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MEMORANDUM E (20) 294 (C)

FROM: ROBIN SWANN MLA
MINISTER FOR HEALTH

DATE: 17 December 2020

TO: EXECUTIVE COMMITTEE

FINAL EXECUTIVE PAPER: POST CHRISTMAS RESTRICTIONS

1. The Executive agreed to a two-week circuit breaker to reduce transmission rates of Covid-19, which ended on Thursday 11 December. Since Friday 12 December the majority of sectors and businesses have been permitted to reopen, subject to mitigating public health measures, whilst household contacts continue to be restricted.
2. As previously agreed by respective First Ministers, Deputy First Minister and the Executive, between 23-27 December up to 3 households will be permitted to meet in a private dwelling, an extension of the current 2 household limit, with one household able to bring their support bubble. Given the current levels of community transmission advice supporting these arrangements is currently being considered on a UK basis.
3. The purpose of this paper is to update the Executive on modelling of the course of the epidemic post-Christmas as a consequence of the above relaxations, and to seek agreement on the reintroduction of significant restrictions.

Current position in HSC

4. The table below outlines the peak levels reached during surges one and two in terms of the number of Covid-19 inpatients, and the numbers in critical care across NI (Covid-19 and non-Covid-19 patients).
5. The National Institute for Health and Care Excellence advises that there is increased risk of adverse patient outcomes where hospital bed occupancy rates exceed 90%. In the period since 21 October, bed capacity has not dropped below 92% regionally. There are only five days on which it has been lower than 95%. Some hospital sites have consistently been operating above 100% capacity for this period. As the table below illustrates, the current levels being experienced exceed the peaks reached during surge one, despite the restrictions that have been in place over recent weeks. There are therefore significant concerns around how the system will deal with sustained rising pressures over the winter period alongside increasing numbers of Covid positive patients requiring treatment.

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	Peak of Covid-19 inpatients	Critical care peak	Impact on elective care
First Surge	322	88	Routine elective activity cancelled Minimal impact on urgent elective surgery (e.g. cancer)
Second Surge	612	110	Routine elective activity cancelled Delays to urgent surgery for serious conditions e.g. cancer
Currently	c.400	c.80	See below

6. Statistics released this month show that, as of September, 46,417 (46.5%) patients are waiting more than 52 weeks for treatment and 83,381 (83.6%) patients were waiting more than 13 weeks. In relation to outpatients, 155,497 (47.5%) patients are waiting more than 52 weeks and 277,776 (84.9%) patients are waiting more than 9 weeks. For diagnostics, 71,968 (44.8%) patients were waiting longer than 26 weeks, with 105,085 (65.4%) patients waiting longer than 9 weeks. As these statistics precede the second surge period, it is expected that this situation will have deteriorated further.
7. This situation is despite the fact that overall there was over 73% more elective care activity in October 2020 compared with April 2020 and the establishment of a day elective centre in the Lagan Valley Hospital and the relocation of urgent surgery lists to the South West Acute Hospital. The additional elective care activity included:
 - a. 29,163 new outpatient consultations in October 2020, compared to 12,150 in April.
 - b. 13,301 inpatient or day-case procedures delivered in October 2020, compared with 4,859 in April.
 - c. 56,071 outpatient reviews in October 2020, compared with 39,907 in April.
8. Northern Ireland has a funded capacity of 70 critical care beds. Critical care beds are extremely staff intensive, particularly with regard to nursing staff. To increase critical care beds by 15, requires more than 100 additional nurses. In order to open these beds, nurses therefore have to be moved from other parts of the HSC, with a severe impact on other activity, particularly on elective surgical activity. The impact is not only on those staff treating Covid-19 patients, with moral stress reported due to the impact on the level of care able to be provided to non-Covid-19 patients. To address a third surge, particularly if there is any increase in demand beyond the second surge level described above, will bring even greater strain on already stretched staff in all areas of the HSC services.

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9. As the number of critical care beds being used to treat Covid positive patients increases, the capacity of the region to provide critical care support for complex surgery decreases. It is estimated that opening one additional critical care bed results in eight cancelled theatre lists. As an illustration of the impact of this in different specialties and Trusts, in the last week of October 2020:
 - Belfast Trust was only able to provide 50% of cardiac surgery.
 - In the Southern Trust area, the need to increase critical care capacity led to the cancellation of 3.5 daily urgent theatre lists, leaving one daily theatre list for 'urgent bookable' surgery.
 - In the Western Trust, inpatient lists reduced to 20 per week at Altnagelvin Hospital with only 6 elective beds available at any one time.
 - The South Eastern Trust reduced 'urgent bookable' lists to roughly 50% of normal capacity.
 - The Northern Trust was only able to maintain 5 daycase lists for Red Flag Urology and provision of one list for patients urgently requiring their procedure – a reduction from an average of 57.5 scheduled lists per week or around 10% of pre-Covid capacity.
10. Moving to medium surge on the critical care surge plan has resulted in an impact on urgent bookable surgery lists. Furthermore, there has been an increase in the number of patients on the 62-day cancer pathway who are actively waiting longer than 62 days. At 1 October 2020, 3,573 patients were waiting longer than 62 days compared to 1,586 on 11 March 2020, an increase of 1,927 (125%). Given that performance against the 62-day cancer target is based on completed waits, the scale of active waiters already breaching 62 days will result in a significant deterioration in 62-day performance once patients begin their treatment.
11. Trusts are already dealing with a backlog of treatment from first surge. Moving beyond medium surge level will lead to further cancellations of lists and delays in urgently required treatment, plus extending the backlog of routine patients waiting for assessment, diagnostics and treatment. There is real concern that the outcomes for patients who are potentially curable will be negatively impacted by the delay. Many routine cases will become urgent due to the length of time they are waiting before being seen.
12. It is essential that hospitals are able to care for every patient who will benefit from treatment. The system cannot provide the scale of response required to maintain critical care and acute service demand of higher than medium surge and maintain urgent surgery at the same time. The only way to possibly avoid further urgent surgery cancellations is to ensure that action is taken to limit the spread of the virus sufficiently to reduce hospital demand before it reaches critical levels.
13. In theory, measures to increase hospital capacity would allow an increased epidemic level to be managed, but this would inevitably be associated with increased deaths and might be limited by the need for staff to self-isolate as a consequence of healthcare related outbreaks in hospitals or clusters and

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outbreaks in the community. It is also the case that the associated levels of community transmission would inevitably result in a further significant increase in outbreaks in care homes among extremely vulnerable older people as was experienced in the first wave, which will result in excess deaths in this population.

