

18-4-20

DE	HOCs	DOF	JML
DFE	DFI	FM	
DOH	DAERA	dfm	
DOJ	DFC	JMK	

12.55 dfm Intro

① Minutes - 3 sets.

Agreed? Yes

DAERA - raised issue of []. Want reflected

FM M/A - 10 Apr
DOF to bring paper on Hospice - when?

DOF Paper later in meeting - £22m for Hospice

② DOH Report

DOH Updated modelling paper last night
- drop in no. of community deaths,
ICU
ICU/deaths
Reasonable worst case = 90 patients
in critical care beds
- able to cope.

Oxygen /
Admissions / deaths / ventilation
- figs not

ICU / don't survive - reducing
Can we publish data?

Since last w/e, TEO has received
proposal TEOI request re modelling - publish
paper.

DFM Balance - ~~to~~ "good" news / keep up
restrictions.

DOH Reassuring message - Health Service
can cope; reinforce^m of message -
restrictions working.

DFM * No objections to publishing info -
but message = need to keep doing
what we are doing

DOH PPE
Laid out in same format as before
- circulation, stock pile, forward
look
Still waiting for [] - forward
look based on draw-down rather
than usage,
eg Average no of gowns = 22,000
in 2019 - last 10 days = 130,000.
Front line workers - worry
PPE n/a. Eye protection -

PPE - nos don't represent [],
stock in there for next couple of weeks even
with high surge.

~~Forster~~ Independent checks - started @
6.00 AM this morning - checking PPE
stocks across hospitals, health service,
Trusts etc.

Kiernebbin - going around in a van -
domiciliary care etc.

Feeling assured it is being delivered.

DOJ No objection to releasing info. Need
clear info - not a prediction, just a
model, can be adjusted.

System working, need to keep doing it,
especially in good weather.

Need strong messaging - keep going
as we are.

DOH 18 deaths today, yesterday
- projections are there, deaths are
real.

AFM Hold until after w/e

DOH Aiming for Monday

Testing

DOH Opened site yesterday in Derby

Rugby Club.

Yesterday - N/Aeds MOT Centre,
- space, familiar, not daunting.

Some people wanted car MOTs.

Police, prison officers.

Over 800 tests yesterday, still
some capacity, move through
strategy.

Visiting

Guidance - restricted to one person
per person.

General ward -

ICU

PPE - how people use.

Ongoing engage^m with care homes -
guidance, but no authority over
care homes.

End of life - clinicians reluctant
for end-of-life in ICU. Other

ICU patients - potential contam-
ination for visitors + patients.

England - may review guidance.

Scotland - some patients taken out
of ICU to end life with loved one
- but ethical issue - removing life
support.

Asked NI body to consider.

Emotive issue - fine balance, we
are looking at.

Not general trauma - all COVID

patients in ICU together.
Don't want to hold out false expectations.

DAERA Clinician's point of view - we need to take cognisance of what public want. Precious moments, opportunity to say goodbye. Valid view.

DOH Fully take on board - asked Clinical Care Pathway body. Nurses suggest - record messages.

dfm Difficult topic - but peak, lot of families - how quickly can work be done?
News last night - how to choose family member,
Need work to be done now.

DOH Work being done - nos. of visitors restricted to prevent them picking up COVID

Care Homes - guidance issued (CCG).

Union asking for care home patients to be brought to central location away from COVID patients.
Looking at how to support care homes

dfm Media this pm - can we mention?

DOH say it is being looked at.

③ Actions

afm Sp Note

④ Sit Rep

HOCs

CCG - picked up issues.

Opening of recycling centre - Mid
+ East Antrim

LPP/LAP

DOJ

Highlight - PPE for funeral director
Becoming more urgent each day.

TKS DOH for new guidance.

Get PPE supply sorted a.s.a.p.

Mid/East Antrim

Paper re poss relaxation came to
me from council colleague.

