

**FROM: ROBIN SWANN MLA
MINISTER FOR HEALTH**

DATE: 21 January 2020

TO: EXECUTIVE COLLEAGUES

**FINAL EXECUTIVE PAPER: HEALTH PROTECTION (CORONAVIRUS,
RESTRICTIONS) (No. 2) REGULATIONS (NORTHERN IRELAND) 2020: SIXTH
REVIEW OF THE NEED FOR THE RESTRICTIONS AND REQUIREMENTS**

Introduction

1. This paper reports on the sixth review of the need for the restrictions and requirements in the Health Protection (Coronavirus, Restrictions) (No. 2) Regulations (Northern Ireland) 2020 ("the No. 2 Regulations"). The review has concluded that the current restrictions and requirements are a necessary and proportionate response to the epidemic at this time.

Background

2. The No. 2 Regulations, as amended, require the Department of Health to review the need for the restrictions and requirements in the Regulations on or before 22 January 2021. The current restrictions and requirements are summarised in **Annex A**.
3. At the conclusion of the fifth review, on 9 December 2020, we agreed that the existing restrictions remained necessary and proportionate, having taken into account:
 - a. the steep increase in transmission across Northern Ireland;
 - b. the capacity of the health service to respond to the second and further waves of the epidemic;

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- c. the capacity of the health protection services to respond to cases and outbreaks, in particular the Test, Trace and Protect strategy, and
 - d. the adverse impacts of the restrictions on the economy and on people's health and well-being.
4. The sixth review has been guided by the four principles that we agreed in May 2020: focus on purpose; necessity; proportionality; reliance on evidence. The purposes of the Regulations are (i) to protect the health of the population by limiting the spread of COVID-19 infection in order to minimise the numbers of cases and deaths, and (ii) to ensure as far as possible that the health care system has the capacity to care for COVID-19 patients and care for all patients, present and future.

Developments since the fifth review

5. The fifth review was completed on 9 December 2020. Since then there have been eight sets of amending regulations including the one week of additional restrictions in place between 26 December and 2 January. On 17 December 2020 the Executive agreed restrictions would be reintroduced for six weeks from 26 December, to be reviewed after 4 weeks.

Course of the epidemic since fifth review

6. The Chief Scientific Advisor (CSA) and the Chief Medical Officer (CMO) have been providing frequent updates to the Executive on the progress of the epidemic. A dashboard of key data and trends is published daily on the DoH website. The CSA's weekly briefing papers on the R figure have been circulated separately, and the Executive receives this report each week. While the R number is generally decreasing, the B.1.1.7 variant has been detected increasingly frequently in Northern Ireland in January by local sequencing laboratories. This variant is estimated to be up to 70% more transmissible than those previously experienced and will make the control of community transmission more challenging. We are currently establishing population level surveillance and whole genome sequencing in Northern Ireland to detect the emergence and the introduction of new variants. This sequencing work will be linked to the national COVID-19 Genomic UK (COG-

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UK) consortium, which has been created to deliver large scale and rapid whole-genome sequencing across the UK. This COG-UK partnership involves the Public Health Agencies in each country, the Wellcome Sanger Institute and over 12 academic partners across the UK. At present the UK it is estimated that the UK is undertaking 40% of all global sequencing.

7. The figures in the table below indicate the changes in 7-day incidence across Northern Ireland since the second, third, fourth and fifth reviews of the No. 2 Regulations. Each column of figures is a snapshot from one date but they reflect the general course of the epidemic since mid-September. The incidence in mid-September was a cause for concern, with most district council areas exceeding the figure that the UK was using to trigger restrictions on people travelling from other countries. However incidence increased much more rapidly over the Christmas and New Year period than was the case leading up to the previous peak during October. The highest 7 day rolling average of positive tests per day in October was 1003, while 1st January 2021 saw a 7 day rolling average of 1877 positive tests per day. The highest individual day to date has been 29th December 2020, when 2315 individuals were reported as positive. This figure has since reduced, with the 7 day rolling average at 950 positive tests per day as of 14th January 2021. Incidence in all district council areas therefore remains at high levels.

**7-day incidence of COVID-19 (cases per 100K population) –
Snapshot at time of the second, third, fourth and current reviews of the No. 2
Regulations**

District council area	14 Sept	12 Oct	10 Nov	8 Dec	18 Jan
Antrim and Newtownabbey	49.1	254.4	187.8	143.0	321
Ards and North Down	20.5	134.9	133.6	104.4	197
Armagh City, B'bridge & C'avon	41.6	155.4	210.6	133.4	607.5
Belfast	43.6	462.4	206.0	116.3	276.4
Causeway Coast and Glens	4.2	205.2	244.0	173.3	241.9
Derry City and Strabane	27.9	969.7	248.2	179.2	209.1

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Fermanagh and Omagh	13.7	226.0	131.8	178.0	325.3
Lisburn and Castlereagh	38.8	263.1	187.4	137.8	255.6
Mid and East Antrim	25.9	94.5	158.7	216.5	305.2
Mid Ulster	6.8	401.3	260.3	186.4	528.7
Newry, Mourne and Down	20.6	314.7	119.9	177.6	421.8

8. In terms of deaths, there have been 5 separate days since 7th January 2021 where there have been over 20 deaths per day. In contrast, throughout both previous surges, wave 1 in spring 2020 and wave 2 in autumn 2020, there were no days during which 20 deaths or more were reported.