14. However, for practical purposes it is simply not possible to increase hospital capacity in the short to medium term. The key factor here is the supply of staff, and given the specialist skill set required, there is a very long lead time for this. While some marginal gains in capacity can be made in specific areas (e.g. ICU), this comes at the cost of reduced capacity elsewhere in the system, as it involves the redeployment of existing staff. In addition, when doubling time for cases is 7-10 days, even a doubling of hospital capacity (unlikely to be achievable) would buy only a limited period of relief before intervention was required.

The current situation of the epidemic

15. The Executive has been provided separately with the R paper for this week which describes the current position.
16. The current estimate for R_t based on hospital admissions is between 1.05-1.25, and based on new cases it is 1.0-1.2. In both cases R_t is above 1. Both 7 and 14 day incidence has increased in the previous week to 175 and 340 per 100k respectively, with a small increase in test positivity from 8.1-8.5%. This indicates a disappointing response to the two weeks of restrictions. ICU occupancy is also stable at around 30 and deaths continue to vary from day to day but are not falling.
17. We anticipate that case numbers will continue to rise as we approach Christmas, with a more rapid increase as we near the holiday period. There is likely to be a decrease over the holiday period as a result of reduced testing, but this will not be indicative of reduced community transmission. Hospital admissions will remain stable or increase slightly until shortly before Christmas when they will begin to rise again. The rate of increase will depend on how much R_t increases during the current two week period. Based on experience during early October and seasonal effects on virus transmission it is reasonable to anticipate that R_t will be between 1.4 and 1.8. This will lead to a significant rise in all aspects of the epidemic on top of a high baseline, in contrast to the position in the first two waves of the epidemic. The impact of Christmas arrangements on R_t is difficult to predict; there is likely to be an overall decrease in contacts but increased household and intergenerational mixing.
18. Given that the increase in transmission will occur in the next two weeks from a relatively high baseline, it is important to consider now what options may be available to prevent the hospital system from becoming overwhelmed and preferably to reverse the current trends to free up capacity for non-Covid diagnostics and treatments.

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Available options to respond to increased transmission

A) Take no action:

19. If no action is taken and the current set of restrictions and relaxations remain in place into January, the likely course has been considered by the Modelling Group and is presented in Annex A, Fig. 1. This is the baseline situation which would occur through an increase of R_t going unchecked throughout early 2021, and represents a reasonable worst case scenario.
20. Figure 1 shows that by the end of January, with an R_t rate of 1.6, over 2500 patients would require a hospital bed. With R_t at 1.8 this would exceed 6000. Cases would continue to rise exponentially beyond the end of January, as would hospital admissions, and consequently deaths.
21. This option must be rejected if the health and social care system is to cope with demand.
22. **Annex B** contains the recommendations from the Chief Medical Officer and the Chief Scientific Advisor on measures to reduce R and to reduce the numbers of inpatients and critical care patients in hospital. It is clear from the above that the introduction of such measures is necessary, the key decision being with regard to the timing and the extent of restrictions.
23. **Annex C** contains some international comparisons of restrictions in place elsewhere which illustrates that this approach is in line with the approach being taken elsewhere.

B) Introduce restrictions from 2 January 2021

24. In general, the more severe the restrictions, the earlier they are applied and the longer they last, the greater the benefit in terms of reducing transmission of the virus. This needs to be balanced against the significant societal and economic consequences of such restrictions.
25. The case numbers are currently very high across the whole of NI; the majority of LGDs are showing similar levels of transmission. Therefore there would be no benefit in considering localised mitigations at this point. Accordingly, it is recommended that the measures are introduced throughout NI.
26. Figure 2 in Annex A outlines the modelling data for this option.
27. A R_t rate of 1.6 prior to introduction of these restrictions would lead to hospital inpatients peaking at c.1500, around 1000 greater than the surge two peak. Should R_t rise slightly to 1.8, which was reached in early October and is therefore possible given the current situation, over 3000 patients would require a hospital bed by the end of January.

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28. It is simply not possible to manage this level of demand within NI's HSC system, and therefore this option must also be rejected.

C) Introduce restrictions from 26 December 2020

29. The second option, in terms of timing, is to introduce the restrictions outlined in **Annex B** with effect from 00:01 hours on 26 December.
30. Figure 3 in Annex A outlines the modelling data for this option.
31. With an Rt rate of 1.6 prior to introduction of these restrictions, hospital inpatients would still exceed wave two, but would not exceed 1000. With Rt at 1.8, around 2000 inpatients would be expected when allowance is made for nosocomial infections.
32. This modelling is not a prediction, however should Rt rise to 1.6 before additional measures can be introduced, we can expect around 1000 people to be in hospital by mid-January.
33. I must emphasise that leaving the current relaxations in place until 26 December carries significant risk that the measures will be too late to prevent hospital capacity becoming overwhelmed. Whilst the modelling is not a prediction, if the figures illustrated in figure 3 were to come to pass, they are at the very margin of what the health and social care system could cope with. Any unanticipated increase in demand – whether from Covid-19 or due to any other emergency – would push demand beyond capacity.

D) Introduce restrictions from 19 December 2020

34. Figure 4 in Annex B illustrates the modelling for this option.
35. In terms of the reducing virus transmission, the downward pressure on Rt, and easing pressures on the health service, the Chief Medical Officer and Chief Scientific Advisor advise this is the optimum approach. That said, they fully recognise the wider societal and economic impacts of such an approach – businesses have only been open for one week during their busiest season of the year; and there may also be unpredictable behavioural and psychological impacts on the population if restrictions are suddenly and significantly tightened this side of Christmas, following a year that has been tremendously difficult for everyone. These issues may, in themselves, cause physical and emotional distress to many which in themselves may ultimately manifest as further pressures on the health and social care system.
36. In that context, both CMO and CSA agree that the arguments for 19th v 26th are finely balanced from their professional perspectives, and the key differentiating considerations are wider issues for the Executive to conclude on.

