

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

DATE: 18 February 2021

TO: EXECUTIVE COLLEAGUES

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

Introduction

1. This paper reports on the seventh 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 18th February 2021. The current restrictions and requirements are summarised in **Annex A**.
3. At the conclusion of the sixth review, on 21st January, we agreed that the existing restrictions remained necessary and proportionate, having taken into account:
 - a. continued detection of high daily case numbers across Northern Ireland;
 - b. hospitalisations and ICU admissions were higher than at any time since the start of the pandemic;

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- c. higher level of deaths than at any point in the previous “surge” periods;
 - d. sustained pressure in the wider health system as a direct result of COVID pressures;
 - e. emergence of new variants;
 - f. roll-out of the COVID-19 vaccination programme;
 - g. adverse impacts of the restrictions on the economy and on people’s health and well-being.
4. The seventh 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 sixth review

5. The sixth review was completed on 21st January 2021. At that time the Executive agreed the current restrictions would be extended until 5 March 2021 (a 4 week extension), with review on or before 18th February. Since then there have been three sets of amending regulations to:
- a. change the dates of review and expiry of the regulations;
 - b. permit collection of motability vehicles at motability dealerships; and
 - c. permit driving instruction by emergency services.

Course of the epidemic since sixth review

6. The Chief Medical Officer (CMO) and Deputy Chief Scientific Advisor (DCSA) 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 DCSA’s weekly briefing papers on the Rt figure have been circulated separately, and the Executive receives this report each week.

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7. While the R number is generally decreasing, for positive cases, hospitalisations and ICU occupancy (the last of this lagging behind), results from several different sources of genomic data suggest that the B.1.1.7 viral lineage that is prevalent elsewhere in the UK and Ireland is common in Northern Ireland. The Office for National Statistics COVID-19 Infection Survey testing suggests that the proportion is greater than 70%. This is consistent with results from Northern Ireland 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. This means that under conditions of increased inter-personal contact in future, the epidemic will grow more quickly than previously. If R_t rises above one, the epidemic will grow again from its current, high incidence, resulting in more infections, hospitalisations and deaths, and more pressure on healthcare services
8. In addition the presence of the new B.1.351 variant, also known as the “South African” variant, and other mutations of the B.1.1.7 variant in Great Britain are quite concerning. A further example of the concern around mutations is the recent discovery of a further mutation in Brazil. We continue to engage in population level surveillance and whole genome sequencing in Northern Ireland to detect the emergence and the introduction of new variants here. This sequencing work is linked to the national COVID-19 Genomic UK (COG-UK) consortium, which has been created to deliver large scale and rapid whole-genome sequencing across the UK. Northern Ireland continues to submit data to GSAID to inform international surveillance. At present it is estimated that the UK is undertaking 40% of all global sequencing.
9. The figures in the table below indicate the changes in 7-day incidence across Northern Ireland since the second, third, fourth, fifth and sixth 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

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October. The highest 7 day rolling average of positive tests per day in October was 1003, while 1st January 2021 saw the highest 7 day rolling average of 1877 positive tests per day. The highest individual day to date has been 29th December 2020, when 2310 individuals were reported as positive. The number of daily positive tests has since reduced significantly, with the 7 day rolling average at 304 positive tests per day as of 15th February 2021. While the current restrictions have had a positive effect in decreasing case numbers, cases in the Mid Ulster and Armagh, Banbridge and Craigavon district council areas remain at concerning levels.

7-day incidence of COVID-19 (cases per 100K population) –

Snapshot at time of the second, third, fourth, fifth, sixth and current reviews of the No. 2 Regulations

District council area	14 Sept	12 Oct	10 Nov	8 Dec	18 Jan	15 Feb
Antrim and Newtownabbey	49.1	254.4	187.8	143.0	321	102.3
Ards and North Down	20.5	134.9	133.6	104.4	197	67.8
Armagh City, B'bridge & C'avon	41.6	155.4	210.6	133.4	607.5	189.5
Belfast	43.6	462.4	206.0	116.3	276.4	108.7
Causeway Coast and Glens	4.2	205.2	244.0	173.3	241.9	72.8
Derry City and Strabane	27.9	969.7	248.2	179.2	209.1	81.0
Fermanagh and Omagh	13.7	226.0	131.8	178.0	325.3	43.7
Lisburn and Castlereagh	38.8	263.1	187.4	137.8	255.6	76.5
Mid and East Antrim	25.9	94.5	158.7	216.5	305.2	77.2
Mid Ulster	6.8	401.3	260.3	186.4	528.7	210.1
Newry, Mourne and Down	20.6	314.7	119.9	177.6	421.8	89.9

10. In terms of deaths, between 7th and 29th January 2021 there were 11 individual days with over 20 recorded deaths. 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. In terms of daily deaths, we appear to have reached a peak around mid-January, when the rolling 7 day average of

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deaths was 23. As of 12th February that figure is down to a rolling average of 7 deaths per week.

11. The introduction of enhanced contact tracing by the Contact Tracing Service has added significantly to the intelligence now available on individual clusters and outbreaks, whilst also having a positive impact on the overall management of the pandemic.
12. **ANNEX D** illustrates a summary of cluster settings, as of 14 February. 1903 clusters have been recorded by the Contract Tracing Service as of Sunday 14 February at 12pm, since data collection began on 4 June 2020. Workplace settings are by far the largest clusters, with retail also responsible for a sizeable amount. Other areas appear nominal, due to the current restrictions in place and abiding of them, but this illustrates the risk of relaxations, and how clusters can form. These data will be include in the PHA contact tracing weekly report from next Thursday.
13. Data from GB corroborates this, with workplaces including Manufacturers, Offices, Distributors and Transporters, Other Retail and Supermarkets responsible for the highest outbreaks. As expected, GB data also indicates Restaurants, Pubs and Caterers have seen a 94% decrease in outbreaks, coinciding with national restrictions in November and increased local restrictions in December.

Capacity of the Health and Social Care system

14. During this third wave of the pandemic, the acute health system has been facing sustained pressures which have occurred on an already higher baseline of COVID inpatient numbers than in previous waves. Whilst COVID positive inpatient numbers have been on a downward trend since the peak of 834 in mid-January 2021, they remain high with 436 inpatients as of 15 February. It should be noted however that many patients admitted recently will remain in hospital for some time to come, meaning occupancy will continue to be high for weeks ahead. Also on 15 February there were 59 confirmed COVID positive patients in ICU which is lower than the peak of 74 on 24th and 25th January but still more when compared with previous highs of 51 in April 2020, and 52 in November 2020. **The graph at Annex**

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B highlights this. The position of ICU remains a serious concern, with high numbers of inpatients continuing.

