

7-5-20

10.25

dFM

Intro

New agenda timings - twice weekly
Mon + Thurs.

COVID + Brexit = Mon

① Minutes

dFM

Agreed?

(Yes)

Matters Arising

Irrelevant & Sensitive

② COVID update

DOH

Main items covered in review of regs.

Care Homes - battle with COVID.

Lot of resource being put in.

PHA update to Health Comm this a.m.

Decline in nos -

leaked paper to VOLAN - pages for
dashboard over next few days, looks
like ~~more~~ we are being forced to
publish

More testing in care homes means more
cases found in care homes.

Hospital deaths decreasing
NHSRA not giving us pre-sight of nos -
we see at same time as public.

Care homes remain one peak.

Trust CEOs - staff preparing to move
into care homes.

48 homes

Considerable effort to support sector.

DAERA Staff moving into care homes - have
been talking about for 3 weeks, lot
of delays - shd happen now

DOH Has been happening over past few
weeks

CMO? Levels of infection differ across NI
- community transmission / more
care homes in same area - transmission
Reassure - supporting trusts,
RQIA - provide support for sector,
carry out inspection.
Health Protection Team PHA.
Effort to get on top of epidemic,
this stage.

DAERA Feedback in S/E Trust - no COVID
in some homes, staff can't move in
- no swabs

DOH 3 meant staff covering shifts.

DAERA

Staff moving in

DOH

Ongoing conversation with T Unions
- no. of concerns, working through.
Wanted to start on 4 May.
Process ready to go when signed off.

DAERA

Some homes clear of COVID, need
message to unions - need to keep
homes clear.

DOH

Some private homes already doing
with own staff - unions talks re
NHS staff.

DFE

Figs available - COVID 19 in care
homes - covered on Nolan -
leaked. Available to Exec while we
are on call

DOH

RQIA nos - will get them shared
- not confirmed yet.

CMD ~~HECS~~

No other areas of UK has so much
detail as NI - and now this
detailed info is being used as stick
to beat us with.

DFE

State^m in Assembly at 1.00pm
- will be helpful to know, also
Press Confs later in day.

DOH - huge responsibility, workload but wd be helpful to have info.

DOH Will get info to you.

FM RQIA info was due for publication, just waiting to be checked - wd like to say at press conf.

74 homes with COVID.

Nurse graduate nos - wd like these nos.

Don't listen to Nolan - will get transcript.

We have most info/transparency in UK

Wd like to refer to in media.

DOH Dashboard.

CNO Apology for frustration.

dfm Q for later - will be able to deal with it.

DOH Constant frustration
Identify who leaked - people shd be trustworthy
Nolan will always present as negative leak - undermines good work that is being done.

Fact checking for accuracy - leak is damaging.

Good that so much info is available - transparency, public confidence.
Leak frustrating.

dfw

As part of IDH note - point out what we publish compared to elsewhere.

IDH

Already trying to find leak.
Few weeks ago - 30 deaths, also leaked.

③

Action log

No comments

④

Sit Rep

HACS

Chief Constable - increasing presence tomorrow - VE Day; cold weather.

⑤

Review of Regs

IDH

Rather than review of Regs one by one, set out how cd be reviewed, + different stages.

3-weekly review - but can make amend^{ment} at any stage (eg graveyard

Paper - guiding principles.

Response from DfE, DoF

CMD checking

R-zero - key for us.

Paper - how we go about reviewing
regs

Recomm

CSO - still in region $R_{zero} = 0.8/0.9$
- knife edge.

UK 0.5/0.9 on regional basis.

Stand - where we are in time.

Return to Exec next week with
analysis of requests from Exec Wint,
Process to go through.

We have rec'd lobbying papers -
caravan parks, garden centres.

How Exec can review regs.

CMD

Respect pillars (?)

Asked to consider some relaxation.

Provide risk/benefit analysis,
to provide structure, qualitative
advice.

Risk - offset by benefits.

May depts looking at individual
issues - we need to consider
cumulative impacts.

Bank Hol Wfe

Ensuring adherence to regs

lot of changes at one time -

asking society to adhere - challenges

Structured framework

Incremental process

Exec can make changes at any time.

