

6-4-20.

12.00

HOCS	DOH	DFI
dFM	PFE	DOF
JML	JMK	DFC
DE	FM	DAERA.

CMO.

[No sound]

DOF Support to DOH - threats
PPE - health service or wider distribution.

DOH Health allocation
General procure^m still ongoing.

DOF DOH - England - only supplying hospitals
NI - DOH covers social care sector as well
Need to continue procure^m of PPE
- Dept sent from London
Gowns - issues they won't have
Social care sector -
Need to continue
Risk re Chinese supply - trying to mitigate - 2-day (cheque/check)
Working with Irish Govt / Her Kings.
Smaller runs - continuing to work.
Consular staff working
Local supplies - C I produce
150,000 masks
O'Neills - speculation re gowns

for England - also for here.
Team - local aspects of procurement
won't fill gap completely but is a
help.
What is needed by DOH + other services
on a weekly basis.
Advancing as quickly as possible.

DFE. Good wishes to DOH - threats.
Want to go back to Fri
PPE - getting supplies from rest
of UK. Pressure - lot of emails
from nurses etc - no PPE,
more we can do with Trusts -
distribute PPE
Reassure people.

DOH Table - showed level of PPE in Trusts.
Unfeasible for DOH team to check
every hospital
- looking at independent audit of
Trusts.

DFM Also getting lot of emails re PPE
- role for RQA?

DOH Not right body - need independent
body which can challenge - not an
org within system.

DFI Why is DOF asks Qs of DOH - some

diffs between depts?

DOF For us to take forward, have to understand needs of DOH — significantly improved communications. But DOF needs to understand needs.
local provision — joint working team.

DOH 2 teams together
Change of guidance last week re PPE — knock-on effect on how long supply of PPE will last.
Takes time to work into system.

~~DOH~~ DOH Refreshed guidance — paper from Fei needs to be reviewed.
Need details of orders from health service
Working across
Shared specifications.
Container full of gloves —
working well with CPD — test use of PPE which comes in.

Testing paper

CMO Rec'd copy of Testing Strategy paper — work in progress, will be reused
W14 — W16
Testing approach + str will change.
3 Trusts coming on line re Testing
Bfs, [South Eastern], [Northern]

AFBI -

Increasing capacity

Surveillance

Social distancing

Point of care testing - control of future outbreaks

Prisons, care homes

Integrated health/social care system

Labour intensive

Dissemination of various strains of vRNA.

P7-9 - move from contain^m to delay

Tests - those in hospital, front line staff, clusters.

P12 → next phases

Scale up - Nucleic Acid Test

Population surveillance

Anti-body tests

Bio chemical testing - % of population immune - relaxation of social distancing.

Get through surge - next wave.

Critical care surge plan

Maternity / paediatrics

This week - cancer.

Peak / decrease - week after next.

Scientific modelling - relax measures.

Actively managing further outbreaks - next phase -

localized outbreaks.

FM TKS to CMO
Any more clarity re anti-body tests.

CMO Working with [PHE?] + Oxpred.
Bad test worse than no test
Don't want situation where people are told they are immune -...

DOF Re-agents, validation of anti-body test kits
- work with joint procure^m
- if can be done locally
- capability on these islands
shd do quickly - quicker than PPE.

CMO Provide assurance to DOF
Different platforms, equip^m in laboratories.
Diff types of re-agents, some easier to manufacture
Working with science labs to identify plastic needed.
lot of work being done.

DFI Reagent - seems to be confusion.
Shortage in England - but industry says no shortage.
Supply chain - need more info re timescales.

Don't have dates when Σ \rightarrow will come online, testing of workers.
Testing capacity - how sits beside tests being carried out.

CWO

Wd like to give hard numbers - but some info outside our availability.
Public domain - need care.

Don't want to over-promise.

Genuine shortage of reagents, competing in global environ⁴.

We will work as hard as possible to provide clear info.

DFI

Care workers want to know - When will Σ be tested? We need to know.
Community transmission - level known?

