

9-11-20

10.10 AM

dFM

One-item agenda

Exec paper last Thurs.

Asked P.Os to put people on standby on Fri pm - don't know why this didn't happen.

DDH

Same position as Thurs - 2-week extension

396 in-patients

51 in ICU - highest figs yet.

No of cases reducing, nos in hospital not decreasing.

DS

Hospital figs - lag.

Real impact - level of transmission - decrease, R no lower.

Fairly effective impact - community / household

Focus - impact.

Retail, hospitality - levels where restrictions / mitigations can be put in place.

Differential approach - take-away collection.

Impact - evidence - alcohol / licensing - people lose inhibitions.

Late night

Settings - lunch, cafe, rest. distancing.

Unanced interventions

Daytime economy - not as many restrictions - fall-back from restrictions elsewhere  
eg clothes shops - potfall reduced  
Household / bubbling  
Give some light to hospitality,

dfm DOH response?

DOH No.

DFI Trying to understand where we are - 2 reword in DOH paper - any other reword? Announce<sup>m</sup> to Assembly / public today?  
~~Res~~

dfm Yes - decision today.

DOJ DE - nuanced approach?  
Detail from DOH for each part of hospitality sector?  
Can we make nuanced decision?  
Wet pubs v cafes / restaurants  
Sub-sets of info?

dfm Dissect hosp sector?

CSA No, no data, no scientific basis, no modelling across UK.  
Qualitative judge<sup>m</sup>.



DS

✓ exposed  
 Qualitative = subjective.  
 Wet pubs - table service only etc.  
 Not comparing pubs pre-Covid + post-Covid.  
 Real difficulties - nuanced approach n/a.  
 ✓ difficult to justify to public - ✓ difficult situation.  
 3 weeks ago - hoped behaviour wd change, better track/trace without better info - can't be more nuanced.  
 Return to where we were before interventions.

CSA

Modelling - can't go back to where we were before 13 Oct -  $R = 1.3 / 1.6$  - wd need intervention before Christmas.  
 Can't go back to behaviours @ 13 Oct.

DOF

Confusing - remark re differentiation between elements of hosp sector - previous decisions re wet pubs/pubs with food - undermines confidence  
 [ frozen ]  
 lowest paid people  
 [ ] identified as minimal impact - why another 2 weeks recommended?



CSA

As scientist, value qualitative judge<sup>u</sup> as well as quantitative. Previous decision - based on behavioural science - qualitative judge<sup>u</sup> - alcohol-based behaviour. Close contact - impact likely to be 0.05 on R - not be modest impact. Nobody has conducted 'experiment' of opening close contact + nothing else.

~~PM~~ PM

Recomm from DfT, also other issues to be considered. End to phony war in Exec. Need to change DfT paper to get consensus - Close contact shd reopen on RfI also deving instructors. Dual/quant evidence - decisions based on use of alcohol - distress to sector, make money on alcohol. Wrong to keep coffee shops closed Scotland - opening hosp without alcohol, Wales - opening today. Impact on health service, - compromise basis to reach consensus. Range of views in Exec, not just one.

~~PM~~ PM

Any figs of self-isolation (New DfC).



CWO

Previous Exec Q. Shared [ ]  
 info from England, Wales -  
 self isolating travellers.  
 Have engaged with IIT, working  
 with NISRA - pass survey. NI  
 prob same as elsewhere.  
 70%+ intend to isolate, but some  
 unable to do so - work, caring,  
 Support for individuals -  
 community network/champions.

DFC

Modelling - self isolation pay<sup>m</sup>,  
 no data.  
 Need robust modelling - public  
 money.  
 Shd be linked better to track/  
 trace  
 Reasonable ask.  
 When will we see this data -  
 asked 2 weeks ago

CWO

Not aware of request 2 weeks  
 ago - asking NISRA -  
 further survey.  
 Can provide was. re estimated  
 contacts.  
 Self-isolation - needs survey,  
 for NISRA to do.

DFC

Assumed it was being taken  
 forward - estimate when  
 Survey will be completed.



Need more robustness than what I have heard.

DOH COVID support pay<sup>m</sup> - April

DRC That was for shielding.  
We need clear info.

DOH Discussion on Thurs.  
C I mitigation.  
£500 pay<sup>m</sup> - thought this was interest-free loan rather than C I.

Get officials to engage - cross-over of issues.

FM - £500 pay<sup>m</sup> - didn't know - Barnett, AME, demand led.

DRC England - 2 pay<sup>m</sup> of £250 pw.  
Discussed last week - need clear branding - self-isolation.  
Need local data.

FM £500 - part up Barnett up few guarantee - was answer given when we asked.

dFM We need local measure of compliance - self-isolation.  
Huge pieces of work.

JMK Sympathy for need to explore



mitigations for sector which have to close.

Oct - advice = 6 weeks restrictions, Can we relax in next fortnight, or go with DfH recomm - all restrictions for next 2 weeks.

If mitigated/relaxed, will there be repercussions - health service, ICU, staff pressured/ill.

Context - essential to heal - lift restrictions - impact?

Potential over-run of health service - important decision for Exec.

Maintain restrictions - 2 more weeks - need clear message re outcome, result - public messaging.

All-encompassing recomm - or mitigation of some restr. - need support package for industry.

Costs - lot of businesses need alcohol sales to remain viable. Close contact, pubs etc - need emergency financial package if have to remain closed.

Not just to end of this fortnight - need guarantee of protection for health service. But also need pathway to recovery, reopening. Need conversation with industry (hospitality) - DfH to engage



with hosp industry - can hospital industry survive in COVID - need medical/scientific engage<sup>ment</sup>

DPS

New designation today - contrast to Rfs Agree<sup>ment</sup> (Joint Head of Govt - People losing jobs, livelihood. Don't have int'l to break down impacts

Imk - prospect of hosp industry not being able to exist - lockdowns before/after Christmas - taking away all hope.

dpm on political show yesterday. Cycle of lockdowns - road to no-town -

Not honest discussion at this &c People listening v attentively. People losing jobs - may never work again.

Ease back restrictions, get life back into city centres.

Moving forward - this meeting not helping

Can we lift some restrictions, work with local govt - met with local govt, help with ensuring compliance.

Distraught with tone of meeting.

Liverpool - mass testing, plan for here? useful?



dfm

every bin is entitled to give view.

Testing - DOH?

DOH

looking at no. of scenarios - students returning home for Xmas

CHO

x

mentioned as mass testing at last exec - will bring paper. Liverpool - pilot, learning from pilot. scale - accuracy of results - risk-reduction in str. - might allow some more freedom in wider society.

Role to be determined

x

Pilots here - will bring paper - hopefully this time.

Not in position to deploy at scale until early Spring.

DFS

What are settings that are best - NI v Rural.

CHO

Testing at present - people likely to be exposed - students health care workers, further pilots.

Important to await results - but cd be made available to other frontline workers.

- cross-dept grp to consider



### Best use of technologies,

DOJ

Behaviours have changed over past 3 weeks - masks, traffic reduced.

R level below 1 in community, also in other settings. Cd continue to reduce - another 2 weeks - lag.

Positive - has worked.

Have we done enough?

Difficult for those impacted - at start, people thought it wouldn't work.

Today - blank sheet - Resum from DOJ, but need economic impact.

Separate close contact from hospitality - keep all close contact closed or just some?

Need clear message.

Modelling as one group - close contact

Hospitality - no alcohol, - no sell or no consumption - BYOB restaurants.

Why have dinner/water v dinner/wine?

Wet bars / bars with food - changing messaging? Wine or no wine?

How to sound like this is not



prohibition.

Household nos/hospitality - only one household, or two or more?

Additional safeguards - record personal details when booking?

If can open - implications if premises can't afford to open - may need alcohol sales to be profitable - rts. say they can't afford to open - compensation for rts.

Walk through scenarios -

communication v important,

Agree - write down, stress felt with dopts, consider + come back to agree.

DoH paper - need amend<sup>n</sup> to remain. Need written version of what we are agreeing - not vague info.

Agreed Exec endeavour - need to encourage maintaining good behaviour.

Need to look at Christmas - give people hope - if modify now, Xmas [ ] I. Huge issue for people, families.

Nobody expecting office parties etc, but want family Xmas.

Need to be clear, consistent - if we are vague, people will ignore us. Need to ensure we don't fritter



away good work we have down,

DFT

We have restrictions, but we are not in lockdown

Hope - Xmas

Before I make decision, need paper on impact - eg close contact, school etc - no alcohol.

Worst case - open - no alcohol, can't make profit, but not eligible for support.

Same space as other [ ]

Need plan for after 2 weeks.

Always making decisions at last minute.

Get paper on opening, close contact + come back to exec.

dpm

Adjourn meeting

Come back - 1.00/1.30

DOJ

Self-isolate - cough @ wife.

Will get test.

No capacity to attend Chamber  
Send letter to speaker - won't be there tomorrow.

If self-isolate, Assembly Online falls. - Domestic Abuse Bill  
Booked test.

May need to speak to As.

Commission - Remote access

to Chamber. Can't do Qs et



Qs re - why can someone else not doing - potential for remote working.

dFM Good wishes.  
Write letter to speaker to ask for remote working service.

DFE 30 year wagh!  
I have Qs in chamber, oral debate etc.  
leave re timings for reconvened meeting.

X 11:20 Adjourn - to early afternoon.

X 5.13 DAERA n/a

dFM Adjourned to look at options - Qs from DQ (in letter).  
FM + I talked - wd prefer to find consensus, or dilutes message to public.  
FM + I - discussed with DQ - response - diffs with granularity of detail - not poss - quantitative makes more difficult.

DQH Following on from this a.m.  
Some work - still require intervention before Xmas.



Open some hospitality - impacts on R.  
Specifics of data.

CMO We have best advice re quantitative - at limits of modelling evidence - risk of providing advice without evidence  
Relaxations discussed this a.m.  
- R will rise more quickly than with 2 more weeks of restrictions - wd need another intervention mid-December.

CSA Sorry we can't provide more granularity - have to work within bounds of science  
R - after next 2 weeks - if high, won't get to Xmas modelling  
Estimate behaviours in Dec in run-up to Xmas.  
Dec R = 1.5 or higher, will be in trouble before Xmas.  
Will depend on behaviours, compliance, & enforce<sup>ment</sup>  
Prob 1/4 / 1.5.

~~DAERA~~  
DAERA Whatever road we go - problems dot of people in trouble already - low paid workers, will have to



go into debt - credit cards, loan sharks

DOH proposals - not good for community.

Close contact services - shd not have been closed, minimal impact on R.

Hospitality - reduced pay packet, reliance on tips.

DOH asking us to impose on low paid workers, mostly female - too much.

We told public in good faith - 4 weeks only.

R rate well below 1.

Summer/Autumn - people lost run of themselves.

Need messaging on behaviours - good social distancing etc.

Key message - masks - lost message re social distancing.

Drive home message but can't hold restrictions - betrayal of Exec, I am opposed.

DOH 2 weeks - gets beyond Xmas before next intervention.

Support DNERA now - communications, messaging, compliance - Str. Expece<sup>m</sup> Grp

400+ people in hospital - up 30 since yesterday

Understand economic pressures, but also health pressures.



DFT

v difficult. But if we have to  
impose restrictions in mouth of Xmas,  
people will not forgive us,  
if we ease restrictions now -

DOJ

Not going to get anywhere until  
we have final proposals.

