

16-3-20

9.40

FM

Intro

DOJ - speaker phone

① Minutes

Agreed? Yes

② M.A.

DOH

COVID 19

Met with Taoiseach / Tánaiste - Sat
Walt Hancock - Fri

Will issue numbers later

1083 tests

45 confirmed cases

Some community transmission

Test on those in hospital - change
Surge sub grp.

Hospitals - redeploying wards as
required

Ventilators - not enough. Will need
more. We will [] theatres,
no operations, ICU units.

Work ongoing.

P.R. on Fri - curtail health care/
elective procedures.

Replicated in Scot / Wales
- consistent message.

Publish this week - impact on health service.

NICS - all depts.

My dept - counterparts in ROI + UK.

All health depts - daily conf calls.

COVID 19 is now with us.

Now real

Met with speaker this a.m.

717 written questions.

Reprioritising internally

COVID 19 team - reprioritising

Allocate pressure.

DAERA

[Death] figures? [Trace]

DOH

~~grr~~ Contact tracing

Need to redeploy resources

DAERA

Capacity for checking numbers

DOH

100 per day.

DAERA

96% accurate

20,000 per day in []

DOH

Prefer to use resources to combat COVID 19 rather than count.

Self-isolate for 7 days first rather than testing.

DOJ

(phone)

Lot of pushback against testing

self-isolate - don't know if you have had
COVID or not.

Numbers - extrapolate from stats what
level of community contamination?

DOH Share modelling with ROI.

7 days - medical advice

if you have symptoms - serious - will
be hospitalized

Probably have it for 7 days before
symptoms.

SARS + [] - Temp spike immediate

C19 - delay in showing symptoms.

Medical advice - could be cold/flu -
take seven days

ROI Social care systems

- elderly vulnerable people

Direction on how to manage?

Confusion.

DOH Met with NKVA (CWO met)

Social responsibility

Assistance from DFE / Vol-Comm
sector

Faith-based groups

Direction - Health + Social Care.

Isolating over 70s.

DFI

1083 tested - at risk.

Tested anyone not at risk?

DOH

No.

Guidelines - travel.

DFI

How many people in NI have COVID.

DOH

Worst case scenario - 80% of population.

- some - no symptoms

" - mild

" serious - medical system

Can check figs.

DFI

Public Health England - testing for community transmission - why not NI?

DOH

Test positive - we can check where came from

Comm transmission - don't know where came from

DFI

Doing same as PHE England

DOH

Same procedures

dfm

If don't test everyone who has symptoms - will fail.

DOH

Resources

* FM

Get figs/response for DFI

DOF

Trying to prevent spread
Wait for people to present
Doesn't chime with delaying
Better to test more.

Resourcing issue - discuss more.

Phase we're in - more cases we can identify, better we can address.

DOH

Self-isolate = containment phase.

Social isolate = delay phase.

DOJ

More precautionary - test + then self-isolate?

DOH

Self isolate 7 days

Then will be apparent if you have serious illness or not.

NASRA

Underlying?

DOH

GP will test

People present for testing for no reason - just in case...

DOF

Need to intensify approach.

Engaging community to work with us.
Have to intensify

Have to signal to community to do right thing.

Not enough equip^{ment} - masks etc at clinics.

What pre-planning took place?
Protection for people in health service
Person died at wife — not COVID 19, but
staff were exposed.

DOH lot of materials there — manage^m of
resources.

DOF Daisy Hill — I'm told none available.

DOH Is available — message to Southern
Trust.

dfw Enormity of situation.
GB approach — nightmare compared
to rest of world / Europe.
Scotland — own approach.
Testing healthcare workers?

DOH Can be tested if they have symptoms.
Shared with CORA, share with
colleagues
I will do everything to protect my workers!

dfw WHO — test every case, every contact
Trying to do right thing
GB nightmare.
Suits island of Britain, doesn't suit
this island.
We won't get this right.
Need to adjust.

DOH

Exec direction?

I'm following advice of my CMO.

Spikes, clusters - not same here as ROI.

Medical advice

Timings different to ROI + GB, with/sth/east/west.