Not appropriate for council to know
what we will discuss - now public
conversation re relaxation.

Councillors believed they were operating
on Exec advice.

Received DOH paper after council
spoke to me.

DOH

Same council last week -

mentioned 15000 death fig before

me - had to get PSec to contact her.
Said we wouldn't release.

dfm sensitive info - HOCS last week -
no-one shd have info before Exec.

DAERA Councils - set out rationale. [I]
Working on - today, hopefully for
Mon.

dfm

LPP/LAP

⑤ COVID-19 Manage^m.

Coronavirus Restrictions.

DDH Legally bound to review every 3 weeks.
looked at Wed
Three circulated

LPP/LAP

CCC? I content with guidance

LPP/LAP

Have completed 21-day review.

FM Diff between regs + interpretation of
regs.

Children

Disparity between graveyards owned by

churches (open) + councils (closed),
Change guidance or change reqs.

DOH

Personal stories

Nurse lost 5-year-old son - can't
visit grave.

LPP/LAP

DOH brought forward on behalf of
Exec - not purely DOH issues,
Hol Homes, Garden Centres etc -
for consideration by other depts.

DPI

Homage teleconference

- don't make any decision while
I am on another call

FM

Adjourn^m while DPI is on another
call?

1.35

Adjourn^m - 15 minutes

2.00

DOY

Graveyards

No evidence we have passed peak - shd
not be easing off.

Farmers WkR - clarification - not
intended to be covered by this.

~~Funerals~~ / Churches

Policing - v sensitive

Cleaning of churches?

Practically - specify priests +

Ministers to enforce regs.
Timing - people in churches to pray -
how can priests/mins regulate?
Mixed messages.

FM Incredible pressure if we don't change
regs - rest of UK moving to allow
private prayer in churches.
Will become an issue even if we don't
change regs.

DOH No of scenarios - not relaxing regs,
providing additional guidance.
Need to promote good mental health -
access to churches.
Vol. manage^m of churches - no reg to
say churches must open.
Churches will be able to manage them-
selves

dFM Mixed message - keep doing what we
are doing, but then open churches/
graveyards...
Still in middle of peak.
No guarantee that we won't have a
reversal.
Shd not do anything now
Propose Keep things under review,
- Shd review rather than rule
Churches / chapels - solitary care,
who will clean to make safe?

Principle - individual.

Keep same message, come back later to review.

FM Mental Health?

dFM Recognize

FM Can't see why we can't allow people to go to graveyards - church g/ yards are open.

DOJ Mental health - seashore is good, but telling people they can't go.

FM Not the same.

DAERA Congregating

DOJ No-one mentioned congregating.

DAERA Stop spread of disease - some measures v effective - some v minor benefit - need to keep public on board. Want them to keep doing what they do - but no harm in allowing people to go to graveyards. Wrong to prevent people going to funerals - need to show compassion look at ways to give people something for mental health.

DOJ I had understood - individual visits to graveyards; he mentioned funerals more people.

FM That's not his proposal.

DFE Advice / guidance can easily be adapted to open churches for individual prayers - A/mkts open etc - church not give people comfort

DFI I have a lot of [] individual basis
Need to step back, look at one approach
Chief Sci. Officer - stick to current approach
Balance compassion / science.
Message - coherent.
Approach / timing.
Looking at individual emotive issues
- church / prayers, some people find solace elsewhere.
CSO - keep all restrictions

JMK Not mutually exclusive.
Need to be compassionate.
Cabin fever - complying with reqs.
This discussion microcosm of wider society.
Own views, own perspective
If we decide to go for some relaxations
open psychological floodgates to

people looking for other relaxations,
leadership - we have been divided
but now show united leadership.
May pass be green shoots of recovery -
but may go backwards.

Have agreed review in 3 weeks -
shouldn't change course now.