DOH proposals?

Further restrictions - Xmas -  
devastating.

Next week/two weeks - consider  
situation based on result of 4-  
week restr.

Close contact - reopen? Decide  
on what basis - any additional  
restr.

Hospitality - no specific proposal  
Get rid of all restr or keep all  
restr - middle ground?

Impact of school reopening?

Problem - granularity -  
opened at speed, don't know  
impact of individual sectors on  
R

leave 2-week gap between [ ]

Test, track, trace - won't be in  
that space for a while.

Masks, space in shops - good  
compliance.

No strong feelings - close  
contact.

Hospitality - need more detail.



Open close contact now, wait a week for hospitality.  
Need to decide - DPH proposals?

dfm

Hugely difficult.  
Ret open / no alcohol - input from Hospitality sector  
2-week closure for Hospitality, enhanced support package.  
Hosp sector - off sales from bars - fix anomaly.  
8.00pm curfew alcohol sales [ I. ]  
Put in place immediately - group to deal with compliance - safe reopening of hosp 27<sup>th</sup> Nov  
Close contact - we have room to give hope - giving something to public.  
DAERA point re close contact workforce - agree.  
Find joined up way to proceed.  
Don't want this conversation again before Xmas.  
Political will - move away from circuit-breaker approach - shared objective. - WHO  
Focus on finding cases  
Test / trace  
Landing strip - all come on board.

DFC

Request

dfm

Put in writing through Private Office.



DFE

Agree - move away from endless circuit-breakers

Will share - impact of 4-week restr - work done by my dept - impact on economy. [LLEWON]

Not sustainable - will lead to job losses, unemployment

Poverty kills - mental health issues, destructive.

Talk about moving away from circuit breakers, but keep coming back to circuit breakers - v destructive.

Clarification - role of hotels? City centre hotels - no business travel, no tourism, v little travel in UK

If no pre-Christmas business, v devastating.

dtm

Hotels - same as pubs, restaurants - treat as whole hosp sector - support for next 2 weeks, make clear - work for safe opening in 2 weeks.

Taskforce / grp to look at compliance etc along with sector - to get them opened.

DFE

Hosp sector - have not lot of times with JMs, Fm, we over past 2 weeks - don't need



extra group - need proposals for industry to allow them to respond.  
Meet tomorrow with DH, CMO.  
Need better way forward than circuit breakers.

dfm Households - has allowed at tables etc - grp cd look at.

DFI Trying to understand where we are going this pm.  
One paper  
If ease restrictions - will need new restrictions in Dec  
Another paper with proposals re some opening?

dfm CSA - at limit of scientific advice  
Up to us to decide.  
Any decision comes with risk  
Qual / quant data.  
Behavioural issues.

DFI CSA/CMO advice - ease restrictions  
- risk of R rising mid-Dec?

CSA Yes - behaviour of population will determine rise of R -  
any easing - increased risk of intervention before Xmas.

Fm I + my colleagues will not agree



DOH paper.

Job to be done with local govt,  
Gardaí much more visible in RCT  
than PSNI.

- Impact of restrictions on population  
- avoid restate before Xmas

People relying on us to make  
decisions so they can go back to  
work.

Not prepared to agree DOH  
paper.

told people - close for 4 weeks,  
now saying 6 weeks

Compromise - open close contact,  
incl driving instructors; open  
unlicensed premises.

Others - close to 27<sup>th</sup> Nov,

DOH

Appreciate impact on economy.  
Huge impact on health service  
Hospital patients staying longer  
- not dying (good), but more  
long-term pressure.

DOF

V delicate balance.  
Priority - protect health service.  
Support - slower than planned.  
Held back £100m  
£2m to spend.  
Support to councils - COVID  
wardens, cleanliness  
Schemes - impact on ground.



Support reinforce<sup>u</sup>  
Additional Track / trace - funds available - can work positively, provide support. What additional interventions can we make - High St task force.  
Shd try + spend / support.

DE

V diff decision  
Compromise  
Not only impact of relevant sectors  
FM position open close contact  
- appointments  
- unlicensed cafes / restaurants  
- licensed - open from 27<sup>th</sup>  
- give support to sector  
Support to councils for enforce<sup>u</sup>,  
Opportunity for restaurants - to open without alcohol.  
Reasonable package  
Everything else - roll over.  
If we extend all - trust issue,  
also gives light at end of tunnel.

dFM

find way forward - avoid  
division in Sec.  
reluctant Accept - keep wet pubs, hotels, rests closed to 27<sup>th</sup> (licensed)  
Consensus?



DOJ Restaurants - BYOR  
 - disallow alcohol in these rets?  
 Gets messy  
 Cafe / bistro / ret - no legal definition  
 'Unlicensed' - can bring own alcohol.

DPI None of this is in writing -  
 Support DOH paper,  
 People aiming for Xmas -  
 [ ]  
 ≠ Sound gone. ≠

DOJ Scope out [ ]

DOH Agree issues to go into paper.

dPM Hotels / rets / wet pubs closed  
 - support package.

PM Not happy  
 DASRIA " " - Range of concessions

dPM Will work through detail -  
 write down  
 Bar sales anomaly - DOJ?

DOJ Gave back to DPC  
 - ad support fix.

dPM Off sales - 8:00pm  
 view?



DAERA

People in pubs behaving better than people in homes.  
CWO + CSA told us - problem with spread based in homes.  
Not happy - keep pubs closed, then people drink at home.

DFM

Close contact - open up?  
Low paid, women.  
Not as clear-cut - 0.05 impact.  
Part of package.

DH

0.05 low figure - not insignificant in R being above 1 or below 1.  
Will have effect on whether we have need other intervention.  
Circuit breakers - only approach available to us. 0.05 significant

DFM

Trying to get balance right.  
Possible - wd favour approach.  
Wd love to avoid vote - prefer clear message, united front.  
All decisions  $\Rightarrow$  risk likelihood, open some things.  
Series of difficult choices.  
Push to vote? or take some time.

DAERA

Cafes - mostly daytime, no alcohol.  
Censuring life out of small



businesses,  
Exec - no credibility,  
2 weeks, then 4 weeks, now asking  
for 6 weeks.  
Need to offer community some hope  
Evidence - no evidence for closing  
close contacts

dfm Significant - support for sectors  
in next 2 weeks (DOF).

DAERA Cafe - rural location - 14 people  
in on a Sat. No support for  
being closed.  
No credibility.  
No compromise from DOH officials.

DOH Not up to DOH officials to  
compromise - they provide advice.  
Risk - more interventions  
before Xmas

DAERA Reluctantly accept hotels/bars.

DOH Health issue, hospital services for  
all illnesses.  
Inherent compromise - cafe at  
2.00pm with coffee, why not at  
7.00pm with dinner?  
Wet pubs differentiated from  
pubs / food.  
Started as 6-week circuit-breaker



(cont'd)

9-11-20

Reduced to 4.  
 Need to not say - will open at end of 2 weeks  
 Say - trying to protect Xmas.  
 Hospitality - differentiate cafe / rest - v difficult.  
 Say - can open / close at certain times, no alcohol.  
 Not overly worried - close contact services relax  
 Agree - financial packages for hosp sector  
 If going to open some elements of hosp - need clarity.  
 Certainty re funding / support.

DFE

Adjourn<sup>m</sup> debate - 6.30 pm.  
 Want to vote on Exec.  
 Issue - MOR - extremely important  
 If close ~~to~~ close contact services, cafes etc - impact on potfall - town centres, retail.  
 Impact on other businesses.  
 Policy - R below 1.  
 Last Times R = 0.7.  
 People won't understand what we want.  
 DFE - what do support packages look like?  
 Working with DFE - hospitality elements.  
 Support - Parabea's box - need to be clear.



dFM Trying to get consensus - can't achieve.

DOH paper - agree reComm?

DOH No other paper?

DOH Take DFE AOB, adjourn + reconsider issues?

dFM Trying to get agree<sup>m</sup> - DOH not on board.

DOH I only have my paper. No other paper/propositions - need clarity. Refuse vote on no paper. Careless/questionable to make decision. Continue to point out DOH concerns.

15 Oct - single intervention not enough - our concern.

dFM Only paper - put proposal. If want adjourn<sup>m</sup>, propose want to see DFE paper on support?

DOH Have heard discussion - nothing concrete.

DFE TEO to provide paper based on



AFM views/suggestions?

AFM ~~is~~ DFI position - will not agree/support.

DFI Don't know what proposals wd look like - can't make decisions, Consensus proposals - see on paper, Health advice same as last week.

AFM Health advice won't change. We have political decision to make.

DFI Medical advice before - went with agreed package - everyone cd buy into. No different this time. Better to decide - agreed position, all of us to support. Don't think we will get agree<sup>ment</sup> on DH paper - won't make progress. Get alternative approach in place.

AFM Difference last time - DH accepted our views.

DFI We have no paper to consider - what are we being asked to agree.



DFM - Agree recom in DOH paper?  
If not agreed, difficult  
position, communications  
complex.

DOH 9 sub paper on 11 Oct, TEO  
paper - all able to assess,  
I have nothing in writing to  
assess

DOF No joint TEO position  
Don't get papers at same  
time as everyone else  
Important to be involved  
in decision

DOF Are people in mkt to consider  
some ease<sup>m</sup>? If not, ~~that~~  
no point  
If no decision, rest & end  
on Thurs night.

DFE Need to go to debate.

DAERA Will ask for cross-community  
vote - will fail.

DFI/DOF Need to adjourn

DFM Adjourn if we are aiming  
to look for consensus.



DFI Need to see paper.  
Can't justify decision  
≠

DOF Agree with your position - but  
everything will fall +  
Not asking us to agree to  
position tonight  
Agree to seek consensus position  
Pragmatic issue - DOH paper  
will not be agreed.  
DAERA explicit.

dPM Trying to involve everyone -  
has to be collective will to find  
agree<sup>m</sup>  
Need to reach conclusion on  
DOH paper.  
You have said - you need  
2 week extension.  
Now because MP say No,  
you will amend?

DAERA If compromise, we can move  
forward, influence behaviours.

dPM Adjourn<sup>m</sup> - medical coverage,  
Exec in disarray.  
Don't want division  
DOH - asking for adjourn<sup>m</sup> - so we

DOH 2 → can look for way forward.

DOF Second DOH proposal.



dFM Don't think we will find agree<sup>m</sup>  
DOH - putting forward proposal  
You won't stand over.

DPE Have to go - Assembly debate.  
Adjourn until after debate.

DOY We agree we want paper to  
come forward - compromise  
proposals. Who will draft?  
When will it come back?

dFM All we have is DOH paper  
DOH to find consensus.

DFT Not DOH job to find compromise

dFM DOH saying he is open to  
compromise - he shd bring paper

DFT Shd be TEO

dFM/PM Colin briefing media  
Shambles.

dFM Adjourn - 8.15

DOY Agree how we will achieve  
consensus?

X 6.47 Adjourn



X 10-11-20 - Reconvene  
S.48

dfm Reconvene  
lot of talk - compromise  
DOH - 2 week extension  
No consensus.  
DFT - 2 week extension  
DOF - " " "  
DOJ - agree, but other proposals  
Just few hours before end of  
current interventions.