Danger - countries which flattened CMO - will come back again, withdraws from society.

Isolate over 70s? Have we system to support this?

~~Here~~ we have been preparing for past 7 weeks.

AFM

Contain, delay, mitigate.

Lost control from 2 weeks ago.

People taking own decisions.

DOH

Modelling behaviour - 80% / 20% - shd drive behaviour of 80%.

If we do it too early - effect on families etc.

Have to be sustainable - if introduced too early, can't sustain.

What is best decision to take?

Now is not right time to do it.

FM

Modelling - not static?

DOH

International modelling

DFC

Medical advice

LPP/LAP

- each with own opinion.

We can't afford to wait about.

Health service workers "do no harm".

They are risking their lives.

Special needs schools closed, social, sports events etc stopped.

Can be lot of people who have not been tested.

Need to upscale

Huge challenge

Need to step up a gear.

Show leadership.

People terrified.

Constant calls

We need to respond collectively.

Public opinion is ahead of us.

Sth. Europe:

Drastic measures.

D27

Leadership

Need consistent message from Exec.

Mixed message from Exec parties, Work with colleagues - don't whip up concerns on social media.

Can't schedule - my dept can't dictate. Tendency for finger-pointing, not much solution.

Patience relief for business,

We need 'whole Exec' approach

Find landing zone everyone can live with

eg close some classes, not whole schools.

Work with colleagues on one message, not a war of words.

Increase scepticism of public that we can manage.

Every dept has preparations in place
- Twitter, people mocking hygiene.

Risk factors - elderly, ~~dist~~

Distance self from other people.

Need to change language

Hand-washing v important.

FM

Deeply regret mixed message from this Exec.

Simon Harris - people expect Govt to do everything, but people need own responsibility / behaviour.

Message from Exec.

DFC

Message today - PIPs, support.

Need message from Exec -

Social media - querying medical advice

Ministers in Exec shd be allowed to raise legitimate concerns.

DAERA

People stealing hand sanitizers from hospitals - hysterical.

We are getting medical advice.
Vulnerable, elderly people need protection.

DFC

[Herd immunity] policy

DOH

Not policy we are following

* DOH

Get this message out publicly.
Delay until after winter pressures.
Herd immunity - not one policy.
Panic - internet.
Respect people's fears.
Provide daily update from AMO + relevant mins
- Daily media briefing?

Also - messaging

Closing schools not necessarily right
but some schools closing
Exec always seems to be reacting
not leading.

Exams - young people stressed.

Legal action against depts re schools.

People taking responsibility

We will eventually have to enforce

- encourage people to start now,
work from home, self-isolate.

Take reasonable precautions, don't wait for Govt.

But - respond to Govt advice,

Govt mitigations.

DOF Rates relief
Urgent & from Alliance Party
- Rates.

DOJ Able to give advice to Assembly, not
trying to catch you out

DOF Not to do with panic-ers.
Growing lack of confidence in QB
approach.
Civil contingencies - understand medical
advice, but also community concerns.
We all work with community.
Reflected around this table.
We have differing views on how to
handle - we all want best outcome.

FM Not be out shouting [I.

DPE CMO - highly respected.
Appalling way to treat colleagues
Don't shout me down

DOF Challenge your view

DPE Row back.
Mixed message
Discussion ~~not~~ needed in front of
media.
People v anxious, afraid.

Following CMO advice, no-one else.
Also, be honest with schools - closure
for 2 weeks is pointless, misleading.
Schools need to close for very long
time.

DOF

Accept entirely - long school closure
Proposition - if we agree, public will
be confident.

Concerns re CMO advice, raised with
him at meeting.

Community - ~~loosing~~ confidence.

DOJ

Not my view

Position we can reach through
discussion

Respect medical advice - no basis
for decisions we take.

Experts know best - not us, not
Twitter.

As mature leaders - look at
schools, come up with plan, agree^m
that everyone is satisfied with.

Not pretend we all get on, but
find way to agree, resolve
disagree^m.

