

27-4-20

12.07

FM	DFE	DOH
dFM	JMK	DE
JML	HOGS	DFC
DFI	DOH	DAERA.

dFM Intro
Condolences to DAERA.

① Minutes

dFM Agree? (yes)

② COVID update.

DOH

Major piece of work - support for care homes - 6.5 m issuing to care homes - pay^m by no of residents

Testing - staff + residents - all identified by PHA as threat of outbreak.

Patients being released from hospital to care homes - testing.

Staff - support from Trusts - on a vol. basis.

fear - may have more staff off as testing increases - need to ensure NHS can support/help.

Staff absences.

217 staff absences due to COVID - quite low

1700 self isolating - ^{many} received shielding letters / or family member concerns.

Care homes - 64 have COVID cases, 35 more - flu / diarrhoea symptoms -

Online booking system - not launched in NI - want to focus / more managed approach - managers / employers to come to us.

GP testing, emergency

[]

Dedicated meeting wed - will come back.

JMK

Staff absence figs - remarkable

- tribute to staff.

Good practices, look after staff.

Self-isolation / shielding

- tribute to staff.

DOH

Won't be publicizing
Testimony to workers.

DOJ

Sit rep

Testing

[capacity] fluctuates daily.

DOH

Access to consumables

If can't carry out tests - bring to Bfs (eg Western Trust).

③ Action Log

dFM

Sp Note

④ Sit Rep

HOCS

Increase in traffic volumes over w/e.

Agree this a/m - coordinate deeper analysis of data

Paper for exec on wed.

Bring forward proposals - enforce^m, communication, policy response.

Social transmission / soc distance.

Food box delivery - up to 18,000

Magnificent achieve^m, but now at capacity.

Shielding - expected 40,000 - up to 70,000.

DOJ

Traffic - larger nos of people moving

around

Need to look at messaging.

Dashboard / sitrep - got traffic flows on graph, now disappeared.

Return of graphs, to monitor.

Some industries going back - but social issue at w/e

See graphs again - v useful.

HACS

Sit Rep tomorrow - overviews.

Portal now open - contains all data we draw on. Hub can offer advice/training - contact Hub, but sitrep will include info.

⑤

Planning for Recovery

FM

Intro / sp note.

HACS

2 things

- Framework for next review of regs
- Analysis of wider health impacts
- Poss relaxation of restrictions - look at other jurisdictions.
- Health / economic

Develop guidance - who can return to work, how

Support for isolating people

Schools

Public transport

Need to consider how this wd be done.

Lever in expertise - lot of people willing to help - academia, industry.

Street Recovery Panel.

Local Govt, TKS, broad range of issues.

Facilitated discussion by Exec.

Recomm in paper

Recovery Panel - working on TOKel.

DFM

Still in phase - views still here, patience with lockdown - but useful to look at future, lessons learned.

Recovery Panel - advisory to Exec.

Have as much buy-in as poss - there will always be vested interests.

Tough conversations with industry re who we can help + who we can't help.

DFI

Welcome approach.

Need clear thinking re next steps - lot of financial interventions so far - we cannot maintain.

EN Exit - hugely important, has to be key element of planning.

Don't understand economy slide

DFE

TKS - every month of lockdown =

3.7% loss of GDP
DFE - significant role, policy on economic develop^{ment}, wd welcome conversation.
Imperative - mins with responsibility shd have freedom to work.
I wrote to DH to support continuation of restrictions - I have reports - beds etc not being used.
2000 red flag referrals cancelled - v important. Bring forward now - use space/capacity to address other health issues - cancer, heart/stroke.
Welcome further conversations. Wd like to see TOR for Str Rec. Panel.

Slides (DFI) - trying to recognize str sectors - will pick up offline.
Tourism Recovery Grp, setting up grps to look at other sectors.

DE

Welcome
Inter-dependence - schools, transport, wider economic issues.
Work out 'new normal' + how we get there - some things we will not be able to do.
Circumstance-led.

DAEPA

Economy - health/hospitals
- surgeries etc delayed - will have

future consequences - normally 20+ bodies out of Craigavon per week, last week 10. Death rate?

Tourism, airlines, hospitality - impact on agri-food.

Some sectors learned / benefit from crisis - eg IT?

People working from home - return from other countries, keep them in NI?

DOH One initial surge planning - to manage expected surge. Have work going on to restart props - but have to be ready for 2nd COVID surge.

Capacity issues - staff - ICU more labour intensive.

Deaths - weekly HIRA reports - extra 100/150 deaths per week - analysis being done

Empty beds - planned to create extra capacity if required.

FM Welcome start of conversation for lot of Exec meetings.

Against agreeing Panel until we see TOR.

Happy - Recovery discussion in May; weekly Exec meetings

Hold off Panel until TOR / make-up.

HOCS Happy with that approach/direction.

DOF Panel advice - implications for recovery. Global direction - impact on us.
Social distancing - will cost businesses to come back to work.