Package of restrictions proposed

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37. The proposals at Annex B are largely the same as those in place during the two-week circuit breaker (27 November to 10 December), with modifications aimed at further enhancing those areas where compliance may have been lowest. Those modifications are highlighted in red in column 3.
38. Guidance and communication will continue to be vital – particularly messaging regarding working from home and non-essential journeys. However, given that the recent two week period of restrictions did not get Rt to less than 1 and the known contribution of the opening of schools to Rt, additional measures in relation to educational settings should also be considered (see below).
39. The two week circuit breaker did not bring the case numbers in NI down sufficiently, and there are some potential reasons for this:
 - a. Mobility: mobility data suggests that the 'stay at home' guidance and the 'work from home' guidance has not been adhered sufficiently, and most certainly not at the levels of adherence experienced during the first lockdown in March 2020.
 - b. Click and collect and opening of retail: information from contact tracing suggests that transmission during the recent weeks may be associated with click and collect in indoor settings, particularly shopping centres.
 - c. A greater range of businesses opened under the essential retail category than was the case during the initial lockdown.
40. In terms of click and collect services, the main issues have been due in no small part to the failure of some businesses to adhere to the guidance provided. Among the issues that I am aware of are:
 - a. Not all businesses required customers to pre-order, and instead allowed customers to browse on street and make purchases. This inevitably led to crowds gathering and no control over numbers.
 - b. Some businesses continued to provide services in their usual way under the realm of 'click and collect' such as dog grooming, which was not the intended use of this provision.

Without certainty of a fundamental change in behaviour, which I cannot foresee, this should not be contemplated again. We cannot afford to have another unsuccessful period of restrictions, and dilution of the 'stay at home' message.

41. As Executive Colleagues are aware, it is not possible to isolate the impact each individual measure will have on Rt. Whilst this has previously been estimated by SAGE, since it cannot be gauged exactly where in the community transmission is occurring, we cannot accurately assign a reduction in the Rt value to any setting or individual non-pharmaceutical intervention.

Duration of Restrictions

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42. In terms of the duration of restrictions, the focus must be on getting Rt below one and maintaining this for some considerable time. However Rt is not the only factor in determining action required. Whilst Rt has been around 1 for the previous few weeks, the level of cases within the community is still much too high and this is causing prolonged pressure on the health and social care system.
43. In order to achieve alleviation of this pressure, Rt must be sustained significantly below 1 for a number of weeks before the case numbers will be sufficiently low and impact will be felt in the health and social care system.
44. We are all aware that hope is around the corner. Vaccine roll-out has begun and will continue into 2021, with those most at risk of severe disease hospitalisation and mortality being vaccinated first in keeping with the JCVI recommendations. However vaccinations will not begin to show their effect until the end of February or March at the earliest. This is due to both the need to get a second dose of the vaccine, and the 2-3 week lag time between positive cases and critical care admission.
45. As the table at paragraph 5 above illustrates, hospitals are already at higher than first surge capacity levels. Therefore it is likely these measures will be needed for at least 6 weeks. I believe there is merit in announcing a six week period of restrictions to allow everyone to prepare effectively, rather than determining a shorter period of restrictions which will inevitably need to be extended. This will only generate false hopes, and will not assist any businesses in their longer term planning.

Other Considerations

Education

46. I have not made any recommendations in this paper with regard to Education. The Executive has agreed the continuation of Education must be a priority and therefore I have not considered any additional closures of schools. However any reduction in the amount of face to face teaching will lead to a greater impact on transmission particularly in homes with older children. This could include a range of options, such as the examples contained in the NPI Paper shared on the 24th of September and other recommendations brought forward by SAGE. The Executive has previously considered advice from SAGE on potential interventions and may wish to revisit this discussion.
47. I propose along with Minister Weir, that we ask officials from both Departments to continue to engage on this issue. We will task them with actively considering interventions which will minimise the disruptive impact on the educational provision to our young people, this Executive's priority, maximising as far as possible the impact on the transmission of the disease.

Additional restrictions from 26 December – 2 January

48. The public will understandably be disappointed with the introduction of further restrictions over the Christmas holiday period. It is likely some will seek to

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continue with house parties or other festive gatherings, particularly over New Year, which are a source of higher transmission. Extensive interaction in this unregulated environment presents a very high risk of increased transmission rates.

49. Therefore I believe there is merit in consideration a one week period of additional restrictions from 26 December to 2 January. This would mean that between 8pm and 6am the following morning:
 - a. all businesses which are able to remain open as part of the restrictions must close between these hours;
 - b. no indoor or outdoor gatherings of any kind would be permitted after 8pm and before 6am, including at sporting venues;
 - c. outdoor exercise would be permitted only with members of your own household;
 - d. no household mixing would be permitted in private gardens or indoors in any setting between these times, except for emergencies or the provision of health or care services.
50. In addition, I propose that no sporting events should be held during this week – indoors or outdoors, in recognition of the fact that a number of annual sporting events scheduled around Boxing Day / St Stephen's Day have the potential for large gatherings of people from multiple households.
51. These measures will mitigate against the risk of house parties continuing despite these being prohibited. There will be a need for increased visibility of PSNI and engagement with communities to encourage compliance, and this measure will assist PSNI with the operational challenges this will provide. In behavioural terms, I believe this additional measure will send a firm message to the general public as to the seriousness of the situation we are in.

Enforcement

52. The measures proposed above again highlights the issues of compliance and enforcement – both aspects are central to the success or otherwise of any package of measures. In this context, I think we must seek to urgently build on the work of the Junior Ministers' Working Group, and the opportunity afforded by making better use of any and all resources across all sectors to support our strategic aims – including, in particular, the deployment and use of Covid Marshalls. Now that the Executive's Covid Taskforce has been established, I recommend that this issue be remitted to that group, to develop a clear action plan to support the other measures proposed in this paper. This action plan should be brought back to the Executive as a matter of urgency, if it is to have the required impact.