10.40 * FM

Adjournment 15 minutes

ML, A

LPP/LAP

LPP/LAP

LPP/LAP

DDF

Provisions - last few years,
linked to coronavirus
Human Rights Commission filter,

LPP/LAP

DOR limited to health?

LPP/LAP

DE LCM - with depts of Sec
Commence^m - need [].
Nothing specific to go through ASS.

DOH Will need LCM for Bill
Drafting amend^m last night

DE Frozen in time at present
Why dept - elements applicable to NI
- drafting everything that was asked
for? Used for NI?

PB Requests from NI Depts all included.

DE Caps - everything in from NI
perspective.

DFI Copy of Bill?

DOH Still being drafted - copy of Bill can
be shared when complete.

* OPM
~~PM~~
PB Copy of PB speaking note?

OPM Shorten LCM procedure

~~DOH~~
FM

TKS, TKS to OLC colleagues.

PR

2016 - joined,
first OLC experience for some staff.

③ Emergency Response COVID 19

C Stewart

Planning

Table at back of paper

Depts can prepare own plans but
have to join up

No Deal planning - experience
helped.

Delivery partners

DfE

Need to move to - good handle on
mitigation measures.

Tourism - categorized at red/amber
Shd be just red

65,000 people employed.

Huge impact now.

1st 4 days of March - Titanic
has 40% drop in visitors.

Meeting banks, hospitality
stakeholders today.

Reflected in budget.

Significant work to do.

Lot of people rely on small
business - rates relief v

important.

DAERA

AgriFood sector

Perishable

Milk - need to get off farms

20% figure.

Discussion going ahead.

Can't kill animals - chickens, pigs.

Welcome - no budget before now.

Need coronavirus budget

1st 6 months.

Need to have budget to take into

acc. and 19.

Who pays staff in hotels etc?

Need contingency.

Plan to move forward at end of this.

DOF

Own dept - GRD - registry of deaths

£120m from London - corona response.

Spread across no. of areas.

£35m - rates.

FW - meeting hospitality ind.

Moving rates bills back - rates

holiday.

Non-domestic rates

Small bus rates

Reassure

Measures to support hosp. industry

Note to all depts for corona bids,

Not routine pressures.

Trying to tailor response.

May not be able to spend money -

eg tourism promotion - free up

money.

DAERA look at things we can't spend on.

DOF New different territory
New challenges
Sacrifice some money.
Additional Exec meetings to discuss.
Supporting business.

DOJ Any benefit to spending
Revaluation funds?
Any sight of require^{ment} for
business continuity insurance
- Exec or Westminster statement?
Wd take some pressure off businesses
- trigger insurance.

DOF Reval - cost neutral.
Specific/general - reduction will
mitigate. Cd make more
complex.
Discuss with DFE re state^{ment} - legal
competency.
Trying to keep cash flowing

DOJ. Some discussion - Public Health
Emergency - DCH or PM - Cd ease
pressure.

PM DOF to discuss with DFE

DOF

Need to ramp up communication -
need community response.
Daily press conf.
Dept responses - piecemeal.

DE

Continuity planning - lot of issues solvable.

Pressures lifted.

When schools are closed - teaching to continue via open learning.

Staff availability

Pupil - post primary, prioritize

Just because schools shut - people not on holiday.

Exams - GCSE, A levels

NI in good position

Set exams at particular times

- English organisations

Not looking for decision now - flagging up.

~~Free~~ - school meals

Contained within budget

Families provide themselves - reimbursed £2.50 per child - has to allocate?

Economies of scale

Family at home - wld cost more, additional subsidy

Have written to DfE

FWI

Cost, ability to create hot meal during the day?

DE Distribution to families - difficulties.
Subsidy to families
£45-50m p.a. on free school meals.
Apportion depending on length of time.
Pressure - look at collectively.
All families will have to cope - cost effective, mechanism.

DOH DOF - school careers, transfer skills to care homes etc - Reallocate skills where needed.