DOF response

- 1st two consistent with paper,
others more operational

Contact / tracing

importation risks - happy to consider

Para 68/69 - need for us to consider
clarification of what is incrementally
allowed.

Thrust of proposed amendments - happy
to take on board.

DOH

Paper = Review of Regs, works as
supporting doc re Exec Decision
Making - complementary.

Stages

Exec / depts can see what needs to be
done before decisions made.

Papers work well together.

dFwl

Overlap

Guiding principles important

DOF comments -

Important - media - all saying
we will be guided by no. of
principles.

Understand what is guiding us as
Exec.

DOJ

Slightly confused

Paper - a-la-carte approach, address how to respond to lobbying. Thought we were not going to do that.

Papers are contradictory

Gaps between stages to consider metrics to judge whether / when to go to next stage

Will be difficult to disaggregate them.

Public want clear info - stressful, confusion over what is required.

Risk of 2 different tracks / approaches

Strategy - overview, but also talking about individual sectors / divisions

Exec last Mon - agreed str approach, benefits / dovetail with 3-week reviews, time to check impacts before next move. Seemed general agree^m

Issue re starting point.

Paper creates more pressure on DfT - will get stream of requests for individual changes - will need input from all depts re compliance enforce^m.

Difficult to consider this paper when we don't have clear

strategy.

ALLOW to unravel + hope for the best.

DFM Don't think we can move on to str paper.
~~The~~ Guiding principles - 21 days.
Exec strategy - not ready yet.
Review reps - use to inform strategy.
DOH/CMO - comments DOJ?

DOH Annex C covers workload - triage requests from Depts.
Caravan packs - wd be for lead dept to consider issue + bring forward if appropriate - then DOH cd assess.
Annex B - impact on transmission, also economy, society.
Useful tool for us - helps us to manage process.
TEO as co-ordinating body.
2nd paper - 5-stage approach.
Clearly explain - may move from S1 to S2 in work band, but not necessarily in Education - stages differ for sectors.
I think the 2 papers work together - link in

DOJ 1st paper - I understand, don't think is compatible with staged approach - S1 economy / won't

work for Ed.

Don't see how they are compatible.

Agree broad principles

Annex C = series of ad hoc requests, they have been assessed, but are still ad hoc requests.

Doesn't set out what each stage will look at - eg open shops, hold events etc.

1st draft yesterday - DFC

Min referred to earlier drafts.

Paper proposes way forward for assessing requests.

Doesn't include across-the-board approach on steps to take.

No issue - not take decisions at the moment; need more work.

Have issue with Annex C - unravel coherence around message.

Compliance - need to be clear, simple, straightforward.

Wd prefer not to need enforcement.

Need to divorce [I

Paper does not sit comfortably with 2nd paper.

DFM

Str approach - 2nd paper.

Clarity re Stages

DOH

DOJ - says Annex C is Ad Hoc.

FOR us, allows co-ordinated

approach - requests from dopts, we can cross-check.

Annex C - co-ordinates approaches.

Comes back to Exec

Make stops every 3 weeks - better than

dfm

Every time rec'd Health papers at same time last night, strategy paper + 2nd version all at same time.

DFE

TKS to DfH.

Reservations re paper - health, society + economy.

Support DfH, need to mitigate health impact, first concern.

Society, economy - serious adverse impact - physical + mental wellbeing

No qualitative info - does not deal with strategic impact on economy, which will have long-term impact on health/wellbeing.

Also doesn't cover non-covid health impacts eg lady with breast cancer.

Vital health services - v difficult judge^m.

3 more weeks talking while doing nothing re economy - assess^m by CMO

Need to give people clear info, + hope

re what they can/can't do.

Enforce^m - tricky issue.

Regs say PSNI.

But - businesses opening, etc - who
wd enforce = eg councils etc.

Germany opening up - Bundesliga!
Need to set out clearer way forward.
If we publicize "same as" - will
not be good.

V clear on how we shd arrive
at decisions - but others need
to explain where society/economy
impacts info came from.

