

11-6-20

10.20 FM - DOJ Min on Nolan Show
- not good use of Exec time.

DOJ - Pre-recorded

FM - Apologies to DOJ

10.26 FM - Intro
DFC - apologies (absent)

Sp Note.

DFI Why meeting moved from Long
Gallery to Zoom?

FM Away Day will be in Long Gallery.

dFM Conversation at last Exec - move
in strategic way - today's meeting
about that - next week - Away Day.

DOJ NR pre-recorded yesterday.
Contacted by media yesterday to
say meeting cancelled because
Nicola + I refused to attend.
Warn whoever is spinning - look
poorish. It was my intention to
attend PS.

DOH Conversations re R at last Exec

meeting - will publish R weekly.

CSIA

R - 0.5 / 0.7

UK academics - slightly higher.

Confident R is lower than last week - 1 in 900 / 1 in 6000

% of population infected + recovered - less than 5%.

Lab staff - less than 3%

Hospital patients - less than 4%

London - 20%, England - 6%

Vast majority of population still susceptible - risk.

2nd slide - change over past 3 weeks

R - stable with 0.5 - 0.9.

3rd slide - rolling average new cases - reducing.

Actual no of cases probably higher

Rolling hospital admissions - 1-5 per day community-acquired.

R - as no of cases falls, determination of R becomes unreliable - need to measure other markers of pandemic.

Last slides - illustrations not predictions

1 - nos at start of epidemic

Blue box - lockdown - R fell to 0.8.

Modelled - R change to 1.7 -

new reasonable worst case scenario

- by 9 July, 30 patients in critical

care - new lockdown, 2nd peak

- to end Sept.

Slide - impact of relaxation - shows what happens if R rises to 1.2, 1.5 etc
1.5 - 800 patients in critical care by Oct. - system can't cope
1.3 - 300 patients in critical care by Dec - system can't cope.
1.2 - wd have 30 patients in critical care by Sept
Can tolerate R higher than 1 for a few months - policy decisions.
1.3 wouldn't cope
1.2 just about cope.

Final slide - 1.5 - decide we don't want more than 200 patients - lock down in Aug for 4 weeks, open for few weeks, lockdown again in Oct
Intermittent lockdowns.

DOH

We have been using language re critical decisions, knife-edge.

ICU nos

Hospital admissions

Effects on health system - ensure it is able to cope.

Modelling 2nd wave

CMO

Relaxation of measures - public benefits, but increase in transmission
Patients dying in ICU [] -

Finely balanced.

Reasonable ability to look ahead.

Increased community transmission -
higher risk for care homes +
other sectors.

dfm

Stark reminder of volatile situation
if we move too fast - put info into
public domain?

How R is measured - what other
measures to use?

CSA

Wide range of data feeds - 911 calls,
hosp admissions etc

Reliably survey/monitor situation
- danger of R rising, we can check.

DOH

We publish R figure every week
- happy to publish. We probably
leak anyway - keep control of
narrative

FM

* Colleagues content to publish.

DOY

Good info to publish - shows clearly
we are at bottom line but need
caution.

ICU - helpful info.

When peak happens / size of peak
- coincide with seasonal flu

ICU - COVID figures. How many

people normally in ICU? Cope with pressures

CSA Chart is COVID only

DOH Conversation
Normal capacity ICU = 100 beds.
Nightingale = 230 beds.
Challenge - not to get to spike

CMO If we relax everything, virus will spread exponentially through population
- flattened curve through social distancing etc.
[] paper - 11 European countries - lockdown prevented 3.2 m deaths.

DOJ Epidemiologist - shd continue lockdown until disease eradicated. Not sustainable.
How to answer [] even after 2 weeks - will return when people travel.

DOH Open letter to Irish News/Times - lockdown whole island for 3-4 more weeks - be like NZ.

CMO NZ - 11th/5th - if we continued with

lockdown - cd eliminate virus.
But travel will bring risk.
Major trade-offs - society.

CSA Wd require up to 12 more weeks v strict lockdown.

DFE Slides v helpful - v wide range of WS.
Lot of countries in Europe have reopened significant parts of economy - any info on impact on virus?