DOF Prepared to discuss last night,  
ready to join in when required.  
No of views rec'd in writing.  
Only one Exec paper - DOH.  
Have to deal with.  
Range of letters - suggestions,  
content to deal with.  
Decide on DOH paper + then move  
to another conversation.  
Need to get out of way -  
Proposal - decide on DOH paper one  
way or another.

DOH Not choice between health + economy  
- ~~re~~ all decisions will bring harms.  
Advice - Reduce [ ]  
Paras 11 + 12 Exec paper agreed  
on 13 Oct  
Hoped some compromise paper wd



Come forward from TEO.  
Move Recomm in my paper

dFM <sup>FM</sup> TEO not agree to DFE paper?

FM Opening comments - DDF - did not mention DFE.  
DFE paper shd be considered.

dFM Apologise - did not refer to DFE paper - will come to it.

DFE Before we press further buttons, draw breath - business + population watching us - in despair.  
Extremely distressing not to know if you can make a living.  
Don't understand dFM position.  
Had long discussion with DDT + CMO this a.m. - Respect their position.  
Papers/work ongoing - impact on economy / lives.  
Don't know what SF think they are proving  
Look at impact - economy, people looking for Exec leadership, health staff.

dFM Want to speak re paper  
I am chairing.  
Dire situation - no matter what we decide, will have implications.

DOH paper -

Unfortunate it has taken so long to get to this meeting.

DOH proposal - paper.

Then DFE paper.

DOJ

People have quieted up - making own decisions.

Couldn't vote on DOH paper yesterday - <sup>CROSS-</sup>community vote - damage Sec. credibility.

Catastrophic situation - end of week, restrictions end - pubs open, people socializing, etc.

Will need more stringent lockdown Hospitality - wd need to have put orders in last w/e to open next w/e.

How to reach compromise position - I don't know.

Open to consider DFE paper - but wd prefer to extend restr. for 2 weeks - get to far side of Xmas - may be able to move away from circuit breakers.

Going to be hard year for hospitals - Xmas wd help, get headspace for families.

No household mixing - impact on mental health.

Wd prefer DOH - best evidence we have. If not on table, will look



for alternative  
Absolutely need to make decision.  
Embarrassed over last 24 hrs.  
Theatrics.

PM

This is about theatrics - leaked last night, leaking in live time - Sam Mc Bride.  
Looking at DOH paper - DFE paper not agreed for.  
TEO paper not possible - dFM  
- no agree<sup>m</sup> - have moved position  
- hotels / coffee shops.  
Now want vote - it will be leaked, consequential damage to all in Exec - party briefings etc - we will all suffer.  
Up to chair. Hairdresser struggling

dFM

Unfinished business from DOH paper - support this.  
Tried to look at different scenarios  
DOH advised - real risk.  
This is embarrass<sup>m</sup>  
We have to deal with DOH proposal  
Take exception to 'theatrics'  
Hairdresser - struggling because she didn't get grant.  
Tried to get consensus -  
Look at DOH paper, put to meeting

DAERA

Wd be useful if DOF did paper on how business will be compensated. Businesses losing money every week.

Putting low-paid workers into dreadful position - Xmas.

Want compromise.

Have to use CROSS-community vote - don't want to SF wants cross-comm vote

DOJ

< Getting tired - always using cross-comm vote. Sectarianised issue. Cuts me out of vote. If I am cut out of decision, I won't support decision.

I will not be part of Exec which consistently uses cross-comm vote - slap in face for me + my voters

dpm

I don't want cross-comm vote - does sectarianise issue.

Ask DAERA not to use cross-comm vote.

Do 2 more weeks, strong mitigation, then open all.

DAERA

16 NOF paper on mitigation.

Don't gang up on us -

you're call to put lower-paid workers into diff.

You want to embarrass us



DFM Not trying to embarrass.  
Want to reflect views of all 5 parties.

FM This is a compromise - you don't like - not open about reason. You have moved away from comprom position  
Failure of leadership.

DFM x Ask DAERA - not to use cross-comm vote.  
Open up close contact - wd be OK.  
Tried to find way - DOH asked for 2 more weeks, based on all exploration with him - duty-bound to consider.  
DOH - put proposal.

DAERA x Only moving cross-comm in absence of compromise - want to achieve compromise.

DOH Wished for joint TEO paper - same as 3 weeks ago.  
Hoped to find space for agree<sup>4</sup>  
Increasing nos in hospital etc.  
Best proposal  
- 2 weeks extension  
- also support packages.

\$2 billion available - ref to  
DPS conversation earlier.  
Not one against the other.  
Reluctantly move my paper.

AFM Previous - you said you could live  
with 2 week schools; not saying  
can't ~~be~~ change advice on this  
paper.

~~DS~~

DS Procedure  
- Need to establish [ ] before  
cross-comm vote.  
Can't support DOH position.  
No compromise from DOH.  
DPS paper - compromise position  
Close contact services  
Non-licensed cafes/rests.  
Range of hospitality - not out  
of restrictions 27 Nov  
Support cross-comm vote.

AFM DAERA - want cross-comm vote?

DAERA On basis of no compromise

AFM Don't want cross-comm

NS Need 2 mins



DFE ALSO support cross-comm.  
x Reliappointed my paper not considered before vote on DPH paper

- NS FM No
- DFM Yes
- DAERA No
- DFC Yes
- DFE No
- DE No
- DOF Yes
- DOH Yes
- DFI Yes
- DOJ Yes.

NS b in support  
t against  
No cross-comm consent.

DOJ x Object to use of cross-comm  
vote - used as veto to  
stop consensus from  
proceeding.  
~~Here~~ No bearing on community issues,  
shd not be subject of cc vote

DFE paper.

DFE lockdowns - don't work.  
Public - encouraged - Exec saying  
will find new ways.  
Disappointed - doing same things  
again.



Economy - families - Xmas.  
Particularly annoyed by charade  
- we should be bigger + better than  
that.

Paper - Annex A - short synopsis.  
Headlines encapsulated in covering  
letter.

Name Redacted

- hit to economy

labour mkt - 'redundancies /  
potential redundancies - v high

Hit to economy - £4 billion.

Some recovery - now stalled.

NI most pessimistic in UK.

State<sup>m</sup> from Michel Barnier -  
no help.

Sectors hit - supply chain,  
food wholesale, food service.

Most impacted young women,  
low pay - most vulnerable in  
society.

dPM comment - no access to  
grants (slow). V difficult to  
get money out in way we can  
stand over.

1st scheme - see parameters.

Running 7/8 days - 2000  
applications so far, 700/800 in  
draft - 120 paid so far.

No identifiable premises.

Further letter to Sec [ ]

[self-employed] scheme - thank  
officials.



Best thing to do - allow business to open.

Had full conversation with DfT. Spirit of compromise - can't keep closing economy.

Incl some Recomm - if I had free hand, wd ask for other things.

Don't want to see regulations fall on Thurs

Have incl recomm to reach consensus - trying to reach agree<sup>mt</sup>.

~~DFE~~  
DFM

Does DFE paper give basis for consensus?

DFI

DFE - publicly acknowledge work of officials.

Paper \$100 m loss to economy - where from?

Recomm d - graduated opening - just this 2 weeks or longer?

- Impact of restrictions?

Close contact - incl sport?

DFE

Annex A, table 1

- losses to economy.

Areas closed down longest, most restrictions.

last para, page 2 - impact on

Food sector - restrictions in hospitaliti  
sector.

Annex A - most illustrative.

Retail ~~stay open~~

Hospitality - graduated - open  
least risk first - start with  
coffee shops etc.

Wd like to see hotels - give choice,  
Trying to offer route to reach  
consensus.

DFI Analysis of impact of restrictions?  
Sports?

DFS I haven't looked at sport - not  
my dopt.

DFC Sports - previous guidelines.  
No spectators - guidance.

DFI Wee football clubs, tennis coaches  
- close contacts? No?

DOY Paper helpful - good starting  
pt.

Impact on individuals - as  
personal as health.

Close contact - appoint<sup>m</sup> - not  
walk-ins - track/trace -  
happy with that.

Cafes / coffee shops - need to be  
more robust on what we mean.



Scottish example

ban - 6pm, no nighttime

economy

licensed premises - without alcohol,

Drill down into issue

Better rewarding / contact was in coffee shops.

Pubs/bars - off sales DFC +1 looked at.

Some can sell off licence from bars - only bars with off-licence can sell, or lift require<sup>m</sup> for licence? DFC more in position to take forward. Need clarity.

Also - only up to 8.00pm?

Useful - 8.00pm closing time,

Can help pubs make a bit of money.

Good start, need some clarity,

Businesses - outside space,

heaters etc - easement for

them? Invested in equip<sup>m</sup>

"Safely Open" group.

Beyond paper - big issue -

ventilation. Most restaurants

- cosy, intimate

Options - ventilation. Safely Open grp.

If invest in ventilation - added

protection - for future working

grp.

dfm

Need clarity on no of issues.

Always lot of anomalies in regs.

DOH

Trying to find out where paper sits with paper of 13 Oct.

- guidance - no unnecessary travel.

Paper changes this? Food/drink in hotels?

\* Sports, places of worship.

How to marry up this paper with current regs before Thurs?

Regs will fall on Thurs

Economic proposals

DOF

My reading - economic proposals

- accounting for 2 week

roll-over extension - if not in

DFE paper, will roll over -

DFE paper - only proposing

economic changes, not proposing

all changes.

DFE

Keep elements of proposal as are,

but amend proposals in my

paper. (Keep quins closed).

DOH

Guidance - no unnecessary

travel - but how can hotels open?

W/E stays - can 't go to local

pub, but can go to hotel for w/e.

If we remove 'no unnecessary

travel' from guidance - big

impact.



DOF Proposals - roll over everything else for 2 weeks, amend DFE.  
 Propositions - go against health advice  
 Broader economic societal impact  
 Proposition d - graduated manner - vague, over 2 next 2 weeks, or longer?  
 Prop g - problematic.  
 Coffee shops, sandwich bars - no fixed definition - strap into night-time economy.  
 Graduated opening - from 27<sup>th</sup>.  
 - Review for economic support are brought to me - 11,000 + applications - support given to 2300 + businesses - £8m.  
 300 apps. - don't meet criteria.  
 Proposal - businesses affected beyond Thurs [ I ]  
 Schemes for Wet Pubs - take proposals for support, or I will develop - one off cash pay<sup>m</sup>.  
 Larger hotels - DFE.  
 Smaller B&Bs - shd get one-off pay<sup>m</sup> - DFE / Tourism schemes or I can take forward.

DFE Officials in DFE - tiers of economy incl wet pubs. Acknowledge cliffs.  
 Thought B&Bs in local restriction

scheme.

DOF They are - but lost out earlier.

DFE Don't disagree. Some people we just didn't get to  
 \* Additional paper for Exec - Supply chain scheme. Hard to define, work within budget. Self-employed scheme almost ready.

DFE Off sales. Self-~~sealed~~<sup>sealed</sup> off sales. Any bar can sell - revert to that, most straightforward way.