CWO

Have been testing health staff

Σ - Randox / Σ I

3-day turnaround time will improve + nos tested will increase.

Majority of health care + other critical workers using partnership

From 12 March - sustained community transmission. Will get fuller handle on comm trans - community surveillance

or anti-body test

Blood

Transfusion service

Get pic. of how virus is circulating.

DFT No of deaths - breakdown by area?

CMO Nos small - if breakdown further, people will be identifiable
Why do you want to know?

DFT Worse facts, avoids []
Quiet reassurance

CMO Working to put in place public-facing app to show detail of disease activity - avoid GDPR breach. Public can be confident we are sharing info - maybe this week, will advise Exec.

DOI Paper - step in right direction - expand beyond HSE workers.
Timing - move beyond HSE - PSNI + prison (Testing)
Significant strain to manage.
People to return from self-isolation when?

CMO W Hancock - 100,000 capacity by end of month.
Challenging in terms of capacity.

I will provide clarity a.s.a.p.
Stopped twice by PSNI today to check
why I was travelling.

DOJ

Highlights importance of PSNI
presence on top of normal duties
(w/e shenanigans).
When go beyond health service?
Proportionate response - proportion
of each sector - ie not testing
all health service before next
sectors? eg Crematorium -
2 positive from staff of 7.

CWO

Priority in DOH - health workers.
But crucial to recognize critical
workers for all sectors.
Resource - work at UK level,
key workers
Also in Exec depts.
Optimistic re ability to scale up -
don't want to over-promise.

DOJ

Useful to have timeframe asap.
Community testing.
Tracing facilities.
ROI - from 200 to 1400
-significant workpce on contact
tracing
NI - plans in place re contact
tracing? Work under way.

CMO Crucial element once we get through surge - weeks away
will be back to managing local outbreaks
Traditional model re tracing won't work - established group to consider.
Digital solutions re tracing - mobile phones tracking possibility - can send message to other phone users. Innovative solutions.

Need army of individuals - extremely labour-intensive

X Cd share paper in due course.

DFC Paper = short, medium + long - translate into actual time?
Useful for exec info
Capacity, tracing info
Demographics - role for other depts
- Catalonia - poorer people more at risk, understand demographics, mitigating actions?
Risk / mitigation?

CMO X Agree with all of that - will try to give info in exec paper
Demographics - measures now seem to be effective in flattening curve - from 2.8 to less than 1.
Poverty kills people as well
People unable to access necessary care
Mental health, resilience, suicide prevention - huge

impact on society.

Mitigations as much as possible.

Change people's behaviour in short term - need to be aware of long-term impacts. Will be felt in [lower] socio-economic sectors

DAERA Testing people who have actually died or just in hospitals?

CWO Hospitals
Other deaths in community - terminal illnesses - died with COVID-19 but []
Excess deaths, hospital deaths - community deaths - time lag before we get death certificate info.
Current figs - deaths in hospital, but long-term, fuller figures available.

DAERA Death in nursing home - check for COVID after death?

CWO Issuing updated guidance to nursing homes - PPE, testing.
If tested for COVID at death []
In each Trust - named contacts
Domiciliary care.
RQIA staff - previously for inspections, now providing support/

advice. Need to get on top.
Outbreaks in prisons, independent care
homes

DAERA MHancock - 100,000 = 28,000 per wk

CWO Decisions in coming weeks - extremely
challenging. Measures never tried
before, seem to be working.

When to stop back.

Then back too soon, huge surge.
Have to make sure we can identify
when we have to then back on again.

Views may behave differently in
parts of UK + ROI

✓ challenging for us / ROI.

JMK TKS for paper

Important - a.s.a.p. newly
calibrated paper with timeframes -
testing + community transmission.
Measures

Urge - prep. of further doc, draws on
international best practice.

WHO visit to China - some signif.
success stories re lockdown, linked
to community testing.

Shut down

Tests within area (Cuba).