FM May - str discussion
Weekly discussion re recovery.
Agree Yes

Panel - to see further info before agreeing.

(b) Ad Hoc Comm

FM Sp Note.

DE State^m - Tues 5 May - Capital issues, not COVID

DOH State^m to Ad Hoc Thurs.

FM Can't force people to make state^m -
Q Time will come back sooner.

DFI Announce^m re []

FM Wd help.

DAERA - Can go Thurs OR next week

DFC Next week/week after

DOJ Tomorrow - 2nd stage []
No changes - standing still in DOJ
No major issues in dept.
Public comment on Recovery -
Justice Recovery.

DFE Happy to go on Tues - hopefully
most work on hardship fund,
legislation.
Work with Conoe's team.

(7)

PM.

DOF

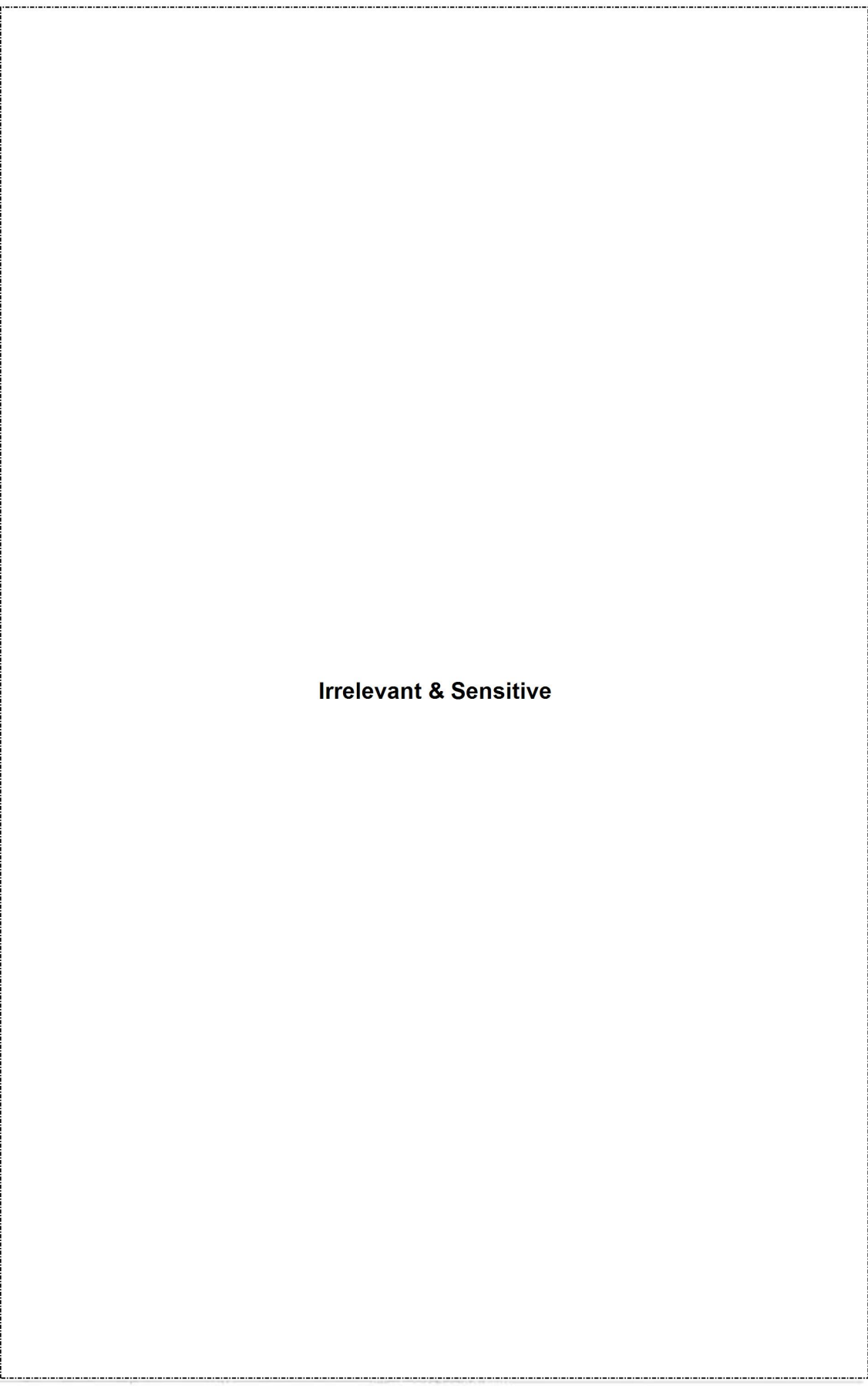
Irrelevant & Sensitive

Irrelevant & Sensitive

FM

DPS

Handwritten notes on lined paper, including a vertical pink margin line and several bullet points. The text is mostly illegible due to blurring, but some words like "DOF" are visible.



Irrelevant & Sensitive

FW

DAERA

DOF

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