Clinically Extremely Vulnerable (CEV) people

53. In the first wave of the pandemic, shielding was introduced as a way to protect the extremely vulnerable from exposure to the virus. By the time shielding was paused at the end of July 2020, over 200,000 people had received letters advising them to shield. Whilst it was an effective tool, it had significant impact

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on those affected, with people who were shielding reporting increased loneliness, isolation, and impacts on their mental health.

54. Any return to shielding must therefore carefully balance the potential benefits of the intervention with the impact on the individuals affected.
55. Advice for the Clinically Extremely Vulnerable population is kept under continual review by a dedicated Cell in my Department. Up to now, the advice from the Cell has been that a return to shielding has not been warranted, based on the trajectory of the virus, and the restrictions that are in place at a given time for the population at large.
56. The restrictions outlined above, if accepted by the Executive, will mean that CEV people will be protected from exposure from the virus across a wide range of settings. The CEV cell will consider additional advice for the CEV population for the duration of any restrictions that are agreed. This will include strengthening advice in areas such as attending the workplace, and mixing outside their own household.

Summary

57. In summary, my recommendations to the Executive, informed by the advice of CMO and CSA, are that:
 - a. An additional intervention, in the form of restrictions as outlined in column 4 of Annex B, is required from 26 December to avoid the risk of the hospital system becoming overwhelmed;
 - b. The restrictions should be in place for 6 weeks, subject to review at 4 weeks;
 - c. The additional measures in paragraphs 49 and 50 above be introduced for one week from 26 December;
 - d. Measures to limit school opening should be considered, and that officials from DE and DoH should engage urgently on the issue of Education, to develop a package of interventions which will minimise the disruptive impact on the educational provision to our young people, while also maximising, as far as possible, the impact on the transmission of the disease; and
 - e. The Covid Taskforce should be asked to urgently prepare an action plan to address work on compliance and enforcement, in support of the other measures proposed in this paper.
58. Given the holidays and procedures required, the Executive is asked to note it will not be possible to make regulations between 24-28 December. Therefore a decision is required in order for the regulations to be made in advance of the 23 December, coming into force at 00:01 on Saturday 26 December. Any delay to a decision will mean regulations cannot be made until 29 December at the earliest – which is beyond the recommended commencement date, and will create a period of very high risk from 26 to 28 December.

Recommendation

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59. It is recommended that the Executive considers the information above, and concludes on the appropriate response.

LPP/LAP

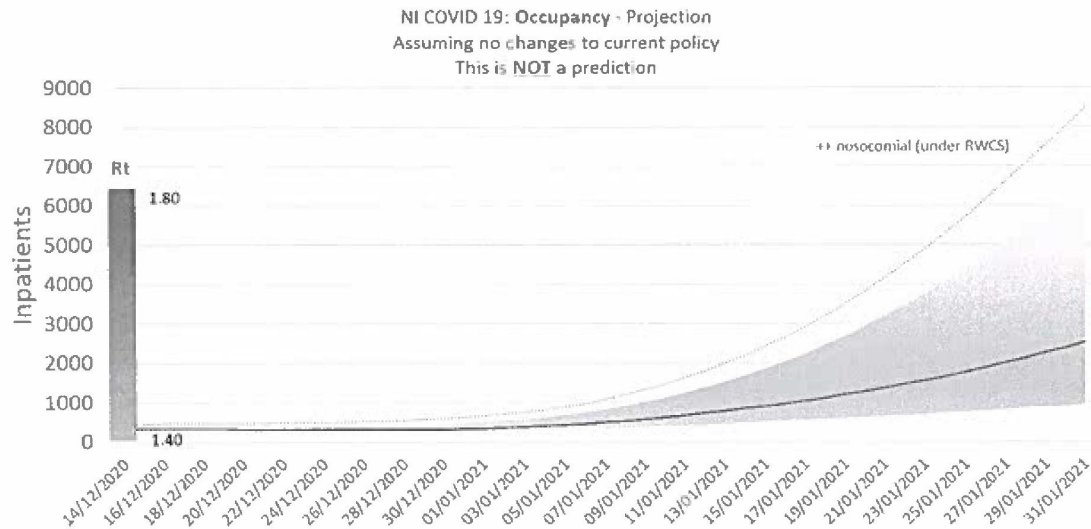
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Annex A: Modelling results

Fig 1:

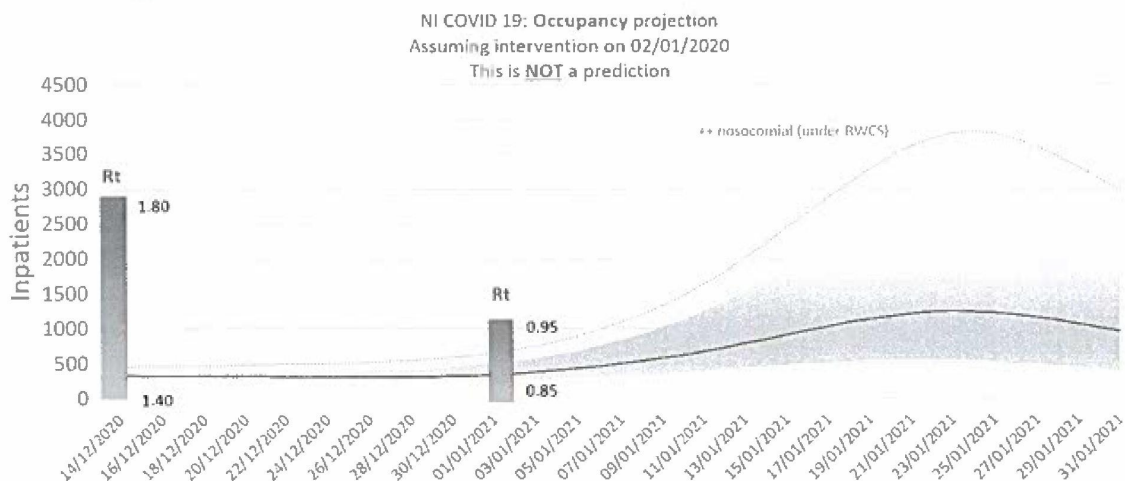
Scenario #1: Do nothing



- Assumes R_t increases due to relaxation of restrictions on 11/12/2020 in range 1.4(below solid blue line), 1.6(blue line), 1.8(above blue line)
- The dashed blue line (highest) represents an estimated impact on occupancy from nosocomial infections.
- Assumes no further policy changes
- Should R_t reach 1.8, inpatients could rise to over 1000 early January 2021 and over 6000 by the end of that month.
- Notably R_t has already risen to these levels at the beginning of October this year
- The current virus trajectory would suggest that the higher region (above central solid blue line) is more likely than not