DOH

Annex C - based on info from Dpts,
incl economy

R = 1.8/1.9 - v close to limit, cd
go up again

Capacity/non-covid health -
covered in paper

Opening comments - Trust staff
going into care homes - can it go
back to normal non-COVID work.

Tried to marry papers - maybe
better to segregate.

Regs - stay as are

DFE

29/30+ COVID actions. Does not
give qualitative assess^m of
non-COVID work.

DOH

Paper is about COVID regs - non-COVID return is separate work.
This is focus on COVID - potential to manage 2nd wave if actions/regs change.

FM

2 decisions

- 3 weeks of regs as if $R = 0.8/0.9$.
I thought we were in better space.
Better trajectory - downward?
Compliance fraying at the edges
- v aware of more people out + about.

Need clear messaging, also need to give people hope

Disappointed - asked for message re [].

Can marry two papers.

Need economic risk assess^{mn}.

Template - risk in real time
Plan

Don't see two papers/issues as contradictory

Public have right to know re
 R no, where we are going,
what we are thinking.

CMD

R_0 - varies across these islands
Currently assess $R_0 = 0.5$, went
into peak earlier (London?).

Scotland, Wales, ROI - all about 0.9

Finely balanced.

Not recommending any major change to regs at this time.

ROI - impact on NHS shown in table

Need structured, strategic approach at each stage.

~~8~~ Proposed approach - recognizing uncertainty, Exec can make assessⁿ of risks/benefits of proposed changes, see impacts, make informed decision.

Can't have timetable

Tracing / test

otherwise I wd commend paper to line, will not be able take considered view.

Plans to estimate Ro in terms of behaviour.

Review regs - provides structured framework for considering impacts on economy, health, society.

FM

Ro - downward trend?

CMD

Few weeks - downward trajectory, has now flattened - possibly because of care home issue.

Expect it will dip in next few weeks -
Exec will be in better position to make
decisions re exercising, work, outdoor
spaces, education, key workers'
children

Exec can use risk/benefit matrix
to assess proposals while we
consider Ro issue.

JMK

Paper brought because review of
pops is required.

Comprehensive doc, commend DdH.
TEO doc^(STR) - limitations

DdH doc helpful.

Suggestions.

V comprehensive, detailed, Need
Exec Summary re highlights -
more accessible for media/public.
Codifies approach to reviews -
guidelines.

Gives str [] to science,
clear corollary, need for testing/
surveillance

A Young input yesterday v
compelling - cd have 600
unidentified cases. Every case -
up to 30 contacts.

Restrictions have worked -
continue for 3 weeks, cd
reduce figs to 300.

Need testing @ community basis

Para 14 - can be supplemented with
ref to WHO + Euro guidance - complemen-
entary.

Para 75 - media point of view.
Assessⁱⁿ on UK wide basis - omission
of Nth/Sth - shd include.
Guidelines - supplemented, evolution
of str, exit paper from TEO.
This paper provides []
TEO paper does not include

latitude & - make other changes
as required.

Ends solo-runs - good to include
in doc.

Spoke to drafter of TEO doc

- Tests - public confidence
- resilience
- provide flexibility to
reinforce restrictions
if req'd.

DOH paper answers above Qs.

Need to rely on permanent form of
pandemic surveillance + policy
formation.

TEO to address.

DOH.

Liz Redmond + NR
in DOH did all the work.

14 + (17) - can address, covered

in Para 11 + 12.

We can reassess language

Exec Summary - can turn around quickly.

DFM

DOH paper is Exec doc, not for public - but need info we can use in public today.

DFI

Agree - all-island ref.

Paper needs more detail, timeframes
Concern - ad hoc ability for anyone
to request relaxation. How do you
manage all requests - lot of pressure
Need assurance process can be managed.
DOH + TEO paper are complementary
Don't see scientific analysis in
TEO paper (eg Ro) - v clear in
DOH paper.

DFM

TEO paper needs more work.

DFI

Huge problem with public expectation
- relaxation of restrictions.

DFM

Give people light at end of tunnel.
Explain $R = 0.7$, can't change now.
Advise we will issue str in next
few days.

Need to have str right - few more
days.

