

**FROM:** Gerard Collins  
Health Protection Branch

Trim Ref: HE1/20/87433

**DATE:** 13 March 2020

**TO:** 1. Dr Michael McBride  
2. Minister Swann

**BRIEFING FOR EXECUTIVE & COBR MEETING – MONDAY 16 MARCH 2020**

**ISSUE:** Briefing for Executive & COBR meetings where COVID-19 will be discussed.

**TIMING:** Monday 16<sup>th</sup> March

**PRESENTATIONAL ISSUES** Media interest in this issue remains high. Press Office is working closely with PHA on an agreed comms approach and media handling. Press Office will continue to monitor the situation closely.

**FOI IMPLICATIONS** Fully disclosable

**FINANCIAL IMPLICATIONS** Potential implications in terms of planning & preparation including: equipment costs, consumables and remedial capital works, training/overtime. By way of indication, the Department bid for £55m in 2009 to meet additional expected costs emerging from H1N1 (Swine Flu) in 2009/10. A similar cost (revenue and capital) in responding to COVID-19 may arise in the reasonable worst case scenario during the mitigation phase. To date £750k has been allocated to Emergency Planning Branch for any necessary expenditure.

**LEGISLATION IMPLICATIONS** None.

**EQUALITY/HUMAN RIGHTS/RURAL NEEDS IMPLICATIONS** None.

**RECOMMENDATION:**

You are invited to note the briefing including lines to take (Tab A) and background (Tab B)

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**Introduction**

1. The ongoing outbreak of Covid-19 will be discussed at the Executive and COBR meetings on Monday 16<sup>th</sup> March 2020.
2. WHO have announced that the outbreak has reached a stage where it can be described as a pandemic. This does not have any material implications for how we respond to the outbreak in Northern Ireland.
3. On 12 March, based on the advice of the UK Chief Medical Officers, the risk to the UK was raised from moderate to high. It was also announced that the UK is moving out of the contain phase and into the delay phase. The latest forecasts indicate that a peak in cases is likely to occur in in the UK as early as April 2020.
4. At a COBR Ministerial meeting on 12 March it was announced that
  - All those with mild symptoms (new continuous cough and/or fever) of COVID-19 should stay at home for seven days, without calling 111 unless necessary.
  - COBR will revisit the question of whether and when to implement household isolation next week.
  - FCO and DFE to change travel advice in order to recommend that international school trips should be cancelled.
  - COBR will keep under review the policy towards mass gatherings, with particular reference to their impact on public and emergency services.
  - No school closures in the UK to be implemented.
  - FCO and DHSC will change travel advice for those over 70 and/or with underlying health conditions to recommend that they should no longer go on cruises.
5. The RoI government announced on 12 March that schools, colleges and childcare facilities will close from Friday 13 March until Sunday 29 March. It also advised that indoor gatherings of more than 100 people and outdoor

gatherings of more than 500 people should be cancelled and where it is possible to work remotely people should do so.

6. Following a meeting of the NI Executive it was agreed that schools in Northern Ireland will not be closed at this stage but the situation will be kept under review based on the latest scientific advice.
7. It was agreed at COBR that further interventions may be announced next week e.g. to include social distancing for the elderly and vulnerable.
8. Operationally, current HCID capacity in the UK has now been exceeded. The HSCB continues to seek commercial options should a patient need to be transferred to a specialist HCID unit in England. HSCB also continues to explore options for accessing specialist units in Dublin. Confirmed cases will, if considered clinically necessary, be admitted to the Regional Infectious Disease Unit, ward 7A Belfast RVH if 16 years and over or RBHSC if the patient is under age 16.
9. It has been agreed that testing of all individuals with mild illness not requiring hospitalisation has ceased, to ensure laboratory resources are ring-fenced for testing hospitalised patients, for whom the result will influence clinical management and infection prevention and control decisions

### **Reasonable Worst Case Scenario Planning**

10. Cabinet Office is currently working to the 2019 National Security Risk Assessment pandemic flu planning assumption as the Reasonable Worst Case Scenario (RWCS). This assumes that the first wave of the pandemic will last approximately 15 weeks with over 50% of the population falling ill and up to 20% off work during the peak weeks. This would lead to a huge surge in demand for health and social care services which would have a knock-on impact on current provision.
11. The Regional Surge Planning Subgroup of HSC Silver has been established to ensure that there is an appropriate and proportionate level of HSC preparedness across the sector in response to Covid-19. Twice weekly

meetings are held and a Covid-19 Surge Planning workshop was held on 5 March. The purpose of the workshop was to consider Trust surge plans and self-assessment checklists in order to share actions and ensure regional consistency where possible.