Fig 2:

Scenario #2: Full lockdown commencing 02/01/2020



- Assumes R_t increases due to relaxation of restrictions on 11/12/2020 in range 1.4(below blue line), 1.6(blue line), 1.8(above blue line)
- The dashed blue line (highest) represents an estimated impact on occupancy from nosocomial infections.
- Assumes **additional restrictions** are put in place to reduce R_t to range (0.85, 0.90, 0.95) on 02/01/2021
- Should R_t reach 1.8, inpatients could rise to over 3000 by the end of January 2021
- Notably R_t has already risen to these levels at the beginning of October this year
- The current virus trajectory would suggest that the higher region (above central solid blue line) is more likely than not
- This would suggest that intervention on 02/01/2021 may be too late to avoid NHS being overwhelmed mid January 2021

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Fig 3:

Scenario #3: Full lockdown commencing 26/12/2020

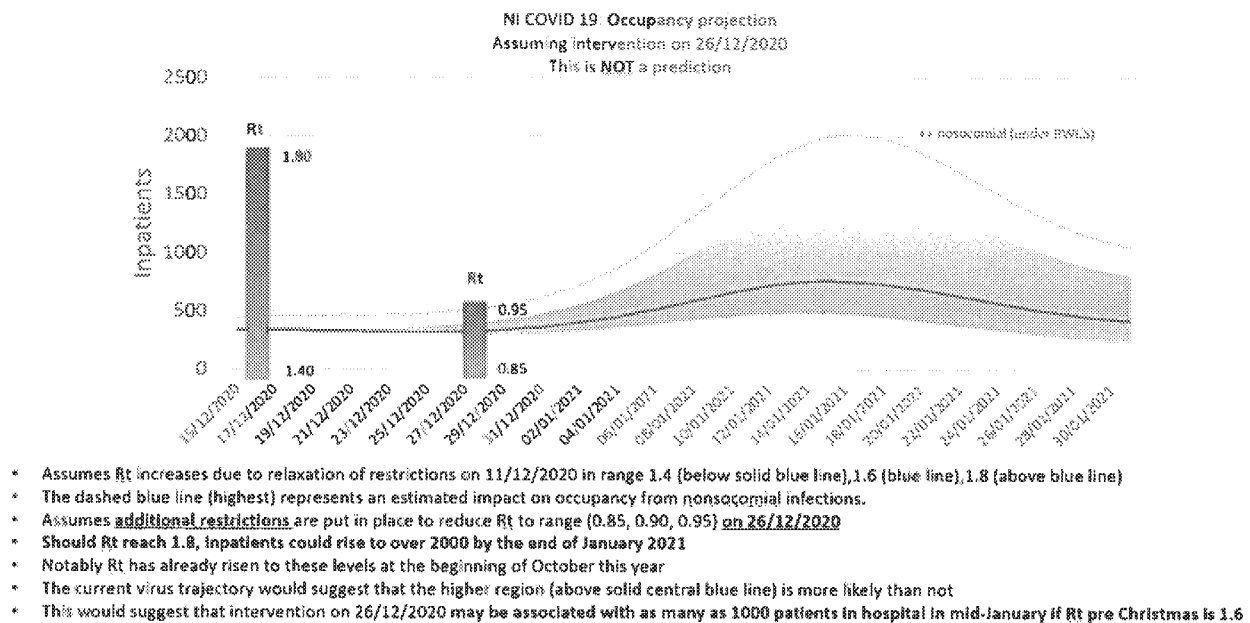
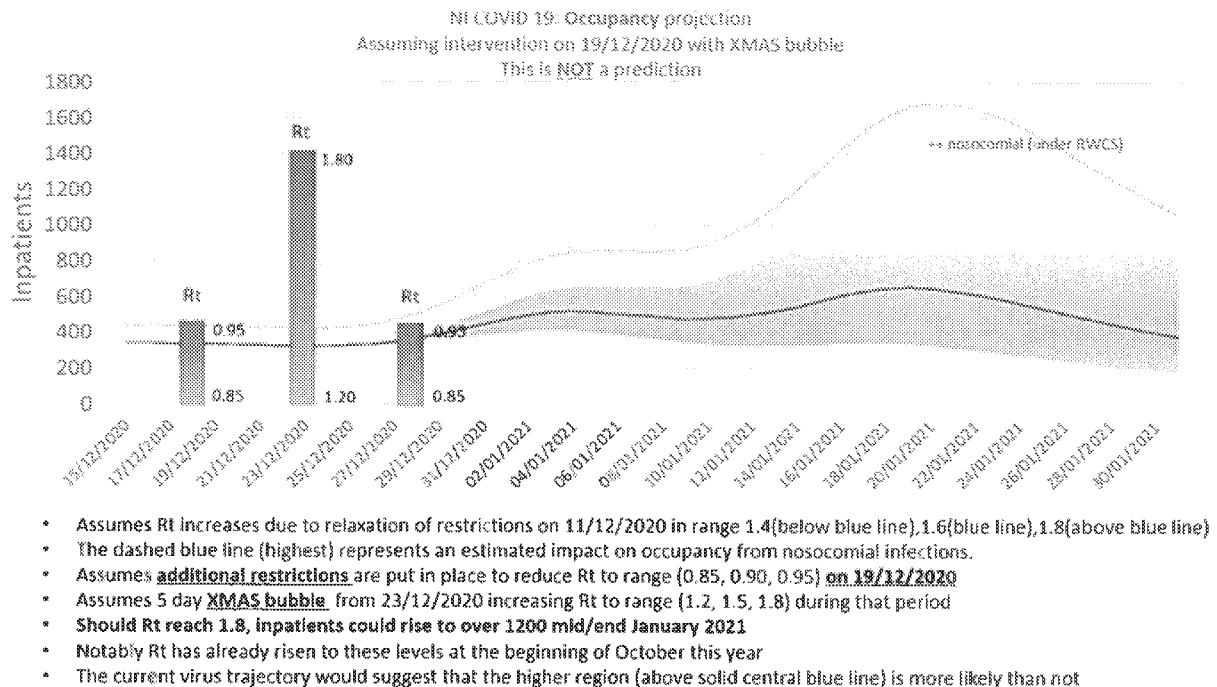