FM Agree with DFE - sealed off sales, OK. Can't take cocktails, pints, DFE paper - amend<sup>m</sup> to <sup>off</sup> paper of 13 Oct  
 Graduated/control - relate to F, Safely opened - ready for 27<sup>th</sup>. Hotels open for workers - didn't read proposition to open generally - in context of 13<sup>th</sup> paper. Coffee shops - close at 6.00/8.00 - at work during day, can't get to coffee shop - proposal re time-limit - consensus.  
 Duty to seek consensus - Min Code. Difficult days - decision we can all support.  
 Increase support for hospitality if



closed for further 2 weeks.  
Acknowledge stories we have heard

DOF Understand views - if we add money, will complicate scheme, make harder to pay - do another means of support.

FM Engage with hospitality - advise of higher support by different means.

DRE Boss to do more within hosp grant - change system, add complexity. Cd do work in level of grant. Continuous work - COVID security / safety - give additional funding. Use local council officials to monitor compliance.

DOJ Proposal - coffee shops - off licenced close at 8.00pm coffee shops / cafes - also close at 8.00pm. Off sales - 8.00pm - same across the board. Only essential travel - but hotels OK for business / essential travel. Use Scottish coffee shop description - snacks etc - so only for

coffee shops, not restaurants.

AFM ROI - value of meals - €9.  
Prefer to close all for 2 weeks.  
(DE - goqhurt!)

DE 8.00 pm - sensible cut-off point.  
6.00 pm - too severe.  
8.00 pm - creates differentiation with  
night time economy, align with off-  
sales.

Definition - issue if we try to  
differentiate - better to focus on  
alcohol/no alcohol. Messaging -  
allow cafe to open - impact on  
town centre ~~restrict.~~

All within context of amend<sup>tn</sup> to  
R Oct Regs.

Food avenue - Safe Opening Gap  
- can put measures in place for  
27<sup>th</sup>.

Reasonable level of compromise.

DFI 1st Q we will be asked - impact on  
R?

I  
D - lot of Qs.

Cafes - close at 8.00 pm - will  
impact on level of customers -  
compensation.

lot of unanswered Qs.

AFM BH - issue in Donegal - two  
pints, get meal



If can arrive at position, [ ]  
Seems to be consented,

Messaging - behavioural change  
OK

Compliance / COVID ambassadors -  
OK

Close contact / driving instructors /  
appts - OK?

DOH

Concern - can't guarantee  
we will not be back here before  
Xmas.

x Continued increase in inpatients  
x Deep concern - knock-on effect  
on health service.  
Going against rec comm of CMO +  
CSA.

DOF

Alternative - no agree<sup>m</sup>  
- all reqs fall on Thames.  
Only premise I am exploring  
- trying to protect as much  
DOH advice as poss

DPI

x Asked for advice of impact  
No choice - asked to choose  
between no reqs in place  
OR some amends.

APM

Retail - remain open  
- some restrictions

Hotels / restaurants closed - further 2 weeks

DAERIA DOF - more money, slower pay<sup>m</sup>  
look at businesses - being rewarded  
[ ]  
Premises who choose not to open  
- provide same support.

DOF Amends to pay<sup>m</sup> - complex. But  
can find ways to provide

FM D + F - one bullet point  
- Retail open, Safely Open  
[Grip to be established  
Hospitality / licensed - 27<sup>th</sup> open  
- after work with sector, local  
govt

E = coffee shops.

dFM Consensus Retail  
Don't need G - hotels -  
already in regs.

h -

Anomaly - needs to be fixed

Coffee shops  
Close contact



DFE Coffee shops - happy with 8.00pm.

FM Starbucks - stay open later.  
But 8.00pm - compromise.

AFM Consensus?

DOF Financial support for those who remain closed.

FM E - open from 13 Nov  
if stay closed, fin package remain in place.

AFM Close contact services.

Consensus.  
No-one will be happy with outcome of this evening.  
But can't have no regs in place on Fri

Agree - consensus?

DOH Only fair - CMO/CSA  
- come back with modelling  
Need to add input - on record.

AFM Full extension - cafes open to 8.00pm  
Define cafes - tonight

Close contact.

DOJ

Can modelling take a/c of these amend<sup>ns</sup>?

CSA said - cd not do granularity

DOH

cd do for close contact services.

DE

Definition - cafés - what is clearest to establish? Seeing alcohol or not seeing alcohol? Clearer distinction - reflect in regs.

~~DOH~~ dFM

DOH can't draft regs - no knowledge.

DOJ

<sup>cafés</sup>  
Continue for next 2 weeks - provide support if can't open.  
Announce tomorrow  
Same issue for close contact services?

Treat all sectors equally.  
Open/operational - fine; if not, provide support.

dFM

How to write into regs? If not open, provide support - close contact

DOF

lot of businesses - have already taken bookings, expecting to open.



DOY Not open, no staff, no bookings, sectors concerned they wd not be allowed to open.

dFm Not too far ahead of DPH request - cafes - genuine concerns. Public messaging  
Consensus - graduated/controlled manner - open cafes in a week? Give time to define what is cafe/what is not.

DPE Gave suggestions in good faith, - re-visiting what was already agreed  
Cafes open - close at 8.00pm. v limited element of hospitality drive footfall in towns, help retail  
Huge amt of hospitality staying closed  
Stick with what we agreed.

dFm People - don't want things to fall off cliff on Thurs pm.  
X Extremely concerned re trans<sup>m</sup> rate of virus, health care staff - exhausted, grateful to them. But economy impacted.  
Don't want health regs to fall, v concerned. Trying to achieve balance.

Cafes - small element of econ

CMO

Difficult issues.  
Point out - closest to Para 16  
5 Nov - Medium scenario.  
@M/Probable - R below 1.  
Obligated to come to Exec - mid-Dec - excess mortality result.  
Dilemmas, difficult choices.

CSA

Enormously difficult  
Balance - impact on HSC system  
& impact on society/economy.  
More likely than not - remain  
more restrictions before Xmas.  
Behaviours  
Restrictions prob required before  
end of year.  
Safe opening gap - opening of  
hosp. sector cannot be safe.  
Cd lead to R+ - don't  
want message to sector, is  
safe to open.

FM

CMO/CSA - factor in schools  
close before Xmas - contribute  
to R.  
Closing most hospitality for  
next 2 weeks  
Coffee shops open  
Impact - schools closing?  
Hospitality

CSA

will be in better position to



assess schools impact in about 10 days.

Schools close - 17<sup>th</sup> Dec - 10 days to impact on hosp admissions.

Will advise on impact on weekly basis.

R - relatively close to I, open hospitality - impact.

Don't want to be bleak

Prob need restr before Xmas - depend on mitigations.

DAERA Vaccination - CMO - available before Xmas.

RBC - not available until March?

CMO

Havent seen full data.

Not assessed by regulator - lot of steps before vaccine approved.

Prevents symptoms - don't know if it prevents onward transmission. Process to be expedited - not shortcuts.

40m doses for UK - 2 doses per person - Barnett share of vaccine

x Paper for Sec.

Packs of 970 vials, storage restrictions.

Care homes, can't go to mass vaccines site.

UK govt - access to 6 suppliers.  
 Spring - Pfizer vaccine  
 Next winter, v different to this  
 winter.

DfI Behaviour - cafē - only own  
 household, max 6, 2 households  
 - need to clarify.

FM My preference - 6/2.

dFM. Huge stuff.  
 Adjourn - officials to write -  
 Reconvene in half-hour.

DfI Clear advice from health  
 professionals - will be included  
 in paper/written proposals.  
 Ref to mortality -  
 impact on families etc - Xmas.  
 Protect Xmas - hugely  
 important.

dFM Difficult for everyone -  
 shd have just gone with DH  
 paper - voted down.  
 Consensus  
 Every one of us has heavy lifting  
 to do, all work together.

DfI FM/DfP - saying if paper not  
 agreed, back to no restrictions.



PM Back to position 16 Oct.  
 Accept CSA opinion - saying he cannot aggregate C I.  
 Ref to behaviours - for every min to promote good behaviours, DFE - economic paper.  
 Impact - people going to loan sharks.  
 Not binary choice.  
 Have written down by officials - then review.

dPM Incl DFI / CMO / CSA concerns.  
 No guarantees  
 Factor in modelling.  
 Keep situation under review - can factor in change.

DOH A+B - DFE paper.  
 Points 13, 14 - paper on 16<sup>th</sup>.  
 Increase [Police] on ground - ROI, guards stopping people councils

NASRA Need better enforce<sup>m</sup> - exec to ask councils to hire people to enforce - wld help with behaviours.

DOJ Enforce<sup>m</sup> - need to bring people with us, community involve<sup>m</sup> - PSNI can't demand

to know where people are going -  
not in regs, just guidance.

ROI - SK limit.

We can introduce - but different  
ballpark - family support impacts.

Behaviour change - masks.

S/market health

If enforce, will lose people.

DOH - [fines] - printing?

DOF

PSNI issue - printing of higher  
fines - still lower fines in place

Normally regs - slower time.

Only place which prints - in Wales  
exclusive contract. Can't be done

elsewhere - trying to expedite.

Complete nightmare.

Need police to have fixed penalty  
notice.

Spoke to Chief Constable -  
exclusivity in contracts.

X 8.15 dFM

Adjourned - recommence at 8.45.

X 10.00 dFM

Adjourned to put paper together  
following discussion

CMO comment - no matter what  
we do - will lead to excess  
deaths.

As Govt Minister - cause of  
excess deaths - cannot be  
unsaid.



DOF Went to reflect  
 Proposition DOH - not agreed  
 cross-comm vote.  
 No agree<sup>ed</sup> - Regs fall Thurs  
 night.  
 Discussed v thoroughly.  
 Sought advice CMO/CSA  
 - unequivocal, duty to reflect.  
 No doubt re clarity of advice.  
 Strong reason to pause  
 + consider.

DOF. Ultimately - all picked up on  
 remark.  
 Understand - pandemic  
 Understand - political challenge  
 Need advice  
 Proposals - compromise - to  
 minimize impacts.  
 Need advice on likely differ-  
 ence between compromise +  
 no compromise.  
 DOH paper gone off table -  
 vote.  
 Revised restriction v no  
 restrictions.  
 Want clarity - which road we  
 go down.

aFM CMO back on Zoom  
 DOH paper blocked, tried  
 for compromise situation -

you advised excess deaths  
- need clarity.

CMS

No of mins say - worst scenario  
no restrictions except No 2 - ie  
relax all current restrictions.  
Close contact  $R = .9$ , shortly  
will go above 1, increased  
transmission.

Inf previously given to exec  
Close contact  $\Rightarrow$  will add .05  
- also hospitality.

$R$  above 1, increase hospital  
admissions, ICU, deaths  
Excess deaths - depends on  
decisions of exec this evening.  
Highly improbable - get to  
Xmas without further intervention  
- run COVID-only service, no  
other services. Will still see  
excess deaths - COVID, + other  
deaths because no service.

Paper - 5 Nov - graphs.  
Can't provide certainty -  
modelling, not predictions.  
Assumptions - 300 / 800  
Outbreaks in care homes.  
Depends on decisions re restrictions  
- proposals earlier better than  
no restrictions - but will have to  
come back in a few weeks.



CSA Recognize - restrictions - economic difficulties - deaths in longer term - not as visible, but equally bad.

CMO + A acknowledge balancing act.

Anything which increases R / transmission, will lead to increase in deaths in short term.

dfm V challenging.

Middle ground / consensus position will lead to excess deaths.

Don't think - can't move forward with proposals earlier. No matter which way we go - difficult.

PM Have known for days - going around in circles.

Proposals in place - or no restrictions.