DOH

Contact / Training - due to be operational - will bring another paper

Point 64 + Annex C - response to DFI request - Lead dept to do triage work, + TEO - before it gets to DOH.

DFI

Everyone will be issuing requests to DOH

DOH

Orgs. have to go to lead depts to make requests, not DOH.
Sponsoring depts to assess.

dfm

This is exec approach - depts shd not come with every request, assess themselves.

DFC

13 + 14 - pick up, going forward
Rd Rating v important for public messaging.

Minimize risk

Care homes

PPE, protection of frontline workers, confidence / reassurance to workers

DOH

13/14 - will take on board
PPE - generality of Health issues

Capacity limits across HSS system.

dfm

PPE

DOH

[

]

DFC

Protect capacity in system, PPE.

DOH

Point 34 — can get line (?)

DAERA

Tks DOH.

Agree dfm — move forward slowly, graduated ^{not} paralysis.

Need to give leadership — where people can relax + not relax.

People will make own decisions.

CMD — care homes impact on Po.

Unions — v strong message

needed — need to prevent COVID in care homes.

Have to deal with each issue individually

Golf — golf courses OK, club houses to Angling OK.

Driving OK.

Need to address with public to regain public confidence

Another 3 weeks of paralysis — will lose public.

Incremental approach — move back in low risk areas, increase activity for high risk eg care homes.

DOH

Pt 76 - next week - analysis of some requests.

Cautious moving into bank hol w/e.

DOT

Unravelling - because public don't see consistent message. Cause + effect.

Ro -

~~DOH~~ Suggest we ignore medical advice? + just open some things ourselves.

Travel - increase in travel, non-essential.

Non-essential - going to places they shd not be going to.

Use of hol homes - bringing disease to local communities, buying up supplies in local shops - nothing left for local people.

Pressure on local communities.

Police find it difficult to manage other issues - gatherings etc.

Driving -

Fuel anxiety by not giving clear messages.

Golf clubs, horticulture - need to be structured / strategic. Otherwise wd be chaos.

Med advice $R = .9$ - wd easily go over 1 - wd cause lot of impact.

Take homes - no-one shd stand in the way.

1st COVID in prison - sent to us by courts.

Need to know changes we want, also be able to reverse - need to be able to measure impact of each step.

Give people sight of endgame.

Risk undermining all progress to date is rockless.

DAERA DOJ monologues, challenging med advice.

No-one wants chaos.

Public warned - poss of 15,000 deaths - now reduced.

Public has behaved v well, need to respect them. Giving degree of latitude, ~~no~~ low risk of increasing transmission - golf course, not club house.

Need to look at horticulture.

S/markets - people v close together

Some decisions not logical.

DOJ has written to me re garden centres but opposes at Exec.

DAERA Object strongly to DAERA view that I shd not be allowed speak

dFm

Everyone has right to speak + be heard.

DOH - some helpful suggestions/
amend^m

DOH

This is Exec paper, no intention to publicize. But will get high level detail for Press Conf.

14/17 - will look at
11 -

Guiding principles.

CMO

DOF/DFC - ref guiding principles
refer to international advice?

SMK

Ref to Int. Best practice advice is acceptable.

DOH

Recomm at Point 77, Recomm in paper

Analysis of specific requests

dFm

Agree recomm (+ amend^m)?

(yes)

Face Coverings

CMO

Westminster

Evidence re face coverings (not

masks).

Masks - Health care setting.

Paper - evidence weak, but some small benefits - altruistic, of benefit to others.

Stronger evidence - ~~of~~ prevents some transmission. Not strong enough to make mandatory - but in enclosed spaces (retail, public transport) cd be helpful.

Risks - people may have false sense of security;

People choosing to wear face coverings.
Begin to ease back - give public confidence to re-engage eg transport

FM

Further guidance important - how to disperse of etc.

DE

Useful, wider context - limitations.
Guidance

Preventing you infecting someone else.

Educational point of view - schools, phasing. % of children.

Social distancing - meals, transport
Cd be useful device to create compatibility.

Guidance - retail, where soc. distancing can't be achieved; supermarkets; queues; small newsagents
need to establish - pertinent to

smaller spaces.