Other factors

Capacity of the Health and Social Care system

9. COVID-19 infection numbers rose significantly after Christmas as a consequence of the relaxation in restrictions prior to Christmas and intergenerational mixing, with rapid rises in hospital inpatient numbers and ICU occupancy following. We are experiencing a third wave of the pandemic and the acute health system is now facing sustained pressures which have occurred on an already higher baseline of COVID inpatient numbers than in previous waves. On Monday 18 January there were 800 COVID positive inpatients across the system, up from 542 on Monday 4 January (48% increase). There were also 65 confirmed COVID positive patients in ICU, up from 39 on Monday 4 January (67% increase). This is in comparison with previous highs of 51 in April 2020, and 52 in November 2020. The position of ICU remains a serious concern, with high numbers of inpatients continuing. The graph at **Annex B** highlights the increasing pressure on ICU in comparison with previous surges, and shows the number of patients continuing to rise.
10. The position is monitored closely to manage risk. A new critical care plan has been prepared. In addition, respiratory services are monitored and managed regionally, closely aligned with critical care services. A new regional management hub has been established and is now operating to manage both critical care and

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respiratory services in an integrated way. This will make best use of our available capacity. However the severe pressures mean that surgery, including urgent and cancer surgery, has been adversely affected.

11. Since the number of patients requiring admission and treatment for COVID-19 related illness began to rise in October, it has become increasingly difficult to maintain planned services. Staff across the system are being redeployed to help manage the higher number of patients being admitted to hospitals on an emergency basis and also to allow the healthcare system to increase critical care capacity. It is expected that as the number of patients requiring treatment in critical care increases, this will further reduce the ability of critical care to provide dedicated support for complex elective surgery in the coming weeks.
12. The situation is extremely challenging. HSC Trusts are working with clinicians and the Health and Social Care Board (HSCB) to prioritise the care needs of all patients who have been referred and present to the HSC and also to ensure that all available capacity is utilised as effectively and equitably as possible. The HSCB is also continuing to work closely with independent sector providers in order to increase the capacity available to the HSC to provide elective care in the coming months. Access to the independent sector is being managed on a regionally equitable basis. As current pressures are likely to be sustained for some many weeks it is inevitably that there will be a detrimental impact on patient treatment and care and potentially patient outcome as a consequence. HSC staff are currently facing some extremely challenging professional situations and this will continue to be the case for some weeks. What must be avoided is any increase in numbers of COVID-19 infections/cases until such times as HSC services and pressures are more sustainable, in keeping with purpose of the Regulations we previously agreed as outlined in paragraph 4 above.

Health protection services: Test, Trace and Protect etc.

13. The Contact Tracing Service experienced a substantial rise in cases over the Christmas and New Year period, with just under **12,000** cases notified to the

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system in the 7 days between **28th December 2020** and **3rd January 2021** and **21,052** contacts identified in the same period. A further **10,232** cases were notified to the contact tracing system in the 7 days between **4th January 2021** and **10th January 2021** and **14,232** contacts identified. In preparation for this surge I approved a Contingency Plan, developed by colleagues in the Public Health Agency, to ensure that an effective level of contact tracing was maintained throughout the holiday period and to avoid a backlog in cases. The full implementation of the Contingency Plan, together with a significant focus over the past couple of months on recruitment and the temporary redeployment of existing staff from the Public Health Agency to contact tracing roles, has enabled the Service to respond positively to the recent challenges. In the latter time period set out above - 93% of the 10,232 cases were contacted within 24 hours and of the 14,232 close contacts 94.5% were reached within 24 hours. In summary in the three weeks up to the 10th January nearly 22,000 cases were reported to the contact tracing service and almost 45,000 close contact identified.

14. Looking ahead my Department is continuing to work with colleagues in the Public Health Agency to further refine the operational model for contact tracing in NI and to ensure that we are well positioned to deal with case numbers in the months ahead. The hybrid service model now in operation has an increased focus on digital solutions to deliver early messages to contacts and cases whilst at the same time allowing the staff in the contact tracing service to risk assess and deal with more complex cases and with clusters and outbreaks. The Service is also considering the impact of the Vaccination Programme to ensure that, as the overall impact of the virus begins to reduce, all of the programmes including Testing and Contact Tracing are sufficiently aligned.

Health protection services: COVID-19 Vaccination Programme Phased Plan

15. The Executive will note the publication of the NI COVID Vaccination Programme Phased Plan on the 13th January. The vaccination programme is progressing well in line with the prioritisation as recommended by JCVI. The roll out of the programme remains critically dependent on vaccine production, supply and distribution. We anticipate that there will continue to be some mismatch and a

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short fall in production and distribution of vaccine as compared to the capacity of the vaccination programme to vaccinate in Trust Regional Vaccination Centres and Primary Centres and Practices throughout February. This is likely to continue for some months given global demand although will improve as production capacity and fill and finish capacity is further increased in Europe and the UK. We anticipate that this situation will improve in subsequent weeks and months as both Pfizer-BioNTech and AstraZenca increase production respective capacity. As of close of play on the 19th January 160,396 doses of vaccine have been administered including a total of 134,436 first doses. By the end of this week we anticipate that the remaining number of Care Homes previously in outbreak will have received first doses of vaccine and to date over 76% of care homes have had second doses offered to all staff and residents. We anticipate that all over 80s will have been offered vaccine by the end of this week and we are this week commencing those over 75 years of age and plans are well advanced for the over 70s and Clinically Extremely Vulnerable (CEV).

16. While we have robust evidence that the first dose reduces the risk of clinical disease by 70-90% within 14-21 days we do not as yet have evidence on whether or not vaccination reduces the risk of asymptomatic carriage and transmission. It is therefore not possible to estimate the impact on wider community transmission even when more of the population are vaccinated. It will be many weeks before a sufficient number of the population at risk of severe disease are vaccinated. Consequently it will sometime before we see a reduction in levels of severe disease and hospitalisation and the impacts this will have on wider health service pressures.

Wider health, societal and economic impacts of the regulations

Economic impacts

17. For the purposes of this review, DfE have advised as follows;

- The Northern Ireland economy was running around 25% below normal at the height of the spring 2020 lockdown.
- As a result of the spring 2020 lockdown around 250,000 employees in

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Northern Ireland availed of HMRC's Job Retention Scheme, and over 70,000 claims have been made under HMRC's Self-Employment Income Support Scheme.

