



Northern Ireland
Assembly

Ad Hoc Committee on the COVID-19
Response

OFFICIAL REPORT (Hansard)

Ministerial Statement: Health

15 April 2020

NORTHERN IRELAND ASSEMBLY

Ad Hoc Committee on the COVID-19 Response

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Members present for all or part of the proceedings:

Mr Roy Beggs (Deputy Chairperson)

Dr Steve Aiken

Mr Jim Allister

Dr Caoimhe Archibald

Ms Clare Bailey

Mrs Rosemary Barton

Ms Paula Bradshaw

Mrs Pam Cameron

Mr Gerry Carroll

Mr Alan Chambers

Mr Gordon Dunne

Mr Alex Easton

Mr Colm Gildernew

Mr Chris Lyttle

Mr Colin McGrath

Mr Maolíosá McHugh

Ms Sinead McLaughlin

Mr Gary Middleton

Mr John O'Dowd

Mr Matthew O'Toole

Mr Pat Sheehan

Mr Mervyn Storey

Mr Robin Swann

The Deputy Chairperson (Mr Beggs): Item 1 of today's business is the minutes of the previous meeting, held on 9 April. Members are asked to note the minutes, which the Deputy Chair has agreed. Members should also note that the Minutes of Evidence from that meeting have been published as an Official Report, which is available on the Committee's web page.

Item 2 is a statement from the Minister of Health. The Speaker received notification on 9 April that the Minister wished to make a statement to the Ad Hoc Committee at today's meeting. A copy of the statement that the Minister intends to make is included in members' packs at page 8.

I welcome the Minister of Health to this meeting of the Committee and invite him to make his statement, which should be heard by members without interruption. Following the statement, there will be an opportunity for members to ask questions.

Mr Swann (The Minister of Health): Good afternoon. I welcome the opportunity to update members with the latest developments regarding COVID-19.

As I have said in numerous statements to the Assembly, to the Committee and to the public, we are living in unprecedented times. People are understandably anxious and they are worried about the safety of their families, especially those who are older or who have underlying conditions. People are unnerved by the empty streets and town centres. Of course, after this morning's news that our economy is currently experiencing its fastest and deepest decline in the history of Northern Ireland, people are understandably concerned about what the future will hold for them.

We are living through scenes that only three months ago would have been wholly unimaginable. For future generations, 2020 will be remembered as the year of the coronavirus. This is a serious virus, and we have seen in too many countries across the world the frightening pace at which it has spread. Nevertheless, we must remember that for the vast majority of people who contract it, the virus will be mild and they will make a full recovery.

However, as we all know, not everyone who gets it survives. Sadly, there are homes right across the country that are grieving. No matter how long this lasts, we must never ever forget that behind every statistic is a human being: a mother, a father, a brother, a sister, a friend, a person who will have been loved and is now missed.

In all the briefings that I get and all the calls and meetings that I take part in, nothing drives home the tragedy of this virus more than seeing the pictures of funerals with only a very small number of permitted mourners. Wakes and large funerals are understandably not able to happen right now, but that is not how we usually say goodbye to our loved ones.

I want to take this opportunity to once again put on record my sincere thanks to all those who continue to deliver our vital services: our front-line health and social care staff, our police officers, those who are looking after the children of our key workers and those who are ensuring that there are supplies on the shelves. There are too many to mention, but it is important that we recognise here today the significant time, energy and commitment that is being invested by so many to keep us safe in our homes.

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

There has been much focus and discussion on the issues of personal protective equipment (PPE), testing and the reporting of COVID-19-related deaths in recent days and weeks. I assure you that I and my team across the health and social care (HSC) sector are acutely aware of the challenges arising from these issues, and we are working tirelessly to ensure that every conceivable effort is being made to help people keep safe, stay at home and protect our NHS.

Key to informing the decisions that I and Executive colleagues will need to make in the weeks and months ahead is the work being undertaken by the COVID-19 modelling group. The projections provided by this group are informing the work that needs to be progressed to ensure there is sufficient PPE available; that testing is scaled up; that our hospitals, GP services and community pharmacies have capacity to deal with the demands they are facing; and that key services within the community are prepared to deal with the challenges they are facing today — and every day — until this disease has been defeated.