Recognize grief

- Continue leadership, no changes
- Responsibility to engage with
church leaders etc to explain
our view;
- communication approach to be
agreed - believe it is important
to move forward as for last 3
weeks.

Light at end of tunnel but not
there yet. Now not the time to
change course.

DFC

Nolan Show

Within next 2 weeks

People have v diff points of view
We have had public staying at
home

Spike - now

If we make changes now - wrong
way to go.

Too early to do now.

JML

Shops, businesses open - maintaining

social distance.

Proposal re churches - will not drastically increase infection.

Can walk down street - why not graveyard.

Open spaces, not congregating at one place.

Church can make own decision on prayer.

Trust people. Not mixed message.

Open graveyard, church. Not full congregation.

Not a failure of leadership.

Need to explain why we can make these changes but not overall rules. Still adhere to social distancing.

Common sense, not a change of policy.

DE. Danger we will get [] mixed up. Means of prevention []. Not in a position where people are locked down 24/7.

May need to turn on/off tap.

V small changes / tweak.

Don't think it's a big gap.

G/yards - distress for relatives.

Can be handled.

Municipal shut - church g/y open.

Lost children - can't visit on anniversaries.

DOY

Clear Exec message - stay at home, only limited no. of reasons to leave home. Not meant to be leaving home.

Can't remove seats from church. Assembly - removed seats.

Message wd be blurred

Need to get bus / taxi to graveyard - long distances from home.

Church graveyards -

Municipal g/y - need travel.

'Reasons to travel' - freight.

People frustrated with mixed messages.

People drive to lot of churches - can't control who arrives when.

Timing of proposal - we have not passed peak, sends out v mixed message, they have taken lot of action to suppress peak.

Churches / g-yards - individual visits - DAREA / funerals.

Don't want conversation on Nolan next week.

Farmers wkf - clarification.

Other issues - relaxation.

Funerals - restricted nos -

Bel relax first - but not good timing now.

Day of largest no of deaths - we are discussing relaxation.

DAERA

People Q-ing outside Winemark,
not allowed to go to q/y.
Need to show compassion to people who
elected us.

DOY

Not lack of compassion - there will
be more deaths if we relax
- both my parents died in March +
I can't go to q/y for anniversaries
Shd withdraw - 'lack of compassion'

FM

Throwing out allegations re lack
of leadership + lack of compassion
- just have conversation.

DAERA

Not evidence-based - q/yards.

AFM

Not the day to discuss.
- propose - review at Exec
meeting of 5 May

x

DFE

Para 21 - LRA + Engage^m
Forum - Garden Centre.

x

This paper not agreed [discussed] by
Exec - not appropriate way to
consider issue.

FM

proposal

Shd come back before 5 May -
consider in one week
Other DAs in UK changing regs
- return to Exec next Fri

Fri Vote re. 5 May
DOF

DFI Wd like to find agree^m between two
proposals

dFM Consider next Fri

FM OK - will come back next Fri.

DASRA If not dealing with Garden Centres
DOF shd [I, Tesco selling
goods.

DOF It is up to lead dept to bring
proposition - DOF will consider
dept's proposal.
x

DASRA Will bring forward.

DOH

~~DOH~~

LPP/LAP

FM

DOH

LPP/LAP

DOJ

Applying proportionality -
driving to take exercise - eg
if can't start from own door -
disability etc.

LPP/LAP

Option (ii) - physical limitation
eg 2K - nearest shop may be
more than 2K away, PSXII not
keen to apply.
ACC Todd - looking for legitimate
cover to consider
Acting on CMO guidance - what
is or is not safe.

LPP/LAP

FM

Waste Disposal
Mid/East Antikim have opened
Waste Recycling centres.

dFM

Disappointing.
Council getting exec papers before
exec.
Not time to change - options for
TEO

FWI We can take position - but councils are own entity, making own decisions.

AFM DAERA has power to stop them, TEO + [] officials.

