now cared for in nursing and residential homes. Residential homes have now become what used to be nursing homes.

As I said in a press statement yesterday, the social care sector has been struggling for years and as a whole is not fit for purpose. The structural reasons for this are well documented and are no fault of staff. Reforming social care remains one of the most difficult long-term challenges facing modern day Government.

I am therefore proposing to move ahead with reform and investment plans, subject to the necessary financial support being provided by the Executive.

The pandemic has also drawn attention to the frailty of the care home sector which has needed so much support to maintain services safely. If we are to be better prepared for the future we will need to address the systemic staffing challenges faced by the sector.

As an early priority, I want to see training and terms and conditions for care home staff being standardised and improved. We will have to ensure that the return on this investment will be to the benefit of staff and residents, not the profit margins for operators.

That means a decent wage, increasing sick leave pay, a career pathway and training to do the job safely and well. I accept that many providers already provide this. In the future, we must ensure that all do.

And if I diverge for a moment - it won't surprise this House to learn that I am not overly familiar with Gaelic games. But the phrase "hurlers from the ditch" has been stuck in mind of late.

It refers to those who are sniping from the side-lines, and staying on the side-lines.

We've had plenty of "hurlers from the ditch" of late. Experts and self-appointed experts with nothing but criticism to offer.

The truth is there are no easy answers, no magic solutions.

The situation we are dealing with is unprecedented, very tough and extremely complicated.

Often the best we can do is find the least worst option. Keeping the lockdown takes a huge toll; but relaxing it too widely and too early would be catastrophic.

Even the wisdom of Solomon would be stretched

PPE

Moving on then to PPE, I'm pleased to be able to update the Committee that there is a real, co-ordinated effort to support the national PPE supply, and the UK 4-nations Mutual Aid arrangement in place is helping to get PPE to where it is needed.

Most recently we have shared approximately 1.8 million items of Personal Protection Equipment with the Department of Health and Social Care and have received over 6 million individual items of Personal Protection Equipment from them (Department of Health and Social Care, England and Wales) as a result of the Mutual Aid arrangements.

Business Services Organisation continue to distribute significant PPE Supplies to all five HSC Trusts and indeed, just last week, BSO reported that they had distributed over 6.8million items of PPE across Trusts.

You may be aware of recent advice emanating from DHSC, to withdraw some Tiger eye protection Medical Products due to issues with their fit. This matter was addressed swiftly; with all Trusts notified to cease supply, and a recall on any items is underway.

Thankfully, this has not had a significant impact on supply locally as there are currently adequate face visors in stock, or on order, to meet demand at current levels.

I would also like to advise Members that we are working to build up our PPE stockpiles for the post surge period and any possible second wave and will pursue every feasible route locally and indeed internationally to do this.

Test, Trace, Isolate, Support Strategy

A further development in my approach to combatting this disease is the preparation of a Test, Trace, Isolate, Support Strategy, which will set out the public health approach to minimising Covid-19 transmission in the community in Northern Ireland. My Department is currently progressing this work which is designed to break the chain of transmission of the virus by identifying people with Covid-19 (known as cases), tracing people who have been in close contact with them (known as contacts) and supporting those people to self-isolate so that if they have the disease they are less likely to transmit it to others.

The Chief Medical Officer has established a Strategic Oversight Board for this work and support from the public will be absolutely critical to its success.

I appreciate some people may have concerns about what this might mean for their own privacy, but I would like to assure you that participation will be voluntary, and people will have full control over what information they choose to disclose.

One of the key elements of this work is the development of a Northern Ireland Contact Tracing Service. Over recent weeks, the Public Health Agency has carried out a pilot to test our approach and a training programme has been developed; we are also working to ensure that there is a clear pathway for all citizens, joining up a range of elements of the system, including the COVID-19 symptom tracker, 111 helpline, GP and HSC services, testing, results and the contact tracing service.

Childcare Support Scheme

Members may be aware that the Education Minister and I have been working to support the childcare sector during the pandemic, and I want to take the opportunity to provide you with an update on this work now.

£12million has been invested in a Covid-19 Childcare Sector Support Scheme, which primarily aims to ensure both the continuity of childcare through the pandemic for vulnerable children and keyworkers, and to support the sustainability of the sector in the certain knowledge that we will need childcare to be available when we return to the 'new normal'.

The scheme will cover the period 1 April to 30 June 2020 and will provide support for 4 categories of childcare provider:

- 1) Open daycare and school age childcare settings;
- 2) Closed daycare and school age childcare settings;
- 3) Childminders continuing to provide childcare; and

- 4) Daycare workers who have been providing childcare in the homes of keyworkers under a Bespoke Approved Home Childcare Scheme.

Any provider who falls within any of the 4 categories has now been invited to apply for financial support from the Scheme. We expect around 1500 applications, covering all 4 categories of the scheme, to be submitted this month.

Final points

I am conscious that I have taken some time to provide you with this update, and that you will again be keen to ask a number of important questions, but I hope you feel that the update I have provided today has been useful, and has – hopefully – covered a number of points that you may have intended to raise yourself.

In finishing my statement, I would like to add that – as ever – the people employed in the care of others are, and continue to be, our greatest asset, as such, they need to be looked after and cared for in return.

It doesn't give me any pleasure to say this, but I do think that over the last decade Stormont has let the NHS down. It has not looked after health and social care services as well as it could. I know under devolution this place has had very limited control over finances. That has made things very difficult.

But still – vital services have been underfunded, short term decisions were preferred over long term planning; difficult choices were ducked; staff were left to feel unappreciated; social care was particularly neglected.

This happened in other countries too. Northern Ireland is not unique. But I think a bit of humility and reflection would be in order around this House.

Underfunding and short term planning led to staff levels becoming depleted. Persistent single year budgets have seen healthcare surviving hand to mouth with a limited ability to plan strategically and deliver better services.

Similarly, lack of proper pay and career structures in social care left our care homes exposed.

Running health and social care on close to empty for 10 years robbed it of capacity, resilience and flexibility. It left us with no option but to scramble to free up capacity and procure much needed equipment at pace.

In conclusion, I would like to put on record – again - my thanks to all those front line workers who are giving so much – and to all those who are working behind the scenes to enable our fight to continue.

I would now welcome any questions you may have.

Thank you.