DFI Choice - 2 sets of 7 nos of people who will die.

Financial support - 2 weeks

Citizens will die - if don't support, more citizens will die.



DFM CMO - if we proceed as proposed earlier, excess deaths now.

DAERA People dying - not proper GP services, mammograms, shambles - friend with cancer, young people dying. Domestic abuse wife - lockdown, people taking own lives. Excess deaths - locking people in - decline in older people. All real issues - not economic. More we suppress population, more damage we are doing.

DFM Don't disagree Being asked for 2 weeks grace - v difficult.

DAERA Making life hell.

DE No good routes. Take DAERA point on board. Quality of life - destruction of mental health, deterioration - elderly people. Any action we take will lead to lives being lost. Be clear - what proposals on table - v modest changes, but big impact on quality of life - nothing in DFE proposal



that is different to other jurisdictions.

2 weeks more lockdown - won't solve problems.

Will still kill - whether through poverty or COVID.

Nobody has got what they want  
- DFE paper - least worst  
- need to move ahead,  
but not perfect.

DOJ.

Going in circles.

None of this are doing this to people - we did not pick to have a pandemic.

Mass - health service already under pressure, COVID just made worse.

Protect lives, protect livelihoods - use £ billion DfE mentioned.

£ billion won't compensate for covid deaths.

All horrible choices

Not purely political - but DfE took health paper off table.

Go with compromise paper - or do nothing.

Significant people will die

- compromise - only paper on table

No getting away from fact - taking DOH paper off table

CWO says 150 deaths - for cafes + hairdressers.

If no-one wants to go back + reconsider decision taken earlier

- wd rather agree - 2 weeks.

~~Or~~ No other options - if can't agree 2 weeks, agree compromise

- can't go back to no regs in place on Thurs midnight.

DOF

Fm request - put question.

Time to reconsider 1st decision (DOH paper rejected).

Tried to find unified approach - stark advice

Suggest - reconsider DOH paper.

Fm

Decision will be same tomorrow

- DOF comment - 150 lives / hairdressers + coffee shops.

Want to see hard evidence.

DOF

Go ahead + take decision

Fm

Want hard evidence - 150 lives / opening coffee shops

DOH

Modelling



CSA

Different laptop - don't have figs.

Any change in R - result in cases / deaths.

Hard to assess nos

Nos depend on exec decisions

Higher admissions etc - depends on R - R over 1, more cases, R below 1, less cases.

I've heard colleagues say

- gatherings at Xmas - increase in deaths. Reality of epidemic

- not anyone's fault.

No matter what decision, people will die from pandemic.

Relaxation - increase in deaths - short term, more visible.

Economic damage - deaths, not as visible.

Modelling inexact

Not good to focus on 150

No min shd feel responsible for deaths - consequence of virus.

If increase following ease<sup>m</sup>, will be back earlier looking for increased restrictions.

CMO

Modelling based on assumption - range of poss deaths.

Impact of exec interventions  
Consequence - R

Impossible choices - weighing up short term ~~vs~~ COVID results ~~v~~ economic issues (longer term).  
Extremely difficult decisions.  
Sooner rather than later - will have to come back to exec.  
Can't keep R below 1

DPE Conversation - v distressing.  
Almost blaming each other - deaths caused by virus. CSA clarifications.  
In 2 weeks, same position? Same decisions, same assumptions - no decisions set in stone, course can be rectified.

CSA likelihood of getting beyond Xmas.

DPE, Open up hairdressing + cause 150 deaths - in 2 weeks, same choice.  
Exec has lost run of itself. People - v heartfelt - Not looking at new choice in 2 weeks - same choice.  
But in 2 weeks - wot get us beyond Xmas.

Draw back from laying blame. Nothing easy. Choice will be same in 2 weeks.



People in Deery - said 14 weeks, extended.

Thought we had reached consensus  
Info from CMO + CSA on Mon + Tues - same choice in 2 weeks.

Can't live in COVID coma,  
No safe opening for hospitality -  
never open again?

Content - vast majority of  
restrictions staying. But  
shd try to move forward  
- beyond emotion, make same  
decision in 2 weeks.

CMO

Further 2 weeks - may mean no  
further restrictions before Xmas  
- FM view - schools closed - but  
festivities - gatherings.

DOJ

Not trivializing sectors of  
economy - a bit rich.  
I'm not the one digging in,  
making life difficult.  
Accepted politically - DOH  
blocked.  
Tried to find way forward.  
A know haired steel - a friend +  
go to work.  
Not blaming anyone at Exec on  
deaths - just asking to  
consider whether choices/  
decisions are right. Not clear

if we will be in same position in 2 weeks. Schools closed at Xmas.

If we say - willing to take risk, recognize we are taking risk.

I don't live in bubble.

I have tried to get agree<sup>u</sup>

Stark - compromise causing excess deaths.

Cafes/restaurants - 150 deaths.

Given what we have heard, makes decision harder - better to go with compromise. No appetite for some - DOTT paper.

In favour of DOTT paper - gone

In favour of revisiting - gone  
favour compromise.

Why always go to the wire.

At this stage, make decision this evening.

x Not happy - process of decision-making

fundamentally flawed - cross-community blocks.

DOF Talked to death.

Opinions all valid.

2 pieces of advice - v clear.

Put proposals

Come back tomorrow

dFM DFS - proposals?



DFE Happy to put proposal.

dFM Proposal from DFE

FM for

DOH No papers in front of us -  
mustifies me - why doing now  
Thurs - no restrictions at all

dFM Need to go through process.  
I have tried.  
DFE point - not us, views  
No good outcome.  
Difficult decisions, all bad  
outcomes  
Have to continue process.

DOH Exec will be left - regs fall on  
Thursday night.

dFM You have told us we can't  
proceed - excess death.

DOH Cd end up on Thurs with no  
regs

dFM Mon + CMO have told us v  
strongly - compromise n/accept

DOF You have given us clear advice  
re DFE proposals

I am acting on your advice.  
Only proposal is DFE  
EMO / CSA gave advice  
I am clear - if nothing happens now,  
no regs in place on Thurs.

DOH Our advice - verbal communication,  
voting - no paper.  
My paper clear.

AS Comparison  
HQ today  
Pupil attendance this week compared  
to pre-Halloween  
Remote teaching 5.8%, now 2.8%

DFE Broke up for proposals to be  
typed by TEO - where are they?

dPM Came back to meeting to consider.

FM Min Code - try to seek consensus  
Retreating from consensus.  
Theatrics.  
Clearly not doing that.

dPM Have spent 2 days trying to  
find consensus  
DUP feel they are being pushed  
around.  
Trying to find consensus  
DOH - clear, can't accept



FM Transcript from Sam Politics show.  
dFM

dFM Said - is there a way we can make  
Asked CMO/CSA for advice.  
CMO/CSA - no matter what we do  
will lead to excess deaths.

DRE CSA agreed - same decision in  
2 weeks.

DE Procedural issue  
DOH - no text in front of us.  
DRE - propositions, amended  
during discussion.  
Circulate document, allow us  
to know what we are voting  
on.

dFM OK - will get DRE proposals  
circulated.

X 11:07 Adjourn to 11.15

X 12:10 am ~~11-11-20~~ Reconvene

(MH) JML missing

PM Driving home - no vote, go ahead.

dFM DRE proposals  
DOY - drafting errors  
Coffee shop - 8:00pm  
D. h. c. 6 (7) coffee shops

DOF had proposed  
DFE - content these are the  
proposals we discussed earlier

DFE Proposals discussed + amended by  
Exec - content.

DOF Thank DFE + officials.  
Clear we will not get consensus.  
No indication - sufficient consensus.  
No point - 2nd division in Exec  
Rather than vote, no agree<sup>m</sup>  
Try to find accommodation  
+ come back tomorrow  
Make divisions - posturing, who  
said what.

Thurs - no regs in place.  
Need to get to place - some regs  
Propose - adjourn

Meet tomorrow @ 9.00 AM.  
Utterly destructive to Exec, + to  
reputation of Exec.

Appeal to everyone, all depts,  
all mins, to find accommodation.  
Worst thing we can do - send out  
conflicting messages.

Increasingly divisive votes.  
Park now, no further votes.

Give proposals to DH - assess<sup>m</sup>  
V No 2 regs  
Clearer start tomorrow.



DOF Already have assess<sup>m</sup> - won't change by tomorrow a.m.  
Clear advice - detrimental to health. Won't change.  
Not good position - we are not agreeing.

DOJ Compared with [ I ]  
DOH proposals - still some death  
Not talking - compared to DOH paper, but compared to No 2 Regs.  
Need position - better than no additional restrictions.  
All we are doing is digging bigger hole - will be fighting in public - people won't take us seriously - people will have lost confidence in us.  
A have not heard of comparison - No 2 Regs / DFE proposals  
Need in writing.  
Matter of life + death.  
Want written assess<sup>m</sup> of 2 proposals.  
Come back in the morning  
Unwise - deliberately head-to-head confrontation  
Hope people willing to reflect - come back with different attitude.

DOF Health advice won't change,  
shd have all options on table

DOJ Fine with that.

dPM DFE proposals  
clarifications

DOH Going to vote + then coming back  
in the morning?

DOJ Why proposal - don't vote now,  
come back in the morning.

DOF Same health advice  
CWD/CSA clear  
Wd like to reconvene + consider  
other proposal.

DOJ People digging in.  
Stop back, consider opn, clarity  
on issues.  
Gobble-de-gook proposals.  
Unwise course of action.  
Into another day now.  
If convinced it will fall tonight,  
will have to come back again  
anyway.

DPE Second DOJ proposal - reflect on  
DPE paper overnight.



dFM Won't change overnight.

DOY Proposal - no votes tonight, come back - all proposals back on table.

dFM Only adjourning meeting - DFE paper tomorrow

DOY All options shd be on table. Want my proposal taken - try to get consensus. Now in another day. Step back from brink, more divided we will become. Make decision on my proposal.

DOF DFE seconding - all options on table.

DFE Already decided on DDT proposal - can a defeated proposal come back? Maybe an amended DDT proposal? Why dFM pricing? Put my paper in good faith. Happy with DOY proposal.

dFM Ignore your comment. Have been trying to achieve consensus. Adjourn - meet at 10.30

FM N/A - 11.00  
DFI N/A - 11.00

DOF Meet at 9.00 AM - propose?

DOF Expect officials to prepare papers before 9.00 AM?

Events on - later meeting.  
Snapping f nose off me.

DOH. Supporting I I.

dfm Just avoiding what we need to do.  
Meet at 12.30 pm tomorrow.

X Adjourn 12.34 am

11-11-20 Reconvene 1.15 pm.

dfm long, few days  
last night  
DPE proposal - adjourned during vote.

DOH paper this a.m.  
- DOH to introduce.

DOH last night - like to see paper, black/white.

Contributions from CMO/CSA - written format.

Narrative around paper.

Practical outworkings - Points 4+5.

Regulations - can become complicated - challenging to put decisions into regs by Thurs pm.



DOF

TKS for paper

I sent letter this am - revisit original proposition.

This paper superseded.

Not good media coverage for anyone.

Need clarity, certainty.

Quick reading

- push up pipe for another week

- extend restrictions for one week

- DOH agree - restric. will fall in one week

- certainty re this proposal

Need clarity

Hard to find agree<sup>ment</sup> - lack of clarity/decision making.