DOJ Intending to issue written state¹¹
- Justice system.
Court hearings - use technology etc.
Smaller items of business - use phones
Incy service - bringing people in every day.
Balancing lot of things
Health - priority
Public safety - justice system to deal with serious offenders.
Barristers - close down courts.
If courts not open, barristers not paid.
Prisoners in isolation - not showing progression, but covered in media.
Prisoners on remand - overcrowding.
New logic - early release, low risk
Manage - other than remand, manage in community.

lot of work done already.

FM Tag prisoners on remand?

DOJ Maybe have to report, ankle tag - but monitoring will create pressure.
Can't interfere with human rights - if people on remand, then not guilty - will have served longer on remand.
Disorder in prison ~~then~~ system
- if prison visits etc stop - hard to manage
IT systems - e-mail links etc to families
Challenges.
Cognisant of challenges, risks.
All in hand - are considering.
Can't close courts, but are managing.

Appeal

Homelessness, complex needs - get virus, can't be housed.

FM/dFM - what happens if all Wills sick.

DFC Meeting [] soon.

dFM Civil contingencies - Wed
C Stewart P/Secs + Blue light

CS dFM

Phone a lot

CORR takes time

Response arrange^m —

CS

Today

Companion piece

Ticking over in background.

C3 arrange^m

NICMA - kicks in with serious situation requiring all depts.

Current situation.

Ref to table circulated at meeting.

CS outline of emergency response protocol.

Activated a few times over winter.

Dept operations centres.

— operational from today.

Hub - co-ordination

Civil Contingencies Group.

Daily briefings [in time]

PSecs, EIS, Blue lights, local Govt link to CORRA.

2 key functions

— Decision making

— Information flows.

Castle Buildings

Secure VC facilities

Media presence from today.

Ramping up from today.

Dept Liaison officers, PSNI.

MO wd like staff in HUB

Co-location, not joint operation.

HNB - 12 hr days, 7 days a week

6 months or longer

DoH - authoritative dept.

FM Comms? Clear messages from today.

CWLN
Depts doing own comms.
Meeting with ad agency this a.m.
Hub - generate info, populate
Daily media briefing.

HOLS Sit Rep - informs all communication.

oFM
Move quickly
Strong comm. plan
Don't disagree on most things - Ramp
up out put.

FM
Assembly questions.
CORRA.
Let EK consider Press Messages
Reconvene @ 4.30

DOF
Resource constraints,
Ventilators
Childcare
Education
Engage with each other
Announce package of measures
today.

DDH

2 Qs at 2.00pm

- coronamint

- constructive supplem.

Set tone for 4.30pm meeting.

DE

FW

Agree Reconn?

Yes

12.20 MEETING ADJOURNED.

~~4.30~~

7.20

(4)

RHI Report

Irrelevant & Sensitive

⑤ Not Req. Discussion

Irrelevant & Sensitive

⑥ Urgent decisions

clm

Noted?

Yes

⑦ Exec Bus in Assembly

JM Lyons Sp Note.

DAERA

Ass shd do necessary business
- Min Statem

JML

- Pass on to Assembly

JMK

How business can be adjusted
More input from DOH

DOH

lot of written Qs.

JMK

Degree of self-moderation
among parties on Qs

Speaker's Office has a grip on this.

FW

Conversation re numbers

Committee business also

Full complement of members

Speaker will come back in due course

DOF

DOH - huge pressure

Need to meet IASS needs

Collective approach - daily basis

- will provide necessary info rather than lot of Qs.

DAERA

Important platform for info

- but handling crisis.

DE

Co-operate

Timing

Sake of argument

D-1 Monday

Have to juggle

A bit more certainty

DPE

Today - had to cut short meeting with banks etc to do Oral Qs.

dfm

Exceptional circumstances - need to adjust. Not avoiding Qs but need to adjust

12 urgent Qs today

DFE European Panel - limit to 5 written Qs per week.

DOJ Don't want to curtail Qs - people need info. But v repetitive - informally try not to overdo it.
Taking people off critical work to answer Qs - not feasible.
Daily brief - provides all required info

DFM All talk to one parties.
Assembly comm looking at issue.

DE Both sides of the coin

FM Some colleagues take delight in asking Qs - count up numbers.