DOJ When I was contacted by councilors they were of view that Exec wd agree - we shd go back to council + advise we have not taken decision - they shd review their decision.

DOH Corr from M+E A Council - see waste disposal as essential service - have taken legal advice.

DAERA

LPP/LAP

Decisions within entity.
Will bring principles paper.

FWI TEO can [] in the interim

Agreed?

Dept Allocations.

DOF Airports
DOF, DFI - spoke to Dept of Transp

+ Treas in London.

Agreed financial intervention for City + Derry.

In principle - happy, but want Exec to pick up $\frac{1}{2}$ of cost.

Derry / Southend - closed.

Stansted - better option.

Cost not clear, but will not be huge.

Not incl in paper.

Temp measure - 3 months.

Exec contrib - 1.65 m

Dept Transport - EU State Aid

Derry A/P [] + 707000

Temp^{fin} support to Aer Lingus

£500000 p month if required.

Dept Trans

- Terms - tech transfer to Dept Trans

Review as necessary - may be further interventions required.

We are prepared to support - say to Treas.

Say nothing until all agreed.

Confirm Exec are content to support?

DFE

Good progress, acknowledge work.

Technical Response issued to DoF - will discuss separately.

* Only refers to two a/ps - does not incl Bfs International - have freight diffs. Will continue to engage with Bfs Int

May need to give further support to a/ps in future.

FM

Keep eye on Rfs Int.

DOJ

[BIA] - reflect rationale for no support at this time. Keep situation under review - amend paper to reflect?

DOF

Paper for us to go back to Treas + DT - BIA were involved, said no support req'd at this time. Will keep all a/ps under review. BIA were involved in this process - ~~was not to~~ will include in explanatory paper.

Dept Allocations

DOF

1,140,000

Indicative figs.

Reduction in actual spend.

Baseline approach, adjust^m

Asked depts for bids - 1.6 b of bids
2b of pressures; double what we had

Table 2

Money back - 40m - business support, hardship fund.

PPE acquisition.

95m Barnett - transport.

A/Ps

Freight - ongoing

Tramlink -

1.6m - DfT

Additional 22m - sport/charities -
use for charities.

49m - NHS England

Health crisis, economic impact -

DoH - 1st call.

[] against 574m.

39.4m available for allocation.

Request for full pic.

Next week - talk to depts re
original bids. Will bring proposition
based on bids.

40m business support

Start of budget process - depts to look
to own budgets for flexibility -
not many depts doing that.

Bids for COVID money -

Exec agreed on significant priority -
do what Wales did - take back
money already allocated to depts.

People need to be careful of what they
promise - creating false expectations
People need to identify funding for
priorities they identify.

Careful of promises which are made
- limit on Exec funds.

DAERA

Shd not allocate any [] until we see what happens
Food service sector
Consequences not evident as quickly as tourism (eg).
Don't want position where nothing is in kitty.
Need to — be sure we have capability — agri-food sector key for KTI, absence of West-minister delivery etc.

FM

DFE — student hardship, Rates
Need more strategic discussion — economy, agri-food — borrowing capabilities.

DFE

Student hardship — raised by DFI. Not huge amt of money, fairly easy to do.

Rates relief — accept we need longer discussion. No. of short-term interventions.

Huge cash-flow pressures — will eventually close. Existing schemes leave out a lot of companies — Rates relief wd help wider grp, Lot of letters from orgs + geps asking for support

X Rates — medium term approach.

DOF Correct - need bigger A&R.
discussion - papers - 40m-200m
requests. We only have [],
Can't meet all bids.
Over-promising - Exec / DOF will
sort out, not possible to do that.
Content to talk to depts before next
week.
Particular hardship for students -
DFE to deal with directly.

FM HOCS - one meeting next week for
economy, finance, borrowing?

HOCS Can construct agenda on that
basis - DOF paper based on
proposals.

DOF Content - agree paper today -
won't impact on discussions
next week
- 22 m - charities.
Paper - notes agree^m DOJ,
won't prevent next week?