Expansive testing + tracing - v labour
intensive. Every consideration

becomes subordinate to stopping virus.
Chinese govt developing testing for later
in year - re-emergence of virus.
Now into unknown unknowns.
Testing has to be hard-wired into system.

CWO Agree. Testing always part of str,
frustrating we cd not ramp up.
WHO - visit to China, learning curve.
Surge in virus as measures
relaxed.
Meeting Fei - UK experts, will be
recommending - coming days/weeks
Cutting edge - modelling
Mike Tyson
Interventions not tried + tested,
beginning to make impact. Can't
maintain indefinitely.
Use testing to manage, contact tracing
will run for at least a year.
Difficult decisions.
Relax measures
Surge later in year?

dfw Moving in right direction
Need to work to
Modelling - review ongoing basis.
When will we get next update.

CWO Haven't seen papers from SAGE
- put some degree of certainty.

Timing of decisions, different approaches among these islands.

Capacity issue

Significant outbreaks - London, Qwent in Wales.

Hard to explain why we will do different things across parts of UK, + ROI

dFM Radox - keeping tests here?
Involving homes guidance - copy to Exec colleagues.
Centres across NI?

CNO Sites not confirmed - want S/W + N/W, not fair for everyone to travel to Bfs.
Trusts - 3-day wait - too long.
Use existing laboratory capacity.
Will share guidance re care homes.

dFM MOU

CNO Ready to sign - but haven't spoken to Tony (ROI)

dFM Get signed, another thing done.

③ Actions

dFM Sp Note.

④ Sit Rep.

HOCS SSS Arena testing - opened at w/e
Housing Exec Rent freeze - DFC to
announce

food parcels

PSNI checking compliance with
social distancing.

Good messaging this week.

SOS for Transport this morning.

DPE

Have to leave soon for engage^m
forum.

H+ Safety Exec - massive increase
in complaints - employers behaving
more responsibly

Hope this is settled soon, good work
on that issue.

Labour Relations

- list of workers

- Agree guidance on H + S
issues

seem to be progressing - some
concerns - legal/financial
implications - TOR

X Will bring report

Business Grants - 13,187 paid.

Issue with payer ID

25K this week

Hardship Fund

Grant Schapps - connectivity.

Ferries, air connectivity.
Decision soon.

DAERA. Massive losses in sector
Beef prices dropping
ABP - cheaper meat from Poland.
No lamb exports
Market quiet.
We will be obliged - package for
agriculture
100,000 employees
Paper for Govt
Pressing UK Govt to come up with funds but
need local action.

⑤ Abortion

DOH Exec aware - reqs presented.
No. of options
Rec'd corr from colleagues - why
bring to Exec
- significant / controversial.

DAERA Paper from LPP/LAPT NIO
[Not pass]
Not sure why paper was brought
forward
Not within guidelines from Westminster.
Wholly inapprop. for one party.
Option to go to QS.
Don't see necessity to bring to Exec.

DOJ

I was surprised it was brought forward

Technical change

DOH - full responsibility to bring forward.

In this situation, have made arrangements to provide services. Entirely for DOH.

No issue for DOJ - only for DOH.

Option 2 - imperfect, but best at this time. People can't travel - absolute necessity as interim measure.

In regulations - doctor's surgery or patient's home.

DOJ using online for lot of issues - DOH could use same for this.

Knew 1 April was deadline.

How far along is guidance - forward planning?

Develop^m of process in DOH.

DE

Wide range of views on abortion.

Fairly clear

LPP/LAP

LPP/LAP

Don't see how can progress any option in paper
Uncomfortable

dFM

Agree with Naomi - don't need to bring to exec. Agree

Option 2 best.

Comm from [Equality] comm

DOH shd just get on + do it.

DOH

Is controversial + sig,

LPP/LAP

LPP/LAP

Regs - 10 days ago - o/head draft.
Saw final regs - saw when MO published.
Dept not far advanced - did not know
what was involved.

DFC

Same as Naomi + Michelle.

