

5-11-20

2.20

FWI

Intro

(1)

Winter

- DFI amends?

Agreed?

Yes

(2)

COVID

FWI

Disappointing - ^{later} paper leaked to Press. No good for Exec as corporate body.

Paper - only for discussion, not for decision

Becoming a joke

DOH

Echo comments - ^{leaked} referred to media last night - inaccurate reporting

DOH

52 8-bed wards - equivalent.
50 patients in ICU, 42 ventilated.
Pressure on high-skill staff.

Circulated R paper - ICU, hosp.
inpatients, hosp deaths

Decrease in no of pos cases.
12 deaths.

diag - pos cases / admissions / ICU / deaths.

CSA

Share screen. - slides.

Nos included on paper

R calculation - different inputs, dec
Declining no of cases - but continued
pressure on system

Proportion of pos tests among over
60s - reduced no in under-20s -
schools closed, nos may go up this
week.

Turned corner

R - new cases overall = $.7 / .8$

Not tests per 1000 of population
- declined

Rapid fall in cases - may be $.5$
- reduced testing

Schools closed - less demand for
testing

Neg tests - needed for children to
get back to school

$.7 / .8$ - over-estimation of
community

Fall - relatively slow - test
positivity remains high (UK/
international terms).

Early anecdotal evidence - patient
longer in hospital - fewer
dying, but longer treat^m -
steroids cause diabetes - has to
be treated.

Not seeing fall in patient nos.

Increase - critical care patients

- may go up / possibly steadying

Deaths - may continue to rise,

last thing to reduce.
tried to say how rapidly inpatients
will fall - likely to be slow.
7-day average - 500 or less - end
of next week
Schools reopening - clearer pic. by
end of next week - prob 300+
inpatients next week.

FM Over 60s - higher % of pos tests.
England - Shielding advice.
Need for similar advice in NI?

AMO Updated advice to those previously
shielding - 10 days ago.
Shielding paused.
Case nos. falling
In England, rise in cases.
Continue to keep under review.
Advise - stay at home if poss
Balance harm - restrictive advice
v risks.

FM England - restrictive

DOH Contact tracing - update.
FM/dFM meeting - PHA - v
useful
Tracing system Eng/Wales - not
on Rd.
Ours set up by PHA
220 - workforce - range of

contracts - flexibility.

Some part-time, some full-time
Public advice professionals rather
than ~~cost~~ call centre.

Close contact alert

liz Mitchell - was acting CMO,
now looking after Tracing.

[I few months ago -
next steps.

Statistics - what system is
doing

target = 80%.

No of contacts - 48 hrs - target

Automatic assumption - PHA not
doing job - missing contacts -
but people not answering phone

Assumption - we don't have
£500 pay^m. [Carol - I

Automatic - self-cert - test pos
to share with employer.

FM

Testing people - v helpful,
send best wishes from Exec for
their work.

DAERA

Rate - people booking tests,
not turning up?

CMO

Don't have data - will check
+ let you know

DAERA

If people don't turn up,

listed as positive?

CMO Urban myth.

DAERA Constituent - relative died -
COPD. Death cert said COVID -
problems with wake/burial.
Why COVID on death cert - no
evidence of COVID.

CMO Can't comment on individual
case.
Guidance issued to doctors
twice re COVID - cause/
contributed to death.
COVID - in past 28 days - not
primary cause of death.
x Give me details, I will check.

DDH Previous - situation - challenge
to death cert / COVID - guidance
re WCHs.

DAERA Hospitals - shd decline in next
few weeks - R rate

CSA Hospitals - shd decline.
Schools - may be over-estimating

DFC [Student nurses
Clarification on []
not getting paid

DOH

Check with Chief Nursing Officer
Student nurses - need to have
2000+ hrs

CNO - cohort to graduate in
Jan - bring on to payroll in
Dec?

Not being paid, also no part-
time jobs - bursaries available
Get on payroll a.s.a.p.

DFC

Cohort now + 1st wave?

DOH

Graduated early.

Try to get onto payroll
this year?

DFC

Hardship fund for all students
esp nurses.

DOH

Student hardship fund -
DFE.

DFE

Hardship fund for all unis
colleges - doubled amt. of
money in fund.

Lessened terms of students
who cd apply

Administered by unis -
still £2.5m in fund.

