

COVID 19

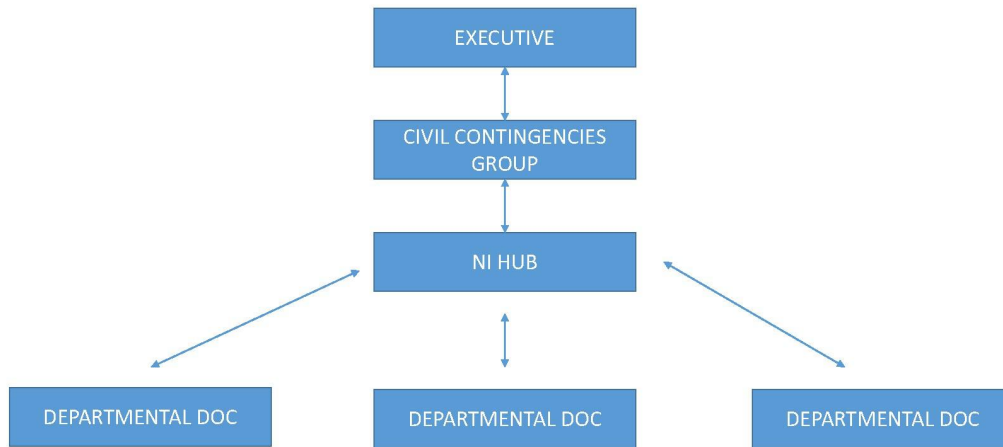
Executive strategy and plan

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The Executive's COVID 19 response has the following strategic priorities:

- Health and well being of our citizens
- Our economic well being
- Societal and community well being

Governance Framework



Planning assumptions – assessment as at 28 March 2020

CONTEXTUAL ASSUMPTIONS

1. The first unmitigated peak would be in May/June 2020. There will be a later peak or peaks [UKG modelling at 19/3]. Although if people adhere to social distancing the peak could be pushed forward to end of April [UKG DCMO]
2. Up to 80% of the UK population will be infected at some stage [UKG modelling at 19/3 and NI Surge plan March 2019]. NI modelling is underway which will inform and refine our understanding and response.
3. NI will follow the medical and scientific advice at all times and will make use of the COVID-19 legislation and regulations making powers .
4. Most people will comply with relevant guidance and legislation [based on current trends] *[consideration being given as to whether we can develop a dataset for this]*
5. There will be significant disruption to international supply chains and there will be an impact for NI.[TEO/DFI liaison with DfT]
6. There will be enough food although choice may be limited or different to what people are used to [based on YH planning]
7. The Executive will act collectively to lead the response in an agile manner and will adapt to changing circumstances as the pandemic moves into different stages.
8. ~~HCCS will ensure NCC readiness and will put in place appropriate coverage arrangements~~

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HEALTH AND WELL-BEING OF CITIZENS

1. 8% of infected people in NI will require hospitalisation, 0.7% will require critical care, and 1% will die [NI DoH 19/3]
2. The virus could cause up to 14,000 deaths in NI in a reasonable worse case scenario [NI Health Minister 19/3]
3. There are shortages of Personal Protective Equipment (PPE) for healthcare workers and wider public services staff. *[to be refined with Departments and after DOH presentation at Executive]*
4. There are shortages of ventilators for patients
5. There may be disruption to supply of Oxygen to NI [some or all supply is currently through Dublin Port]
6. There may be disruption to the supply of clinical consumables [based on disruption to supply chains]
7. There will be up to 21% health and social care staff absence during the peak weeks of an unmitigated pandemic (without social distancing and other reduction measures being implemented).

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Priority workstreams need to insert key

Health and well-being of our citizens					
Ref	Description	Action	SRO RAG	Metrics	Owner
1.1	Identify, contact and provide support for the most vulnerable patients so that they can stay safely at home	Timely information, contacting those who need to stay at home, and putting support arrangements in place	5/5		DfC
1.2	Sufficient supplies of essential goods and items including ventilators, PPE, testing kits, and other medical devices and supplies	Analysis of need, rapid procurements, and by prioritising on a centralised basis	5/5		DOH/ DOF/ DFE
1.3	Testing capacity to increase capacity to test and diagnose patients and frontline testing of key workers	Invoke our surge plan and securing additional laboratory capacities	5/5		DOH/ DOF
1.4	Ensure there is sufficient hospital bed capacity	Consolidating hospital services to focus capacity and resources, and by developing a surge plan for additional beds			DOH
1.5	Sustain NHS workforce	Asking for volunteers to return to health service work, and through free public transport and no car parking charges			DOH/ DFI 9

Health and well-being of our citizens (cont'd)					
Ref	Description	Action	SRO RAG	Metrics	Owner
1.6	Enforce social distancing	Effective communications and by using the powers now available.			EIS/TEO
1.7	Ensure there are sufficient school places for key worker parents to continue to work	Continuing to provide school places, refining that as the situation develops			DE
1.8	Ensure children, vulnerable people and the self-isolating have access to food and medicines	Enhancing the existing statutory and voluntary services with additional volunteers			DfC
1.9	Exceptional arrangements for safety in care and custody	Having a scale of responses available			DoJ
2.0	Ensure common action between NI and RoI on information sharing.	Development of MOU by Health Ministers.			DOH