CSA Uncertainty - re % of COVID cases are asymptomatic - most models use 1/3, more recent models = 80% - creates uncertainty.
Important to learn from other countries - but take a/c of cultural behaviours etc.

DAERA Relaxation happening in lot of places.
R 0.5 / 0.9
Helps give reality check.
What will cause least harm + most harm?
Mitigation - good hygiene.

CSA Least risk - outdoor, less people
Greatest risk - indoor, more people

length of time
Shared surface hygiene
Respiratory hygiene.

NAERA Mitigation?

CSA Science uncertain - can't put nos on that. Mitigation helpful - but can't put figures / nos on it.

NAERA Public messaging important

CSA Public messaging.

NAERA Public toilets in forests - people using - leave doors open

CSA Nothing in regs to prevent

DE Outdoor alternative to toilets?
Messaging v important
Focus on R - but if trying to look at other measures....
Different approaches in each country - modelling basis?
eg impact of changes in social distancing - any measure of this?
Impact of different ease^m?

CSA Some modelling re some relaxations - eg schools. Looking at impact of

change to social distancing. Will report

DE Previous ref to data (schools) before end June - wd be helpful to have.

DFI In lockdown - took option not to comply away from people.
If easing - need people to continue compliance with soc dist, hand-washing etc.
Understand on scientific basis re public compliance?

CSA Work done on understanding / adherence to require^m - level of adherence higher when people fear outcome. But if people have not been affected, or feel they are immune, less adherence.
Need clear messaging

DFI So - adherence reducing? How do we address?

CSA Need to speak to communications colleagues.
Make info available
Use influencers.

DOH Public behaviour - messaging re decisions made by exec.

Businesses/orgs to put measures in place.

Regs/Restrictions paper

FM - Sp Note.

NE - Comfortable with direction of travel.
Implications for Ed - social distancing 1m / 2m.
Wider implication - childcare.
V difficult - 2m sol. issue
Guidance - nothing will kick in until 2/3 way through Aug - room to plan.
Clear guidance needed in 2 weeks time. Situation - get us guidance now. If no resolution - have to give guidance in June, if changes in July / Aug - implementing something out of date or asking people to change horses - v problematic.
Agree^m re soc. dist. for different sectors.

2m - schools - 40% attendance.
Children - 3 days out of 5.
1m - higher rate of return - 80%.
Enormous implications for children, schools, families - restrictive for economy.

Great work - distance learning - but long term impacts on standards

of Education - biggest impact on socially disadvantaged.

Threat of virus to children is v low.
Consideration of soc dist - v important for Ed - time-bound, need decision asap.

DPE.

Comment specifically on 2m/1m

Also - Tourism paper ready to go.

Briefing against DOS - an Exec party briefed that I hadn't brought tourism paper today - but today is one-item agenda.

Want to talk re tourism.

Also - 2m/1m rule v important for business.

Want to follow medical advice - will accept advice of CMO/CSA - experts.

Reality - 2m not viable for many restaurants/bars. 1m - they have a fighting chance - 2m, 30% full, 1m - 75/80% full.

Following on from winter season.

Huge impact on viability of sector.

Bars, rsts, visitor attractions - developin signage re 2m - if we decide on 1m, will create costs.

Need to give clear timeframe.

Tourism

looking at guidance - Tourism

Steering Grp, DCMS + Tourism industry.
Will be ready next week.

Happy to share draft guidance with DfH,
CmD + CSA.

Today - give signal to industry - allow
pubs/hotels to open 3 July - England
14 July, Scotland - 15th, ROI, 20th.

Caravans / Spas - bring forward to
26 June.

In line with other jurisdictions - wld help
to give sector time to prepare.

Task + Finish Grps - each sector.
wld value comments.

JMK Sympathetic to indicative time frame -
but not today.

Needs to be set in broader context.

Reality check - slides.

Variability / fluctuation - pandemic.

Need step change in how we deal with.

Paper - signalling rolling prog of
ease[™].

Shd not brief, step outside collective -
raise expectations - if we see
significant spike

Cohesive, confidential discussion

Sport, recreation, child care

Opening sectors in gradual, time-
measured / indicative approach.