⑧ AOB

DAFERA Avian Flu

Irrelevant & Sensitive

DOF

COVID 19

Things moving on.

Advance outline COBRA

Much more restrictive.

Not going to work

Social distancing.

Increasingly - logic undermined by develop^{ment}.

Responsibility.

Not restricted to 1 piece of advice

Advice across Europe.

Communities, schools, churches are ahead of us - closing.

We have to build community confidence

CMO advice

On this island - 2 different procedures re schools.

Children - not likely targets of views, but can be carriers.

Appeal for agreed views.

Opportunity to give sense of leadership.

Rationale for position.

Make announce^{ment} after this meeting.

Significant differences

Announce re. schools.

DE

Appreciate v sincere views.

Have to rely on CMO advice

If we go against CMO advice, +
lost someone their life

Abide by medical advice.

Our CMO + other CMOs say - not time
to close schools.

Vulnerable people.

Special needs - not the same.

Lot of children with special needs -
lot of children with medical issues →
not Sp Ed Needs.

Happy to abide by CMO advice,
long path - duty of leadership.

Right thing - everything we can
to protect health.

Ground my decisions in medical advice,
Can't force people to take children to
school.

Positive impact because we did
right thing.

AFM

I'm not convinced it's the right
thing.

[boo] social distancing.

DOH

Get letters all the time,

Will not deter me from CMO advice

COBRA meeting.

longer distances

Defined long term med. conditions

- free flu vaccine entitlement.

Larger spaces between classes

DE

Social distancing - difficult in schools.
Physically rearrange desks.
May not be a solution - don't want to
mislead.

dfm

Measures - confusing + misleading.
We were told today - a week further on
than we thought.

DE

[]

dfm

Approach is fundamentally flawed.
WHO says - test + test again. We're
not doing this.

DOH

Don't have capability.

DOF

Resource issue.

DOJ

Science - social distancing / vulnerable
people.

Teachers - reluctant to expose.
Child in class - positive. Have to
send child + class home.

School closures coming - but dis-
agree^m on timing.

Need timetable for closure.

Controlled measure - guidance for
what children shd be doing.

Children of healthworkers to
continue at school.

At the moment, we are losing message.
No space for social distancing.
Concern re Teachers, classroom assistants
Will end up with bigger classes if teachers
leave
Have agreed timetable for closures
— not herd immunity, is about
flattening peak.
If we don't manage together, will
have bigger problems.

DFI

Have to follow scientific advice - but two
different sources of advice Nth + Sth.
PM - counter-intuitive.
Disappointed we are caught on school
closures.
Causing damage to Exec - need to give
agreed message.
Have to address this evening. Need
one message

Reality is - people are fragile, need
direction.
Political problem

FM

We will not be moving from medical
advice

DOF

Half of children not learning
Schools will shut down willy-nilly
Need to be responsible

People following own science.

DFI We are mismanaging

FM Hugely disrespectful to CMO, to Health

^{Min.}
ROI Didn't match up with []
I won't move from CMO advice -

DAERA Reasonable thing to do - maintain school system.

Delivering system

Elderly are at risk.

Vulnerable children or teachers - take out of school.

Otherwise keep open.

Can't support at home. Financially difficult for families.

Thousands of health staff will be at home with children - no work.

DOJ Austria, Germany - schools closed except for exam years. Social distancing.

Supply teachers - retired, ∴ elderly + at risk.

Not agreeing to depart from medical advice.

Chart in Diane's paper - delay includes school closures.

Phased closure - from Fri - give

people time to make arrangements:

Provide for people doing exams.

Provide for children where families can't cope.

People/schools will act individually, ~~to~~
Range of actions we can take within medical advice.

Politically toxic, undermining all our other messages.

Timing issue is key.

DAERA

Exec shd have stood together

We have to warn people of seriousness, but give calm leadership.

People with no comprehension, We need to be led by people with knowledge, expertise.

Need grounds not to abide by CMO advice.

DFC

People have right to differ.

Public pressure in Britain - contradicted [].

Letter today from range of people.

WHO

We have a right to question advice.