- Many furloughed workers returned to work, at least part-time, as a recovery began over the summer of 2020. However, indications are that some employees may have been put back on furlough as restrictions were reintroduced - primarily from mid-October 2020 onwards.
- The Claimant Count in Northern Ireland is now around 60,000 people. The November count was more than double the number recorded in March 2020. The furlough scheme has been extended to April 2021, but further job losses may still have occurred and the peak Claimant Count in 2021 may go higher than present levels. Approximately half of redundancies being proposed since March 2020 have been in the Manufacturing, and Wholesale & Retail Sectors. Accommodation & Food Services has also seen a high number of proposed redundancies.
- While the economic impact has been quite widespread, restrictions on specific sectors of the economy tends to hit some groups in society disproportionately. Younger workers, females, and those on low paid have been notably affected thus far.
- The autumn / winter restrictions on businesses have directly impacted on tens of thousands of jobs in the local economy and meant millions of pounds in lost output. However, the impact (in immediate output terms) is likely to be not as severe as occurred in the springtime, but any further restrictions would now occur at a time of heightened business vulnerability / stress and diminished cash flows.
- There are still significant risks if recovery of output and jobs is not swift and sustained. The roll-out of the vaccine, coupled with pent-up demand may stimulate a strong 'bounce back'. Nonetheless, it may take years before economic activity fully returns to pre-pandemic levels.

Wider Impacts on health

18. Indications from sources available to us show that while there are some positive trends in areas such as air quality and smoking, in the main, population health is

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being negatively affected by the wider impacts of the COVID-19 restrictions. Overall population health – including life expectancy growth and inequalities – is being significantly affected, with the greatest effects felt by the most disadvantaged, as long-standing inequalities have been aggravated by the pandemic, particularly in relation to inequalities in education and employment. Many reported key behavioural risk factors are also worsening and adversely impacting some people, in particular, increased harmful alcohol consumption, more snacking and poor diets, increased sedentary behaviour and overweight and obesity levels. It should be noted that changes in behaviours are not universal and unfortunately are also likely to be increasing health inequalities. Fuel and food poverty rates are likely to be higher in this winter period.

19. Emerging evidence suggests that the disease burden from conditions such as mental ill-health is rising, as well as there being a measurable increase in cases of domestic violence. Levels of loneliness and social isolation are also a concern. It is likely to take time for the full effect to be known. My Department continues to monitor the emerging evidence.

20. In the midst of the first pandemic wave, public health resources had been re-prioritised to support management of the direct impacts of COVID-19, and this has limited the system's capacity to address the wider impacts. Work is now underway to restart a range of services though some may still operate at reduced capacity, especially if subsequent waves continue in succession. The increased digital delivery of services has been helpful for many individuals and has increased access and reduced non-attendance (particularly in rural areas) but may also increase inequalities for those who do not have access to such services.

Human rights impact assessment

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22. The pace of the COVID work has been, and continues to be, relentless. To date our development of regulations and advice to Ministers and the Executive have contained an integrated assessment of issues relevant to human rights, and in particular have used the detailed scientific briefings in assessing proportionality.

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Whilst it is possible to document the impact on human rights of any changes in policy or legislation separately and in detail, given the pace of this work it is not operationally practicable to undertake separate analysis. This does not mean that the impact on human rights is not being considered as changes take place. The proportionality of restrictions and whether they continue to be necessary are both kept under review, including by way of these formal reviews of the regulations which take place regularly. In this way the human rights considerations are integrated into the analysis of public health risks during both policy development and review.

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New members have joined the team recently, and this will further equip them and ensure that all team members have a

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good knowledge base as they continue to embed the assessment of the human rights impacts into their usual policy development and review activities.

Duration of current restrictions

27. The Executive had agreed to the current restrictions being in place until 6 February 2021, subject to this review. As indicated above, the impact of this third wave of COVID-19 on the health and social care system is currently extreme. The Executive will wish to avoid any further increase in cases numbers until such times as HSC services and pressures are more sustainable. Although estimated to now be at its peak, we do not now expect the pressures on the health system to have eased sufficiently within the next two weeks or indeed for a number of weeks beyond that. Hospital occupancy and ICU pressures need to be reduced to low levels before any relaxations are made. Such circumstances that would enable consideration of any relaxation of the current measures and restrictions will not occur in early February.
28. **Annex C** contains the most recent modelling information. This shows projections relating to acute inpatients (figure 1) and ICU patients (figure 2). The upper figure of 800 acute admissions for the current period has already been reached. However the rate of decline is expected to be slow and modelling suggests that inpatient numbers would still be between 291 and 455 around 16 February 2021. The Executive will wish to note that this does consider any impact of the increased transmissibility of the B. 1.1.7 variant and potential significant nosocomial outbreaks.
29. Similarly with ICU, projections suggest we are currently approaching a peak of around 70 patients in ICU, with an expectation that this will drop to 39 by 16 February 2021. The modelling suggests this coming week could be the toughest week in the current cycle in terms of hospital pressures. Again the Executive will wish to note that this does not take account of the potential impact of the B.1.1.7 variant.

