

## **ORAL STATEMENT TO THE ASSEMBLY BY HEALTH MINISTER ROBIN SWANN – WEDNESDAY 30 APRIL 2020 – COVID-19 UPDATE**

Good afternoon, and thank you for accepting my request to address you again today.

This virus is revealing many absolute heroes – and none more so than our health care workers. But on this day I think it's important that this Assembly also places on record its acknowledgement, and best wishes to Captain Tom Moore – now Honorary Colonel Tom Moore – on this his 100<sup>th</sup> Birthday. His fundraising efforts have inspired a nation, yet only when this virus passes – and it will pass – will the sheer impact of his morale boosting efforts be fully realised.

In coming here today I'm keen to continue the open and transparent approach that my Department, and the wider HSC is taking - in response the COVID-19 emergency and welcome this opportunity to further update you today.

We had our first death in Northern Ireland on March 19. Since then we have seen **3,536** confirmed cases of the disease, and sadly today I announce a further 9 deaths. That brings the total to 347 souls that have been lost.

That's 347 families that have lost loved ones, and 347 people that have left behind devastated family, friends and neighbours.

To be clear – that figure is not just hospital related deaths – it includes a number of those that have sadly passed away at home, in residential & nursing homes, and in our hospices.

I said during the week that the death toll is already on a scale not seen during the worst of the Troubles. That wasn't rhetoric.

I hope that comparison brings the scale of this home to everyone once again.

I hope those flouting the restrictions or clamouring for them to be lifted will consider those figures, and will be jolted back to reality.

We all need to keep doing the right thing on social distancing and the vast majority of people are continuing to do that.

However, there is a risk that the important work done to save lives could lead to complacency in some quarters. The spread of the virus so far across the community has not been as serious as we first feared, but that doesn't mean the warnings were misplaced. It means the warnings were taken seriously and people stayed at home and kept their distance.

As the Chief Scientific Adviser warned earlier this month, Northern Ireland remains on a knife-edge.

I will now take some time to explain the latest developments in the approach I have adopted to deal with this emergency, and to outline some of the significant actions that have been key to my response.

### **TESTING**

Testing has always been a critical part of our pandemic response. It has been deployed for different purposes as this Covid-19 pandemic has evolved, it is a vital part of our weaponry and will continue to be so.

I would like to reassure you that testing is growing and will continue to do so as rapidly as is possible. We are working with a number of key stakeholders and delivery partners across the HSC system, local universities and industry to further expand testing capacity across Northern Ireland.

Our approach includes targeted testing of patients in particular health and care settings, testing in the community for surveillance purposes and testing of key workers to allow our essential services to keep running.

At the start of this outbreak, HSC laboratory services had capacity of around 40 tests per day. The latest number of tests carried out that will be officially reported later today are 1,419 in our local labs and a further 824 as part of the National Testing Programme at the three local testing sites. That means yesterday we carried out or completed a total of 2,243 tests – our highest daily number to date. I would again pay tribute to all the staff working across our testing sites and labs. And whilst the increase in testing is positive – I still want increase our capacity further. A consortium involving our Universities, local businesses and AFBI has been established. The purpose of that is to support the further scaling up and expansion of diagnostic testing for COVID-19.

To date 22,328 individuals have been tested in our own local labs. That figure includes over 7,000 healthcare workers. It has been a key priority of mine to ensure that any staff who were sick or who were staying at home due to a symptomatic family member, were tested and tested quickly.

In recent days I have also announced the expansion of testing initiatives. That included surveillance testing in general practices and hospitals, as well as significantly increased testing in care homes.

This is important so I want to use this opportunity to explain in detail, as I did at yesterday's Executive meeting, the recent developments in testing:

- A programme of testing and surveillance in general practice started at the end of last week. This programme will involve testing and data collection for a sample of patients with respiratory symptoms presenting to their GP.

These will be patients whose symptoms do not require referral to hospital or to a primary care Covid Centre. The surveillance testing programme will be based on general practices already involved in the 'Influenza GP Spotter Surveillance System'.