Give assurance, confidence to industries
+ wider society.

All depts coming together —
set out cumulative impact
Horizon planning, on dept basis +
inter-dept basis.

If expertise does not exist in depts —
bring in outside assistance.

Inter-dept approach from now on
Grounded in partnership approach.

Pressures in hospitality — need lead-in
times — if need to move from 2m to
1m, they need to assure us they can
manage COVID RISK

Negative repercussive effect —
take-away for partners — stress test.

Flexibility — if we make move +
COVID rises, we can move back.

Clear messaging needed — Exa to stay
on same page.

Make a plan — 6/7 weeks.

DFI

Social distancing

Heal from CMO/CSA

pressures on schools, business.

Face coverings

Change social distancing for 1 sector
only wd not be helpful.

DOF

Soc Distancing.

Move to indicative timelines wd be
good. Have clearer pic. of other

jurisdictions.

In uncertain place at the start.

Soc Dist - 1m suggested - droplets,
2m - aerosol.

Consistent across board.

Exception - general rule - young people
less symptomatic, not coughing.

Children - 1m apart from each other, but
2m apart from teacher. May give
flexibility to schools. Some schools old,
can't soc. distance.

Tourism - self-catering - early opening
makes sense. 2nd home, caravans OK
- washing blocks/toilets - issue.

Toilets - mitigation - extra cleaning.

Restaurants/hotels - experience -
we shd align opening of both together -
Eastern Europe - using outdoor spaces,
mobility issues for disabled / sight
impaired

Justice - nervous re 1m - but can't run
Incy trials except in Bfs. Cd do more
Incy trials if had 1m. Suggestion - non-
Incy trials - sexual offences. Wd need
legislative change. Not keen.
Incy in separate room - not good idea.

Consistency - if we make changes in one
sector, shd be across the board.

Flexibility for schools - proper guidance in place.

Need agreed position soon - people creating signage, re-space restaurant etc. Need to reach settled position, even if it take a week to agree.

DfE

Not valid point - restaurants etc to use outdoor space. But not an easy process - have written to DfC + DfI - need to engage.

People with disabilities use these areas, wd like to progress.

DAERA

2m - good practice, but not always practical.

Supermarkets - not always observed. Normality - need flexibility, but message - 2m is best.

Caravan Parks - v supportive.

Churches - use for childcare, shd be used for worship.

1/3 capacity of churches - can maintain 2m distance.

10 people at funeral/wedding outdoors - does not contribute to reducing COVID - shd be increased. Some people adhere, some do not.

Fm

Social distancing - key to lot of

issues.

DOH 2m guidance within paper.
Transmission time = 15 mins.
Reduce distance - takes less time to transmit.
Policy change of direction.
CND/CSA - not in position to recommend
2m to 1m in enclosed settings - will
increase spread.
DfE proposal - using outdoor spaces -
pts. can maintain distances.

CND 2m - guidance, not a rule
Science, public health perspective.
If comm trans falls, opportunity to
reinst 2m - 1.5/1m.
Pendent - see impact of relaxation of
transmission

Transm. between people - droplets -
sneezing etc.
1m - dates from 1930s, old evidence.
Can travel further than 2m - loud
singing, indoor average.
Will keep under review - if dpts bring
forward mitigation, we will consider
+ assess

CSA Scientific evidence 2m/1m unlikely to
change - need to weigh risk against
benefits - economic.
Children in schools - less likely, also
not recommended to expect children to soc dist

Policy decision - we can advise on impacts.

DOH

Useful.

Churches - correct that challenge is singing? Indoor church service - singing creates problems? Choir in US did concert - 70% got virus.
Churches to reopen without singing?

CSA

No of outbreaks associated with churches + choirs globally. Difficult to confirm what people were doing - lot of social interaction.
Churches open - no singing = mitigation.

DOH

No karaoke bars!

DFI

Face wearings.

Officials engaging - DOH recommend not mandatory. Cross-dept grp to consider - transport, retail.
Have engaged with unions - want mandatory; PSNI/DOH - enforce^m issues; Scotland - want cross-sector approach; ROI - not mandatory.
Will continue with cross-dept grp.