Fig 4:

Scenario #4: Full lockdown commencing 19/12/2020 with 5 day XMAS bubbling from 23/12/2020



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Annex B - Comparison table of the Coronavirus Restrictions Regulations 14th Dec – Proposals for Christmas & post – Christmas 2020

1		2
Restrictions	Restrictions 27 th Nov – 10 th Dec	Current position from Friday 11 th Dec
Indoor gatherings – private dwellings	<ul style="list-style-type: none"> - Members of one household – no visitors - Overnight stays not permitted 	<ul style="list-style-type: none"> - Members of one household – no visitors - Overnight stays not permitted apart from current exemptions which now include overnight stays in hotels and guesthouses. - Attendees and the organiser/operator of a gathering for a funeral or associated event must comply with funeral guidance issued by DoH. The DoH guidance permits funerals in private dwellings of up to 10 people from maximum of 4 households. - Up to 10 people can gather for the purposes of a marriage or civil partnership in a private dwelling where a party of the marriage or civil partnership is terminally ill.
		<p>Proposed Restrictions 23rd – 27th Dec</p> <ul style="list-style-type: none"> - 1 household (including their bubbled household, if applicable) can gather together in a private dwelling with 2 additional households. - Overnight stays are permitted with members of these households or for any reason as stated under current exemptions. - Funerals in private dwellings of up to 10 people from maximum of 4 households as per DoH guidance. - Up to 10 people can gather for the purposes of a marriages or civil partnership in a private dwelling where a party of the marriage or civil partnership is terminally ill.

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Annex B - Comparison table of the Coronavirus Restrictions Regulations 14th Dec – Proposals for Christmas & post – Christmas 2020

Outdoor gatherings – private dwellings	<ul style="list-style-type: none"> - 6 people (not counting children aged 12 or under) from max. 2 households. 	<ul style="list-style-type: none"> - 6 people (not counting children aged 12 or under) from max. 2 households.
		<p>Proposed Restrictions 23rd – 27th Dec</p> <ul style="list-style-type: none"> - 1 household (including their bubbled household, if applicable) can gather together outdoors at a private dwelling with 2 additional households.
Indoor gatherings – excluding private dwellings, places of worship and sporting events	<ul style="list-style-type: none"> - 15 people maximum - Risk Assessment not permitted to enable larger gatherings apart from exemptions (work, blood donations, education & training etc.) - Gatherings for the purposes of exercise or sport is only permitted for elite athletes, physical education in schools or if participants are members of the same household. 	<ul style="list-style-type: none"> - 15 person limit - More persons allowed to attend up to a maximum of 500 people if organised or operated for cultural, entertainment, recreational, outdoor sports, social, community, educational, work, legal, religious or political purposes, or in an indoor sporting event or activity provided the arena in which it occurs is not capable of accommodating more than 5,000 spectators AND - the responsible person for organising/operating the gathering carries out a risk assessment and puts in places reasonable measures to limit risk of virus transmission. - The following are specifically exempt from the 15 person limit: work, blood donations and vaccination sessions, education & training, to avoid injury/illness, marriage/civil partnership ceremonies and funerals.
Outdoor gatherings – excluding private dwellings, places of worship and sporting events	<ul style="list-style-type: none"> - 15 person limit - Risk Assessment not permitted to enable larger gatherings apart from exemptions (work, blood donations, education & training etc.) - Gatherings for the purposes of exercise or sport is only permitted for elite athletes, physical education in or for schools or if participants are members of the same household. 	<ul style="list-style-type: none"> - As above

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Indoor Sport	<ul style="list-style-type: none"> - Not permitted except for elite athletes or for P.E. in or for schools. 	<ul style="list-style-type: none"> - Individual exercise permitted - Indoor sporting events are not permitted unless all participants are: <ul style="list-style-type: none"> - elite athletes; - an individual and that individual's coach or trainer; - an individual and that individual's carer or carers; - all participants are taking part in physical education delivered by or for schools, pre-schools and other education providers provided that participants do not include competitors representing more than one school ; or - taking part in non-contact, non-aerobic exercise classes/activities of up to 15 people. 	P ₁
Outdoor Sport (including any annual Christmas outdoor sporting events)	<ul style="list-style-type: none"> - Not permitted except for elite athletes, for the purposes of P.E in or for schools, individual exercise or exercise where participants are members of the same household. - Spectators are not permitted 	<ul style="list-style-type: none"> - Inter-school sport is not permitted. - All other outdoor sport: <ul style="list-style-type: none"> - 15 person limit - More persons allowed to attend up to a maximum of 500 people if organised or operated for cultural, entertainment, recreational, outdoor sports, social, community, educational, work, legal, religious or political purposes, or in an indoor sporting event or activity provided the arena in which it occurs is not capable of accommodating more than 5,000 spectators AND - the responsible person for organising/operating the gathering carries out a risk assessment and puts in places reasonable measures to limit risk of virus transmission. - Maximum of 500 spectators. 	P ₁
Places of worship (excluding funerals and associated events – see below)	<p>Permitted to open for the following :</p> <ul style="list-style-type: none"> - Individual acts of worship - Funerals – see below - Marriage ceremonies – see below. - Provision of essential voluntary services, urgent public support services, support for the vulnerable or homeless, blood donation sessions or support in an emergency; 	<ul style="list-style-type: none"> - 15 person limit. - More persons allowed to attend if organised or operated for religious, cultural, work, community etc. purposes AND - the responsible person for organising/operating the gathering carries out a risk assessment and puts in places reasonable measures to limit risk of virus transmission. - Face Coverings mandatory 	P ₁