FM Agree paper?

DFI Translink
£800,000
Critical pressures
- will speak further to DOF

with charities, churches etc.

DOH Geographical breakdown of deliveries?

DFC Yes - will share.

dFM All GP letters issued?

DOH Yes - all GPs letters issued - GPs have flexibility to decide.

Supply Chain Resilience

FM DFI not here - will address next week.

⑥ Ad Hoc Committee

FM Any speakers?
will discuss with dFM.

Agree without discussion

FM

OK?

Yes

AOR.

DFE

RHI

Irrelevant & Sensitive

~~ADOH~~ 3-meeting rule?

FLOCS Advice from NJ

NJ Min must request inclusion.

20-4-20

FM - Intro

① Minutes

② COVID

DOH

Care Homes

Circulated papers on Fri

- reporting of deaths in Care Homes.
- Tie in with NISRA.

PPE - Care Homes

- set up email address for care home workers etc
- able to challenge through normal procedures

Testing

Proceeding. Priority - people in hospital, clusters, HSC staff. Have added symptomatic people in care homes; people discharged from hospital into care homes.

Also cancer patients - 24 hrs ahead, 188 people - Randox + Derry Turpy Club.

Concerns - people with no cars.

BJS Trust - working with ValueCabs

- adapted taxis to provide transport

No of admissions
Increased staff costs - Stat sick pay.
PPE costs going up.
Looking at financial support package
- will send to DOFA.s.a.p.

RQIA - move from policing body to
advisory body for care homes.
Support / help in NI much better
than elsewhere.

Workforce - care homes, having
diffs - registration, 6-month
grace period - not get checks done.
Main concern - push for use of
hotels. Care home sector content
they can manage as are -
stress / logistical problems.
Zoning homes - COVID + non-COVID
sections. Strengthen staff
complement.
Private / independent sector.
Chief social officer - lot of work.
PPE / testing - public concern
Funding - dept concern.

dFM

Update of testing protocol
- one confirmed case in home,
everyone tested?

DOH

Any symptoms - test, + anyone

exposed to symptomatic person.

AFM Why not test everyone?

DOH Testing capability.
SSE, Deery Rugby

AFM RQIA - still doing regulatory role as well.

DOH Yes - regulatory require^m, have to maintain standards.
Good feedback - RQIA rising to challenge, feel they are part of process.

AFM Contact tracing for Care Home tests?

DOH Easy to trace, limited environ^m
Reassurance - not spreading through home.

JMK Getting any feedback re morale in homes sector.

DOH Couple of phone calls - Minister / pastoral care - staff/homes feeling supported
Phone call - PPE locked away on Sat night.
Performing better than rest of UK.

Concern re testing
PPE available

JMK

Single point of contact for care
homes - working OK?

DOH

Haven't heard it's not working
- letters from Pauline [] -
some concerns, but working OK.

JMK

WOU - exchange of modelling
data N/S + S/N - incorporate
into our own data.

X

Timeframe for exchange of info
- update of when systematic
exchange will take place

DOH

Will check

JMK

Assure - we have access to
their data - when? what
does it tell us re future
projections.

Wider conversation on community
testing + contact tracing in
wider society.

Prospect of later surge.

DOH

4 Nations health meeting this a.m.
Setting up - SSE, Deery, Craigavon - getting infrastructure

set up.

Home Testing Trial

Tracking - UK developing tracking app to check mobile phone - advice to get tested.

Concerns re tracking app in NI -

NIO concerns re border / cross-border.

FM

DOH - get us a brief, dFM + I will engage with NIO.

DOH

Will do that.

Welsh paper

DOH

Welsh Govt - next steps.

Conversation this a.m. - start to put framework in place, but no timeframe yet.

Similar approach for all nations.

Welsh + Scottish to publish framework but no timeline.