To meet the additional need for staff, once again, our health workers have stepped up. Many hundreds have gone through additional training, and, as of 6.30 am today, the HSC workforce appeal, which was launched only 3 weeks ago, has had 18,354 expressions of interest, which have been converted into 10,777 formal applications to date — a conversion rate of nearly 59%, which is double what could normally be expected in a recruitment campaign. In fewer than three weeks, almost 300 people have been offered or appointed to posts, with over 3,000 now job-ready or about to be job-ready, subject to completion of final checks.

Clinical applications, of which there have been 2,784, have been prioritised for processing. This includes former doctors and nurses who are returning to service, many from retirement. I pay tribute to their dedication and thank all applicants for rallying to this cause.

The team is now turning its attention to processing the 7,993 non-clinical/support worker applications. This support will be crucial in our response to COVID-19. Online applications have been paused while the team works through these applications. The campaign is sophisticated and social media-driven, so further expressions of interest can be sought quickly if there are further areas of high demand.

It is important to note that we are putting processes in place to support the independent sector, in addition to the HSC, from applicants to the workforce appeal.

The response from our pharmacists and primary-care colleagues has been phenomenal. Despite all pressures, our chemists remain open and continue to provide their essential service.

Similarly, as members will know, we have opened a series of COVID-19 centres — 10 in total — which have seen more than 1,300 patients already. They have moved mountains and, I have no doubt, will continue to do so.

Importantly, along with a number of additional supports across the community and government, the HSC is also putting in place mental and emotional support for their workers at this very difficult, challenging and often emotional time.

Modelling colleagues have indicated that the peak here may now, potentially, be less severe than we had feared, in this first wave at least. I am sure you will all agree when I say that it was reassuring, but not surprising, to see the positive and responsible approach adopted by the vast majority of people in Northern Ireland who adhered to social distancing over the Easter holidays. We have risen to the challenge and, I have no doubt, will continue to do so.

We cannot be certain of how this first wave will play out. No modelling can predict the future, but we can acknowledge that the unprecedented social distancing restrictions on all our lives are starting to make an impact. However, there can be no grounds whatsoever for complacency.

The focus now, as much as ever, has to be on staying at home, saving lives and protecting our health service. Difficult times lie ahead, I have no doubt. However, I am confident that we are ready to face them together. Indeed, I and my Executive colleagues are working closely to ensure that we are working as one in our plans and in our actions.

In partnership with the Department for the Economy, Northern Ireland's further and higher education institutions are now making an invaluable contribution to the fight against COVID-19 by creating personal protective equipment and joining the research for a vaccine.

In partnership with the Department of Education, we have developed a package of measures to provide emergency childcare for key workers.

In partnership with the Department for Infrastructure, a number of MOT centres have become available to test people rather than vehicles. In partnership with the Department for Communities, the response to this emergency has been focussed on the local community, by the local community.

Indeed, across every Department, partnership working has resulted in innovations and progress that we could not have imagined possible just a matter of weeks ago.

I turn now to the issue of PPE. I have been clear about the challenges with PPE. COVID-19 is a worldwide issue and protecting staff and patients impacts as much elsewhere as it does locally. The pressures on supplies are significant globally, and, as I have said on a number of occasions, that there is not a country in the world that truly knows the path that this virus is going to take. Would I like to have more PPE? Of course I would. That is why I am committed to ensuring that we rigorously pursue every viable supply source, both locally and elsewhere.

The four nations PPE plan was published last Friday, and we are working closely with England, Scotland and Wales on all aspects of that plan. We have already supported each other by way of mutual aid and that will continue in the weeks and months ahead.

I know there have been some concerns expressed at the fact that, in recent weeks, I had agreed to mutually aid England. I can confirm that I did send 250,000 gowns to England over the last two weeks — those supplies will be immediately reimbursed once their stocks arrive. Equally, when I recently reported a shortage of eye protection equipment, England and Wales acted quickly to help us. We must remember all of this is in the context that the UK Government have already sent Northern Ireland over 5.6 million items of PPE. So, I make no apologies for sharing our stock, because when we need some, the other UK nations are not reluctant to share theirs. That demonstrates the value and success of the four nations approach we have been taking.

None of us can work on our own in our battle against COVID. Equally, we continue to explore new supply lines with the Republic of Ireland. We have significantly increased supplies from local agents. Local industry is to be commended as it continues to show itself to be adaptable, innovative and responsive to changing operational environments.

China is the most significant source of worldwide supplies. The work led by the Department of Finance and the Department of Health to secure PPE is important and at a critical stage. We continue to work to ensure all possible steps are taken to open up a supply chain that meets our needs and supports our four nations approach.