DOY

Talk - ahead of current
restrictions.

legal obligation to self-isolate -
Track / Trace?

Evidence base - problem with self-isolating?

Other jurisdictions - mandatory isolation?

Impact - people not going for tests if they know they will be told to self-isolate.

Some people - not entitled to sick pay if self-isolating.

Police need to know who shd be isolating / when - wd need new

legl medical framework to share info - human rights, ethical issues, GDPR.

Needs lot of thought - Para 22.

FM

Discussed with HIA.

Perverse implications - people avoiding app.

CMD

Potentially double-edged sword.
Require^{ment} to isolate
Science evidence

Reverse effect - some individuals don't have test or don't share info.

Comparison - [] Exemption list

Different demographic / population.
Data - England - 20% complying

with self-isolation, 70% intend to do it - but emphasis support issues - need support systems
- Caution re approach - mandatory

DFT Reports - agency nurses reluctant to go into red zones - pressure on existing staff.

DOH Pressures on staff - agency staff can say yes/no. Employees - sense of duty.
Not anecdotal - need to fill gap agency staff can choose, pressure on other staff.

CMD Selection - where people work - some areas more demanding. Shortages - some specialty areas.
COVID words - hard, fear factor pressures.
Staff volunteer - health service psychologically / physically exhausting.

dfm legal require^{ment} to self isolate - partnership approach better, support packages better - DFC to bring forward proposals

*

③ Action log

FM Sp Note.

④ Sit Rep

FM CCG meeting on Wed, if Wlms want to feed in to CCG - OK.

⑤ Modelling / Interventions

FM Discussion item.

DOH Any additional need for restrictions - additional 14 days preferable.
Current restrictions end next Thurs - need discussion.

ESA. Slide presentation
Hospital occupancy
- modelled as of this week.
R - fall to 0.7 this week, rise to 0.9.

3 options

- beds - high
- medium
- low

Different values for R - rest of Nov

Oct - before restrictions $R = 1.4+$.
Model - patients fall to 25 Nov
Then rise again - relatively stable
 $R = 1.4 / 1.6$ - [0000] patients
hospital.

Medium - wd require intervention
7-14 Jan

Low - substantially better than
Oct. wd need measures to
control epidemic - difficult
to achieve.

Nos of patients in hosp - end Dec
 $= 350$

wd need to intervene before
Christmas.

2 other options - assume 14 day
of restrictions

Assume $R = 0.9$ for 2 weeks
Impact - Dec / Jan.

Beats low - extra 2 weeks -
get to Jan - no further inter-
vention now, but wd be
required in Jan

$R = 1+$ - not if we need
intervention, but when

CMD + 9 advise - need extra 2
weeks restrictions - only model
to get us beyond Christmas.

DFI

Vaccine - realistic time frame

for vaccine? Plan for roll-out.

CMD

- ✓ Yes + yes.
- x Provide paper to Exec re planning. May have vaccine - early in new year - poss pre-Christmas. Planning for months re vaccine - confidential to Exec.

DFI

Space before next Exec to discuss - enough to be extended. Space to discuss before we make decision.

PM

Told people - 4 weeks, lose trust if we just roll on restrictions.

APM, DH, CMD, CSA + 1 - met with hospitality sector.

State w to Assembly re COVID. Discussion today - health issues.

- x Come back early next week. People alarmed by media reports today. Messaging important.

DFI

Media reports - COVID enforcers. Want space to discuss.

PM

Discussions with local govt -

people get wrong end of stick
- cause fear.

DOY

COVID marshalls - mention in med
- v unhelpful.

Credibility with businesses - said
4-week, but keep under review.
Said we wd take different
approach

Not much wriggle-room -
paper - binary - introduce
personal restrictions.

People will give up hope.

Building blocks - not where the
need to be

Track/trace - ed reduce R by -
- v significant. When can we
achieve that?

focus on identifying source of
infection

When will track/trace be
delivered?

Move to get people to adhere -
behavioural science, motivation
Winter - people indoors.

Isolating / depressing time of year
Issue - tone of Friday afternoon
statements (SOH) - v depressing

- shd thank people for efforts
Need to change tone, be more
positive

How to communicate over next

week - businesses need to plan for opening.

Agree - shd announce to Assembly.

Detailed discussion - w/e / next week - give people long lead-in.

If people find out on Thurs than extension happening on Fri - v annoyed.