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30. Whilst our vaccine programme is proceeding at pace, vaccines are not 100% effective, and there will not be 100% coverage particularly in the near-term. The premature relaxation of non-pharmaceutical interventions (NPIs) could lead to a further epidemic wave particularly in the context of the B.1.1.7 variant if contact between people becomes frequent enough to allow R to become greater than one and epidemic growth to return. The risk associated with a further wave will be reduced in future with higher vaccine coverage, particularly among the most vulnerable groups, and if community prevalence is successfully reduced and maintained at low levels.
31. New variants which have emerged globally have been associated with rapid growth in cases, which could be due to increases in transmissibility, or because they are not susceptible to naturally acquired immunity or to vaccine acquired immunity. The B.1.1.7 variant, first detected in England is now highly likely to be dominant in ROI, and increasingly so in NI. This strain is more transmissible than previously circulating lineages, possibly 40-70% more transmissible. There is emerging evidence suggesting the possibility that some of the recent variants may not respond to vaccines, but as yet no firm conclusions can be drawn in this regard. Therefore it is prudent to continue to ensure transmission of any kind is minimised, so that if variants do emerge they are not able to become dominant.
32. **Based on current data, I therefore recommend that the Executive agree to extend the current restrictions by four weeks – until 5 March 2021– with a review to take place 2 weeks prior to this on 18 February 2021.**
33. I believe this is necessary and proportionate to the ongoing pressures we are facing in our health system, which are also impacting non-COVID treatment, and the emerging risk of new variants which are more transmissible and may be or become vaccine-resistant. Making a clear decision this week to extend restrictions will also provide much needed certainty to businesses and citizens.
34. The learning from wave 2 in the autumn of last year shows that significantly relaxing restrictions when cases continue to be at a high baseline quickly led to an escalating situation where restrictions needed to be reintroduced to arrest growth

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of the epidemic. Consistency in approach with restrictions and public messaging is important in ensuring public support. Therefore it is critical that case numbers are reduced as far as possible, that pressures on our health service are more sustainable and that the vaccine programme is well advanced before any relaxations are introduced, to avoid if at all possible returning to a situation where we need to reintroduce significant restrictions again.

35. Whilst I am recommending an extension to the restrictions at this point for 4 weeks, I believe it is possible that yet further extensions will be required beyond that, potentially postponing the easing of restrictions until around the Easter holidays. This is being discussed between officials across the four nations currently and will need to be considered by the Executive when we review the position again next month. The more certainty we can provide on the way forward, the easier it will be for all sectors to plan ahead.
36. Expectations should also to be managed about the level of easing which will be possible in the first instance, a step-wise approach of gradual loosening of restrictions will be necessary.
37. In parallel I would ask that TEO bring forward proposals for us to consider in terms of a refreshed 'Pathway to Recovery', building on the approach the Executive published last May. This would provide a road map on the easements which takes account of the learning we have gained since we relaxed restrictions following the first pandemic wave in spring 2020 and our experiences in the autumn during the second wave. An improved strategic narrative is required, something which is easy for the general public to follow, and which advises a clear path ahead.

Conclusion

38. On the basis of this review, taking into account in particular that we continue to detect high numbers of cases per day and hospitalisations and ICU admissions are higher than at any time since the start of the pandemic, I have concluded that the current restrictions and requirements are a necessary and proportionate response

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to the epidemic at this point in time. This conclusion is supported by the Chief Medical Officer and the Deputy Chief Scientific Advisor.

39. The No.2 Regulations will expire at 11:59pm on 5 February 2021, at the end of the current 6-week restrictions period which commenced on 26 December 2020. My proposal is that the No.2 Regulations are amended to change the expiry date to 5 March 2021, with the next formal review on or before 18 February 2021. The final review of the No.2 Regulations will be completed in advance of the expiry date to determine whether, and in what form, a new set of No.3 Regulations will be made.

Recommendation / Decision sought

40. I recommend that the Executive agree that:

- i. the requirement in regulation 3 for a review of the need for the restrictions and requirements in the No. 2 Regulations has been duly met;
- ii. the current restrictions and requirements in the No. 2 Regulations, as amended, are at this point in time an appropriate and necessary response to the serious and imminent threat to public health which is posed by the incidence and spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Northern Ireland;
- iii. overall the restrictions and requirements imposed by these Regulations continue to be proportionate to what the Regulations seek to achieve, which is a public health response to that infectious disease threat in the context of the increasing rate of infection in Northern Ireland since September;
- iv. the current restrictions are extended until 5 March 2021 (a 4 week extension);
- v. the restrictions are reviewed on or before 18 February 2021; and
- vi. TEO lead and coordinate the development of a refreshed 'Pathway to Recovery' and bring recommendations to the Executive on the process and

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methodology for relaxing restrictions before the next review of the regulations
on 18 February 2021.

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**ROBIN SWANN MLA
MINISTER OF HEALTH**

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Annex A

	1	2
Restrictions	Previous Restrictions from 2 nd January 2021	Current Restrictions from 8 January 2021 (changes shown in red)
Restrictions on Movement	- No restrictions on movements	- Reintroduce enforcement powers for PSNI to order home if engaging in prohibited activity, or if they are intending to so engage
Indoor gatherings – private dwellings	- Members of one household – no visitors (exemptions apply) - Overnight stays not permitted unless the person has a reasonable excuse – exemptions apply for bubbling	- Members of one household – no visitors (exemptions apply, including for linked households/support bubbles – 10 person maximum including children aged 12 and under) - Overnight stays not permitted unless the person has a reasonable excuse – exemptions apply for bubbling
Outdoor gatherings – private dwellings	- 6 people (not counting children aged 12 or under) from max. 2 households.	- Align with indoors - Members of one household – no visitors (exemptions apply, including for linked households/support bubbles – 10 person maximum including children aged 12 and under)
Indoor gatherings – excluding private dwellings, places of worship and sporting events	- 15 people maximum (including children aged 12 or under). - Risk Assessment not permitted to enable larger gatherings apart from exemptions (work, in PoW, blood donations and vaccination sessions, education & training etc.) - All educational activities beyond school or higher/further education must be delivered by distance learning unless face to face delivery is essential.	- 6 people maximum (including children aged 12 or under) from a maximum of 2 households. - Risk Assessment not permitted to enable larger gatherings apart from exemptions (work, in PoW, blood donations and vaccination sessions, education & training etc.) - All educational activities beyond school or higher/further education must be delivered by distance learning unless face to face delivery is essential.

