30 - 3 - 30

PB	Phone
DOF	DAERA
A Hardinson	K Pearson
HOCS	DFI
dFM	DOJ
DFC	R Pengelly
DE	R Swann
FM	CMO

3.15 dFM – Intro.

① Minutes

Agreed? (Yes)

② Matters Arising

dFM Sp note

DAERA Oral State[M] tomorrow

DOJ Statement today

③ COVID 19

HOCS Presentation

Depts – cumulative impact

ECC MC meetings – greatest risk, heat map.

DoH Emergency Response Strategy

Officials' suggestions – first cut.
No dept input yet.
Next day or two

Slide 2 – 3 strat. priorities
Health + Wellbeing Citizens
Economy
Community.

Civil Contingencies Hub.
Mins. to decide on daily rhythm
Meetings – frequent enough for info but not over-commit[m]
Cope with Mins working from home.
We can accommodate.

4 – Planning Assumptions 28-3
5 – Contextual Assumptions
Critical work – DOH – modelling
CCG – next day or so, revised modelling – how pandemic will proceed here.

HOCS – NICS ready, appropriate arrange[m].

6 – Health impacts

7 – Economic wellbeing
Recovery plan needed

8 Societal / community wellbeing

9 onwards - identify priorities which are most pressing.
Mitigations.
Sharpen actions - seek SROs for each action.
Integrate DOH strat into this doc.
Revise in line with health paper
If Mins agree broad approach, will circulate to depts - SROs

13 Metrics
1st cut - issues important for Ministers
More data available than shown in paper.
Info on what data Mins need.

13/14/15/16 -

17 Data from depts
C I
Universal credit

19 Action log - update series of actions

20 Summary - current media activity. Update as required.

21- Escalation items CCG

dFM — Useful - need to populate with health info.
Collective Exec responsibility.
Joined up working
Exec - not just health alone,
CMO, DOH - work together.
Look forward to populating

Modelling - ~~WOEL~~

DFI — Shocked this is not integrated
14 - 3 [constituency] - completely white
Testing - concern

HOCS — Cases in every constituency
0-9
28 March
More up to date figs.

DFI — Where is [ ]

dFM — This is Exec Str
- need to add DOH.

DOF — Exec engagem
In Room / virtual.
Exec to be agile in giving clearance
- normal process - paperwork

Need quick turnaround, rapid response, not caught up in bureaucracy.

HOCS — Arrange meeting, engage as you see fit.
CCG – daily
Min meeting – later in day
Minimal bureaucracy.

DFC — Governance mechanisms
CCG / Exec role
How do depts work together in framework)

HOCS — CCCG approach – take decisions at lowest poss level – only decisions requiring Min decision come at Min level.

DOH — This Exec meeting – what was wanted from DOH
Exec has sight – single doc to describe where we are.
Thank RPengelly + CMO

R Pengelly — Ambitions in crafting response plan
gold command,
Framework – what to achieve + how

V [ ] issue.
Index – 7 strategic objectives.
No of tactical · [ ].
2nd column – rationale for what we want to achieve.
Separate progress report for actions.
User friendly
Actions may appear in more than one place – Reduce infection / boost morale.

dFM Modelling?

CMO Modelling GRP – Scientific expert
Ian Young
UK Modelling – Royal College
~~ROI~~ Modelling
Experts in Birmingham.
Adjust for population
Social distancing advice.
Feed in impact.
Worst case scenario
Best case " – if public follow advice
Significant increase in infection + deaths over next couple of weeks.
Infection some weeks ago . . .
Impact of social distancing – reduction in next 2/3 weeks
Impact on height of peak, also
[ ]

Pressures - end May.
If don't adhere to social distancing - end August impact.

dFM 7 issues - ask questions.
Testing - anti-body testing.
Timeframe.

DAERA Social distancing now - supermkts, factories
Estimates of day-to-day impacts.

CMO Modelling - closure of schools, household contact
Reasonable death figs - will assume some non-compliance
Track + monitor effectiveness
Important - over time, track how effective.
Messaging
Many months.
Keep under regular review.
Turn off + on as required.

DAERA Health + economic crisis.
60-70%.
How can achieve more through social distancing - ramp up.

CMO Encouraging response - people in UK following advice - check impact on

flattening of new cases
2½ -2 week lag. Aim for below 1 (infecting people).
Small sample size - impact of social distancing starting to work. 2-3 weeks before we see impact.

DFI Basing [ ] on what?
Develop dataset
COBRA - real time data.
Anecdotally or real time data?

CMO Work we are joining at UK level,
FM / dFM - use of local monitoring CCTV cameras, footfall on public transport
UK-wide data.

DFI Don't have data now?

CMO Input to UK data
Look at public transport, local amenities, sites
footfall in town centres - DOH doesn't have access, other depts.

DFI Science base - need info.
Not measuring [ ].

