

29-10-20

48 dFM Minutes  
Agreed? Yes

### COVID update.

DH Increase in inpatients 300 +  
44 ICU  
Increasing ICU capacity - Tower.  
Oxygen - Altracelwin - BBC  
report - no issue with supply.  
Care homes - 100 asymptomatic  
cases - testing system working.  
Tests turned around quicker,  
increasing testing capacity.  
Workforce appeal - 2700  
applicants, 270 already  
appointed.  
Internal workforce - Media  
reports re staff off sick - 4000+  
- normal sickness levels = 3000+  
- similar COVID sickness for  
staff same as 1st wave.  
Procedures - trying to  
maintain.

GSA. Share screen  
nos in R paper - summary  
position.  
New cases per day - 7 day  
rolling average - plateau -



will fall if  $R$  is below 1 - further below 1, steeper fall.

Fall will be more gradual than rise  
Need  $R$  to be  $< 0.6$ .

Significant drop in tests per day -  
reduced demand, schools off.

Lot of tests - to facilitate attend  
at school - will know impact when  
schools open next week.

7-day rolling average - no  
decline yet.

Hospital pressures - start of  
levelling off in hosp admissions -  
probably fall in next 10 days

Rate of inpatients - slowing -  
higher than wave 1.

Wave 1 - rise steep, slow decl  
Same for this wave.

Probably 300+ inpatients at  
end of 4 week period.

$R = 1.1 / 1.2$ . (hosp inpatients)

$R$  - cases - below 1, but above  
1 for Antirinc DC.

Local Govt Districts

Highest = Mid Ulster

Deergh/Str - has fallen, similar  
to Bfs.

Quantifiable evidence - impact of  
restrictions.

- Contacts for each pos case -  
test/trace system.

Decline in contacts since restrict



Bfs Traffic congestion

- TomTom satellite.

Shows info from start of year.

Significant reduction in traffic last week, but higher than in lockdown.

- Facebook info

- wave<sup>m</sup> in local Govt districts - comparison with pre-lockdown.

Difference between districts.

- Graph - % of people staying at home 24 hrs. Bfs -  $\frac{1}{3}$  of people stay home; Newry/Henagh - 20%.

Reflects nature of areas - relationship to how nos changing -  $R=1$ , <sup>more</sup> likely areas where people stay home

- Travel locations - 1st lockdown compared to past week.

$\frac{3}{5}$  reduction of wave<sup>m</sup> compared to 1st lockdown.

Confident current restr. will reduce

1 no - see impact of schools return next week. Wt like 0.7 - but unlikely.

DJS

Various relaxations/restrictions - plot on graph to see impact. - future meeting?

CSA x Will do for next week.

JMK

Broader issues

2 questions, observation



2 weeks into intervention.

Comparator interesting - current situation / previous lockdown.

At end of 4 weeks, wd need more evidence of desired effect.

Need to double-down - guarantee ability to continue suppressing virus.

- Based on modelling, likely suppression of transmission set against objectives?

- Schools opening Mon - Reopening from 10th - reopening schools OK, based on what stats show

- Lag in deaths - increased deaths increased hosp - likely increase in deaths over next 2 weeks?

CSA

At moment, expect no of cases to fall significantly mid Nov (500 p-day); expect hosp to fall (300+) - trajectory down wards.

If restrictions relax,  $R$  above 1, nos wd fall for 2 weeks, but rise again in Dec.

In line with modelling given to Exec previously

- x Can provide update next week
- Deaths - expect to rise over next 2/3 weeks - nos. relatively small, but will rise



Previous modelling - 300-500 deaths by end Feb<sup>(hosp)</sup> + additional deaths outside hosp.  
Pressures on system - increase in non covid deaths col be 25% +.

DOH Schools - biggest concern - reduction in mobility - schools closed - schools open, more mobility.  
Content for schools, additional measures - mitigation? <sup>school gates</sup> transport, masks.  
Will see at end of 4 week period.

FM Pleased to hear re oxygen at Altnagelvin - media reports, good steps taken.  
CSA info - no surprise re move<sup>in</sup> in rural areas - need to get to shops etc.  
Concern re workplace - 4500 people sick, 270 appointments - mid-watch.  
More we can do together to help?

DOH Workplace directorate - work ongoing.  
2000 + retirees - across all sectors of Health Service.  
840 self-isolating - will be back in at end of isolation.



Will speak to dept + see if anything can help.

FM SAGE - reduce isolation time?

CMD x Exec paper - new rapid testing technology - no. of pilots in coming weeks. Testing more widely available - needs validation.

Test/release str - health care workers - no evidence yet to do - considering. Wd not be blanket approach - need to consider care environment. Optimum timing of testing. Day 8 - Day 5 better? Not enough evidence yet, can't risk patients.

DPE How often do ~~test~~ we test care workers in community, care homes, hospitals? Continuously test health care workers.

Difficult to eradicate. March / Apr / May - saddened, distressed - deaths in nursing home.