CMO Track/trace - performance matrix - achieving within 24 hrs - 48 hrs - tests - increase. Pressure - system performing well. Clusters, outbreaks - skills - contact/trace - improv^{ed} in reduction of R - in combination with other measures.

Gorham - using all methods.

X Exiting - rapid turn-around tests - paper to go next week. Prospect of daily testing for all - issue with validation, work progressing. vaccine - will give hope.

DOH Fri stateⁿ - update to MLHA colleagues. Don't want to give false sense of progress. NISRA info - factual stateⁿ, not a good place.

Party members - Alliance - Ian Paisley comment on my

state^m

DOJ

Not personal criticism - no acknowledge^m of good news - reduction in R.

Doom will not motivate people.

Role as Health Min - get people to comply.

Not asking you to do happy dance / Donald Trump.

Highlight pos - not in reckless way.

Read State^m last Fri - stark, serious, people feel - no purpose in making impact.

People know it is serious, give hope they can have impact.

DE

Need motivational side of state^m. - Balance.

significant - behavioural issues measure^m - intervention / imp. Coherence - if take something on how will it be substituted?

eg reduce hospitality - lead to house parties?

Intervention - diminishing return the longer it goes on.

Need to bring people along - partnership

Engage^m - PM/dPM/CMO etc with hospitality - greater buy-

Shouldn't be binary choice -
need spectrum of interventions.
Improve track/trace - v good in NI,
better than England.
Issues - hospitality.
Rising R rate - consequences - no
of cases, hospital cases, deaths.
Overall impact on health service -
other diseases.
Modelling/graphs - scenarios, beds
X - planning - graphs re capacity to
deliver service
More beds - workforce planning,
increase no of nurses
- End Nov, End Dec - demand +
supply side.

DOH Supply / demand.
Additional nurses, students.
Don't want to impact other services
- not just extra beds, also extra
staff. ICU = 1:1, but ≤ 1 .

DS Know no easy solution
Upwards graph - need level of
projection 4 weeks / 8 weeks -
cocktail of measures. Wd like to
X see graph - beds, staff 4 + 8
weeks ahead.
Graphs useful - direction of travel
- Stop up capacity.
Solutions in place.

DFE DOH - only way to have COVID beds - turn down other services - disturbing. We knew 2nd wave was coming - why not []?

DOH No additional bank of nurses/ doctors - put out calls, recruitment prog - competing worldwide. 300 extra nurses - Jan - Exec decision. 350 student nurses - need to be trained. England - some stopping emergency services to deal with COVID. Craigawon - stopping elective surgery. Health service - can't turn on/off like light switch.

DFE Any recruitment?

DOH Workforce advertising - nursing staff - need to be fully trained.

DFE Deterred by tone of public debate - medics - scandal if we move to protect jobs. Tone of debate is becoming poor, public discourse - demonstrates people to comply. If don't say 'doing well'. Person who leaked paper -

no focus on R - agenda for leak,
coherent message for community.

Didn't leak good news -

Read paper

Impact on economy

4 weeks of restrictions - cost = £400m.

Saddened - Caterpillar announce^{ed}.

Not abstract - lives, jobs, Christmas.

£5 billion impact - earlier lockdown.

Not seeing compliance - people
understand impact of restrictions on
jobs

Retail - reduction in footfall -

highest reduction in UK.

Good - health, but impact on jobs,
economy.

DOH paper - does not encompass any
other views.

Hospitality Minister - want to work

with Gov - look for way out together -

~~that~~ - we are running industries
into the ground.

2 more weeks - most important
economic time of year - grave
impact of further restrictions.

x Discuss with DOH, CMO, CSA - engage
with businesses on how to open /
operate safely.

PM DFI - share info re £400m impact
(DFE)

DFE x will bring paper next week.

Dof

Get DfS, DfH points - assume elements we can improve - Track Trace, - England - how health service will improve over next 4 weeks of restrictions.

Behaviour issues.

, Announce^m - Chancellor - furlough extend to end of financial year, Review of employer contribution - Jan.

Self-employed scheme - figs for Jan / Feb / March (?).

Uplift in Barnett guarantee - extra £100 m for NI.

DfH - checking what they can spend to end year.

DAERA

lot of nonsense over past few days - no evidence we need to go into full lockdown.