Starting point for discussion with FM / dFM / HACS tomorrow.

FM

DFI Qs re testing

DFI

No, will engage with Robin

FM

Economic meeting tomorrow

DOH

7-stop approach.
7 tests on way to lockdown,
Shared with Health.

DFI

Some countries have moved ahead
- gathering evidence on what
works?

DOH

Exec decision on how to emerge -
if Exec wants to look We
haven't monitored.
Germany - 3/4 weeks ahead,
We have time to observe.

DFE

Where we are on curve - where
exactly are we?

Business response (prun - [Ahmed
Shama]) will bring businesses
together

Circular - how economy
emerges, but also v dependent
on health issues.

DOH

Decrease in hospital admissions,
lot of deaths for a few days but
only one on Sun - maybe on a
plateau....

DOJ

^{Reps}
~~Reps~~ - public health. We need
a clear steer from DOH on
impact of easing restrictions.

Come out of lockdown, but then if have to re-impose, wd be v difficult.
Need to reassure public - people afraid of exposure.
Need to be confident of our figures
Advantage - we are behind other countries, observe how they react.
Learn from them
We have to prepare people, be well organized, reassure people.

DOH

Managed, organized steps - as
Exec, put on paper. Science -
~~advise~~ advise when

Psychological impact of going in/
out of lockdown - look at inter-
national best practice.

Look at sequencing - scientific
advice on when

dfm

WHO - have control

- testing / isolation

- minimizing

- preventive measures

- new norm - things won't
go back to how they were before.

x Dedicated conversation on how to
plan for emerging.

Second wave - indication of time-
frame?

DOH

Modelling cell is looking.
1st wave - worst case scenario
- less ICU beds needed.
WHO - track
- have health service which
can cope.
- Fallback facility - recovery
4/5/6 - Exec discussion
2-3 weeks of current lockdown -
clearer plan we have, better
we will manage.
No new norm.

FM

Will be useful to have dedicated
conversation - not calendar-led,
but we need to have plan in place,
WHO - modelling
- economic impact.
HOCS - set aside time for dedicated
conversation.

HOCS

Yes, conversation soon.
App discussion - ~~last~~ week,
Reminded [GB] we have border
with another jurisdiction - not
suggesting we delay app.

③ Action log

FM

Sp Note.

④ Sit Rep

HOGS

[Dept] health - public facing dashboard

Dept Economy - higher ed facilities - impact on students here - registration

DAERA - will bring paper on recycling centres.

DFM

Supply Chain Resilience

DFI

Circulated paper yesterday - delay last week, but move^u over w/le Stena meeting - planning to withdraw route to NI.

Support for 3 operators - 60% capacity to be maintained.

Exec 40% support

Range of 4-6.6 m£.

Unlikely to be announced later in week. - No 10.

Other part of story - haulage, still working v hard, - critical supply chains.

DFE

Re-emphasize - good to see connectivity maintained. Will increase pressure from haulage

cos — my dopt has been working
— loan to keep cash flow.
Hauliers — stepping up campaign,
will escalate.

dFM Pre-Covid baseline
— will handle on Wed
(finance).

⑥ Ad Hoc Comm.

dFM Sp Note

DASRA — May do something on Thurs —
agri-food — will see how it
goes — personal circumstances.

DFE

Irrelevant & Sensitive

dFM

dFM

RHI — 3-meeting rule.

DFE

Irrelevant & Sensitive

Irrelevant & Sensitive

LPP/LAP

Irrelevant & Sensitive

LPP/LAP

Irrelevant & Sensitive

LPP/LAP

Irrelevant & Sensitive

LPP/LAP

Irrelevant & Sensitive

LPP/LAP

LPP/LAP

Irrelevant & Sensitive

dfw Will come back on Wed.

cut-off point for papers for each meeting - issue right before, don't wait until date of meeting.

Urgent Decision request

dfm

Noted?

Yes

HOR

dfm.

None