15. Since the number of patients requiring admission and treatment for COVID-19 related illness began to rise in October 2020, it has become increasingly difficult to maintain planned services. Staff across the system have been 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. As the number of patients requiring treatment in critical care remains high, this will continue to constrain the ability of critical care to provide dedicated support for complex elective surgery in the coming weeks. These severe pressures mean that surgery, including urgent and cancer surgery, has been adversely affected.
16. As current pressures are likely to be sustained for many weeks, with the number of COVID-19 positive hospital inpatients not expected to fall below 150 until the middle of March, it is inevitable that there will be a detrimental impact on patient treatment and care and potentially patient outcome as a consequence.
17. Another key consideration of capacity in our HSC system is the wellbeing of our staff. For almost a year now our staff have been under sustained and continuous pressure, resulting in psychological and mental impacts. A recent study indicates almost half of NHS critical care staff show symptoms of PTSD, depression or anxiety. Further research indicates substantial rates of probable mental health disorders and thoughts of self-harm amongst ICU staff, especially prevalent in nurses. As well as being of serious concern in itself, staff well-being is likely to impact patient safety, so it is vital that our staff are able to recover and heal. Any further waves of this pandemic will cause further harm.
18. There is a significant risk that any relaxation of restrictions would result in the R number increasing above the Executive's previously stated policy of containing it below one. Although it is expected that hospital occupancy by COVID-19 patients will continue falling in the coming weeks, the modelling projections set out in more detail at Paragraphs 37-40 below would suggest that an increase in the R number

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to 1.4, associated with only very limited relaxation of restrictions, could result in those gains being reversed with occupancy rising to over 500 by the end of June with 800 additional deaths by that time and rising

19. However, a decision to relax restrictions which allows the R number to rise to 1.8, which was the case over the Christmas period, when there was only low prevalence of cases with variant B.1.1.7, would be projected to result in hospital occupancy rising to potentially over 1,000 by May and 4,000 by June with additional deaths of over 3,000. There is therefore a material risk of significant adverse implications if there is even a minor misjudgement in the scale and speed of any relaxation of the restrictions. This modelling reflects the expected impact of the vaccination programme.

Health protection services: Test, Trace and Protect

20. The number of positive cases transferred to the contact tracing system has continued to reduce in recent weeks from a peak of just under **12,000** cases in the 7 days between **28th December 2020** and **3rd January 2021** to just under **3,000** cases in the 7 days between **1st February 2021** and **7th February 2021** (latest data available from PHA). The system continues to perform to a high standard with **91%** of the near **3,000** cases contacted within **24** hours and **94%** within **48** hours of notification to the service. Similarly in the same 7 day periods the number of contacts notified to the Service reduced from a peak of **21,052** to **6,554** with **93%** of contacts reached in **24** hours and **98%** reached within **48** hours.

21. My Department continues to work with colleagues in the Public Health Agency to further refine the operational model for contact tracing in NI to ensure that we are well positioned to deal with any increase in case numbers in the months ahead and with any challenges that are presented by the emergence of new variants of the SARS-COV-2 virus. Enhanced contact tracing continues to add value to the contact tracing service by adding significantly to the intelligence now available on individual clusters and outbreaks of COVID-19, whilst also having a positive impact on the overall management of the pandemic. The hybrid service model for contact tracing has an increased focus on digital solutions to deliver early messages to

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contacts and cases whilst at the same time allowing the professional staff in the contact tracing service to risk assess and deal with more complex cases and with clusters and outbreaks as they emerge.

Health protection services: Asymptomatic Testing

22. The Mass Population Testing Programme led by the Department for Health and Social Care, London aims to substantially increase testing for COVID-19 across the UK, using Lateral Flow Devices (LFDs), with the overall objective to accelerate a safe return to as normal a context as possible.

23. Through my Department's Expert Advisory Group on Testing, a number of New Testing Interventions to test people who do not have symptoms (are asymptomatic) are being progressed across a range of settings in Northern Ireland; this includes testing of frontline healthcare workers, staff and students in schools and universities, visitors in care homes and one programme in industry.

24. I presented a paper to Executive colleagues on 10 February 2021 setting out plans for a targeted expansion of asymptomatic testing into a range of areas including targeted community testing and testing in business, national critical infrastructure and emergency services. My officials are finalising project structures and will involve other government departments in a managed and timely way over the next number of weeks.

Health protection services: COVID-19 Vaccination Programme

25. The Executive will note the publication of the NI COVID Vaccination Programme Phased Plan on the 13 January 2021. 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. In the short to medium term, we anticipate having more capacity to vaccinate than we have vaccine doses, but believe increased production will assist with this in the months ahead. We intend to open another vaccination centre in the Greater Belfast Area by late March and we are currently finalising the details. As

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of close of play on the 16th February 447,685 doses of vaccine have been administered including a total of 418,209 first doses.

26. All Care Home residents and staff have now been offered the first dose, although it should be noted not all residents or staff have taken it, and 99% of care homes have had second doses offered to all staff and residents. The remaining care homes will be vaccinated once outbreak situations have ended. 94% of the over 80s have now been vaccinated with at least one dose of vaccine, while 89% of the 75-79 year olds and 77% of the 70-74 year olds have been vaccinated with at least one dose. Vaccination of those who are housebound continues. As of 17 February anyone in these cohorts who remains unvaccinated can also book an available slot at one of the regional vaccination centres.

27. GPs continue to vaccinate anyone aged 70 or over as well as those who are clinically extremely vulnerable (CEV). CEV individuals have also been able to book a vaccination slot at one of our 7 regional vaccination centres since the 12 February. As you will recall we had previously introduced a twin track approach which allowed everyone aged 65-69 years of age to book a vaccination slot at one of the regional centres while GPs vaccinate those in group 4 and therefore we anticipate that groups 4 and 5 will be completed by the end of February at the latest. As of 17 February we have now extended the programme to priority group 6 which includes those who are clinically vulnerable (CV) as well as carers. GPs will be inviting CV individuals to receive the vaccine while carers aged 60-64 years have been invited to book a slot at one of the 7 regional vaccination centres. Based on uptake this invite will be extended to other carers based on their age. GPs will also offer the vaccine to those carers known to them. .

28. 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.

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29. There is a necessary time lag between a person being immunised and them becoming protected against disease, and for a sufficient number of people in the population to be immune to alter the course of the epidemic. Our vaccination programme will protect the most vulnerable in our community most quickly against the severe outcomes of disease. However, it is not expected by vaccine and public health experts that the vaccine programme will lead to 'population immunity' and the return of normal life in the near future. It will be some time before we see a reduction the wider health service pressures. In broader terms, a key issue is also whether COVID-19 vaccines will be able to protect against infection or disease from these new variants. Work to evaluate the real world effectiveness of the vaccines is in an early stage, data are not yet available.

Wider health, societal and economic impacts of the regulations

Economic impacts

30. 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 Northern Ireland availed of HMRC's Coronavirus Job Retention Scheme (CJRS), and over 70,000 claims have been made under HMRC's Self-Employment Income Support Scheme (SEISS). Many furloughed workers returned to work, at least part-time, as a recovery began over the summer of 2020. However, many employees have been put back on furlough as restrictions were reintroduced – with approximately 95,000 employments availing of CJRS on 31 December 2020. 52,000 claimed the third SEISS grant.
- The Claimant Count in Northern Ireland is now around 60,000 people. The December 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

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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. In addition, except for a short relaxation of restrictions before Christmas, the current cycle of restrictions (beginning Mid-October 2020) are likely to be of longer duration than the first lockdown and there would be a cumulative impact, with potential output foregone each month that restrictions continue.
- 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

31. Evidence 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 being negatively affected by the wider impacts of the COVID-19 restrictions. Overall population health – including life expectancy growth and inequalities – is likely to be affected, with the greatest effects felt by the most disadvantaged, as long-standing inequalities have been exacerbated by the pandemic, particularly in relation to inequalities in education and employment.