I have already underlined the vital importance of distribution and deployment to all front-line settings and stressed that all staff must know where to turn within their organisations when they have concerns or questions.

I remind colleagues of the scale of this issue. We must continue to support our staff, and indeed the broader community, in helping them understand and make informed decisions about when, and how, PPE should be used. The correct use of this precious resource is as equally important as is confidence in supply chains. However, if we are asking staff to trust the guidance on what PPE they need, then they are understandably relying on us to get the right PPE to them and at the time they need it. That is why, after speaking to the Chief Medical Officer, we have now agreed that there is going to be a thorough examination of the flow of PPE. I have made it clear that it would be inexcusable if delays saw PPE remaining in stores or in trust buildings, waiting for onward allocation whilst staff and care facilities were going without.

I turn now to another key issue that I have been focussed on: the provision of testing and the significant role it has, and must continue to play, in our fight against COVID-19. I would like to reassure you that testing is growing and will continue to do so as rapidly as is possible. As of this morning, the total number of individuals tested for COVID-19 in Northern Ireland stands at 13,672. That figure includes 4,151 healthcare workers. However, it is important to note that, because testing was not specifically targeted at healthcare workers at the outset, that figure may underestimate the true number of healthcare workers tested.

In today's figures, we are reporting an additional 121 confirmed cases and, sadly, a further six deaths. That represents six more families in mourning, and we should keep them in our thoughts at this time. I am also aware that, in recent days, there has been growing commentary asking why, if our testing capacity stands at over 1,000 — I am glad that it does — the number of tests being reported daily is often below that. Whilst a number of issues can have an impact on the daily figures, an important point that I wish to stress to members and to members of the media is that it often takes more than one test to confirm a positive or negative diagnosis. Of the 577 individuals that are being reported today, a number will have been tested more than once, so we will have carried out many more than 577 tests. The difference in tests and testing capacity is not what it may first appear.

I am also committed to further scaling up our daily capacity through existing health and social care laboratory space and through external partners at local and national level. Just yesterday, I visited DAERA's Agri-Food and Biosciences Institute (AFBI) with my Executive colleague Minister Poots to talk with officials there about the work that they will now undertake as part of a consortium in Queen's University Belfast and Ulster University to assist the health service in testing up to 1,000 samples a day from suspected COVID-19 cases. You will be aware that testing is now also being carried out at a number of DVLA sites to support local trust capacity and through the national initiative at the SSE Arena testing site, and there will soon be testing at a second testing centre in Londonderry, which is due imminently. Further sites are at an advanced stage of development. In addition, the expert working group has been established to lead on the expansion of testing across all our laboratory services in health and social care facilities and to consider options for the utilisation of other testing facilities, including those in the commercial sector. In the testing strategy, which has been shared with the Executive and the Health Committee, I have made it clear that the overall testing policy will be adjusted over time as testing capacity increases and priority groups for testing are expanded. Similarly, the strategy also includes a pledge that testing will soon move towards surveillance of COVID-19 in the population to inform the planning of services, including surge capacity, and to estimate population immunity.

I know that members will also be keen to hear an update on COVID-19-related deaths in care homes. I would like to take a few minutes to reassure members that care home providers and staff in Northern Ireland are working extremely hard to keep some of the most vulnerable people safe, and I recognise their commitment and dedication here today. I am committed to providing all the support that they

need to continue this vital work, and, as such, the Public Health Agency is working very closely with local care homes, providing expert support and detailed advice in the event of infections and outbreaks occurring. Where care home residents and/or staff are symptomatic, they are being tested, and testing is being increased. There has been much focus in recent days on deaths that occur outside hospital settings. Let me again be clear about this: every single one of our residents in nursing and care homes matters just as much as every other citizen in our society.

The process for registering deaths in the community takes a number of days and involves a doctor completing a death certificate and a number of additional steps being undertaken by the General Register Office and the Northern Ireland Statistical and Research Agency (NISRA). NISRA publishes a weekly bulletin on all deaths registered in Northern Ireland, and, from this week, the bulletin will provide information on all COVID-19-related deaths registered in Northern Ireland across hospital and community settings. However, for clarity on this issue, I will highlight that many of the deaths of our care home residents are already being captured in the figures being published, as many of the patients are first being admitted to hospitals.

Members, I am conscious that my statement is lengthy and that you will be keen to ask a number of questions on a range of issues, but I would like to take another few moments to update you on some of our key actions that are ongoing to support the emergency response across the HSC.