CMO Local info - accessing.
UK level - NI part of survey.

IWL arrive -3.53.

Enhance locally
Highly relevant
Level of detail + assurance.

HOCS Through Hub, will collect more data locally – public transport etc.
Supplement UK-level info
Ministers – ensure DOC send through to HUB.

DOF Not confused but concerned.
Obliged to question course of action – DOH
Not prepared to sacrifice queries to give perception of unity.
Sth Korea – testing, community tracing – best practice?
Doc – no ref to tracing.

CMO Doc refers to containm^{t}, delay – rapidly ramping up testing capability.
Shortage of testing agents.
Exec Strat – capacity for testing to increase.
800 a day – ROI (?)
NI – 600 a day
Antigen test
Restrained by global supply
Intensive care.
Test H+Social Care staff – UK wide

arrangem for testing.
Move to antibody tests.
Antigen tests - NIth Trust, Sth Trust numbers will increase.
Antibody - becoming more available
Return to workplace
Testing plan - not in deficit - is ahead of Scotland, Wales.
ROI - 1500 Tests per day.

DOF Tracing - why not following up eradicate?
Social distancing -

CMO Delay phase
Advice to anyone who is symptomatic - contact tracing, sustained during containm phase.
ASSUM
[ ]
1st wave of [Social care]

next phase of epidemic
Increased testing
Further
Nos at this juncture - too many
Nos/pressures

DOF Household
- advise anyone in contact to isolate.

4.02
SWIC

CMO — Droplets
Good hand hygiene
Close proximate distance.
We are ahead.
Everyone who may have COVID 19 – stay at home.
Spread pressure
Reduce demand on health service

dFM — [I

CMO — Antibody testing – end April/ early May.
Emphasize importance of that use in terms of healthcare workers who have had virus – can return to work.
People may have but be a-symptomatic, may be immune but not know it.

DFC — Modelling/testing.
Can't stop pandemic if we don't know who has it
Modelling – restricted, does not use up to date
Don't know – how many have, how transmitting.
Testing – capacity an issue – haven't seen action plan/ mitigation – bring forward?

Concerns re modelling / testing
– basis v restrictive.

dFM Response?

DFC Ask Q, I will answer.

dFM NR /Robin]

DAERA [Test I
We are ahead of anyone else on these islands – but not really a comfort, shd be doing more.
Antibody tests.

CMO Antibody tests only 2 weeks old.
Illness only began in Dec.
Have come a very long way in v short time.
QUB – further plans
Anti-body tests
Measured immune response to virus.
Sufficient antibody
[IDC]
Infer immunity to virus –
months & or years
Reassure frontline staff – risk is lower.
PHA working with Public Health Scotland, Wales, England.

Monitoring of epidemic. What % have had virus.
[~~dog~~] test - easier
[PCR] test - v skilled, technical, not many skilled staff - support PRXII pathology.
Committed to more testing when we have capacity.

DOJ
Prison officers self isolating.
Testing - allow them to return to work.
Test those coming into prisons.
How to check?

CMO
Essential
Workplace pressures
Enclosed environm prison.
Spread of measures - social distancing v difficult
Confined spaces.
Support prison service where there are outbreaks.
Don't have capacity at the moment to expand to other health/social
As soon as capacity increases - critical infrastructures
Crematorium, light, heat
Support for critical workers

~~DDS~~
DfE
For over a week - control rooms

generate operational capacity.
SOMI
Can't stress enough.
Becoming critical issues for us.

DFI — Procure[M] of testing
DOH + DOF working together?
Other depts — eg DFI facilities for test sites.

CMO — Grateful to DFI — drive — then WOT centres for testing Health workers.
Need to wait for ramp up of testing capacity.
HK-level co-operation
Not just health care + critical workers
Household members — isolate.
Don't need to test everyone in household.

DOH — Key workers
Same pressures in Scotland, Wales England.
Prioritisation.

HOCS — CCCG this am.
DOF — increasing capacity — test kits.
Process to find way to prioritisation

DOF — DOH responsible for own procurem but can ask for help from DOF - unless we are asked, we don't do.

DOH — Good work between DOH + CPD.

dFM — Independent sector.

DOH — 3 different sites in NI.
Medical gases.
Meeting shortly - ICU capacity outside hospitals
Step-down facility.
Working across five trusts.
Engaging with independent sector
- Red flag
ventilators
patients
v soon
across UK - nightingale hospitals.

CMO — ICU capacity.
do even more
Reasonable worst case scenario - assumptions - public adhere to social distancing.
V challenging next few weeks.

DOH — Agreem with Royal colleges - move from 1 to 1 to 1 to 6 for ICU.

DOJ — Care for other patients?
Being reduced
Why – instead of 6 months treatm, only getting 3 months – cancer can reoccur.
Access the board or individual oncologist
What is the plan?

CMO — No blanket approach
Certain cancers – decisions always case by case. Treatment can be toxic – make person more susceptible to COVID 19.