PM

K Pearson to work with DFI on cross-dept approach.

DFI

looking at for transport - but not like

across all sectors.

FM x look at again next week.

6 proposals in paper.

DFE Tourism paper - can go to DCH this pm - ask to consider bring forward hotel dates, amenities - early July, caravans - end June.

FM want decision when?

DFE Give indicative views -

dfm Press Conf - say we will make announceⁿ on Mon re all issues in DFE paper.

DCH Happy to look at papers - but don't want DCH to look like we are responsible for holding up progress.

Given

JMK point -

Last w/e - we got lot of lobbying re decisions.

JMK DFE paper - don't deal with Show intention - closing out Step 1, give indication we are moving to Step 2 - advise Exe is considering how

to open all sectors,
signal we will bring plan forward
next week - incl time frame.
Is principle - get messaging right
- not focus on any one sector.
Don't get too far ahead of ourselves
re dates.

DOF

Agree - close out step 1.
Indoor visits - welcome it has
moved on. Thought it wd be more
than 2 families - shd be more
expansive - people relying on
friends.
2 households - v tight, people
expect 3/4 households.

Retail - no issue, have to balance
risk - competition. Victoria Sq -
indoor/outdoor.

Home moves - good

Worship - childcare centres.

Athletes - elite - why prioritise over
physio, people in pain - why
differential.

Some private leisure facilities open -
eg David Lloyd - Not fair to
smaller gyms, council gyms.

Outdoor gatherings - 10 people.

Football teams training in groups
of 10 - 2 groups of 10, breaking
rows?

Manage groups

Joint purpose - coaching in sport
- clarity.

Next phase - hair salons. People
concerned business can't survive -
2m distance

Need to mitigate risks.

Indoor - athletes

Outdoor - coaching

Indoor meetings

DH We don't support indoor training for
athletes.

Can't advise on every individual case
- people need to apply social responsibility

We advised on requests received from
depts

Indoor visits - 27% of households in
NI = single.

Support as many people as possible

Amo

[]

Amends to regs.

DI - interpretation.

Isolation - restrictions.

Households - 27% single - priority
- start to [] other households.

Incremental increase

Increased risk. Graduated approach

DH

Shopping centres - more people,

higher risk. Centres to manage space - can be facilitated, eg - one-way system.

CMD Sector - needs to assess risk + mitigate social distancing etc. All sectors shd be aware of responsibilities.

DE Sports - indoor
Clarified.
Child care - community centres, youth activity
x Bring paper on how re summer engage^m - young people; also vol / community sector.
May need flexibility re use of church halls etc.

FM Incremental approach.

JML Numbers limit for elite athletes?
Bubbles
If single person to attach to one other household - advice rather than mandatory

DOH To tackle isolation

JML Available to join bubbles!

dfm

Gordon needs a hug.

DOH

Athletes - guidance at back of paper

Fm

Will look at Sport NI framework.

DAERA

JMK - close off Stage 1 + move to Stage 2 - on same planet?

ROT has done away with lot of stages.

Public have made up own minds - people with ignore advice.

Person in rural area - opened cafe for take-away - picnic tables spread out - Council closed down. Eventing - not allowed, but will be spread out.

Crazy regs put on people - draconian, people generally

6 1.

Disappointing day - shd be looking at str recovery.

Fm

Recovery - next week.

DAERA

Regs - lot of grey areas.

Science - young people don't

spread - why are young people not being allowed to train outdoors.

Bring back issues to Exec - allow young people to engage - football,

QAA - need to get real.

FM X DE bringing paper on diversionary
issue for young people - Wn.

DOF Need diversionary activities.
Public expectation can be manufactured
by special interests.
Joined-up collective approach good.
House-moving - ancillary services;
land registry, valuations -
work being done, some not deemed
as essential workers - temper
expectations.

FM From Wn 15 June - permissive -
but will take time.

DFI Paper with 6 proposals, but no
cumulative focus on impact of
changes.
Silo,
Need broader brush.
Households - why only those who
live alone can join social bubble.
Hotels, rests - can open on particular
date - not families.

FM 27% of households alone.
Wn - announce social bubbles.
Not indicating dates today for

hotels - will do on Mon.