Additional points - Am.

Promote community compliance, Track / Trace

If no improve<sup>ment</sup> elsewhere will have no option but restrictions

Paper saying - extend for week, but then end

Always caveat -

Additional measures required.

DOH

Can't give certainty - balance between health + society.

Original approach - need extension. But - need to

compromise

Can't have 'do nothing' approach

Para / Pt 5 - gives us a window

Put change into regulations - wd be challenging

Extend everything for one week

- where we were last night - move forward as a collective.

Incl CMO + CSH advice from last night.

DOF

Creating space to come back to same debate next week - or looking at new mitigations / measures?

DOH

Q for everyone else to answer. Wd prefer 2 weeks, but better this approach than everything falling tomorrow night.

DOF

TKS to DOH, CMO + CSH for paper.

Agree with basis of paper.

Hospitality have indicated - can't open this w/e, so roll over for a week

But make decision now on what we do next Thurs - do not leave to last minute.

Encourage more compliance / adherence

- need more coherent approach.

Incl community sector - Dorry approach.



1 sent letter - looked at detail of regs - amt of things that will fall if regs fall on Thursday - reckless.

Roll prepared for 1 week, but work to prepare in the meantime. Happy to support.

JMK

Recomm from DfH.

Not a resolution, but a way to move on. Not on cliff edge tomorrow night.

Concern - DfH letter v modelling paper - 2 weeks necessary.

Same situation at Oct - advised 4 weeks, but changed to schools 2 weeks.

Concern - now have a week - not enough time for benefits of 2 weeks recommended.

Industry will ask - what does this mean for next week

Need to begin discussions now, not wait to next week.

Procedural/practical mechanism

- CCG.

Best mechanism for delivery -

Para 5.

H - de-risk limited reopening of hospitality.

\* Need more direct engage<sup>ment</sup> - DfH/Hospitality sector - to establish

What measures shd be put in place.

DOH Hospitality [ ]

FM TKS DOH

Not a compromise - continuing to restrict lives + livelihoods.

Mitigations

SMK - paper of 15 Oct - took policy decision

Now moving away - breaking trust with citizens / voters.

Does not move it on

DPE paper - compromise

Told people - 4 weeks, now extending one week, poss will say 2 weeks.

Some issues in paper cd be taken forward but not in time.

Look at DPE papers as compromise on compromise + let us move forward.

DAERIA

DOH paper kicks can down the road - keep restr for extra week, then review - won't fly.

Pressures on hospitals - ICU, emergency depts.

laughable - Tom Black.

Emergency depts over-loaded because GPs won't treat.

NI GPs contributing to figs in emergency depts.



x DH shd address issue + let me know what is happening.  
GPs missing, health issues - can be diagnose by phone.

DH GPs - private contractors.  
RMA committee - increasing \$ time for visits - increase GP capacity.  
COVID advice - don't visit GPs.  
Pressure - increase training - takes time.

DAERA DH - warned on 2nd wave - prep. shd have been in place.  
GPs - private contractors. You are asking business to close down because 'private' GPs not doing their job.  
Unacceptable situation.  
DH paper - no basis for anything further than last night.  
Shd have talked the compromise over w/te.  
Only compromise = DFE paper.

DFE TKS for paper  
Spirit of compromise - but incomprehensible - not take decision today, but kick can down the road.  
Situation col be same in a week.

4 week restrictions.

lot of meetings across sectors etc - but no outcomes.

Kick down road for a week - wld be slaughtered.

Fundamental issues with paper

- SA - additional measures to de-risk limited opening of hospitality -
- what wld be signing up to?

DH + CMO don't believe hosp industry can open safely - what do we say to hospitality industry people - 65000 jobs.

Enormous responsibility - don't believe you can open safely, limited opening. Fundamental problem for Sec.

Employ<sup>m</sup>

Astounded - put in paper - limited reopening - after promise they cd reopen on Fri. A couldn't sell this to sector, workers - part-time, lower pay. An attempt at moving - but better to look at my paper.

DPI

FM - important when you give your word - but said 4 weeks + wld keep under review.

DH - 2 weeks extension, now 1 week extension.

Don't know impact of schools.



We are being told - further restrictions in mid-Dec - close down again.

Hosp sector saying - content with 2 weeks with support

Oct - were told 6 weeks was needed, political decision - 4 weeks.

Threat - if don't agree compromise; will move to Vb20 regs - current regs will fall - huge ramifications.

DE

Elements of paper useful - but balance not acceptable.

Covers blanket - everything to be rolled over.

Hospitality

Close contact - all will roll over for a week.

lot of businesses covered - potfall caused by close of hosp impacting on them.

Another week - whether we can put in measures for safe opening - no certainty.

Behavioural shift if we do not keep our promises

People will conclude - no intention to lift restric - why bother to comply.

Schools - self-isolating / COVID -

Children [ I ]

Model what is happening

Time log - most successful -

Derry City/Strabane - influenced by measures - level 2.

lose trust if we kick can down the road

Impact on livelihoods, also lives. Additional deaths, lives ruined - lockdown.

Community App used this a.m. - difficult-to-reach young people.

Paramilitaries

Bitnation will kill people in the long run.

Delay of a week - unacceptable

DPE paper - realistic compromise.

DOJ. Agree DFI.

Qs - how many daily cases + deaths in NI - comparable with England, Wales, Scotland,

ROI?

Roll out for extra week - not kicking can down the road.

Impossible to draft new regs by Thurs - operating with no regs.

Practically - no difference to hospita-  
lity - not prepared, wd like financial support.

I am not suggesting we don't discuss to next week.



Want to agree now, + immediately discuss next week.

Am - give word, want to stick to it.

Find line between sticking to your word + being inflexible  
Trees / wind - bend.

Not making decisions for right reasons

Caution - circumstances change.

Businesses / people angry - not our fault. Disease to blame.

Closing business - damage.

Not closing business - also brings damage.

Angry, frustrated

Bigger fallout - more people, more mixing, more transmission

Health advice clear.

Want people back into work.

Not in position to ease regs - people in hospital etc.

Given word - can't change.

If we go with your commit<sup>ment</sup> - we will need to lock down in few weeks.

Are we going to ignore medical advice?

Appeal to reason - better to do now than in Dec.

Roll forward for a week, then discuss immediately on what to do.

Came word - but circumstances change.

Not in position to let people back to work etc.

FM Non-aggressive response.

I have been flexible. I said all wd open up on Fri - now looking at some opening - contact ~~the~~ services, hospitality.

I am not being inflexible.

BOY I didn't say you were being inflexible.

FM If I was inflexible, I wd say - let regs fall.

<sup>no backing</sup> Big deal - things have changed

Behavioural change. People have to trust us.

July - people stopped social distancing.

Consequences - behaviours.

'What if' something happens - not evidence based.

If regs fall, don't go back to March situation, go back to

- nightclubs closed

- food/drink curfew 10.30

- max - private gardens, households

- Funerals

We will have regs in place.



Don't accept - can lift regs because can't do in time.  
Can't say to people  
Not getting of all regs - amending - can do in less than 2 days.  
Compromise paper from DFE.  
Not where I want to be - if people want to vote down, their decision.

~~DFI~~  
DFI

Trust really important  
Have in black/white -  
back around table - looking for new restrictions - trust will be gone.

DOH

TKS for acknowledging compromise - still see need for 2 weeks.  
Nos in hospitals not falling.  
Point (a?) - graduated control (DFE initial paper, not in revised paper). Do away with some risks.  
A tabled paper - hope - not to kick can down the road. Genuine concern - current trajectory. Want some breathing space. Running to wire.  
Last year - nurses on strike - asking them to [ I ]  
Better to take 2 weeks now or

come back in few weeks + ask for restrictions then.

DJP asked for figs - don't have at the moment.

DFE

I referred to gradual reopening

- coffee shops 13<sup>th</sup>, rest on 27<sup>th</sup>.

SA does not address this.

"limited reopening of hosp sector"

- what does this mean? Not

same as my proposal.

Can't keep hosp sector closed

prever - 65000 jobs at stake.

dfm

Here we are again.

Not easy.

DOH - Resonant - not what he

wants, try to find way forward

- some exec colleagues don't

agree.

No guarantees in pandemic -

policy objective, move away from

circuit breaker, do more track/

trace etc.

DOF Q - what does DOH paper

mean - clarity?

Something wrong if we can't

give clarity by end of week.

What we have here is attempt to

find consensus, buy time to get

house in order.

2 proposals on table

started with DFE last night.



DE Doh paper - if vote, will be cross-community,

elfm DFE paper - vote.

DOJ Voting on DFE paper.  
Cross-comm block to Doh.  
Fm - willing to consider - delay coffee shops to next week, move forward with close contact.  
If we lose cross - significant issue for wellbeing.

Fm <sup>DOJ</sup> Suggesting - coffee shops open Mon, rest of wksp 27th, close contact at w/e?

Adjourn<sup>ed</sup> to consider.

DOF If adjourn - need advice from Doh/CMO/CSA on DOJ proposal

Doh Couldn't do granular advice - close Fri OR Mon?  
[DFE] - Raile concern for wo.

DFE licensed premises - with all existing caveats.  
In 10 days in between, work with councils - checks etc.

Impossible to say to workers - can't work.

All caveats as at present.

dFM DOH - can't do granular advice Fri/Mon.

FM Were told a week could make a difference, but coffee shops won't make difference - which is it?

DOH DOJ proposal - move cafes Fri to Mon - policy decision.

dFM Still want adjourn<sup>th</sup>?

X 2.30 Adjourn

X 3.30 Reconvene

dFM FM asked for time to reflect.  
DOH - considered what was put forward

DE Sequencing  
Talked with DOH  
- take in order - DFE  
- DOH.  
- any further issue

DOJ I intend to bring further proposal.



dFM

MS

Clarify - proposals from original paper last night - DOJ amends  
Read out Review:

except 1-4 - 27th

13 Nov

Close contact

discussed prem open 27th

6/2

Gap to be established

Cafes / coffee shops - 13th

6/2 no BYOF

Pubs/bars - sealed off sales

13 Nov.

dFM

DPE content with that?

DPE

yes)

MS

FWM

FOR

dFM

Against

DAERA

FOR

DPC

Against

DPE

FOR

DE

FOR

DOF

Against

DOH

Against

DFI

Against

DOJ

Against

6 against, 4 for - falls.

DE Cross-community vote - Doh paper.

DOJ x Reiterate - abuse of cross-comm  
vote, sectarianisation  
UN proposal, DUP using

PM x Mechanism of Rfs Agree<sup>m</sup>  
- protection of minority view  
- read Rfs Agree<sup>m</sup>, trying to  
rewrite  
unilateral breach of Rfs Agree<sup>m</sup>  
dFM - Joint Head of Govt

DOJ x Goes against spirit NDNA.  
Claimed last night - biggest  
party, now a minority.

DPE - Second DE support

DE - Need another

DAERA

NP	PM	Against	
	dPM	For	
	DAERA	Against	
	DPC	For	
	DPE	Against	
	DE	Against	
	DOJ	For	DOJ - For
	DH	For	
	ICT	Go	



NS Majority for - no cross-comm support.

DOJ Proposal  
listened to discussion  
People want to be clear - no more uncertainty.

Concerned - DOJ kicking can down the road.