A key component in the emergency response has been work to maximise HSC's capacity to treat COVID-19 patients. Each trust has also taken steps to significantly increase critical care capacity at local hospitals. We now have 143 adult ICU beds, with a further 12 paediatric beds. Today, there are 49 COVID patients in ICU, with a further 38 non-COVID patients. Thankfully, that means that, as it stands, and before even more beds come online for any further increase in critical care admissions, we have 56 spare ICU beds. We also have 197 ventilators, but, as was demonstrated with the Prime Minister's recent ICU experience, not all ICU patients require ventilation. We also have 3,820 geriatric and acute beds. At present, there are 603 COVID-related inpatients, including confirmed and suspected cases. There are a further 1,345 non-COVID patients in hospitals across Northern Ireland, meaning that, as it stands, we have almost 1,900 empty beds. If our modelling is accurate, that should be more than sufficient capacity to meet the surge.

In the event of an extreme surge, Northern Ireland's first Nightingale hospital has now been established at Belfast City Hospital. The unit will initially treat a mixture of patients who are critically ill and those who require admission to hospital with less acute symptoms. However, if the surge is more severe than expected, this new regional unit will have the capacity to treat up to 230 ventilated patients from across Northern Ireland. In this scenario, if local ICU services come under severe pressure, either due to the weight of demand or due to staff absence, they may need to be folded into the Nightingale hospital in a carefully planned and phased process, while ensuring that local services are still equipped to safely treat a small number of critically ill patients. However, I stress that much of the day-to-day, non-COVID business of the health service continues. People are still having strokes and heart attacks. That is why I urge anyone who suspects that they need to talk to a doctor or present to a hospital to do so. While having empty beds is positive, equally I do not want to see people who need to be in hospital not coming forward.

In recent days, I have also approved two decisions to activate military aid to civil authority (MACA). This was something that I announced almost a fortnight ago that I was minded to do. The first decision relates to the need to redistribute medical equipment between hospitals across Northern Ireland to ensure that all hospitals have the necessary equipment, including ventilators, required to fully enact their surge plans. The second relates to the provision of technical advice and assistance to explore the potential for the development of a new, temporary Nightingale facility. There have been lessons learned in the course of our preparations for this surge, and one is the need for a regional facility that can react quickly to changing patterns of demand in the event of an extreme surge of COVID-19 patients.

In addition, HSC trusts are now accessing hospitals in the independent sector to treat urgent non-COVID patients across a number of elective specialities. It is expected that between 120 and 135 procedures will be carried out per week across a range of red-flag and urgent cases. These will include breast surgery, gynae cancer surgery, plastic surgery, urology procedures, general surgery and ophthalmology, as well as potential for a small number of local anaesthetic procedures to be undertaken. The HSC will fund this activity on the basis of compensating the independent sector on a net cost recovery, not-for-profit basis.

On next steps, I very much wish that I could provide some certainty on what the future holds for us all. Modelling has indicated that we are now in the peak of the first wave of the pandemic, but it is too early to confirm whether the current figures represent the peak. In the absence of a vaccine, we will have to plan for a potential second wave of COVID-19 cases later in the year, once restrictions are eased or lifted and normal life gradually resumes. While there are grounds for hope that the outbreak can be brought under control through maintenance of the current restrictions, coupled with the continuation of the high level of compliance that has been observed by the people in Northern Ireland, the outbreak has not yet reached the point where the restrictions can be relaxed. The progress achieved through good adherence to the restrictions by the people of Northern Ireland will be lost very quickly if there is any adverse change in compliance with the existing social-distancing measures or relaxation of the restrictions that help achieve that compliance. It is clear that, in Northern Ireland, as elsewhere in the world, the restrictions are causing hardship, distress, anxiety and economic harm. They represent a level of interference with family life, work, religious practice, social and cultural activity, leisure, sporting and educational pursuits that is alien to our way of life.

My Department has carried out the required review of The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020, drawing on the advice of the Chief Medical Officer and the Chief Scientific Adviser. On the back of that review, the Executive have today agreed that the restrictions and requirements set out in the regulations continue to be necessary if we are to continue to flatten the epidemic curve, manage the capacity of the health service and keep COVID-19 deaths to a minimum. There will be a further review, which will inform how we progress, and the position will be closely monitored. However, now, as before, the message remains the same: please keep safe, stay home and protect our NHS, as it is working to protect us.