How often are care home residents tested?

Any kind of required regime



visiting - just up to home?

End of life situations - difficult if families can't visit.

- Up to Feb, cd have 25% excess deaths - non-covid, because fear is on covid? Terrifying.

DOH Care home staff tested ~~twice~~ every 2 weeks<sup>5</sup>, residents every 4 weeks. 'Green' - more frequent testing. Tests - asymptomatic - isolate, prevent spreading.

AMO Testing all residents - symptomatic or not. More asymp. than previously.

Care homes, staff in hospitals - get COVID transmission in community down - impacts all other areas.

NICE guidance - treating most vulnerable.

Pilot - testing of staff - SIREN study.

V low rates of pos, asymp health care workers.

Winter - we will see further increases.

New tech - larger no of tests, use tech in range of settings.

Project Moonshot (PM) - degree of normality for everyday activity.



CSA

Excess deaths - up to now -  
caused by COVID  
ONS - extra 25% caused by non  
COVID.

DE

Intrinsic problem - nature of  
COVID + interventions - causal  
links. Cocktail of measures.  
DE + STC - earlier interven  
Figs were v large, rapid  
rate of decline - lessons to  
learn?

looking at estimates of impact of  
intervention - complicated -  
level of substitute effect.

Controlled / uncontrolled enviers  
moving out of [ ]

Increasingly sophisticated -  
what interventions we make  
within sectors

Within school - outside school  
concern re school gates - conc  
- point of vulnerability.

Face coverings - transport  
- messaging re waiting at sch  
gates; transport - need to  
emphasise school gates, plan  
up with messaging - in touch  
with parents' groups; social  
media - don't mix at gates,  
wear face coverings,  
inconsiderate parents at sch



gates.

Strong messaging.

Children completely away from school - difficult to manage.

DH

Derry/Strk - 24 days since legislated.

Was 500+, went up to 900+, now 400+.

Wd like to replicate elsewhere.

Interventions - basket of measures - not single interventions.

CMO

Combined efforts Derry/Strk - council, community leadership, co-operation Derry/Donagall, Radio Foyle/Highland Radio, - significant achievement.

Schools - messaging v important.

Previous SAGE papers - schools fully closed/open - priority re children's education.

SAGE - evidence - keep transmission as low as poss.

CSA

School gates - much broader range of interactions.

Parents - free for work, social interaction. Messaging to target all activities - reduce interactions children at schools.

Debate - transmission within schools,



children bring infection home.

SAGE - increase in infection - school-age children, bring infection into homes.

SAGE - impact of schools being open on  $R$  - up to .2 impact. Important to flag.

DS

Teenagers - out in groups - outside control of schools.

Greater level of children at home - economic pressures - elderly relatives/childcare. Substitution impact.

DAERA

$R$  graphs - useful

Dcity / Str - deep welcome.

Turning pt = 14 Oct.

Evidence - already turning before restrictions, also before schools factored in.

Graph - even with schools open figures dropping.

What is  $R$  in D/Str?

GSIA

0.7

Agree with comments - replicate with schools open, wd be delighted.

FM

Workforce

What level of absence - must



and from other jurisdictions?

- DOH Reduce level of care (procedures)  
Other jurisdictions don't have spare capacity.  
Maintain as many elective procedures as poss.  
Sickness levels decreasing.

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### Action Log

FM DFG - off-licenses  
Action log - "in progress".  
Wd like to get sorted - before  
W/E?

dFM Meeting being arranged -  
do quickly?

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### Oct Mon Round.

DOF Coincide COVID allocation/Oct  
Mon - ease pressures within dopts  
28m resource, 24.5 cap, 105m  
FTC.  
25m - COVID surrendered.  
Verbal update last week  
526.7 - DOH.  
73.3 - wider COVID  
200m - Tread  
55m - held back people



£300 m

DOF 35 m

14 m - free school meals,

55 m - response for sectors with no support.

7.3 m (hospices?)

10 m - airports - connectivity

Infra - coach / taxis - 19 m to  
DFI now, remain £6 m.

12.9 - agents + other sectors  
Newspapers, wet pubs, B+B.

Encourage - bring forward  
schemes.

Views - hold money back for  
future issues?

Challenging winter

Hold back £100 m

Advice from Health - allocate if  
required.

100 m - right balance, allocate  
now, hold some for future.

Overarching position - always  
more bids than money available  
Exec decisions on what is available

Oct when

Irrelevant & Sensitive



**Irrelevant & Sensitive**



Irrelevant & Sensitive

Translink - firehough issue -  
advise to check.  
Pick up discussion this p.m. with  
DFI.

Irrelevant & Sensitive

DOF Timeframe - support for  
hospices. COVID money to  
end of year - may not have



funds after that. Need resolved by end of financial year.

DOH Will do by end of fin year - not 2 weeks.

DOF Budget - pre-Christmas - will try to include in health budget. Meeting with depts.

o/fm Try to crack issue.