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Annex B - Comparison table of the Coronavirus Restrictions Regulations 14th Dec – Proposals for Christmas & post – Christmas 2020

	<ul style="list-style-type: none"> - to record or broadcast an act of worship online, on TV, radio or 'drive-in' services (attendees must remain in their vehicle). Maximum 8 persons permitted in the place of worship for this purpose. - Face coverings mandatory 	
Funerals and associated events	<ul style="list-style-type: none"> - Max. no of 25 permitted to attend funeral or associated event - includes children under the age of 12 and the celebrant. - Must comply with DoH guidance. - Not permitted in private dwellings 	<ul style="list-style-type: none"> - The Regulations do not place limits on numbers that can attend a funeral or associated event in places of worship, funeral directors, graveyards, private dwellings etc. However attendees and the organiser/operator of the gathering must comply with funeral guidance issued by DoH: - Numbers are determined by the size of the venue and the ability to social distance. - The DoH guidance permits funerals in private dwellings of up to 10 people from maximum of 4 households.
Marriages and Civil Partnerships	<ul style="list-style-type: none"> - Max. no. of 25 persons are permitted to attend - includes children under the age of 12 and the celebrant. - A risk assessment is required if more than 15 persons are attending. - Permitted in private dwellings for a max. no. of 10 persons where a party of the marriage/civil partnership is terminally ill. - Receptions not permitted 	<ul style="list-style-type: none"> - 15 person limit. - More persons permitted to attend if it is for religious, cultural, legal etc. purposes and the responsible person carries out a risk assessment and puts in places reasonable measures to limit risk of virus transmission. - Permitted in private dwellings for a max. no. of 10 persons where a party of the marriage/civil partnership is terminally ill. - Receptions permitted (15 persons or more if R.A carried out and implemented by the organiser/operator).

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Businesses required to close	<ul style="list-style-type: none"> - Nightclubs; - Conference halls and conference facilities, including those in hotels - Theatres and Concert Halls except for the purposes of rehearsals 	<ul style="list-style-type: none"> - Nightclubs; - Conference halls and conference facilities, including those in hotels - Theatres and Concert Halls except for the purposes of rehearsals
<ul style="list-style-type: none"> - Nightclubs; - Conference halls and conference facilities, including those in hotels - Theatres and Concert Halls except for the purposes of rehearsals - Close contact services – excludes services which are ancillary to a medical or health service or a social care service or for the purpose of film or television production or sports massage therapy. - a range of visitor attractions including funfairs, inflatable parks, amusements arcades, skating rinks, bingo halls, museums and galleries, cinemas; - museums & galleries; - campsites and caravan parks for touring caravans including motorhomes, except in an emergency; - swimming and diving pools; - indoor sports and exercise facilities, including soft play areas, leisure centres, gyms, equestrian centres, venues relating to motor sport and activity centres; - outdoor sports and exercise facilities including activity centres, equestrian centres, marinas and venues relating to motor sport and water sport; - outdoor visitor attractions, with the exception of play areas, public parks, forest and country parks, and outdoor areas of stately homes, historic homes, castles and properties operated by the National Trust; - driving instruction except for motorcycles, - the hospitality sector (takeaway/delivery permitted). Excludes hotels, guesthouses, B&B's, hostels, a bunkhouse, off-sales, ports, airports and motorway service areas; - restrictions on hotels, guesthouses, B&B's, hostels, bunkhouses and off-sales. - Restrictions on retail. 	<ul style="list-style-type: none"> - Nightclubs; - Conference halls and conference facilities, including those in hotels - Theatres and Concert Halls except for the purposes of rehearsals - Close contact services – excludes services which are ancillary to a medical or health service or a social care service or for the purpose of film or television production or sports massage therapy. - a range of visitor attractions including funfairs, inflatable parks, amusements arcades, skating rinks, bingo halls, museums and galleries, cinemas; - museums & galleries; - campsites and caravan parks for touring caravans including motorhomes, except in an emergency; - swimming and diving pools; - indoor sports and exercise facilities, including soft play areas, leisure centres, gyms, equestrian centres, venues relating to motor sport and activity centres; - outdoor sports and exercise facilities including activity centres, equestrian centres, marinas and venues relating to motor sport and water sport; - outdoor visitor attractions, with the exception of play areas, public parks, forest and country parks, and outdoor areas of stately homes, historic homes, castles and properties operated by the National Trust; - driving instruction except for motorcycles, - the hospitality sector (takeaway/delivery permitted). Excludes hotels, guesthouses, B&B's, hostels, a bunkhouse, off-sales, ports, airports and motorway service areas; - restrictions on hotels, guesthouses, B&B's, hostels, bunkhouses and off-sales. - Restrictions on retail. 	<ul style="list-style-type: none"> - Nightclubs; - Conference halls and conference facilities, including those in hotels - Theatres and Concert Halls except for the purposes of rehearsals

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	<ul style="list-style-type: none"> - restrictions on libraries – orders cannot be made in person and access is only allowed for the purposes of collecting their order. 	
Visitors Attractions	<ul style="list-style-type: none"> - Indoor visitors attractions must close. - Outdoor visitors attractions must close with the exception of soft play areas, public parks, forest and country parks, and outdoor areas of stately homes, historic homes, castles and properties operated by the National Trust; 	<ul style="list-style-type: none"> - Visitors attractions are permitted to operate
Restrictions applicable to all hospitality Premises including private members clubs and Off - Sales	<ul style="list-style-type: none"> - Must close any premises, or part of premises, in which food or drink (including intoxicating liquor) are consumed on the premises. This excludes hotels, guesthouses, harbour terminals, airports or motorway service areas. - Permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00. Exemptions for Ferries, canteens in a workplace, school, prison, hospital, care home or military establishment. - Off sales are permitted from 08:00 on Monday to Saturday, and from 10:00 on Sunday, until 20:00 on any day. 	<ul style="list-style-type: none"> - All hospitality venues are required to obtain, record and destroy visitor information. - No more than 6 persons (not including children aged 12 or under) from 2 households per table. - Off sales (including from bars) are permitted from 08:00 on Monday to Saturday, and from 10:00 on Sunday, until 20:00 on any day.
Venues at which intoxicating liquor may be consumed	<ul style="list-style-type: none"> - Most of these venues are required to remain closed however these requirements will still apply to hotels, guesthouses, ports, airports, motorway service areas etc. - Required to ensure social distancing. - Operating hours – food and drink (not including intoxicating liquor) can be purchased or obtained on the premises between 05:00 and 22:30. Intoxicating liquor can be purchased or obtained between 11:30am and 22:30. Food and drink including intoxicating liquor cannot be consumed on the premises after 23:00. All persons must be vacated the venue by 23:00. This 	<ul style="list-style-type: none"> - Social distancing requirements - Operating hours – food and drink (not including intoxicating liquor) can be purchased or obtained on the premises between 05:00 and 22:30. Intoxicating liquor can be purchased or obtained between 11:30am and 22:30. Food and drink including intoxicating liquor cannot be consumed on the premises after 23:00. All persons must be vacated the venue by 23:00. This excludes hotels, guesthouses, harbour terminals, airports or motorway service areas or workers/employees working in the venue.