Single people, isolation - move first.

DFI Rational side of brains - understand 27% single; but emotional wish for families to meet up.

dFm Indicative timings - broad sector - hairdressers etc - give indicative dates, " ROI - 29 June.

Give indicative dates for all sectors.

Fm Told us last week - h/dressers July, not June.

dFm Not enough time to measure impact. Shd not be bounced. Joined-up approach.

Open up economy - childcare vital. Net work of daycare / childcare centres - up in areas. At start, were told to keep working - now have to jump through hoops.

2 big issues - school - Childcare.

Fm Suggest Fm, dFm, DE + DCH - meet offline to consider tomorrow - before Mon.

DCH Childcare - regulated. Trust

Assess⁴¹ Panels — need to stand up —
Stheen Trust.

Retail, additional qeps — essential
workless.

DOH/DS joint paper — childcare funding
— paper with DOF for assess⁴¹.

DS Regulator issues — happy to discuss
with FM, dFM, DOH.

Need []

Fork in road

Even if we address regulatory issue,
if have restrictions re nos / 1m-2m
issues, hygiene — may have to give
level of permissiveness re opening
conditions — happy to discuss.

DOJ Childcare — critical to mental health
as well as economy. Taking toll on
people.

Economy — people working need
childcare.

Bubble system works — households
join — no limit on nos.

Courts — child custody — 2 households
can join⁴ together.

If we don't respond to demand, people
will take own decisions.

Err on side of generosity.

Join households — 2 at least,
probably higher nos.

CSA Understand simplicity of 2 households - but everyone in household has own list of contacts. - so bigger bubble has bigger level of risk.

Also - if one person is symptomatic, every person in that bubble has to self-isolate.

Behavioural issues - people will relax social distancing.

Smk Context - coherent transition out of lockdown - Phase 1 to phase 2.

Minimize risk.

Messaging needed - ensure we are as joined up as poss.

Smart - go with 27% of single households - work out how we can gradually expand with minimal risk.

Be consistent

Need message which is clearly understood
Harder to move out of lockdown than into it

DOS. Households - have to look at at human level. I cd have been at work meeting - but not go with my husband to visit families.

Communicate - act as one household, can't go from bubble to bubble.

Childcare - lot of people can't afford childcare - rely on family members,

people can't work without childcare.
Give people parameters — or will just
take own actions.

Asking people to go back to work, but
aren't allowed to see parents.....

DFI Importance of childcare, joined up
approach.
Bubble — solution to childcare,
Our policy analysis — we can decide.

oFm We haven't decided on policy,
Political decision for us,
Today — say 2 households, next
week 3.

Fm Realization — 27% living alone won't
be enough.
Move to 2 households
Need strong messaging re risks etc.

People content to move to 2-household
bubble?

DOH Health concerns — social distancing,
POT — face coverings.
Different to proposals in paper,
More numbers — more risk.

Fm Other option — either/or
Single household — physical contact
or visits to household —
social distancing.

CMO

Either /or - not both.

Conversation with communications colleagues - announce + explain differences.

How to relay messages.

DOY

Not realistic, can't be policed.

DOH

Guidance, not regulations.

DOJ

Families with not social distance.

Childcare - I can drop child with stranger but not parents.

Household - spread is contained - share with other household.

Not realistic, can't be policed

Shared custody - can share households.

Advise - maintain distance, good hygiene.

FWI

Impasse - single person.

DOH - single person / bubble up with other household or visit from [I]

CMO

Need to

Childcare

Joint custody

Social interaction

Shdn't conflate those scenarios.

DOJ We shd conflate
- need to be realistic about how
people live lives.
Guilt people feel - balancing work/
childcare at home - driving people mad

DFI Recognize public yearning for family
contact.
Single person - social bubble.
Look at next week - 2 households.
Rationale for deferring to Mon.

dFM Public looking to us for decision.
Don't want to confuse more - if we
give choice, causes confusion.
Make decisions on the hoof - not good.
Lean towards 2 households - but
concerns re CMO/CSA advice.
Come back Mon with fuller picture.

FM Not 2 households bubbling next week
- just visiting.