32. 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, and increased sedentary behaviour. Fuel and food

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poverty rates are also likely to be higher in the winter period. It should be noted that changes in behaviours are not universal and unfortunately are also likely to be increasing health inequalities.

33. Looking at alcohol in more detail, in a recent survey 14% of those respondents in NI report drinking more or much more than usual and 23% report drinking on more days in the week than usual. Data also show trends are most concerning amongst higher risk drinkers, parents of under 18s, and those whose mental health is most impacted by the pandemic. The latest data is for the autumn period, however issues like participation in physical activity is likely to be further negatively impacted over the winter period.

34. 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.

35. Public health resources have had to be re-prioritised to support management of the direct impacts of COVID-19 throughout the pandemic, 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.

Duration of current restrictions

36. The Executive had agreed at the sixth review to the current restrictions being in place until 5 March 2021, subject to this review. As indicated above, while the impact of this third wave of COVID-19 on the health and social care system is decreasing, the overall position remains fragile, particularly regarding ICU occupancy. The Executive will wish to avoid any reversal of the current downward

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trends in cases numbers until such times as HSC services and pressures are more sustainable. Although we appear to have passed the peak of this wave, ICU occupancy remains as high as at any point of the pandemic and many of those general COVID patients recently admitted will remain in hospital for weeks, resulting in continued high occupancy. We need to give the Health Service and health and care staff time to recover from the third wave, and to reduce the risks of further waves. As such relaxations of the restrictions at this time continue to be premature.

Modelling and the potential impact of vaccination

37. **Annex C** contains the most recent modelling information. The Department of Health COVID-19 Modelling Cell undertook modelling of step changes in R from 8 March 2021, as may result from changes in policies. The time horizon for this illustrative exercise runs until 31 July 2021, **which is much further into the future than is used for forecasting, and these projections must not be interpreted as a forecasts or predictions.** Their aim is to illustrate the broad consequences of policy changes.

38. The model takes into account the projected roll-out of Phase 1 of the COVID-19 vaccination programme, though not the lower rate of vaccination coverage in the Republic of Ireland. It also does not include the impact of the Early Spring Events discussed below. **There is considerable uncertainty about how the new, more transmissible, variants will affect epidemic growth when R exceeds one. Starting Rt values of 0.8, 1.0, 1.4 and 1.8 were used to illustrate a range of possible outcomes.** The model reflects recent evidence that B.1.1.7 lineage is associated with a 1.63 times increase in hospitalisation and 1.37 times increase in-hospital case fatality ratio using estimates from the EAVE II study findings in Scotland.

39. The Rt value declines over the course of the projection because of vaccination and infection leading to increased population immunity. Figures 1-5 illustrate the numbers of cases, community-acquired COVID-19 first hospital admissions, deaths in hospital, hospital occupancy for community-acquired cases (with the

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additionality of hospital-acquired infections overlaid for the highest scenario of $R_t = 1.8$), and ICU occupancy. R_t of 1.4 and 1.8 cause further waves of infection, while R_t of 0.8 and 1.0 show decline over time, with a much more rapid decline with $R_t = 0.8$.

40. In addition, Scientific Pandemic Influenza Group on Modelling (SPI-M) in GB modelled four scenarios which differ in speed of easing restrictions. In all of the modelled scenarios, there is the potential for a very large number of infections if restrictions are lifted early or rapidly, which would lead to large numbers of hospitalisations and deaths unless vaccine coverage is very high. SPI-M advise that if all restrictions were to be lifted by the start of May (over a period of around 2 months, starting in March), hospital occupancy would be highly likely to reach levels higher than at the peak in January 2021, even under optimistic assumptions around vaccine rollout.

41. Whilst our vaccine programme is proceeding at pace, we do not yet know the quality or length of protection the vaccines will provide and how effectively they will stop viral transmission. 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. A further concern is the potential for vaccine-resistant 'escape variants' to arise or spread in Northern Ireland, undermining the vaccination programme. The best way to mitigate this risk is to reduce prevalence to a low level by keeping R less than one. We can say that vaccines will make an important contribution to returning life towards normality, but they should be only one part of an exit strategy

42. With the beginning of the vaccine rollout, but still in its early stage, there is a huge danger of an escape variant. This would put both those vaccinated and unvaccinated at risk. Hospitalisations have until now been a key measuring tool, but as they decrease there is a risk of becoming blind to realities. Younger people are generally more asymptomatic and reluctant to get tested, giving rise to the risk

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of passing it on to older relatives/contacts who are not yet vaccinated. This may increase if schools are to reopen.

43. As such, the advice I have received from the CMO and DCSA is that small, gradual steps are key if we are to contain the pandemic.

Early Spring Events

44. In the weeks after 8 March there are three events which would traditionally see increased social contact of a variety of types. These are:

- a. Mothers' Day: 14 March
- b. St Patrick's Day: 17 March
- c. Easter: 4 April (with bank and school holidays around)

45. These events present a significant risk of persons from differing households gathering. While there is frustration and fatigue within the population, I believe that the current restrictions should remain in place for these periods. We are still recovering from the relaxations around the Christmas period, and to ease restrictions now allowing inter-household gatherings would put us at significant risk of falling further backwards.

46. With regards to Mother's Day, there may be many who have a parent vaccinated, but messaging must indicate this does not provide carte blanche cover. Saint Patrick's Day and the period leading up to it is a cause for concern. There is the risk of large groups disregarding the restrictions around gatherings and social distancing. While the Holylands area may be a focal point for this, it is hoped that continued remote teaching by universities will help reduce the numbers living in Houses of Multiple Occupation (HMOs) in the Holylands. However it has also traditionally been the case that the area acts as a magnet for young people from across NI to come and join parties that start during the day and continue into the night. Options to consider to dissuade this include additional night-time restrictions, as we had over the Christmas/New Year period, and restricting off-sales opening times.

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47. The Behavioural Insights Team will continue to assess these situations, and offer views relating to mitigations. However I suggest caution regarding easing of restrictions post-8th March due to these events.

COVID 19: Cross Departmental Working Group

48. TEO is leading a cross-departmental working group to develop a refreshed Pathway to Recovery. This group of officials are looking at previous easing of restrictions and what can be learned and improved upon as we consider how we step back from the restrictions in the period ahead. In addition, the group is considering how various sectors are linked, and the impact any easing of restrictions in one sector would have on others. This group meets weekly and will present its findings to the Executive in a separate presentation.