12. A press release was issued on Friday 13 March which explained that Health service activity across Northern Ireland will have to be significantly curtailed as resources are diverted to care for coronavirus patients.
13. Across the NICS, planning has been stepped up to ensure a coordinated response from all sectors of Government. TEO is leading the work on assessing essential services and key sectors' readiness and have convened weekly C3 (command, control, coordination) meetings. TEO led a workshop on 6 March to discuss Departmental risks and priorities

#### **Recommendation**

14. You are invited to note this briefing including lines to take at **Tab A** and background at **Tab B**.

**Gerard Collins**

Ext I&S

#### **Copied to:**

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**LINES TO TAKE**

- On 12 March, based on the advice of the UK Chief Medical Officers, the risk to the UK was raised from moderate to high.
- It has also been agreed that the UK is moving out of the contain phase and into the delay phase. The latest forecasts indicate that a peak in cases is likely to occur in the UK as early as April 2020.
- The RoI has also moved from contain to the delay phase.
- We are very likely to see a steep rise in confirmed cases in the UK over coming days and weeks. We have agreed mechanisms for managing this situation ensuring our general public remain appropriately informed and reassured to the actions being taken, as appropriate.
- As of 15 March in NI, 1083 individuals have been tested and there are 45 confirmed cases, including cases that are due to community transmission.
- Testing will now be targeted at those in hospital to ensure they can be processed quickly in order to ensure speedy treatment. Work is ongoing to increase testing capability in NI.
- I, along with the First and deputy First Ministers, had a very useful meeting with the Taoiseach, Minister Harris and the Tanaiste on Saturday, during which we discussed the approach being taken in our respective countries. We all agreed to work closely to ensure that our response to Covid-19 – north and south – is as effective as possible.
- The Regional Surge Planning Subgroup has been established to ensure that there is an appropriate and proportionate level of HSC preparedness across the sector in response to Covid-19.

- I issued a press release on Friday 13 March which explained that unfortunately Health service activity across Northern Ireland will have to be significantly curtailed as resources are diverted to care for coronavirus patients.
- Affected services will include non-urgent outpatient appointments, day cases, inpatient and diagnostic work. The process of scaling back provision will be phased in over the days and weeks ahead.
- Due to increased pressures on GPs during the Covid-19 outbreak, the Department of Health and the British Medical Association have agreed measures to release additional capacity in General Practice. This will mean that GPs will prioritise work to address Covid-19 cases and practices may reduce certain services.
- Currently, only non-urgent outpatients, day case, inpatient and diagnostic services will be reduced. Suspect cancer cases and other urgent care will continue, unless advised by the applicable Trust.
- In conjunction with the Health and Social Care Board, HSC Trusts are finalising their surge plans for the predicted significant increases in Covid-19 cases in Northern Ireland. These will be published next week.
- Across the NI Civil Service planning has been stepped up to ensure a coordinated response from all sectors of Government. The Executive Office is leading the work on assessing essential services and key sectors' readiness and have convened weekly C3 (command, control, coordination) meetings.
- We must continue to plan to mitigate the potential consequences for the health of the people of NI and the impact on our health services, other public services and wider society. My priority as Minister is to ensure effective measures are in place within Northern Ireland.
- The Health and Social Care Board in NI have been liaising with their counterparts in the Health Service Executive in RoI to ensure that, where

possible, both jurisdictions can make the best use of our collective resources when responding to Covid-19.

- My Department and the Public Health Agency are working closely with their counterparts in the Republic, as well as with the rest of the UK, to ensure that our response to Covid-19 – north and south – is as effective as possible.
- I remain very grateful for the advice and guidance being provided by officials in DHSC and PHE and for their ongoing support, it is very much appreciated.
- All 4 UK health departments are continuing to take part in daily teleconferences, 7 days a week, hosted by DHSC to ensure the whole of the UK is appropriately prepared and a consistent approach taken. I am aware that DHSC are also continuing to hold meetings of officials from communications teams of the four UK health departments daily, to ensure a consistent approach is agreed across the nations.



**Background**

1. As of 15 March at 12.00, DHSC has reported confirmed cases of 153,684 with 5,751 fatalities, mainly in China including 1,441 in Italy.
2. There are now 45 confirmed cases of Covid-19 in Northern Ireland. Some of the cases are connected and the patients are all receiving the appropriate care. As of 15 March, 1083 people have been tested in NI. All the tests carried out are analysed at the Belfast Regional Virology Lab. In line with agreed protocols any positive results have to be verified by a PHE lab. Daily updates on the number of tests completed and positive results in NI are released at 2pm.
3. As of 15 March, there have been 35 COVID-19 related deaths in the UK. All patients had underlying health conditions.
4. As of 15 March, 253 further people in England have tested positive for COVID-19, bringing the total number of cases in England to 1,099. The total for the UK now stands at 1372, which includes 153 in Scotland, 75 cases in Wales, and 45 in Northern Ireland. Contact tracing is underway for all cases including where the route of transmission is not yet clear.
5. There are now 129 confirmed cases in the Republic of Ireland and one death. There are no known implications for NI at this stage.

**UK-WIDE DRAFT CORONAVIRUS (EMERGENCY) BILL**

6. Working closely with DHSC, DoH officials are currently developing NI input to a UK Bill which will provide additional legislative powers or flexibilities to be used in the event of a coronavirus pandemic. You gained Executive agreement to consent to Westminster legislating on our behalf by way of the Coronavirus Bill at the Executive meeting on 17 February.
7. The list of areas where legislation might be needed has been developed on a UK-wide basis. The needs identified vary between the different jurisdictions of the UK (reflecting the different legal landscapes).

8. DHSC is leading on the Bill and have indicated the Bill is likely to be laid before Parliament on the 19 March 2020 with Royal Assent expected on 31 March 2020. The timings remain tentative.