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Outdoor gatherings - excluding private dwellings, places of worship and sporting events	<ul style="list-style-type: none"> - 15 person limit - Risk Assessment not permitted to enable larger gatherings apart from exemptions (work, in PoW, blood donations and vaccinations sessions, education & training etc.) 	<ul style="list-style-type: none"> - 6 person limit (including children aged 12 or under) from a maximum of 2 households - Risk Assessment not permitted to enable larger gatherings apart from exemptions (work, in PoW, blood donations and vaccinations sessions, education & training etc.)
Indoor Sport	<ul style="list-style-type: none"> - Not permitted except for elite athletes or for P.E. in or for schools. - Spectators are not permitted. - You must not organise, operate or participate in a league or professional competition that has not commenced prior to 18 December 2020. 	<ul style="list-style-type: none"> - Not permitted except for elite athletes or for P.E. in or for schools. - Spectators are not permitted. - You must not organise, operate or participate in a professional league or professional competition that has not commenced prior to 18 December 2020.
Outdoor Sport	<ul style="list-style-type: none"> - Not permitted except for elite athletes, for the purposes of P.E in or for schools, individual exercise or exercise where participants are members of the same household. - Spectators are not permitted - You must not organise, operate or participate in a professional league or professional competition that has not commenced prior to 18 December 2020. 	<ul style="list-style-type: none"> - Not permitted except for elite athletes, for the purposes of P.E in or for schools, individual exercise or exercise where participants are members of the same household/bubble. - Exemption to allow outdoor exercise with one person, from another household, to allow for example those living alone to go for a walk with a person. - Spectators are not permitted - You must not organise, operate or participate in a professional league or professional competition that has not commenced prior to 18 December 2020.
Places of worship (excluding marriages/civil	<ul style="list-style-type: none"> - 15 person limit. - More persons allowed to attend if organised or operated for religious, cultural, work, community etc. purposes AND 	<ul style="list-style-type: none"> - 15 person limit. - More persons allowed to attend if organised or operated for religious, cultural, work, community etc. purposes AND

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partnerships, funerals and associated events – see below)	<p>- the responsible person for organising/operating the gathering carries out a risk assessment and puts in places reasonable measures to limit risk of virus transmission.</p> <p>- Face coverings mandatory</p> <p>- Limits for communal worship should be decided on the basis of the capacity of the place of worship following an assessment of risk, ensuring that a minimum of 2m is in place between all persons not of the same household</p> <p>- People must not mingle indoors with anyone they do not live with or have formed a support bubble with</p>	<p>- the responsible person for organising/operating the gathering carries out a risk assessment and puts in places reasonable measures to limit risk of virus transmission.</p> <p>- Face coverings mandatory.</p> <p>- Limits for communal worship should be decided on the basis of the capacity of the place of worship following an assessment of risk, ensuring that a minimum of 2m is in place between all persons not of the same household.</p> <p>- People must not mingle indoors with anyone they do not live with or have formed a support bubble with.</p>
Funerals and associated events	<p>- Max. no of 25 permitted to attend funeral or associated event - includes children under the age of 12 and the celebrant.</p> <p>- Must comply with DoH guidance</p> <p>- A risk assessment is required if more than 15 persons are attending</p> <p>- Not permitted in private dwellings</p> <p>- The remains can be brought home in non-covid related cases however only the household and their bubble are permitted inside the dwelling up to a maximum of 10 people at any one time from the 2 households.</p> <p>- Contact details of those attending to be maintained by the organiser</p>	<p>- Max. no of 25 permitted to attend funeral or associated event - includes children under the age of 12 and the celebrant.</p> <p>- Must comply with DoH guidance</p> <p>- A risk assessment is required if more than 15 persons are attending</p> <p>- Not permitted in private dwellings</p> <p>- The remains can be brought home in non-covid related cases however only the household and their bubble are permitted inside the dwelling up to a maximum of 10 people at any one time from the 2 households.</p> <p>- Contact details of those attending to be maintained by the organiser</p>
Marriages and Civil Partnerships	<p>- Max. no. of 25 persons are permitted to attend - includes children under the age of 12 and the celebrant.</p> <p>- A risk assessment is required if more than 15 persons are attending.</p> <p>- Permitted in private dwellings for a max. no. of 10 persons where a party of the marriage/civil partnership is terminally ill.</p> <p>- Receptions not permitted</p>	<p>- Max. no. of 25 persons are permitted to attend - includes children under the age of 12 and the celebrant.</p> <p>- A risk assessment is required if more than 15 persons are attending.</p> <p>- Permitted in private dwellings for a max. no. of 10 persons where a party of the marriage/civil partnership is terminally ill.</p> <p>- Receptions not permitted</p>

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	<ul style="list-style-type: none"> - Venues ordinarily closed may open for the purposes of hosting a wedding of no more than 25 persons - Contact details of those attending to be maintained by the organiser 	<ul style="list-style-type: none"> - Venues ordinarily closed may open for the purposes of hosting a wedding of no more than 25 persons - Contact details of those attending to be maintained by the organiser
Businesses required to close	<ul style="list-style-type: none"> - Nightclubs; - Conference halls and conference facilities, including those in hotels - Theatres and Concert Halls except for the purposes of rehearsals - Close contact services – excludes services which are ancillary to a medical or health service or for the purpose of film or television production or sports massage therapy. - a range of visitor attractions including funfairs, inflatable parks, amusements arcades, skating rinks, bingo halls, museums and galleries; cinemas; - museums & galleries; - campsites and caravan parks for touring caravans including motorhomes, except in an emergency; - swimming and diving pools; - indoor sports and exercise facilities, including soft play areas, leisure centres, gyms, equestrian centres, venues relating to motor sport and activity centres; - outdoor sports and exercise facilities including activity centres, equestrian centres, marinas and venues relating to motor sport and water sport; - outdoor visitor attractions, with the exception of play areas, public parks, forest and country parks, and outdoor areas of stately homes, historic homes, castles and properties operated by the National Trust; - driving instruction except for motorcycles, 	<ul style="list-style-type: none"> - Nightclubs; - Conference halls and conference facilities, including those in hotels - Theatres and Concert Halls except for the purposes of rehearsals - Close contact services – excludes services which are ancillary to a medical or health service or a social care service or for the purpose of film or television production or sports massage therapy. - a range of visitor attractions including funfairs, inflatable parks, amusements arcades, skating rinks, bingo halls, museums and galleries; cinemas; - museums & galleries; - campsites and caravan parks for touring caravans including motorhomes, except in an emergency; - swimming and diving pools; - indoor sports and exercise facilities, including soft play areas, leisure centres, gyms, equestrian centres, venues relating to motor sport and activity centres; - outdoor sports and exercise facilities including activity centres, equestrian centres, marinas and venues relating to motor sport and water sport; - outdoor visitor attractions, with the exception of play areas, public parks, forest and country parks, and outdoor areas of stately homes, historic homes, castles and properties operated by the National Trust; - driving instruction except for motorcycles,