Conclusion

49. On the basis of this review, taking into account in particular the ongoing (albeit decreasing) hospital pressures and community transmission, the threat of new variants emerging and the as yet partial vaccination coverage, I have concluded that the current restrictions and requirements are a necessary and proportionate response to the epidemic at this point in time. This conclusion is supported by the Chief Medical Officer and the Deputy Chief Scientific Advisor.

50. There is a limited amount of average social contact that can take place across society before R will cross the tipping point (where R is equal to one). This has been referred to by some communicable disease control experts as a 'social contact budget'. The Executive's stated policy is to keep R below one, avoiding future epidemic growth. To achieve this goal, policy decisions need to use the limited social contact budget to maximum effect, through prioritising the most important activities, and reducing the risk of infection associated with those activities through mitigation measures. The Executive has previously determined that the education and mental health and wellbeing of children is a priority and undoubtedly there has been detrimental impact on children. If the reopening of

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Education is to remain a priority, then easing of restrictions in other areas must be at later dates and incremental stages.

51. **Based on current data, with the exception of the three amendments proposed in the section below, I recommend that the Executive agree to extend the current restrictions for a further 4 weeks, until 1 April, with the next formal review on or before 18 March. The timing of the next formal review will allow the Executive to make decisions regarding the Easter weekend. As the overall situation improves, the need to more frequently revisit the proportionality and necessity of the restrictions increases, bearing in mind that as always we are able to make amendments between the formal reviews if they are indicated based on emerging evidence. This will allow the Executive to consider again additional amendments in advance of the next formal review in four weeks. These proposed timeframes balance the need for caution while also maintaining vigilance on the necessity and proportionality of the restrictions given their wide-reaching impact on the lives of residents of NI and on our economy.**

52. Whilst I am recommending a continuation to the restrictions at this point, this is being discussed between officials across the four nations of the UK currently and the position in other parts of the UK and the RoI will need to be considered by the Executive when we review the position again next month. My officials will continue meanwhile to participate in the very important strategic work being led by TEO to develop and refresh the Pathway to Recovery and ensure that the ongoing review of the restrictions regulations reflects both the evidence and the wider strategic decisions which may be taken.

53. I suggest that any public messaging is clear about the reality that even if we do agree to some degree of relaxation to the restrictions before or immediately after Easter, it will not be possible for this to be, in the first instance, anywhere near a full return to normality. Expectations across our society must be managed, balancing the need to give hope and light against the need to exercise caution informed by the evidence.

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Proposals for amendment

54. There are three amendments to the regulations that my Department stands ready to make, subject to Executive agreement today, and these are summarised below.

'Click and Collect' for nonessential retail

55. The Minister for Economy wrote to the Executive on 10 February 2021 with a revised proposal for the phased introduction of contactless 'Click and Collect' for non-essential retail businesses. While I welcome this approach and support it in principle, I was unable to support the commencement of Phase 1 on 18 February and I wrote to Minister Dodds on 15 February to advise that the timing should be considered in the context of this review of the restrictions regulations. I believe case numbers and the level of transmission are currently still too high and the vaccination coverage is too low, as well as the presence of new variants and the threat of further variants.

56. I propose the following timetable to introduce limited 'Click and Collect' services for baby equipment shops, clothing and footwear shops, and electrical goods shops, recognising that over the course of these protracted restrictions these items have effectively become essential. I propose:

- a. Phase 1 starts Monday 8 March;
- b. Phase 2 timing dependent on impact of phase 1 on R_t , any impact on R_t as a consequence of decisions on the reopening of schools, monitoring of compliance and consideration of these should be included in next formal review of the restrictions regulations on 18 March ;
- c. This would include a number of mitigations, relating to ordering and payment in advance and measures to control numbers around premises.

57. The Economy Minister proposed including gardening centres in Phase 1, and, as outlined in my letter of 15 February, I do not support this as I do not believe they provide goods which are as necessary as the others in this short-list. To open these would, I believe, create equity concerns amongst other retailers whose produce is less necessary. I also believe that to reopen garden centres before we reopen

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schools would not be in keeping with the relative prioritisation the Executive has determined

58. Ultimately it is to be emphasised that the limiting opening of a contactless 'Click and Collect' within the sector is to facilitate only necessary transactions, and the public are still advised to avoid unnecessary travel wherever possible. It is crucial that the 'stay at home' message is not undermined at this time.

Public inquiries

59. The Department for Infrastructure has requested that an amendment to the regulations be made to allow them to progress a public inquiry in Nightingale Court facilities. DfI currently does not operate a suitable hearing room. Previous arrangements to use Regional Courtrooms are now not possible due to the pandemic. The current restriction regulations severely limit the availability of alternative venues. DfI have therefore engaged with NICTS and agreed in principle to make use of facilities in the Nightingale Court.

LPP/LAP

LPP/LAP

60. DfI has established procedures to facilitate some hearings online using Webex, but not all hearings are suitable for online format due to complexity of those cases and the attendee's right to a fair hearing.

61. CMO and DCSA have considered the risk associated with the implementation of these proposals. In the context of a low level of community transmission of the virus, they advise that this would carry a reasonable prospect of maintaining transmission at a level where the track, trace and protect system would have sufficient capacity to manage any increase, given the summer season. However, they note that the cumulative impact of these decisions along with other relaxations will be to significantly increase the likelihood that further clusters will emerge and that it will be essential to keep this under close review

62. The objective of the proposed amendment is to allow the Department for Infrastructure (or any other government department) to recommence face-to-face

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hearings using Nightingale Court facilities, ensuring that the objectives of the Department's regulatory regime can be restored. I support this proposal

Outdoor gatherings (not in private dwellings)

63. I am mindful of the need to provide some additional flexibility to the population in respect of outdoor gatherings *excluding* private dwellings, places of worship and sporting events. I therefore recommend that the limit of people (including children under 12 years) is increased from 6 to 10, from no more than 2 households. The restrictions on all other outdoor gatherings including sporting events would remain unchanged.

Recommendation / Decision sought

64. 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;
- iv. the current restrictions remain in place until 1 April 2021, subject to review;
- v. the restrictions are formally reviewed on or before 18 March 2021;

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- vi. Phase 1 of contactless 'Click and Collect' for non-essential retail businesses to begin on 8 March, without garden centres, and Phase 2 to be considered again at the time of the eight review of these restrictions, by 18 March;
- vii. An amendment to the regulations is made to allow government Departments to hold public inquiry hearings using Nightingale Court facilities; and
- viii. An amendment to the regulations is made to allow gatherings outdoors of up to 10 people (including children under 12) from no more than 2 households, excluding private dwellings.