Health service running out of oxygen - not true. DfH shd call out BMA.

Shd not have been public discuss on this paper - Cool FM last wa 4 weeks restrictions - for Exec to consider, not go public before Exec discussion.

Completely opposed to extending restrictions.

Mental health damage - we know we are causing damage.

v marginal impact on R - eg
hairdressers closed, v small impact,
Pressure on low-paid workers -
mainly women. Incredible impact
- I will not support extension.
Shops, cafes - being hammered.
People's bank balances going into
red, don't know where to go.
Recognize issue re hospital beds/
pressures - always hard in Jan
Roll out flu vaccine - people die
of flu.

Paper CSA - assumptions, best
shot of assess^{ment} - not empirical
evidence. Implementation - huge
impact on well-being, health, jobs
etc.

Know - we can't just roll back all
restrictions + ignore advice - but
can't support all restrictions.

Rieths - father can't stay in
hospital, v important.

Death - no ground for 25
restriction.

Marriage - cruel - no celebration
allowed.

Unacceptable - key moments,
applying restrictions.

Young people - can't study, no jobs
COVID - little impact on young people.

Vulnerable people - cruel not to
ask them to be sheltered.

Young people having parties -
need to bring people with us.
Blunt instrument - restrictions.

~~CHS~~
DOH

labour - 1 hr. Gnp circulate
Will circulate guidance.

JMK

Vaccine - CMO optimism - need
to be cautious re messaging.
Some feel invincible now.

COVID marshalls - urban legend
Media coverage - someone put
that into media.

Anteim / N-abbey Council -
staff in community encouraging
people to comply.

ESA paper - empirical, scientific
- but need to be careful how
we use science.

Will science change?

Discussion re this intervention
- 6 weeks; became 4 weeks +
2 weeks of school closures.
Now having to look at original 2
weeks

Need collegiate approach

DOH said we did not need extra -
4 weeks closure, 2 weeks schools
Need systematic approach -
need to be careful about tools

conversation

Businesses under pressure.

Hospitality industry - economic info - scary.

Retail - set to lose 40% of annual income - golden quarter - retail / coffee shops - non-essential retail - v squeezed.

Need v tight engage^{ment} with hospitality, DfH + scientists.

Can hospitality function in pandemic?

Will another 2/3/4 weeks help?

Not enough for TEO to take forward - need DfH involve^{ment} / input.

Hospitality industry - v varied - can coffee shops open or not - scientific views

2 weeks more - end Nov.

ROI / PSNI discussion - cross-border impact - hospitality closures. PSNI to discuss with TEO?

Further extension - need more than fuelough - heavy fixed costs, need emergency financial package.

PM

Border - look at England/Wales situation.

DfS - message in chat - CMA/CSA to pick up later.

elM

Conversation - same as all other admin. 4 weeks - get R down

to 0.7 ~ achieved with schools closed, impact of schools open?
Not an option - to do nothing.
Challenge for everyone.

Need to offer hope.

Responsibilities.

Need to find ways to live with virus

Test / trace, vaccine -
give people hope

Present to public - show way to exit.

Want to move away from rolling lockdowns.

Sincerest in supporting people - isolate etc.

Keep schools open

Campaign over coming days - v powerful.

Give light at end of tunnel.

Businesses need to know -

what will happen next week -
clear before end of week.

Sympathy - close contact services -
allow to open if pos.

Hospitality sector - v varied.

Engage with hospitality - keep going.

Need pos message, one voice on this issue.

Exit str - publish sooner
Rather than later.

Ful

Full engage^u,
Discussion

Speak to Assembly - Mon or Tues,
x Meeting again - next few days?
Narrative around Exec vision,
dFul + J - press conf - will work
through issues, consider views.

(5)

Harbours

Irrelevant & Sensitive

Irrelevant & Sensitive

Domestic Abuse.

Irrelevant & Sensitive

Irrelevant & Sensitive

Irrelevant & Sensitive

Irrelevant & Sensitive

[illegible]

Irrelevant & Sensitive

AOR

Personal Gaiurei

Irrelevant & Sensitive

LPP/LAP

LPP/LAP

Irrelevant & Sensitive

Terminal Illness

Irrelevant & Sensitive

LPP/LAP

Irrelevant & Sensitive

LPP/LAP

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LPP/LAP

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Irrelevant & Sensitive

LPP/LAP