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	<p>- the hospitality sector (takeaway/delivery permitted). Excludes hotels, guesthouses, B&B's, hostels, a bunkhouse, airports and motorway service areas;</p> <p>- restrictions on hotels, guesthouses, B&B's, hostels, bunkhouses and off-sales.</p> <p>- closure of non-essential retail</p> <p>- restrictions on libraries – orders cannot be made in person and access is only allowed for the purposes of collecting their order.</p>	<p>- the hospitality sector (takeaway/delivery permitted). Excludes hotels, guesthouses, B&B's, hostels, a bunkhouse, off-sales, ports, airports and motorway service areas; restrictions on hotels, guesthouses, B&B's, hostels, bunkhouses and off-sales.</p> <p>- closure of non-essential retail</p> <p>- restrictions on libraries – orders cannot be made in person and access is only allowed for the purposes of collecting their order.</p>
Visitors	Indoor visitors attractions must close.	Indoor visitors attractions must close.
Attractions	<p>- Outdoor visitors attractions must close with the exception of soft play areas, public parks, forest and country parks, and outdoor areas of stately homes, castles and properties operated by the National Trust;</p> <p>- Must close any premises, or part of premises, in which food or drink (including intoxicating liquor) are consumed on the premises. This excludes harbour terminals, airports or motorway service areas.</p>	<p>- Outdoor visitors attractions must close with the exception of soft play areas, public parks, forest and country parks, and outdoor areas of stately homes, historic homes, castles and properties operated by the National Trust;</p> <p>- Must close any premises, or part of premises, in which food or drink (including intoxicating liquor) are consumed on the premises. This excludes harbour terminals, airports or motorway service areas.</p>
Restrictions applicable to all hospitality premises including private members clubs and Off - Sales	<p>- A business that sells or provides food and drink at ports, airports, motorway services and on ferry crossings which lasts or is expected to last three hours or more, must obtain, record and retain visitor information.</p> <p>- Any hospitality business is permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00. Exemptions for Ferries, canteens in a workplace, school, prison, hospital, care home or military establishment.</p> <p>- Off sales are permitted from 08:00 on Monday to Saturday, and from 10:00 on Sunday, until 20:00 on any day.</p>	<p>- A business that sells or provides food and drink at ports, airports, motorway services and on ferry crossings which lasts or is expected to last three hours or more, must obtain, record and retain visitor information.</p> <p>- Any hospitality business is permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00. Exemptions for Ferries, canteens in a workplace, school, prison, hospital, care home or military establishment.</p> <p>- Off sales are permitted from 08:00 on Monday to Saturday, and from 10:00 on Sunday, until 20:00 on any day.</p>

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Hotels and Guesthouses	Hotels or guesthouses may continue to provide food or drink (not including intoxicating liquor) as part of a service for residents, whether or not in a restaurant on the premises at any time of the day. Residents must have been— <ul style="list-style-type: none"> • (i) already resident on the date this schedule came into operation; • (ii) resident for work-related purposes; • (iii) vulnerable people; or • (iv) unable to return to their private dwelling due to an emergency; Not permitted to provide alcohol unless it is in accordance with the requirements for off-license sales i.e. for consumptions off the premises and sold in manufacturers original seal.	Hotels or guesthouses may continue to provide food or drink (not including intoxicating liquor) as part of a service for residents, whether or not in a restaurant on the premises at any time of the day. Residents must have been— <ul style="list-style-type: none"> • (i) already resident on the date this schedule came into operation; • (ii) resident for work-related purposes; • (iii) vulnerable people; or • (iv) unable to return to their private dwelling due to an emergency; May provide alcohol to residents if it is: <ul style="list-style-type: none"> • consumed only by the resident, • consumed only within the resident's accommodation and not delivered to the accommodation in response to an order placed by the resident. They may also serve alcohol in accordance with the requirements for off-license sales i.e. for consumptions off the premises and sold in manufacturers original seal.
Restrictions specific to unlicensed hospitality premises	Permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00 Exemptions for Ferries, canteens in a workplace, school, prison, hospital, care home or military establishment. No outdoor seating on the premises or on any neighbouring area adjacent to the premises must be used by customers.	Permitted to sell or provide food and drink (not including intoxicating liquor) on a takeaway/delivery basis between 05:00 and 23:00 Exemptions for Ferries, canteens in a workplace, school, prison, hospital, care home or military establishment. No outdoor seating on the premises or on any neighbouring area adjacent to the premises must be used by customers.
Venues at which intoxicating	This restriction was removed.	This restriction was removed.