LPP/LAP

**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 already made are shown in red, which are variations from the 2 January restrictions, and do not include the changes proposed in this paper)
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.
Outdoor gatherings - excluding private dwellings, places of worship and sporting events	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.)	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	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.	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	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.	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 partnerships,	15 person limit. More persons allowed to attend if organised or operated for religious, cultural, work, community etc. purposes AND	15 person limit. More persons allowed to attend if organised or operated for religious, cultural, work, community etc. purposes AND

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funerals and associated events – see below)	<ul style="list-style-type: none"> - 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. - Face coverings mandatory - 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 - People must not mingle indoors with anyone they do not live with or have formed a support bubble with 	<ul style="list-style-type: none"> - 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. - Face coverings mandatory. - 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. - People must not mingle indoors with anyone they do not live with or have formed a support bubble with.
Funerals and associated events	<ul style="list-style-type: none"> - Max. no of 25 permitted to attend funeral or associated event - includes children under the age of 12 and the celebrant. - Must comply with DoH guidance - A risk assessment is required if more than 15 persons are attending Not permitted in private dwellings - 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. - Contact details of those attending to be maintained by the organiser 	<ul style="list-style-type: none"> - Max. no of 25 permitted to attend funeral or associated event - includes children under the age of 12 and the celebrant. - Must comply with DoH guidance - A risk assessment is required if more than 15 persons are attending - Not permitted in private dwellings - 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. - Contact details of those attending to be maintained by the organiser
Marriages and Civil Partnerships	<ul style="list-style-type: none"> - Max. no. of 25 persons are permitted to attend - includes children under the age of 12 and the celebrant. - A risk assessment is required if more than 15 persons are attending. - Permitted in private dwellings for a max. no. of 10 persons where a party of the marriage/civil partnership is terminally ill. - Receptions not permitted - 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"> - Max. no. of 25 persons are permitted to attend - includes children under the age of 12 and the celebrant. - A risk assessment is required if more than 15 persons are attending. - Permitted in private dwellings for a max. no. of 10 persons where a party of the marriage/civil partnership is terminally ill. - Receptions not permitted - 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 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, 	<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, - 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. - closure of non-essential retail

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	<ul style="list-style-type: none"> - 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. - closure of non-essential retail - restrictions on libraries – orders cannot be made in person and access is only allowed for the purposes of collecting their order. 	<ul style="list-style-type: none"> - restrictions on libraries – orders cannot be made in person and access is only allowed for the purposes of collecting their order.
Visitors Attractions	<ul style="list-style-type: none"> - Indoor visitors attractions must close. - 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; 	<ul style="list-style-type: none"> - Indoor visitors attractions must close. - 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;
Restrictions applicable to all hospitality Premises including private members clubs and Off - Sales	<ul style="list-style-type: none"> - 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. - 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. - 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. - Off sales are permitted from 08:00 on Monday to Saturday, and from 10:00 on Sunday, until 20:00 on any day. 	<ul style="list-style-type: none"> - 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. - 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. - 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. - Off sales are permitted from 08:00 on Monday to Saturday, and from 10:00 on Sunday, until 20:00 on any day.
Hotels and Guesthouses	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - 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	<ul style="list-style-type: none"> - 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. 	<ul style="list-style-type: none"> - 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 liquor may be consumed	<ul style="list-style-type: none"> - This restriction was removed. 	<ul style="list-style-type: none"> - This restriction was removed.
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), 	<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),

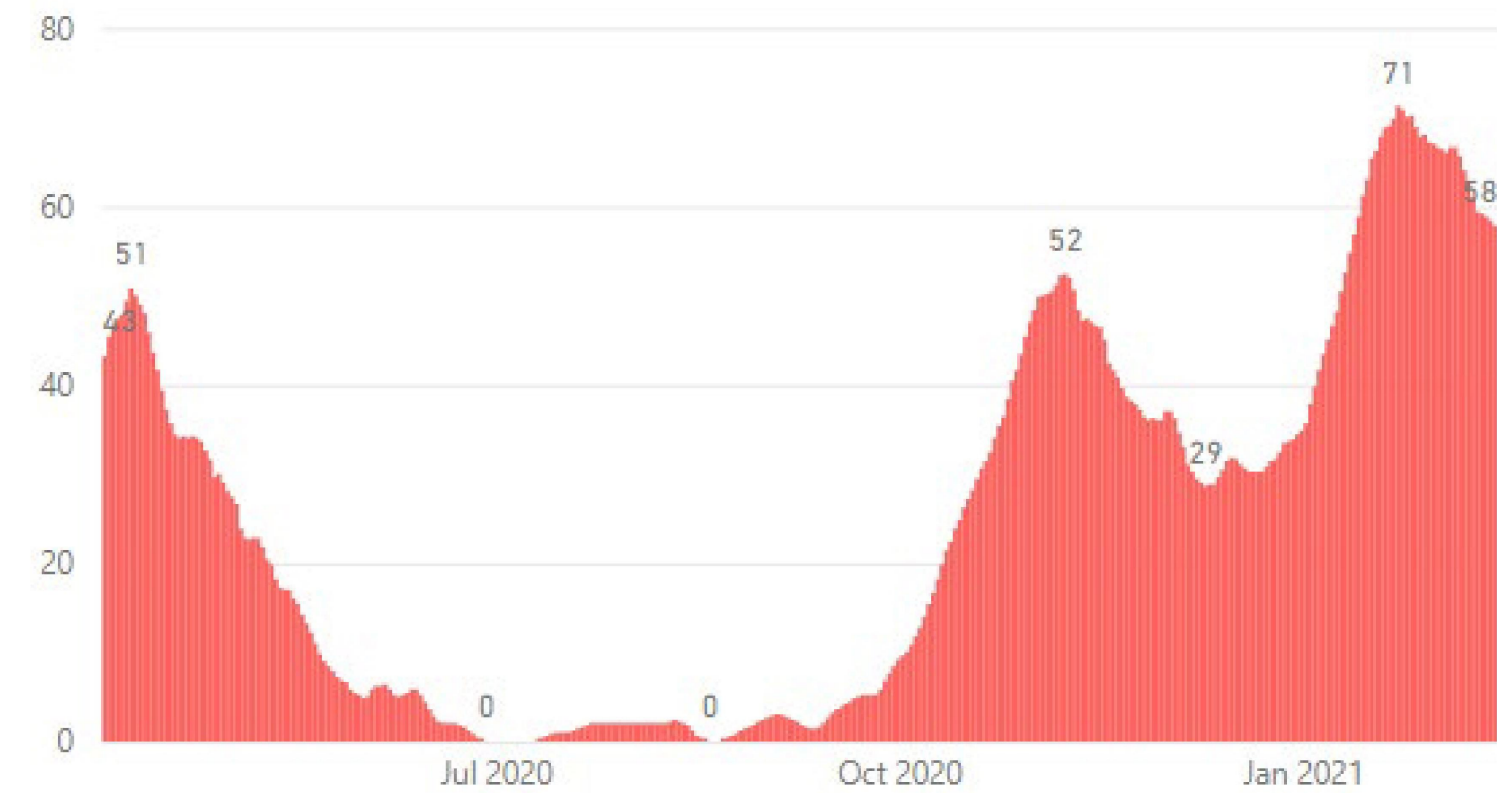
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	<ul style="list-style-type: none"> - Pharmacies (including non-dispensing pharmacies) and chemists, - Homeware stores, building supplies businesses and hardware stores, - Petrol stations, - Pet shops, agricultural supplies shops, livestock markets, 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. <ul style="list-style-type: none"> - 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. - Further work should be undertaken by the Executive Office on the definition of non-essential retail to minimise the potential for abuse of this. 	<ul style="list-style-type: none"> - 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. - From 6 February 2021, permit collection of motability vehicles at motability dealerships <ul style="list-style-type: none"> - 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. - Further work should be undertaken by the Executive Office on the definition of non-essential retail to minimise the potential for abuse of this.
Close contact services	<ul style="list-style-type: none"> - 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. - Face coverings must be worn when permitted to open as per exemptions above - Those permitted to open must collect contact details of all customers 	<ul style="list-style-type: none"> - 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. - Face coverings must be worn when permitted to open as per exemptions above. - Those permitted to open must collect contact details of all customers - From 10 February 2021, exemptions in place to permit driving instruction by emergency services
Libraries	<ul style="list-style-type: none"> - May continue to provide the service of a library: <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. 	<ul style="list-style-type: none"> - May continue to provide the service of a library: <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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Covid-19 ICU Bed Occupancy : 5 Day Rolling Average