- a rolling programme of testing and surveillance in Emergency Departments, which starts this week. This rolling programme will include testing a sample of patients who attend an ED with mild to moderate respiratory symptoms, and who following clinical assessment are deemed not to require admission to hospital.
- testing of patients who are admitted to hospital for emergency or elective care.
- testing of all residents and staff in any care home identified as having a potential outbreak or cluster of infection.
- testing of all patients being discharged from acute hospital care to a care home.
- testing of all patients / and or residents being transferred into a care home from any setting, whether that be from hospital, supported living or directly from their own home.
- The UK-wide staff testing programme has now been extended to cover key workers in other sectors as well as those in health and social care. This testing is available at three drive-through locations in Northern Ireland – the SSE Arena car park; City of Derry Rugby Club; and Craigavon MOT centre.

Trusts are also continuing to provide testing for health and social care staff as part of their in-house testing provision.

## **PPE**

I have been clear about the challenges with PPE. My aim is to ensure we have a sufficient stock of PPE to allow our HSC staff to perform their roles as safely as possible. That is why I am committed to ensuring that we rigorously pursue every viable supply source, both locally and elsewhere.

As I've advised previously, the four nations PPE plan was published on 10 April, and we are working closely with England, Scotland and Wales on all aspects of that plan. We have already supported each other by way of mutual aid and that will continue in the weeks and months ahead.

We continue to explore new supply lines with the Republic of Ireland.

We have also significantly increased supplies from local agents, and local industry is to be commended as it continues to show itself to be adaptable, innovative and responsive to this changing environment.

China is the most significant source of worldwide supplies. The work led by my Department and the Department of Finance to secure PPE is now at a very advanced and critical stage. We continue to work to ensure all possible steps are taken to open up a supply chain that meets our needs and supports our four nations approach. Additionally, clear specifications and photographs will be requested to ensure stock is compliant with our requirements.

## **CARE HOMES SUPPORT**

Our nursing and residential care homes are at the forefront of the battle against COVID-19. I want to pay tribute to the hard work and dedication of staff working across the care sector at this very challenging time. It is vital that we continue to support care homes and their staff to keep themselves, and the vulnerable people they care for, safe and well.

Ensuring care homes have sufficient supplies of PPE is an absolute priority, and Trusts will work with care homes in their areas to ensure that each home has a buffer of stock.

I have also taken steps to ensure that homes can continue to operate at this difficult time. Health and Social Care Trusts will continue to work in partnership with care home providers to help deal with staff shortages. Where people have responded to our Workforce Appeal, those with the right skills will be prioritised for deployment with independent care home providers. Trust staff have already been redeployed to care homes and will continue to be.

On Monday of this week I announced an additional £6.5m for Northern Ireland's care homes, as part of a series of measures to support the sector during the Covid-19 pandemic. This additional funding will help ensure homes can increase the level of cleaning undertaken and bring in any additional staff they need to help support the isolation of residents when this is necessary.

Under the support package, homes will receive a payment of £10k, £15k or £20k depending on their size.

## **CONTACT TRACING**

As we progress through the COVID-19 epidemic, it is important to ensure that the public health response adapts to the evolving situation to ensure that it continues to be as effective as possible.

Contact tracing of those who have been in contact with people who have COVID-19 is a key public health measure, and will assist in tracking any future outbreaks of the virus, informing actions that are required to further suppress it.

The aim of the contact tracing programme is to reduce the spread of COVID-19 and save lives by rapidly identifying and closing down chains of transmission to reduce population spread and protect

those most vulnerable. Benefits to be realised include flattening the peak, and reducing the impact on health service delivery capacity. It will also support wider social and economic recovery.

During April, the Public Health Agency have been working intensively on putting systems in place to re-commence contact tracing for COVID-19.

This has included development of contact definitions, contact management algorithms, scripts, databases, training materials, facilities and software for Northern Ireland. Approximately 50 staff were identified for the initial roll out of contact tracing, which commenced on 27th April.

This week, training will be delivered, and the process and systems will be tested and refined.

The contact tracing team is expected to expand to around 300 by week four. A number of agencies are being actively engaged to provide suitable staff to deliver contact tracing. These include the universities, medical and nursing students, councils, and environmental health officers.

The manual contact tracing process being piloted is using a new IT system not previously seen in Northern Ireland.

This system supports capture and analysis of contact tracing information and is the same system used by the Contact Tracing Teams in the Republic of Ireland. This logically will facilitate easier sharing of information about outbreaks in the border regions, however, there is work to be done on what information would be systematically shared and under what legal and information governance framework.

In addition there is a new mobile smartphone app being built by that allows members of the public to use their mobile phones to recognise proximity to other app users, and inform each other anonymously when one of the users is confirmed as infected through a positive test result.