- Roll over regs 1 week as per DOJ
- Phased re-opening from next Fri (as DFE paper)

- Financial support (DFE)
- DOJ - community support / adherence etc.

Gives us package - degree of certainty - tell people what will happen

2 week breathing space.

If let rest of regs go to wall - wd be reckless

If don't agree

- all hosp will open Fri
- all sport open Fri
- universities - no distance learn
- gym classes
- large wedding
- no household bubbles
- lose work from home message

Will lose all of above if regs fall.

Look, try to find way.

Poker game - who blinks first.  
Step back from brink.  
All agree - do we shd not happen  
on Fri  
Buy ourselves breathing space.  
People will be completely unprotected

DPS TKS - reading out reqs.  
Clearly demonstrates - how large  
x compromise was - v limited change  
we were seeking.  
x Offer congrats - Jane McCormack  
& Tracy Magee - live-tweeting  
this meeting.

DE DOJ - send proposal in writing.  
Close services - allowable Fri  
next week?  
When coffee shops open?

DOJ Same date  
Next Fri.

DOF Not poker, Russian roulette.  
Valid opinions.  
Proposition from DOJ - submit  
for DoH advice  
Least worst impact.  
Everything has risks.

dFm Only way we can proceed.  
DOJ write up proposal,  
M4 to advice



Extremely challenging, v difficult  
Public deserves - we find way forward.

DOJ Will write now, circulate to  
Exec colleagues incl DOH  
DOH to advise what time we  
reconvene.

DOH Can't put timeline on it.  
look in context of own paper  
this a.m.

DFI Not analysing evidence.  
DOJ - amalgamation of proposals  
DUP - facing going back to  
No 2 Regs.

PM No desire to wave forward  
together.  
We put forward compromise  
- Exec did not agree.

DFI DUP blocked all proposals  
- put lives of citizens in  
danger.

PM 2.12 - Exec to reach  
consensus; vote - guidelines  
=> Ministerial Code / NI Act  
Point out - where have we  
breached?  
Move on without DUP. People

put me in office to protect.  
Only covid deaths matter to SDLP.  
All deaths matter to me.

DFI Mid December - hospitals over-run  
- will they take comfort from DUP  
positiv?

DAERA Q&A - role.

DOJ. Adjourn now - or will do  
damage to working relationships.  
Not helpful discourse.  
Will write paper, send to DOH.

DOH will take 1 hr from receipt.

X dFM 4:00pm  
Adjourn to 5.15pm

Reconvene 6.55

dFM 2 papers circulated  
DOH paper.

DOH Asked to provide update on  
DOJ paper / proposals  
- update on Annex A -  
highlighted in yellow  
Our pref - 2-week extension

CMD General comments.  
Para 4 + 8



DOF proposals - option (a) -  
relate to middle projection - fig:  
CSA - potential impact from now  
to 20 Nov, then 27 Nov.

CSA

Hopefully reasonably clear.  
Minor changes to issues already  
discussed.

Uncertainty re predictions -  
overlap, no distinct line for  
each

R - rising for 2 weeks of rest.  
at the moment, don't know  
next week - impact of schools.

x Next week - col provide updated  
modelling based on real-time  
data.

FM

dFM + I had good engage w/  
other DAs + w/Agave - math  
testing Liverpool.

lateral flow testing  
Prep for testing  
- Qs to JGH.

Engaging conversation - testing  
can make difference.

Learning

CSA -> How can this feed into exit  
str over next few days?

Terrific time - need good  
news for people.

Testing - ramping up downman

resources.

Need exit str, move away from despair

Testing, vaccination str - hopeful

DOH

Part of mass testing consortium.

Hoped to have paper for exec tomorrow - may not be ready.

diverpool - positive experience.

Use of student corridors.

Vaccination - all working in dept looking at 4 nations approach

- Bennett approach - almost 300,000

Flu vaccination prog - 1 Oct - end Dec 650,000 vaccinations.

Ordered for this year for adults, ordered additional - used 650,000 in 6 days. Mass vaccination

Prog - cd apply to COVID - good footprint.

GPs hire community halls, underground car parks.

FM

Trying to find way forward, positive

Make visible to public - so they know direction of travel.

Mass testing - care homes, NHS, meat factories, hospitality.

Contextualize discussions - send strong signal - that's where we



are going.  
Way of trying to solve some issues.

DOH Sometimes get caught in negative approach - asked during Q Time yesterday - not listening!

CMO We will come through, will come out other side.

Difficult few months ahead - we will have mass testing over next few weeks / months.

QUB - lamp technology, other sectors at risk

Testing twice weekly - effective. Test asymptomatic people.

Tests being validated. - lateral flow tests - bit like pregnancy tests.

Being purchased at significant scale.

x Exec paper for tomorrow - mass testing.

Vaccine - will start before Xmas. Have been planning for months - not in public domain.

x Paper for Tues - high level.

FM "Make problem bigger" Contextualize

If we cd have info - dispersal, mass testing etc.

Narrative as important as tonight's decision.

dFM Agree - concept of finding cases -  
 - flow test - reduce transmission 50%  
 mass testing - look forward to getting more detail.

DOJ Fm comments.  
 Diff re decision - binary view R.  
 Hard to see exit strategy -  
 from series of restrictions to more open  
 Fear - if can't say after 4 weeks  
 - OK, people will say 'when' -  
 don't know.  
 Key thing - show work being done  
 re exit str.  
 People questioning our ability to  
 manage.  
 Test/trace - v fast test this  
 week.  
 Flu vaccine - I get every year.  
 This year - v efficient - went to  
 Church Hall, - vaccinated all  
 patients in 2 days.  
 Mechanisms - we can talk about.  
 Need to make people aware - not  
 just circling drain - endless  
 restrictions.  
 Speak re preparatory work for  
 exit/progress - offers people



sense that this will end.

Emotional strain

Scope for way forward - frame decision in terms of going forward.

DOF

Encouraging - bigger picture.

Differences - but we all want an exit str.

Direction we can buy into - not all focus on restrictions.

DOH

Proposit earlier - 1 week extension.

DOF - elements of that.

CMO/CSA view on that.

DOH - said it was bridge.

DOH proposal, DOF elements.

Give people hope.

Differences - cafes next week (DOH)

How do DOH/DOF views?

Could we commit to this? live with this?

Don't know other people's views.

Sense of finding way through,

proposition to society?

DOH/CMO/CSA - views?

CMO

Apologise - can't provide certainty

- advice re pass impact on transmission.

Try to provide best advice within range of uncertainty.

[Para 10] - but mins must take account of economy, society etc - political decisions.

Decisions are for ministers - provide best advice

Whatever decisions mins make, likely we will need to seek more restrictions if COVID rises.

CSA

Our views in paper - highlighted in yellow - monitor, keep Exec informed, if transmission rising - will highlight to Exec - bring proposals if DfH requires us to.

DfH

Prefer extension - 2 weeks / 1 week DfS proposal - better than reqs falling completely

DfS

DfH always clear - no certainty - even if shut down, may need further restrictions.  
Can live with DfS proposal - know you wd prefer extension but DfS proposal better than reqs falling.

DfE

listened with interest.  
Spoke to DfS - wording of proposal - no certainty for hospitality industry re 27<sup>th</sup>.  
Letter from hotels in Derby -



restricted for 6 weeks.

Concern - wd have to have same conversation next week.

No certainty for cafes / coffee shops - wd like to open next week.

Consider proposal

- Close contact incl driving 16 Nov

- Cafes / coffee shops 18 Nov

- Licensed hotels 27 Nov

Have to tell them today when they can open.

DOF

Wd love to give certainty to businesses - we get no certainty from DOH - COVID behaviour of UKNS unpredictable.

Walk into same argu<sup>m</sup> - give caveat, keep assessing.

Can't find certainty

Can't guarantee certainty.

DMK

We can do whatever we want - focus on approach based on additional financial support.

Mass testing

Vaccine - before X was for some.

Take on board as much health advice + modelling.

But unpredictable situation.

We can go with week, 10 days.

Lesson for all of us - not

clairvoyant, can't see ahead.  
 In crafting approach - don't give  
 guarantees we can't deliver.  
 Clear what we want to deliver  
 - Reopening, no restrictions -  
 eyes open reality  
 Shd lift restrictions, Reopen - but  
 if need another intervention, be  
 clear with public.  
 Meeting this afternoon - mass  
 testing - encouraging.  
 Can't surrender option to have  
 intervention.

PM JMK said "No Surrender" for  
 news!

DE Look at other jurisdictions - make  
 sure we are not 'on wheels alone'  
 Need to pull package together.  
 DFE suggestion  
 Circumstances can overtake -  
 always keep under review.  
 Give hotels a date - or people  
 will throw in towel.  
 Dancing on head of pin  
 Issues raised - hospitality.  
 Granularity - hospitality, level  
 of exception - takeaways, collection  
 DFE dates - small shift.  
 Biggest elements - night time  
 economy - not in proposal;



alcohol issues

Open cafes etc - 18th.

Get wife out of way - move on 16th.

Putting jigsaw together - getting there.

DFI

Losing track

DOJ paper

DPE amends, DE amends

- night time economy

DE

Why amends - same as DPE.

2 biggest threats - night-time economy - not included, S. COPM.

Inhibition - alcohol.

DFI

DPE - put something on paper - altered dates.

DFM

~~DPE~~ won't be supporting

- will you put as formal proposal.

DPE

Can do - or cd vote on DOJ proposal.

Vote on DOJ proposal first.

DOJ

Vote on amend<sup>m</sup> first?

DAERA

Difficult couple of days.

Feel that we engaged with public as we went into lockdown

To keep asking for more - not as honest as we shd be.

DOJ / DFE - compromise.

Clarity on what we are agreeing - let everyone know what is happening

DOJ / DFE - find form of words to give clarity.

DFM

Always fall down - clarity.

lot of factors, can't be exact.

most certainty - 2 week rollover

AM have different emphases -

all trying to get through pandemic.

Difficult no of days.

consensus - DOJ paper

(FM says No)

Will be voted down - (FM says yes).

DOJ.

Compromise proposal.

2 paras - current regs roll over, contact services etc.

28th Nov

Adherence working grp

Derisking.

lack of info - where is hospitality going - can hospitality +

health co-exist.

If we said "with a view to opening hosp on [date]" - subject



to advice next week

Take risk out of reopening - part of engage<sup>m</sup> / drive to reopen.

Restaurants - Reopen 27 Nov.

Give people opportunity to move into Dec - schools closing -

positive impact on R.

De-risking group - sustainably reopen hosp. in Dec - make clear - no guarantee.

Hospitality - struggling. wd love to see them reopening.

But if give hard dates - write back here.

Give proper notice.

Leaving decisions too late.

Wasted 4 weeks fighting.

Need agree<sup>m</sup> tonight.

Get out + repair bridges

Look intensively over next 4/5 days

View to reopening - don't tie to definite date.

DAERA

Won't cut it.

People won't accept.

Went into lockdown with good heart.

DOF - sitting on 1/2 billion - won't give out.

Staff, furlough

will leave industry.

Need to give certainty, clarity.

DOF We can't give certainty.  
If we over-promise, can't deliver  
Unpredictable virus - will do all in  
our power.

DAERA Good at promising, when locking  
down - good at breaking promises  
when leaving.  
2 weeks - 4 weeks - 6 weeks  
L/obery - col be 8 weeks.  
December - shd be best profits.  
People going to the wall.  
People working - 80%. can't  
afford to live.  
Sympathy for what you are  
trying to do.