DAERA Arguing on margin.
How wd couple choose which set of
grandparents to be in bubble?

DOH Unsure where we are.

CMO Agree^m on both elements
- timing of communication

Concern re timing of announce⁴¹
- Look at next week - NOS,
Optim - CISA + 1 to engage with
EIS re communication.
Exec agree⁴¹ - both elements.

FWI DJS - bubble 2 or more households
Paper - households visiting

CWO DJS - happy to return @ later date.

DJS 2 households to join bubble - grow
to bigger bubble.
Don't agree - single person to
meet other family.
Household by household - risk is
bigger, but only practical way.
Not sustainable.

DFI Keep households safe - social
distancing. Will keep parents
safe.
Allow 2 households - but advise
re hygiene etc.
Single households

CWO Guidance - we cannot prescribe,
can offer advice re numbers,
duration - give informed choice
to citizens
Way through - give guidance.

FW Works OK
But still childcare issue

DOH DE + DOH officials working on childcare bubbles.
If move to '2 household' scenario -
need to take time to measure impact
on COVID.

DOJ Working on childcare for weeks
- come back next week re childcare
bubble.
Bite the bullet - speak now.
Happy to agree - 2 households today
cd incl childcare bubbles.

FM Everything in paper agreed -
just 2 households.

dfm Making policy on the hoof.
Need to address issues

DFI Proposal re bubbling - limit on
no.
2 households
Consistency in [] w.p.

X DOJ Propose
announce today - 2 households
join together; advise social
distancing; allow informal childcare

facilities

DFI second that proposal.

FM Worry — adhere to advice of CMO / CSA — not comfortable with Press Conf where I have to go against med advice.

DFI CSA advice — risk always there. Policy decision needed.

DOY I wd prefer more households involved.

Not convinced soc dist will be applied — but shd give advice.

Have taken economic risks, wd be enormous benefit for people.

Households / soc distancing advice
Look after children — social

dFM Uncomfortable
Something more substantive for Wbn

press
conf

Talk about isolation — realize it is a problem, address on Wbn.

DFI Will CMO / CSA advice change?

CMO We assessed risk based on queries. If we are asked to assess based on

different circumstances, we can reassess.

DFI Social bubbling / households / visits
→

JMK Discussed in detail last night -
concept of social isolation / 27% of
households - allowed us to signal
we were moving towards [loosening]
of regs
Aiming for more social, normal
contact.
If social isolation approach won't
work -
Can't speak today to media,
haven't worked out details.
Make policy on hoof, with trip
ourselves up.

DOJ Weren't part of discussion
last night.
Message not complicated by saying
2 households.
Shd move on this now.
CMT advice will not change.
FM/dfm need to articulate to
media.

JMK All views matter.

FM ^{surpass} CMT - consider, weighing social

benefits — households.

CMO

Points re bubbling.

Bubbling — no restriction on social distancing, hugging etc - v close interaction. If one person is infected, all in bubble have to self-isolate.

DOJ

Withdraw proposal — come back on Mon.

Go ahead with single person proposal.

We make our own rules on what happens in bubble.

Don't make ref to short visits — wd be confusing.

PM

Only referring to single persons; DOJ to converse with DOH; come back to 2 households on Mon.

DAERA

Long list of issues

FM

Send list to me.

DOH

Use template.

DOJ

Letter from Amnesty + CAS on

Fri pm - enabled people to be prosecuted.

2.5 week window between 2nd + 3rd review of rec comm.

'Tidying up' of regs - (DOH).

Reg 6 - 3rd relaxation

Reg 6A + 6B - didn't tidy up enforcement.

Technical legal point - those regs could not be enforced.

Has been corrected - PSNI + Exec not improved.

Up to Fri - 6A + 6B could not be enforced; could be enforced after that.

Could be retrospective action/appeals

When did amendment happen; when did DOH know; why not Exec/PSNI etc.

FM

Fixed penalty notices.

DOJ to liaise with DOH

~~Note~~

Agree rec comm?

(Yea)

Further detailed engagement on Mon

& next meeting.

DFI

Buick

Irrelevant & Sensitive

City of Derry A/P

Irrelevant & Sensitive