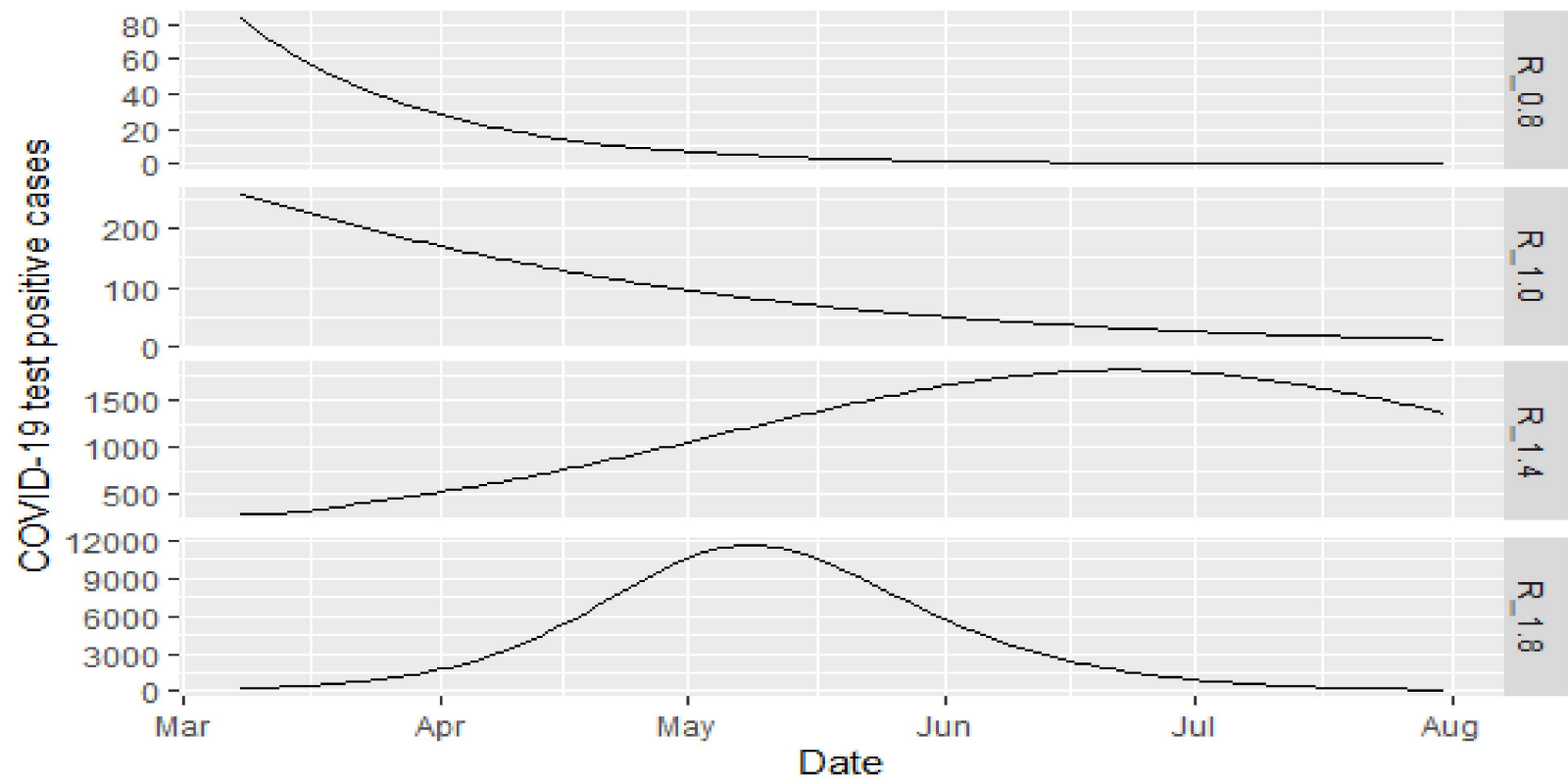


FIGURE 2: COMMUNITY HOSPITAL ADMISSIONS WITH COVID-19 PER DAY

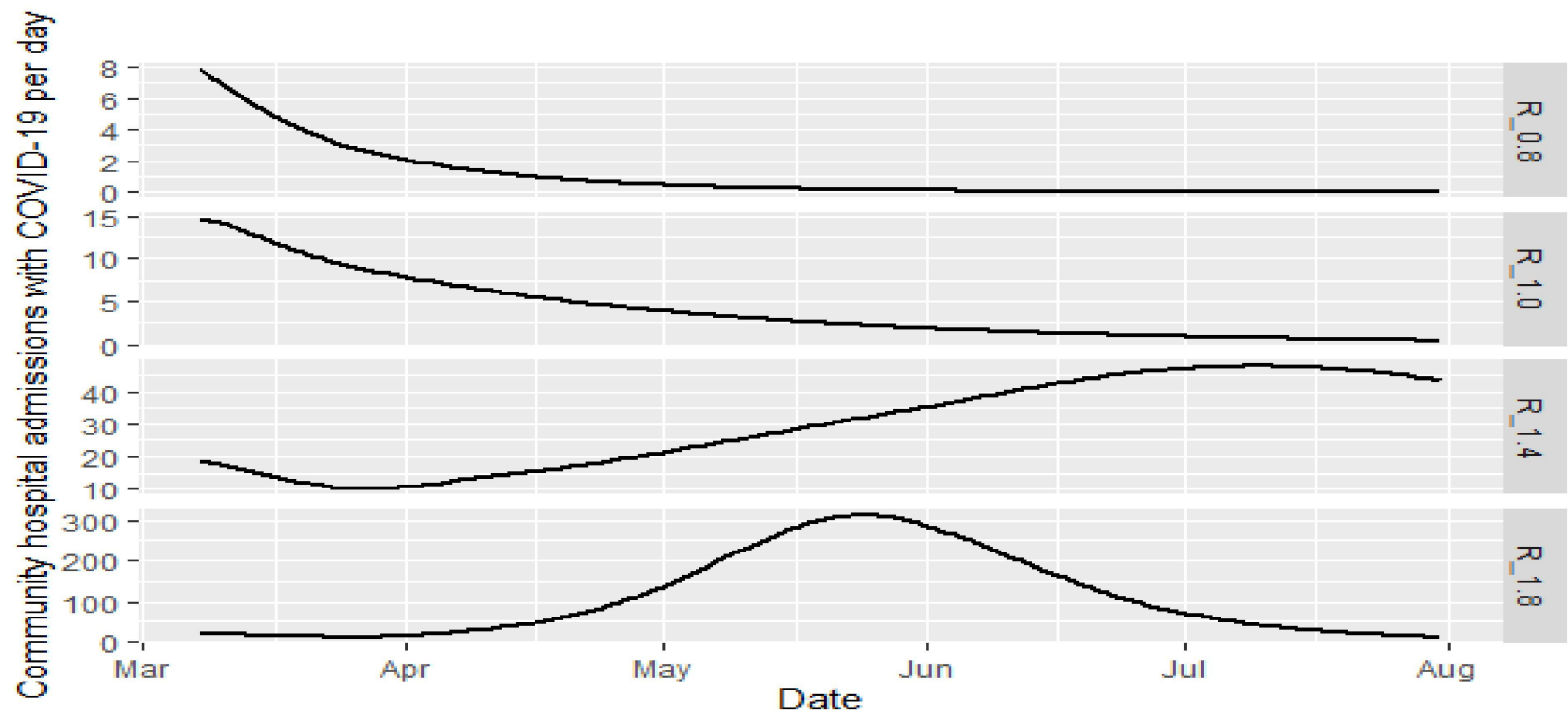


FIGURE 3: CUMULATIVE HOSPITAL DEATHS WITH COVID-19

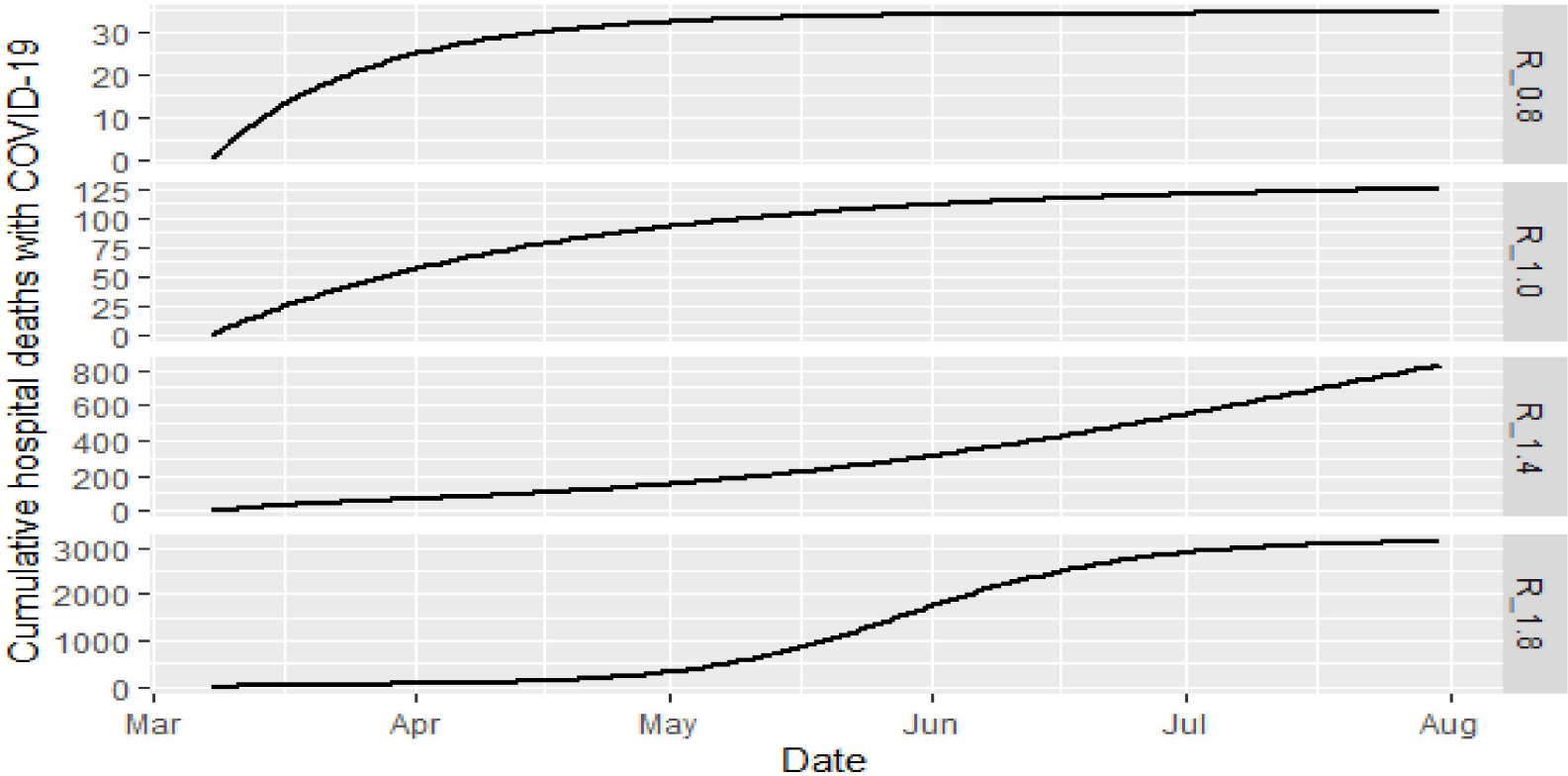
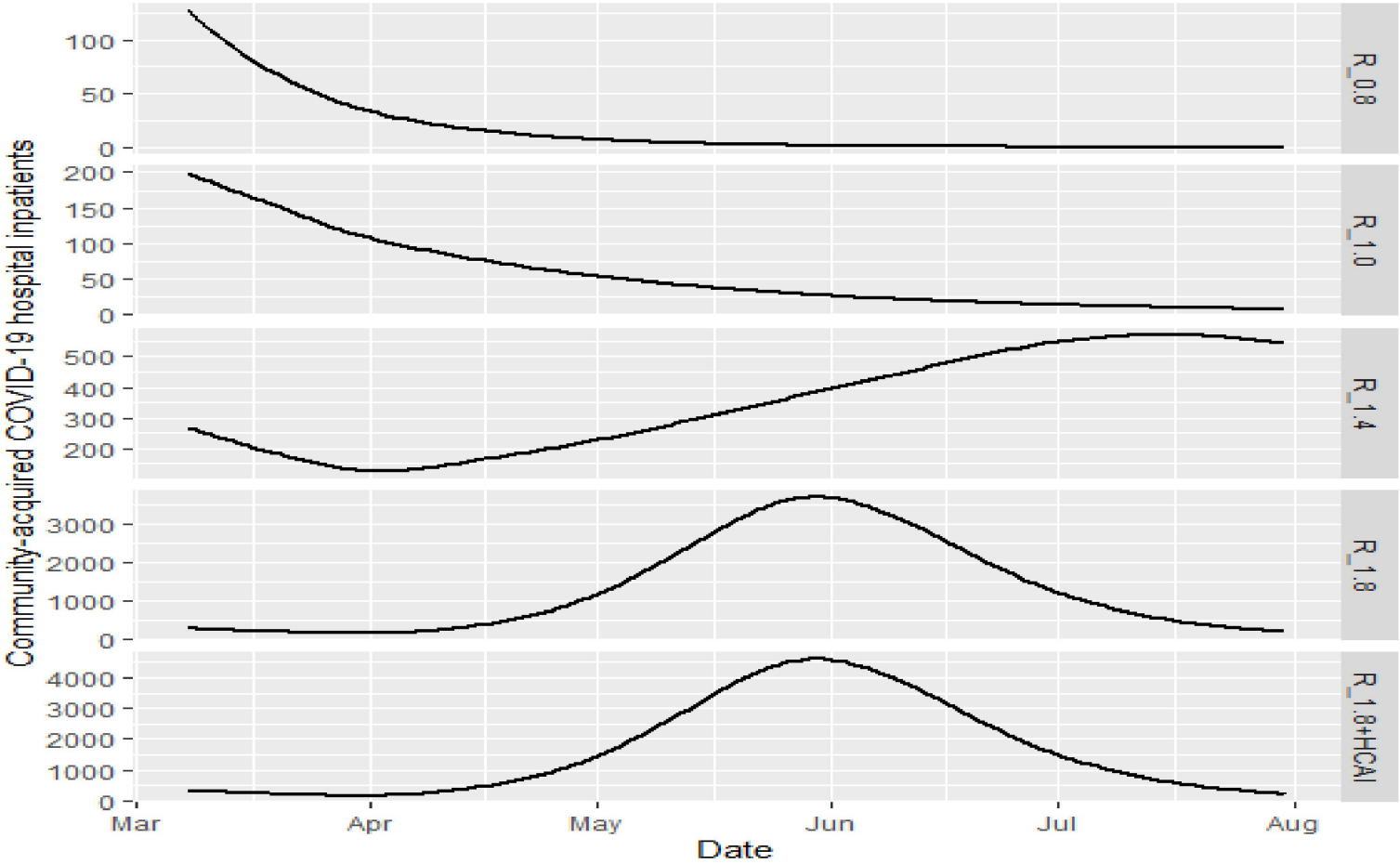
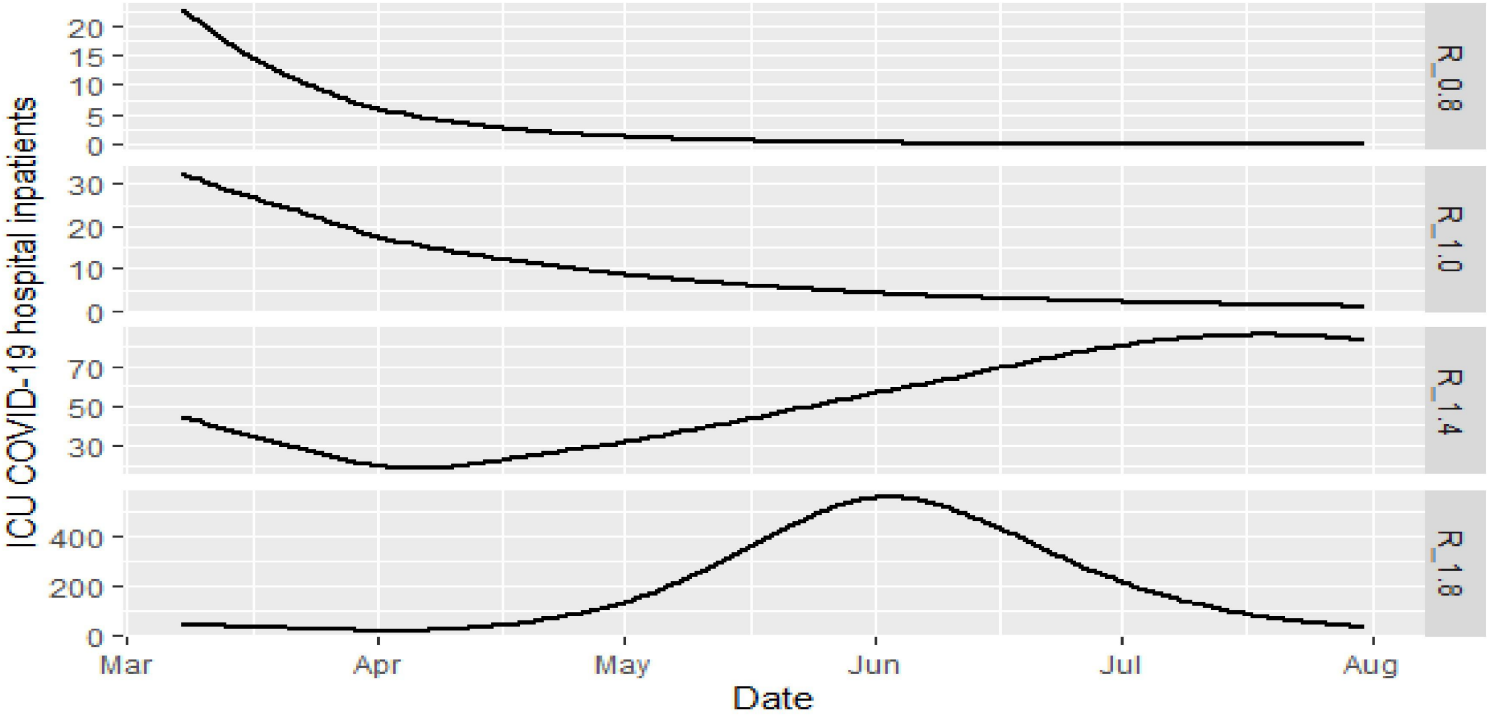


FIGURE 4: COMMUNITY ACQUIRED COVID-19 HOSPITAL INPATIENTS



ANNEX C - MODELLED SCEANRIOS
FIGURE 5: ICU COVID-19 HOSPITAL INPATIENTS



	New in last 7 days		Open / Active	
Workplace	41	64.1%	144	62.6%
Retail	13	20.0%	34	14.8%
Health & Social Care Setting	2	3.1%	30	13.1%
Nursery	6	10.9%	12	5.2%
Funeral	1	1.6%	6	2.6%
Sporting Event	0	0%	1	0.4%
Social Setting	0	0%	1	0.4%
Restaurant	0	0.0%	1	0.4%
Pharmacy	0	0.0%	0	0.0%
Place of Worship	0	0.0%	0	0.0%
Fast Food Outlet / Takeaway	1	1.6%	0	0.0%
Wedding	0	0.0%	0	0.0%
Personal Services	0	0.0%	0	0.0%
Bar	0	0.0%	0	0.0%
Hotel	0	0.0%	0	0.0%
Cinema/ Theatre / Entertainment Venue	0	0.0%	0	0.0%
Gym	0	0.0%	0	0.0%
Total	64	~100%	229	~100%