APM lot to do re messaging.  
Punch drunk.  
Close meeting, come back in  
the morning  
Need to be all on same page  
- no credibility.  
Need united front.  
Adjouen  
look at language

DOF Tomorrow = Thurs.  
Reqs end tomorrow night.  
limited time to get decision,



Rest of reps - concern they shd not fall.

Take time to get language right, build consensus.

Another news cycle tonight - Exec reprimandations.

Tired, won't get any better.

Try for consensus this evening - have something to say tomorrow.

FM

Moving to point - no consensus.

May have to accept

DPE - proposals, rejected by dFM

false agenda - asking for consensus but not agreeing.

No willingness to meet halfway.

Call it tonight

Have to live with it, take consequences.

ADP

Not just us who live with it -

people, everyone else

Distressing.

dFM

K Pearson - reps fall midnight

Fri, not Thurs.

Ⓢ

ADP

Still goes to wife.

Can't go to restaurants etc - own health.

Don't understand - cafes / 2-3  
days - will we be going die on.

IMK

Won't get this night - fraternal.  
5 parties, 5 perspectives, different  
philosophies re health.

No have options.

Balance all this - scientific advice.

Get over political hump.

DOH - want extra 2 weeks

DOJ - falls short of 2 weeks.

No-one putting gun to head to  
see jobs lost, economic damage.

Come back tomorrow.

Give as much certainty as possible  
- science won't let us.

Find pathway through -

account with scientific reality.

Think tonight - can we do 2  
weeks? If not L I.

Say same thing as each other

- can't give guarantees we  
can't deliver on.

DOJ

Leave my paper on table - I will  
speak to DFE.

Real politik

Won't get what we want

Don't vote on proposal this  
evening.

DFE

Last word?



DFE Happy to talk to DSE,  
view situation as whole - lot of  
agree<sup>m</sup>.  
dFM - support position if we  
bring forward?

dFM No confrontation - not about  
me or SF. - Exec response in  
light of CMO/CSA advice.

DOH Papers - where we want to be.  
Regs fall - scares me.  
Plead with colleagues to agree.  
Have conversation - for sake of  
hospital workers, people sick.  
Have to have Regs.

dFM. Exec due to meet at 11.00?  
DOH meeting.

DOH Earlier rather than later.

DOJ Committee tomorrow at 2.00pm.  
Don't want to let down.

dFM In person meeting tomorrow?  
Meeting as early as poss.

X 8.20 Adjourn.

12-11-20

4.15 Re convene

dfw Tks for bearing with us.  
 Conversation all week  
 DOJ position  
 Further paper from DFE.

DOJ Haven't read - just arrived.

dfw Further separate proposal from  
 DFE - goes further than DOJ.  
 DOJ withdraw <sup>own</sup> paper?

DOJ Set my paper aside - discuss  
 DFE paper.

DFE Attempt to broker consensus -  
 make process printed.  
 Danger - people will take things  
 into own hands.  
 Look for progress - graduated way.  
 Reopening dose contact - 20 Nov  
 (DOH - into following week)  
 Close contact / dining out - 20 Nov  
 Coffee shops - 20 Nov  
 (DOH proposal - extra week).  
 No attempt to consume alcohol  
 on 20 Nov premises.  
 Mitigation / funding - ventilation  
 etc.



- Open rest of hosp 27 Nov as promised
- Vaccination prog - set in place - 9000 news

- Rapid testing  
 Married DOH paper yesterday  
 Hospitality - date 27 Nov  
 Genuine spirit - find way forward

DOH

Slightly amended response from DF  
 TKS - compromise on compromise  
 Goes some way  
 - some 20<sup>th</sup> / some 27<sup>th</sup>  
 Accept - concern re falling back  
 to No 2 Regs  
 Other conversations - Pt h  
 - strengthening I / J working  
 grp.  
 - messaging - next few days.

DFI

Have n't had minute to see  
 updated paper  
 b - only cafes / coffee shops -  
 or others - grey area?  
 g - additional financial support  
 - clarity  
 - Hospitality - what opens on  
 20<sup>th</sup>, also 27<sup>th</sup>

DFE

V2 of doc  
 Unlicensed premises - 20<sup>th</sup>.  
 Sandwich / coffee - lunchtime  
 BYOB - not incl purchase or

X (b) consumption of alcohol on premises.  
Add in close at 8.00pm (if required.)

DFI (a) Additional financial support.

DFE Hosp not opening when we said -  
part of top-up scheme (DOF to  
advise?) or other scheme - extra  
2 weeks closed.

Get additional support  
In meantime, penal grp - public  
health, ventilation in restaurants.  
O/all messaging - ref to papers -  
Environ<sup>m</sup> health, councils -  
increased messaging - safety at  
Christmas.

DFI Pubs selling sealed alcohol -  
disappeared?

DFE In original reqs.

FM X Not in reqs - add to DFE  
paper.

DFI What happens 27 Nov

DFE Allow hosp to open - Xmas -  
busy.  
Shd all take responsibility - plan  
for opening - local councils,  
environ. health, so everyone



knows what is expected.

DFE What will happen?

DFE Hosp open - incorporating all prep work next 2 weeks, incl restrictions in place.

~~DFE~~  
DFE Add in amends + reissue?

DFW Yes

DOH - political advice, not health advice  
Clear advice CMO/CSA - 2 weeks - anything less - excess deaths, more restrictions before Xmas.  
DOH - always keep COVID under review -  
Not in this paper - legal obligation to open?  
Always 'expect' to open - depending on URS - this is not in paper - no right to review? Remove right to respond to behaviour of URS.

DOH Any regs - we can add that in - Review of Regs. Always there  
Corona - Exec approach to decision

making - always track progress of  
wrens.

DOF Previous medical advice -  
DOH - compromise, - says this or  
regs fall.  
I think - not binary choice - go back  
to original paper - 2 week extension

DOH Political view - can't go back over  
discussion.  
DFE - [ ] - trying to get  
political agreement  
Half way house - my paper / DFE  
- reluctantly agree.

DE Capacities issues - DOH,  
complete this discussion.

FM Said ad nauseum - people ignore.  
Try for consensus.  
TKS DFE for paper  
Always deaths - lag.  
Regs - tomorrow @ midnight.  
DFE - look at DOH proposals,  
engage with hosp sector  
Tired of - CMO gave new evidence  
2 days ago - not new, same  
advice  
But Exec only wants to consider  
COVID excess deaths - but excess  
deaths from range of issues



People want consensus, or is SF going to hang tough, let reqs fall - blame game, sport

Population will be aghast  
SF - looking for consensus?

I don't like paper - compromise - will SF seek ~~to~~ consensus?

DEF

Range of votes blocked by DUP

- want to know we are on right side of medical advice

- won't take lectures from DUP

dfm

SF will not use mechanism to veto - public health issue.

DOJ

Good engage<sup>m</sup> with DFE

Support - alterations to business eg ventilation etc.

Cycle - open / close / open / close  
toll on wellbeing

- Absence of structure for exit  
- not many options

Good work to mitigate risk

People can live - prospect of road map going forward

4/5 weeks - trading before Xmas  
Caveat - what happens after 2 weeks?

Decisions ~~re~~ 27<sup>th</sup> Nov - have to be based on evidence at that time.

Happy to agree paper on condition  
- contingency planning for range of  
issues - high/low rate of trans-  
mission.

Need to start now - not on 26 Nov,  
27 Nov - won't accept - reqs end  
if COVID very high.

Work to mitigate risk of opening,  
continue good work - schools,  
messaging, disease control.

Can't be back in same place leading  
up to 27th.

Feels like talks process

Negotiation mode - if it fails, we  
suffer - but now, negotiating -  
people elsewhere suffer.

Evidence, scrutinize.

Different approach in future.

This is embarrassing, depressing.

SMK

I or my party don't play sport  
with people's lives; not only  
COVID lives - all lives.

Object to remarks in recent days.  
Distinction - consensus - ability  
to disagree.

SF - no cross-community vote,  
will not weaponise / sectarianise  
issue.

Abide by overall decision reached  
by Exec.



DFE V3 of paper just issued -  
sums up what we said in  
discussion.

DFI legal reqs - proportionate etc -  
constant in all reqs - apply to  
DFE paper?  
legally required to review reqs  
- apply to new reqs if DFE  
paper agreed?

FM Discussion re [ ]  
Always say - only keep reqs in  
place as long as necessary.  
Reqs need end date.  
Wales - brought in reqs, set  
end date.

DFI 4-week restriction - end date.  
Review?

FM In DOH left at any time to say  
to Exec - we need new restrictions  
- CMO advice.

DOH Reassurance -  
Review in Reg No 2  
Built into No 2 restrictions.

DOJ Other elements of reqs falling  
- hospitality, gyms - all goes  
27th? Revert to No 2 reqs.

All restrictions from 13 Oct - and on 27th?

FM DOH - concern re drafting - new regs. Change date, for 2 more weeks. Regs - continue for 2 weeks - <sup>downing gates etc.</sup> Coffee shops - open next week. Need to use next 2 weeks - deal with all regs. Drafting - minimal - regs to be changed this evening.

dFM 1/3 circulated - DF2 paper. Adjourn to 5.10 pm to read.

X S. 02 pm Adjourn

X Reconvene 5.20

dFM # Everyone got paper.

DOJ x Voting solely to reach consensus/closure. Support DOH original advice. Hence " - not to continue with this farce.

dFM NO cross comm vote.

N.S. FM FOR  
dFM Against  
DAERA FOR



DFC Against  
DPE For  
DE For

DOF Against  
DOH [For] reserved - cannot say  
DFT Abstain " " not far  
DOY For " " enough

NS 6 for, 3 against, 1 abstention.

dPM  
Exec proposals.  
Job to do to gain public confidence  
Written State<sup>m</sup> - Assembly  
Public - regain ground  
N challenging week for everyone  
- have a decision, move ahead.

DE  
As re capacity - DOH  
- critical care beds - 153  
- context - Rose from?  
Further increase planned?  
- Physical infrastructure of bed -  
staff - off sick - how many?  
- conversation today - ROI - new  
process health staff - get back  
quicker than 14 days

DOH  
- ROI - not sure - will check  
- Intensive care beds - were 98,  
can go up to 154 - staff  
ratios / provision 1-1.25  
Difference between sewage levels.



- Staff sick - 241 COVID
- self-isolation 698 (?)
- Other sick 3500 +
- 4580 total off sick.

FM 4th Review of Regs.

DOH Regs No 2 - base of all other Regs  
- 28 day review  
Still necessary,  
Agree paper  
28 day review - necessary + proportionate.

DPE LPP/LAP

DOH No issue - Examiner of Stat Rules suggested.

FM Agree Review? Yes

FM Irrelevant & Sensitive

X Adjourn to 5.45

Reconvene



(10)

April 18 - 1918

1918 - 1919

1919 - 1920

1920 - 1921

1921 - 1922

1922 - 1923

1923 - 1924

1924 - 1925

1925 - 1926

1926 - 1927

1927 - 1928

1928 - 1929

1929 - 1930

1930 - 1931

1931 - 1932

1932 - 1933

1933 - 1934

1934 - 1935

1935 - 1936

1936 - 1937

1937 - 1938