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liquor may be consumed		
Retail Sector	<ul style="list-style-type: none"> - Retail businesses are required to close unless the business wholly or mainly provides goods for sale or hire or provides a service and is listed below: - Food retailers, supermarkets, convenience stores, corner shops, newsagents; - Off licences and licensed shops selling alcohol (including breweries), - Pharmacies (including non-dispensing pharmacies) and chemists, - Homeware stores, building supplies businesses and hardware stores, - Petrol stations, - Pet shops, agricultural supplies shops, livestock markets, veterinary surgeons - Garden centres and ornamental plant nurseries and Christmas tree sales (but not cafes or restaurants in such premises), - Motor vehicle repair, MOT services, Bicycle shops, taxi or hire businesses, - Banks, building societies, credit unions, short term loan providers and cash points savings clubs and undertakings which by way of business operate currency exchange offices, transmit money (or any representation of money) by any means or cash cheques which are made payable to customers, Post offices, - Funeral directors, - Laundrettes and dry cleaners, - Dental services, opticians, audiology services, chiropody, chiropractors, osteopaths and other medical or health services, including services relating to mental health, - Car parks and public toilets, - Storage and distribution facilities for delivery drop off. 	<ul style="list-style-type: none"> - Retail businesses are required to close unless the business wholly or mainly provides goods for sale or hire or provides a service and is listed below: - Food retailers, supermarkets, convenience stores, corner shops, newsagents; - Off licences and licensed shops selling alcohol (including breweries), - Pharmacies (including non-dispensing pharmacies) and chemists, - Homeware stores, building supplies businesses and hardware stores, - Petrol stations, - Pet shops, agricultural supplies shops, livestock markets, veterinary surgeons - Garden centres and ornamental plant nurseries and Christmas tree sales (but not cafes or restaurants in such premises), - Motor vehicle repair, MOT services, Bicycle shops, taxi or vehicle hire businesses, - Banks, building societies, credit unions, short term loan providers and cash points savings clubs and undertakings which by way of business operate currency exchange offices, transmit money (or any representation of money) by any means or cash cheques which are made payable to customers, Post offices, - Funeral directors, - Laundrettes and dry cleaners, - Dental services, opticians, audiology services, chiropody, chiropractors, osteopaths and other medical or health services, including services relating to mental health, - Car parks and public toilets, - Storage and distribution facilities for delivery drop off.

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	<p>- Click and Collect not permitted for non-essential retail.</p> <p>- Those permitted to open must limit numbers permitted entry at any one time in order to ensure social can be maintained by those therein.</p> <p>- Further work should be undertaken by the Executive Office on the definition of non-essential retail to minimise the potential for abuse of this.</p>	<p>- Dental services, opticians, audiology services, chiropody, chiropractors, osteopaths and other medical or health services, including services relating to mental health, Car parks and public toilets,</p> <p>- Storage and distribution facilities for delivery drop off.</p> <p>- Click and Collect not permitted for non-essential retail. Those permitted to open must limit numbers permitted entry at any one time in order to ensure social can be maintained by those therein.</p> <p>- Further work should be undertaken by the Executive Office on the definition of non-essential retail to minimise the potential for abuse of this.</p>
Close contact services	<p>- Required to remain closed – exemptions for services which are ancillary to a medical or health service or a social care service or for the purpose of film or television production or sports massage therapy.</p> <p>- Face coverings must be worn when permitted to open as per exemptions above</p> <p>- Those permitted to open must collect contact details of all customers</p>	<p>- Required to remain closed – exemptions for services which are ancillary to a medical or health service or a social care service or for the purpose of film or television production or sports massage therapy.</p> <p>- Face coverings must be worn when permitted to open as per exemptions above.</p> <p>- Those permitted to open must collect contact details of all customers</p>
Libraries	<p>- May continue to provide the service of a library:</p> <ul style="list-style-type: none"> • in response to orders or requests received through a website or other on-line communication, or by telephone message, or • by delivery or to visitors who enter the premises of the library only to collect items ordered or requested in accordance with the above or to use the facilities of the library to access the internet. 	<p>- May continue to provide the service of a library:</p> <ul style="list-style-type: none"> • in response to orders or requests received through a website or other on-line communication, or by telephone including by text message, or • by delivery or to visitors who enter the premises of the library only to collect items ordered or requested in accordance with the above or to use the facilities of the library to access the internet.