DFI

Support - direction of travel in Scotland, ROI.
Need clear guidance.
But also still need social distancing.
Need specific guidance for taxis, airlines etc.

FM

Airlines?

DFI

DFT guidance for airlines - reserved matter.

JMK

Unless everyone uses face coverings, value diminished? Cover in guidance.

x Temperature testing - get CMO assess^m of this? - used a lot in Asia

Face coverings - guidance - significant anomaly - no checks on where passengers are coming from into Bfs / Derry a/p.s.
lot of info for Dublin a/p.

x DFI to check

DFI

Airlines not responsibility of DFI - maybe DFE.

FM

Border is reserved matter -

DFM + I speaking with NIO

DFM Who does checks in A/Ps.

DFI Don't know
Noise, technical - regulatory.

FM DAERA - animals

DOJ A/Ps - how is it practical to soc.
distance in a plane - air-recirculation.

Need specific masks.

Qs in a/ps v long.

Need comprehensive work on airline travel

Guidance for people who have to travel.

FM Address issues in paper

CMD Temperature checking - SARS experience; will provide further detail.

Close internal spaces - altruistic trying to protect other people, build on that.

Face coverings - ROI, England, Scotland going same direction.

Opportunity for local industry to produce.

Schools: - children under 11 less susceptible,
Social distancing in class rooms -
avoid face coverings in class, maybe OK on transport.
Timing of announce^{mn},
How to get public support.
lot of public support, fear of relaxation
engaging in activities.

FM When will guidance be available?

CMD People already ready - don't create burden for ourselves,
specific guidance - give examples of when might be worn.
Some people can go online + buy -
production of face coverings

DAERIA [planes?]

DFE BEIS - lot of docs re safer working, incl airports - will share when poss.

FM Agree recomm?

(Yes)

Coronavirus Decision Making.

FM Intro - sp note.
Won't agree paper today
Put suggestions in writing.
DFE - Restart.

HQCS Current position - Section 1
Section 2 - parameters for decision-making, (ref Para 14/15 of DfH paper - incl amend^s to DfH paper in this doc)
Section 3 - partnerships; what Exec will do; citizens; obligations for organisations - businesses, churches etc.
SH - Scottish approach.
SH - Staged approach, Exec desire for people to return to 'normal' life, but not do anything that can't be reversed.
Not driven by calendar, but by what is best thing to do.
DfH - table - type of activity, impact.
Short notice.
Feedback - improve doc.

FM Speak now, prefer to write to HQCS.
Come back early next week.

⑥ Act Hoc Comm

FM DOJ OK next week?

DOJ Thurs OK if suits DFC.

DFC Will double-check

FM wd both prefer wed?

DOJ DFC + I will liaise + inform
Speaker.

⑦ Housing Amend⁴

Irrelevant & Sensitive

Irrelevant & Sensitive

⑧ Note of Urgent Decisions

FM

Noted?

(Yes)

⑨ HOB.

DAERA

Agricultural Hardships

No UK Govt packages for agri-food or haulage.

Agri-food is important for NI economy - Exec shd do something to help. - bring forward package for primary producers, put pressure of Treas.

In line with packages brought forward by other sectors.

FM

DAERA bringing paper?

DAERA

Have asked dept to look at what we can do inhouse, need Exec Support

FM

Discuss with DOF?

DOF

Happy to look at any proposition from DNERH. will raise with Treas.

DOJ

* Key Workers / Legal Profession want to be included on list of key workers.

FM

C Stewart to take forward?

HOCS

I will reflect on issue

DFE

DOJ to write to me, I will take forward.

~~DFE~~ DOJ

Designation of Enforce^m COVID - local Govt, HSENI as well as PSNI

* Wd allow employers access to correct advice. Build confidence

Address quickly.

PSNI frustration - not their job to do Reinforce^m on lot of other roles.

Agree by Mon

FM

HOCS to add to Action log -

C Stewart to take forward.

Press Conf

FM

DFI query re handling.
Restrictions - another 3 weeks
Face coverings
Road map - early next week.

dfm

Ref to R.9 - set out context -
guiding principles.

FM

Agreed? (Yes)