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	<p>excludes hotels, guesthouses, harbour terminals, airports or motorway service areas or workers/employees working in the venue.</p> <ul style="list-style-type: none"> - Live music, dancing or the provision of music for dancing is not permitted except for professional dancers providing entertainment or a first dance by a party of a marriage or civil partnership. - Venues required to obtain, record and destroy visitor information, carry out and implement risk assessments, provide hand sanitiser, seat visitors immediately with no more than 6 persons (not including children aged 12 or under) from 2 households per table (exemptions for wedding receptions – 10 persons and no household limit), provide table service except buffets where social distancing required and visitors movement are restricted. 	<ul style="list-style-type: none"> - Live music, dancing or the provision of music for dancing is not permitted except for professional dancers providing entertainment or a first dance by a party of a marriage or civil partnership. - Venues required to obtain, record and destroy visitor information, carry out and implement risk assessments, provide hand sanitiser, seat visitors immediately with no more than 6 persons (not including children aged 12 or under) from 2 households per table (exemptions for wedding receptions – 10 persons and no household limit), provide table service except buffets where social distancing required and visitors movement are restricted.
Restrictions specific to unlicensed hospitality premises	<ul style="list-style-type: none"> - Permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00 - Exemptions for Ferries, canteens in a workplace, school, prison, hospital, care home or military establishment. 	<ul style="list-style-type: none"> - Operating hours for consumption off the premises e.g. takeaway/delivery between 05:00 and 23:00. - There are no restrictions to the operating hours of unlicensed premises for consumption on the premises.
Hotels and Guesthouses	<ul style="list-style-type: none"> - Hotels or guesthouses may continue to provide food or drink (not including intoxicating liquor) as part of a service for residents, whether or not in a restaurant on the premises at any time of the day. • (i) already resident on the date this schedule came into operation; • (ii) resident for work-related purposes; • (iii) vulnerable people; or 	<ul style="list-style-type: none"> - Hotels or guesthouses may continue to provide food or drink (not including intoxicating liquor) as part of a service for residents, whether or not in a restaurant on the premises at any time of the day. - Permitted to provide alcohol after 23:00 but it only be consumed by the resident in their accommodation. The hotel or guesthouse will not be permitted to deliver alcohol to a resident or any other person, in the accommodation e.g. via room service after 23:00.

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	<ul style="list-style-type: none"> (iv)unable to return to their private dwelling due to an emergency; Permitted to provide alcohol including after 23:00 but it must only be consumed by the resident in their accommodation. The hotel or guesthouse will not be permitted to deliver alcohol to a resident or any other person, in the accommodation e.g. via room service after 23:00. Must comply with the other requirements for “venues at which intoxicating liquor may be consumed” including operating hours for non-residents – see below. 	<ul style="list-style-type: none"> Must comply with the other requirements for “venues at which intoxicating liquor may be consumed” including operating hours for non-residents – see below.
Retail Sector	<ul style="list-style-type: none"> Retail businesses are required to close unless the business wholly or mainly provides goods for sale or hire or provides a service and is listed below: <ul style="list-style-type: none"> Food retailers, supermarkets, convenience stores, corner shops, newsagents; Off licences and licensed shops selling alcohol (including breweries), Pharmacies (including non-dispensing pharmacies) and chemists, Homeware stores, building supplies businesses and hardware stores, Petrol stations, Pet shops, agricultural supplies shops, livestock markets, veterinary surgeons Garden centres and ornamental plant nurseries and Christmas tree sales (but not cafes or restaurants in such premises), Motor vehicle repair, MOT services, Bicycle shops, taxi or vehicle hire businesses, Banks, building societies, credit unions, short term loan providers and cash points savings clubs and undertakings which by way of business operate currency exchange offices, transmit 	<ul style="list-style-type: none"> Permitted to operate with a requirement to ensure social distancing and face coverings regulations.

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	<p>money (or any representation of money) by any means or cash cheques which are made payable to customers, Post offices,</p> <ul style="list-style-type: none"> - Funeral directors, - Laundrettes and dry cleaners, - Dental services, opticians, audiology services, chiropody, chiropractors, osteopaths and other medical or health services, including services relating to mental health, - Car parks and public toilets, - Storage and distribution facilities, including delivery drop off or collection points, where the facilities are in the premises of a business included in this sub-paragraph. 	
Close contact services	<ul style="list-style-type: none"> - Required to remain closed – exemptions for services which are ancillary to a medical or health service or a social care service or for the purpose of film or television production or sports massage therapy. 	<ul style="list-style-type: none"> - Permitted to operate but required to obtain, record and destroy visitor information.

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Libraries	<ul style="list-style-type: none"> - May continue to provide the service of a library: <ul style="list-style-type: none"> • in response to orders or requests received through a website or other on-line communication, or by telephone including by text message, or • to visitors who enter the premises of the library only to collect items ordered or requested in accordance with the above or to use the facilities of the library to access the internet. 	<ul style="list-style-type: none"> - Permitted to operate with no restrictions.
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