Agree to disagree.

People moving ahead with closures.

Public opinion is ahead of us.

Healthcare staff saying something different.

Support Conor's call.

DOF Begin process of closing schools.
Fewer children turning up.
Announce^m today re [case].
On basis of managing big challenge -
difference of opinion.
Genuinely held beliefs
Announce - plan to close schools.
* Propose, as package of measures,
we announce planned closure of
schools.

FM Nothing about []

DFE I haven't seen package

DFC We're being told - schools will close
- phased approach. What is timetable
of when this is going to move

DOH Modelling

DFC Modelling has no timetable.

DFI Take step back
We will have to close schools.

DE CMO - will advise.

DOF Announce we will close schools
- plan a timetable

DOJ

Announce - planning to close; give indication of timing.
Not just knee-jerk
looking at local medical advice
Don't say "schools will close on specific date".
Say when is likely to happen.
Give assurance / pathways.
Schools have closed in other European countries
Is it worth massive blow-up?
Find consensus.

DE

"When" is advice from CMO.
What public think, what England do
- we need what is right for NI.
Saving life is most important issue.
Real situation - DE + DFC officials considering.
Critical issue - fundamentally wrong to go against advice of CMO -
massively outweighs ~~advice~~ credibility of Exec.

DAERA

Id say we are asking schools to prepare
- continuing to follow medical advice, & if advice changes, ready to move quickly

DOF

logical question will be - when

dFM Vote on Conor's proposition

HOCS Explain process
Consensus

dFM Vote

in favour - dFM
DOF
DFC, DFI

DOJ not immediately

Against - FM
DFE
DE
DAERA
DOH

DOF Will raise again on Wed.

FM Propose
- close schools when CMO advises

FOR FM DFE DE DAERA DOH
Against dFM DOF DFC DFI

(DOJ)?

SWK Test, intensify
- we can't []
common approach across island.

DOH Capability to test only []

Old guidance. 700 - 11,000

54 positive of 500

Don't have capability to test everyone
Self-isolating.

Have to prepare for what is coming.

DE

Get info from CMO before Thurs.

Vulnerable people, medical catcepries

Impacts on wider public, children.

Special schools, most children with
statements are in mainstream schools.
Medically vulnerable children.

DoH

Plan job entitlement

DE

People will want - assumption -
any additional info from CMO on
vulnerable.

Public will not pick up.

More info we can get the better.

dfm

Meeting again on Thurs.

DFE

Clarity re what we are putting in
state^m.

Coherent package - not just
mitigation, but recovery.
Not piecemeal

dfm

Package of proposals will be
brought forward.

DOF This am - 1200m
pm 1200m

Allocations

Situation v fluid.

Sympathetic re recovery.

Give ~~not~~ to expectation of recovery.

Analysis of what businesses are experiencing.

DFE Need detailed discussion - officials +
depts.

Need to be seen - support for NI
economy.

Before we announce - see detail of
info.

DOJ Not just economic issue, Courts,
barristers etc looking for
compensation.

Need clarity.

Other involved admin - giving
clarity to business.

Timeframe

Other issues will emerge.

Be careful not to commit

DFE Incredibly time critical.
Businesses don't want undefined
promises

Put our heads together before next
Exec.

- DOF Rates holiday, reduced rates.
Tap into £260m
- DFW Thurs - aim to announce achieve^m to
for
- DAERA What will employers do with staff?
Pay, pay off
Benefits
V important to sustain key
businesses.
- DOF Discussions re ventilators, businesses.
- DOH BEIS call for manufacturers to
produce ventilators etc.
Co. in Armagh.
- DFE Had contact from company.
Have companies which will do, ...
Plat forms - re-orientate people to
other skills.
- HOCS Ongoing work - next few months.
- DAERA Utilize other resources
Areas of agree^m
One particular issue - diff.
- HOCS CCCB Wed.
Exec meeting Thurs @ 11.00
St Castle.

clFM Other papers.

DFE Circulated paper today

FM DAFRA paper - hauliers

DAFRA Work with DFE
Haulage - DFI.