This has been built as a UK wide service, where anyone in any of the 4 nations could potentially download and use the app.

## **MODELLING**

The modelling group meets regularly to review modelling assumptions in light of the latest emerging data. This is important as the modelling work is particularly sensitive to assumptions based on emerging data, and thus is expected to change over time.

The modelling group met on 21 April 2020 and agreed that no change should be made to the current modelling.

We now need to see if the number of infections will start to come down, thereby indicating that NI is beyond the peak. We will know this over the course of the next week or two.

## **FINANCE**

My Department has been working closely with colleagues in HSC Trusts, the Health and Social Care Board, and the Public Health Agency to put in place a range of measures in order to protect the health of the people of Northern Ireland in the context of the COVID-19 emergency.

The response to COVID-19 and its impact is a rapidly changing picture, my Department and the entire Health and Social Care system are acutely aware of the issues emerging and are working to ensure that every conceivable effort is being made to help people keep safe and protect staff. I have been clear that funding pressures will not be an obstacle in taking forward what needs to be done.

It is generally expected that the Department will have significant additional funding requirements as we move through this pandemic and as this rapidly evolving and fluid situation unfolds.

Expenditure forecasts and associated funding requirements are uncertain given the fluidity of the position and the need to base projections on high level assumptions, including timeframes. It is likely that the volatility of estimates will continue in this context for at least the next three months.

## **NEXT STEPS: REVIEW OF REGULATIONS/ EXIT PLANNING**

On next steps, I very much wish that I could provide some certainty on what the future holds for us all.

While there are grounds for hope that the outbreak can be brought under control through maintenance of the current restrictions, coupled with the continuation of the high level of compliance that has been observed by the people in Northern Ireland, the outbreak has not yet reached the point where the restrictions can be relaxed.

There will no major or sudden shifts back to how things used to be, it must be stressed that any future decisions on social distancing regulations will be taken carefully and incrementally.

The progress achieved through good adherence to the restrictions by the people of Northern Ireland will be lost very quickly if there is any adverse change in compliance with the existing social-distancing measures or relaxation of the restrictions that help achieve that compliance.

The time will come for a discussion on what comes next and we have to face this together, honestly and openly. There will not be any easy decisions, because we recognise that simply maintaining the current lockdown indefinitely could have serious repercussions for many people's mental and physical well-being. We will all have to weigh up our options very carefully, working closely with colleagues across these islands, to ensure that we take the right decisions at the right time.

## **CONCLUSION**

In conclusion, I would add that this crisis has brought home some really important realities to all of us.

It has underlined, more than anything else I can ever remember, just how essential the health service is to this society.

And recent weeks have shown the importance of having sufficient capacity built in, both to ensure the quality of day to day service provision, and also to prepare for pandemics and other shocks that can't readily be predicted.

That includes being more self-sufficient in future for vital supplies of PPE and other goods - relying on the globalised market with its just-in-time supply chains has risks attached in times like this.

At this point I want to thank the local companies who have stepped up to the plate and started supplying protective equipment to health workers. They are local heroes too.

Despite the current challenges, our health service is looking after us all and keeping us safe. We need to look after it better.

By that, I'm referring in particular to the last 10 years of financial squeeze. We can't keep running a health and social care system on empty in future, barely getting by; living hand to mouth on single year budgets; and failing to make the necessary transformational changes to ensure we properly meet the needs of the population.

Let us resolve to do better for the health service, that has stood so firmly by us, to fund it properly long-term and transform it for the better.

Let that be one of the lasting legacies of this period we are living through. Let that be the true lasting tribute to those we applaud every Thursday night.

Nowhere is this commitment more necessary than in social care.

We see that so starkly as our care homes struggle with the Covid-19 onslaught.

The importance of social care is clearer today than it ever has been.

So too are the financial challenges that have been building for years in the sector.

We have to make sure it's in a much better place in future. That means taking a long hard look at the current model of care, to ensure it better meets the needs of the population it serves.

One key aspect of that will be seeking to move from a transactional based approach to funding, to an outcome based approach.

I want to acknowledge the heroic work being done by many private sector care providers at this time. I want to put that on record and say thank you.

For the future, we need to ensure that we continue to build a true partnership, rather than a commercial relationship.

Let's build on that principle as we plan for the future and look to a better life after Covid-19.