DFS Wider budget issues - economic recovery fund. Meeting with DOF next week, will discuss. Need long-term vision - funding to develop skills, help sectors to grow. Not against holding back 100m - if not allocated until Jan, hard to spend in short time.

DOF It need another intervention .... R in right direction, but may need other inter. Can judge in next couple weeks

Irrelevant & Sensitive



Irrelevant & Sensitive

## Face Coverings

DS

DFI / DS joint position.  
Translink / SA / PHA

- some exemptions
- mandatory

- School + public transport also
- Applicable to all post-primary pupils
- SA / Doh officials - direct change of regs - next week.

APM

<sup>Note</sup>  
~~Free~~ Recommen?

Noted

## Taxis

DFI

19m - 14m to taxi, 5m to coach. Previous bids - free



licences.

Fin Assistance Act - TKS to DFS + DOF.

Cash pay<sup>m</sup> £1500 to each driver.

Operators ed access other schemes

- operators - give money to drivers.

Taxi drivers - unemploy<sup>m</sup> scheme.

fear of onerous scheme -

but is straightforward.

Taxi scheme from 9 Nov.

Operators - scheme based on

reserves, capped at 100,000

- small no of operators outside

[scheme] remit.

Debts due to COVID - ask lenders

to have fair repay<sup>m</sup> policy.

Adapt - school transport.

- ~~taxi~~ coach - scheme by mid-Nov.

- Haulage - cross-dept working  
grp. Survey to sector - not  
exceptional circumstances.

- Going forward, avail of any new  
schemes.

DOH

Insurance spot checks?

Taxi drivers cancelled ins  
because not working -  
address?

DFI

Will reflect concern to my  
officials.



DAERA

Disappointed - haulage.  
Food / medicine hauliers - busi  
Haulage - construction, concrete  
- v small.  
Don't accept analysis of  
sector.  
Huge disappoint<sup>m</sup>.  
Food industry - importance of  
haulage.  
Empty loads - logistics.  
Seek deferral of repay<sup>m</sup>.  
Logistical issues - still had  
to pay people.  
Can't comprehend DFI  
approach - no support for  
haulage industry.

DFI

Provided further info to FM/  
dFM  
lot of work - NI haulage  
critical grp.  
Have said to sector - I will  
keep under review.

DOF

Banking [ ].  
Coaches - vital - tourism  
recovery.

x Briefing from coaching sector  
for talks with banks.

x Banking forum - support  
for business - will bring new



Taxis - not huge amt - based on DFI calculations, engage<sup>m</sup> with industry.

DFI Engage<sup>m</sup> with operators / drivers.  
More generous than Wales / Scotland  
- drivers not happy.

DFE Schemes diff to put together.  
Taxi operators - not in scheme,  
" drivers in scheme.  
Bus companies - in scheme.  
Taxi operators - access to £25,000  
etc. Coach operators are able  
to access schemes - why taxi  
operators not incl when coach  
operators are?  
~~Foreigners~~ /

DFI V diff schemes  
Taxi operators - said help shd  
go to drivers.  
Coach operators - cd not avail of  
other schemes - bespoke package  
for them. Business shut down -  
no tourism.  
Taxi ops - cd keep working up to  
a point.

DFE Will need to work together to  
ensure not double-funding.  
DFE scheme - 4 weeks.



dfm Agree recomm? (yes)

## COVID AOR

DFI

Fin Support Schemes / checks

Medical coverage

Proactive - invite in Auditor

Gen to check schemes -

Robust / public confidence?

DOF

Operate on assumption schemes will be operated.

C+AG - invited C+AG to check

- balance between speed of response + need to work correctly.

No difficulty - all schemes audited.

Taxis / coach - some audit issues.

C+AG - audited 10,000 + 25,000 grant - aware of speed / accuracy - Risk was merited.

Fm

Understood C+AG had considered - also look at end of each scheme.

DPE

C+AG well aware of schemes - 24,700 businesses got funding - v low level of



issues.

Not sure why we wd do anything further - open, transparent.  
C+AG has already said - schemes made at speed.

Shouldn't respond too quickly - go through normal ~~chattel~~ channels + let C+AG do work.

NAERA 0.1% error - circumstances.  
Quick distribution of money - helped businesses.  
Stunt.

DFI Assuming C+AG will find fault.  
Shd invite C+AG in to review - wd do no harm, not stunt.  
Actively invite C+AG.  
Public confidence.

DOF C+AG has already looked at scheme, is his role  
If invite specifically - looks like Exec doesn't trust.  
If individual firms want to invite - OK.  
But not Exec

DFI Is learning from previous review accounted for in new scheme.



not appropriate.

Process under way.

[ 1.

Unknown period - PSec 'filling in' not acceptable.

- Change - shd not stop current process

Imperative - withdraw letter, allow PSec appt process to go ahead.

Irrelevant & Sensitive

PM Controversial, significant - accep



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