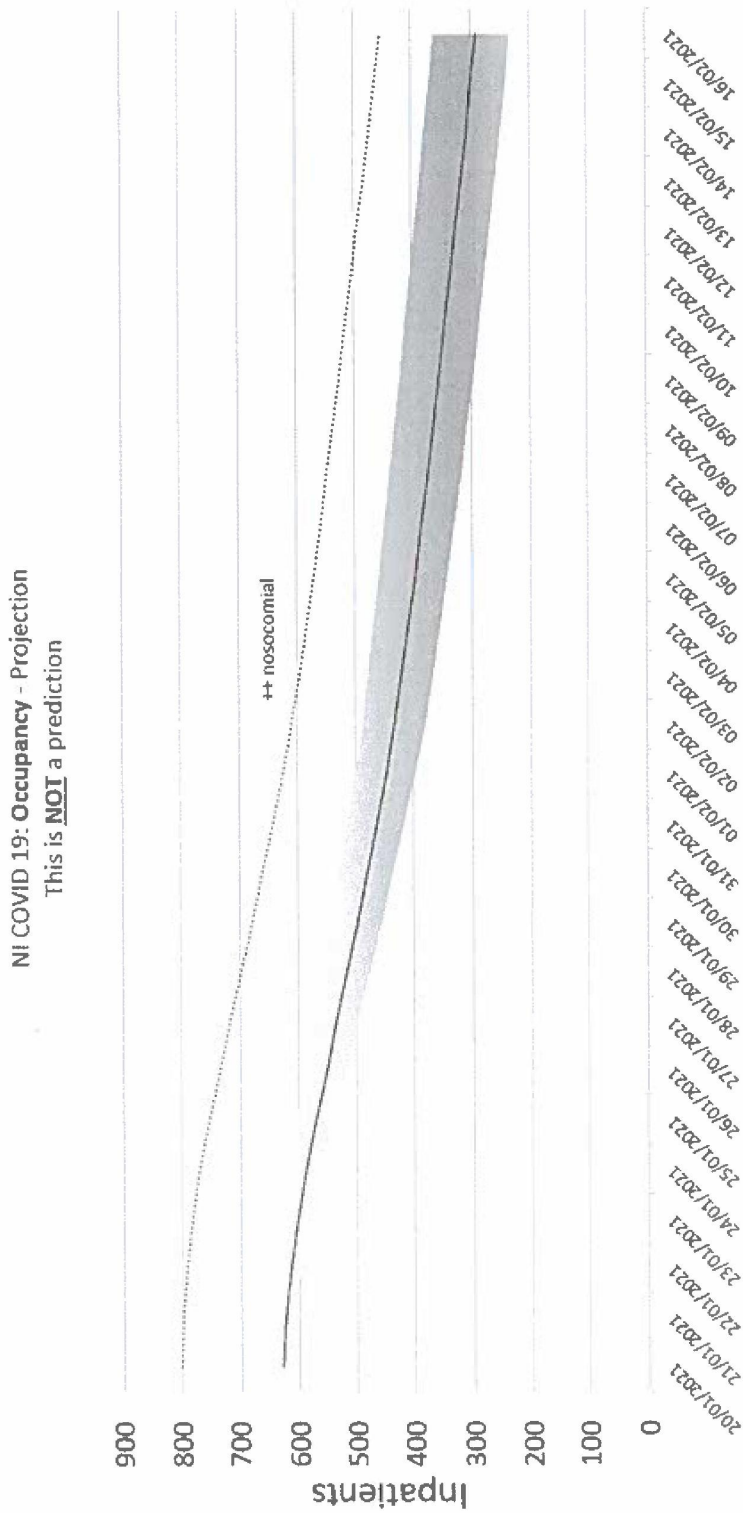
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ANNEX B

Covid-19 ICU Bed Occupancy : 5 Day Rolling Average



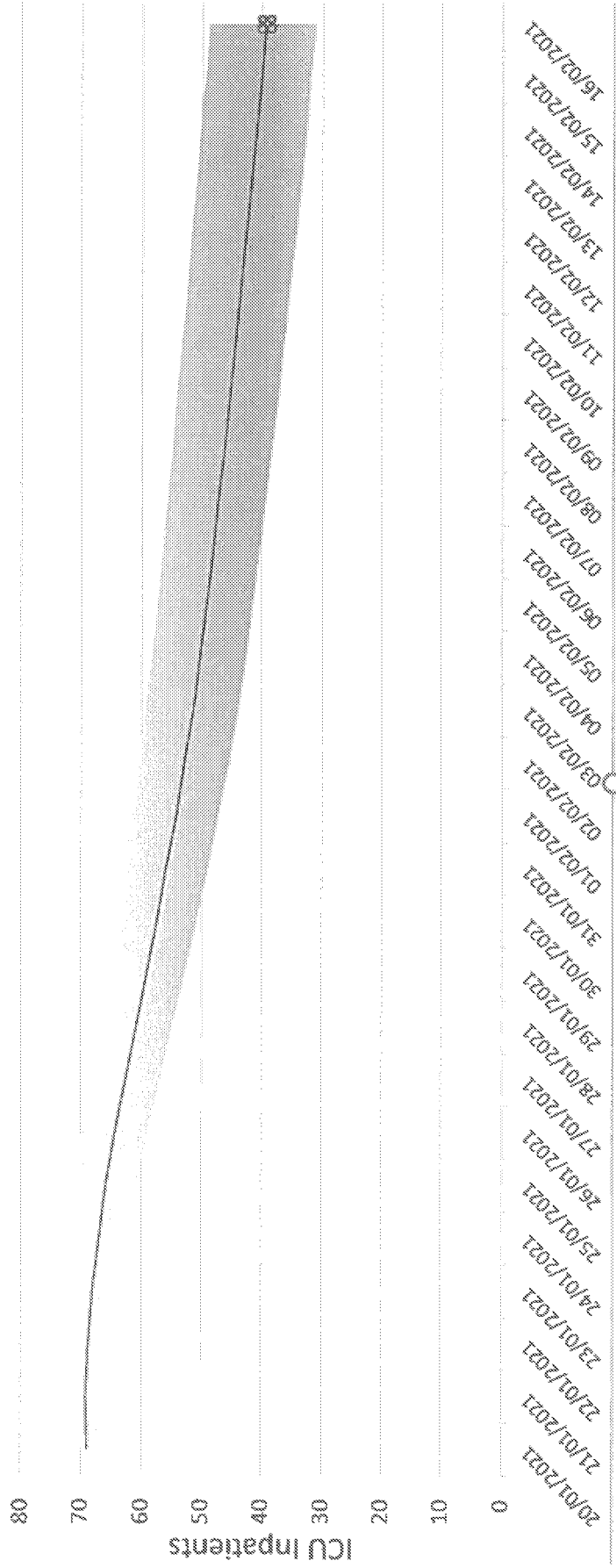
ANNEX C
FIGURE 1: INPATIENT OCCUPANCY PROJECTION



- Assumes R(t) projections to remain in range (0.75[below solid blue line],0.80[solid blue line],0.85[above solid blue line]).
- ++ nosocomial is an estimated reasonable worse case above total community acquired occupancy.
- Potential impact from new variant not considered in this modelling.
- Potential impact from vaccination roll out not considered in this modelling.

FIGURE 2: ICU PROJECTION

NI COVID 19: ICU - Projection
This is NOT a prediction



Assumes $R(t)$ projections to remain in range (0.75[below solid blue line],0.80[solid blue line],0.85[above solid blue line])
Potential impact from new variant not considered in this modelling.
Potential impact from vaccination roll out not considered in this modelling.