Regs have come into effect
Breach of human rights.

Different opinions.

Continuing breach. Need to provide
women with local L I.

COVID 19 - no travel, remain at home
Adding stress to women in crisis, need
to respond.

Option 2 - not ideal, but best for now
- urgently establish, not just consult
Include telemedicine, online option.

Not every woman has online access.

Incl. L sexual health clinics -
wrap-around support services.

Concern for women in crisis - may not
feel comfortable going to local crisis.

DFI

LPP/LAP

DOH

LPP/LAP

Fm

Proposal?

DOH

Recomm in initial paper

1, 2 + 3 in paper

Recomm re sub-committee

Suggestion - Sub-comm chaired by
2 JWs, Reps from each party in
Exec

DFC

Women in crisis now

Reqs in law now

Further breach of human rights

Go with option 2 - but depts to
consider tele-medicine etc

DFI

Options 2 or 3

COVID crisis

Timebound?

Conscience clause?

Timeframe

DOH

Timebound during COVID crisis
- mentioned in all options.

DAERA

[Concets] Human Rights

Fatal Fetal Abnormality
Request []

FM 2 proposals
DOH Min - Sub-Comm
DFC - Option 2 + amend^m

DOH Recomm 18 - Sub Comm.

dFM Working to provisions
Have to bring to exec.

FM Cross - community vote.

HOCs Propose each
DAERA request - ~~DFC~~ cross-comm

NJackson Need 3 mins for cross comm vote.
④ DFE + DE (+ DAERA)

HOCs

① FM	against
dFM	against
DFE	"
DOH	FOR
DAERA	Against
DFC	"
DE	"
DOF	"
DPI	"
DOY	No vote (?)

HOCs not carried.

② Para 17.(k)
Subject to certain amend^{ts}

NS
urgently
tele medicines
sexual health clinics
up front conscience clause

FM	Against
dFM	FOR
DFE	Against
DAERA	v
DFE	FOR
DOH	Against Abstain
DOF	FOR
DFI	FOR
DOJ	FOR FOR

Outcome - cross-comm support
not demonstrated.

dFM Propose - DOH to bring back to dept
+ implement;

DOH A brought to exec for decision - Min
code 2.4.5. - have to bring to
exec.

HOCS Exec agree - appreciate for
consideration at dept level.

DE - dFM proposal @ cross-community level.

FM Support of 2 colleagues

HOCS ③ Go back to DOH @ dept level
cross-comm vote.

FM	Against
dFM	For
DPE	Ag
DOH	No vote
DAERN	Ag
DFC	For
DE	Ag
DOF	For
DFI	For
DOJ	For

NG Fail on cross-community basis.

FM No consent

LPP/LAP

x dFM DOH min has failed in duty to women
in crisis
Abdication of duty

FM If it had not been brought to exec

I wd have called in.

DOH Rework my reasons for bringing to
Exec - my family not to be
involved

DFM I called out - wrong to threaten.

DAERA - make statemⁿ re Agri-food

DPE Did update earlier - going to UKA.

DFI Ferries / Ports
Impact on supply chain.
Paper drafted
Support for ferries - Treat. on Fri
night
Govt contract with ferries - public
service
UK/EU
GB/NI - hard work by officials
Tele conf - G Schapps + SAS.
Further teleconf later this week
for any gaps.

DAERA Haulage also v impacted -
devastating.

DFI

Agree

Sufficient level for ferry ops -
can bring across empty units,
Not losing sight of hauliers.

When I get paper re [] I will
circulate.

DOF

Grant Schapps, nature of airports,
critical. Ferry - today, city - next
couple of days

Will advise Exec colleagues - over
from [] I rather than depts
budgets.

DFI

Govt funding, will need something
from Exec as well.

⑥

Ad Hoc

Fm

Sp note

DAERA statem.

⑦

⑧

AOB

LPP/LAP

HOCs

yes

DE

gnp

Widen []

Volunteers

Currently involved in

DOT - good work - clearing

Access NI.