DOJ — Patients contacting us – v anxious – not getting full treatm.
Not being discussed in collaborative way, just being told.

CMO — Don't know individual case.
Relationship – partnership between patient + doctor.
Balancing of risks – treatm, immunity, COVID 19.
Happy to engage with [Name Redacted] + oncology network.
Heard interviews – reassuring.

DOJ — Some specific cases, Rome

more general.
Know there is risk.
Concerns re long-term prognosis.

DOH CMO will follow up.

DFM Roll-out?

DOH Altnagelvin – back up + running.
13 – TWD by end of week.
GP Federation
Working well
low-range symptoms – stay home.
Centre – triage – go home or go into hospital.
Replicate Altnagelvin model across other areas.

CMO Today – Belfast, Dungannon
next week – Downpatrick + (list).
Download app – COVID19 NI
Individual – symptoms worsen, ring GP out-of-hours, referred to centre.
Separating out COVID from routine primary care.

JMK Contingency meeting.
[ ] hospitals – TBC.
We have covered already (DFM).
Intensive care ~~sights~~ sites

Problem with medical gases.
May utilize sites as step-down facility
Meeting this p.m.
Need to put physical structures in place.

RP — Going to be combination – develop existing capacity.

JMK — MLK site? Preferred?

RP — 3 sites
MLK a bit ahead of other sites.
Medical gases
Evaluation.

JMK — British Army?

DOH — Nightingale Hospitals in Eng + Wales – have capacity to help.
I will ask for help if required.

JMK — Mortuary facilities.
Receipt of military trappings.
Politically – huge community sensitivity – v destabilising.

~~DOH~~ FM — V important to take decisions to save life.
Military help to set up, then

leave to HHS.
Don't allow political issues to influence decisions.

DOH && If offer of help is there, I will use it. They then leave us to run facility.

RP Clinical services [ ].

DOF PPE – reduce infections for staff + other people.
Maintain staff morale.
Speaking to key people.
General view – lack of access to PPE.
Concern re supply lines – stocks in reserve.
DOF/DOH working together.
NS + India-growing need, threat to our supply.
Working with ROI – secure supplies for island.
Concern – shortage of supplies, impact on staff morale.
Ask DOH/CMO etc to address.

DOH 2 depts working together.
Trusts – control/supply issues.
Walk through hospitals at w/e.
PPE recomm
Fear re appropriate PPE
Giving advice – right equip^{m} for

Right procedure.
ANL4 health wins - Fri - same pressure.
Support front line workers.

CMO 9+ Nursing officer wrote —
supply of gloves, masks
guidance has not been continually
changing — one change Jan, one
change March,
Droplets
28th - PPE list - high risk
procedures + other settings.
Challenges re supply - largely
addressed.
Make sure guidance is better understood
+ applied.
Domestic moral obligation - v
challenging conditions.
V aware of issues - daughter
anaesthetist.

DOF Which guidance?

CMO ~~DOH~~ HK guidance - more stringent
than WHO
Aerosols
WHO - SSP2 or mask
- we recomm SSP3 mask
Gowns
Bare below elbow
- wash with soap + water

Masks - clear circumstances when shd be used
Splashing -

DAERA — Message to Trusts - all equipm will be made available

CMO — Wrote to Trusts - 28th - all equipm will be made available
Important to get message to staff.

DAERA — Feeling it was being rationed.
Read PPE coming from China.
Leave politics at back door - use whatever resources we can.
Oxygen - sufficient level?
Spike - next 3 weeks, further weeks beyond.

CMO — Detailed plan
Cathy Harrison
Mater, City Hospital.
Increased no. of critical care beds.
Ventilation

DAERA — High focus on ventilators - oxygen more important.

CMO — China experience - non-invasive ventilation - avoid <].

DFI — When will PPE arrive?
NOS
Delivery
Flight from China - any for NI.

RP — Product specifications.
Some ordered, some delayed.
Consultations taking place.
Information - weekly consumption
PPE
Orders

DFI — Reassurance
Granular detail for reassurance.

RP — Will provide
Small team
Get stock moving to staff
Then articulate numbers.

dFM — [ ]

DDH — Sharing detail of guidance

CMO — Tony + J in daily contact
MOU - corporations / mutual benefit.
For ministers to consider
Appropriate channels to mine.

dPM. — Helpful discussion
Agreed way forward - Exec
Str doc, to be populated.

DoH see Exec as thorn in side.
Ongoing forum to engage.

(4) Note of Mrgen Decision

FM – Sp note

Noted? (yes)

(5) HDR

FM Contingency Functioning of Exec

Sp note.

Parties working?

DOJ Prison Service
– Briefing re prisoners excluded from scheme.
If breach, can be returned to prison.

DOF

Irrelevant & Sensitive

Irrelevant & Sensitive

FM

Irrelevant & Sensitive

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