I will conclude by appealing to members and to the general public. I have previously expressed concern about noise on social media and elsewhere that is distracting from the work that we are doing and from our life-saving messages to the public. That noise remains a challenge. We seem to have a lot of self-appointed experts commenting minute by minute. We seem to have a lot of people on Twitter who have secured doctorates in epidemiology in a few short weeks. They are entitled to their opinions. They are not entitled to their own facts.

I urge everyone to avoid speculation or rushing to judgement. Comparing our statistics and our actions, favourably or otherwise, with those of other countries is premature at best. It is highly likely that this planet will be battling the coronavirus well into 2021 at least. The prospect of a second surge later this year must weigh heavily on all our minds. This is no time for final verdicts to be delivered, favourable or critical, because we are in this for the long haul.

We will also have to face up to difficult conversations down the line about when or whether or not to ease any social-distancing restrictions. That time is not now. At this moment in time, we have to stick firmly with the measures we have, but the time will come for those discussions, and we have to face them together, honestly and openly. There will not be any easy decisions, because simply maintaining the current lockdown indefinitely would have serious repercussions for many people's mental and physical well-being. We will all have to weigh up our options very carefully, working closely with colleagues across these islands, to ensure that we take the right decisions at the right time. Thank you.

The Deputy Chairperson (Mr Beggs): I thank the Minister for his statement. I will now invite members to ask questions. I will allow one hour for this and it is my intention to allow every member in the Chamber to ask a question. Of course, to enable that to happen, I need members' cooperation and for them to be focused and succinct in their questions. Members may ask one question and it must be related to the Minister's statement. As is normal, the Chair of the Health Committee will be allowed some latitude to ask an additional question. I invite Colm Gildernew, the Chair of the Health Committee, to ask a question.

Mr Gildernew (Committee Chair - Committee for Health): I thank the Minister for his statement. I acknowledge and endorse his comments about the hard work of staff. I also pass on my condolences to the additional six families who have been bereaved as a result of this dreadful virus.

In your statement, Minister, you referenced the fact that modelling cannot tell us what the future holds. However, we have been aware for some time from the World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC) that the way in which to tackle and fight the virus is first to test, then to trace the people who have been in contact with those with positive tests and then to isolate those people. In light of that, it is my view that testing should have happened more extensively and longer ago. The Chinese have a saying:

"The best time to plant an oak tree was 20 years ago. The second best time is today."

I ask you today, Minister, what plans are in place and when you will be in a position to roll out testing to our care home sector and to the staff who work in it, in order to protect the most vulnerable people in our society.

You mentioned in your statement that you would:

"rigorously pursue every viable supply source"

for PPE. You will know that I wrote to you some weeks ago about the European procurement scheme. My second question is this: were you made aware of that scheme by the British Government, and would you have taken part in it had you been? Are you now pursuing the potential for us to purchase PPE for our front-line staff via that route?

Mr Swann: I thank the Chair for his questions. I also thank him for the support that he has given to our healthcare workers, because I know that it is gratefully received and appreciated.

Especially with the additional 1,000 tests a day coming online through AFBI, we are now moving to a position in which we can move on to our next phase of testing, and it is exactly as the Chair laid out. It is in the testing plan that we shared with the Committee. How we move once we get out of this phase, how we find out where the virus is in the community and how we make sure that we lock that area down — I do not mean that we lock it down physically but that we lock down the virus in the area — is by testing and tracing. The Chair is well aware that we have always been pushing to get as many tests done in Northern Ireland as we can. The ability to test more people through the partnership working that we see both in our own health labs and in AFBI's labs and through taking part in the national testing programme will enable us to take testing to the next stage, which is something that I want to do as quickly as possible, and the Chair is well aware of that.

With regard to testing in care homes, we put out a notice at the start of the week that any resident of a care home — I say that deliberately, because I have heard people talk about "patients" in care homes: they are "residents" of care homes — who has shown symptoms will be tested. That is the guarantee that we have made, and that is what we will do. It is vital that we support people in care homes so that they get tested as they need it, including the staff. It is also about reassuring the family members of people in care homes that we are here to make sure that their relatives receive the support and protection that they require.

The Chair may remember that we took criticism at the start because we closed down visiting at care homes quite early, which caused emotional stress. I announced yesterday that, at that minute in time, we had 32 care homes with COVID-19-positive patients in them, which relates to one in 12 of the care homes in Northern Ireland, whereas, across the water in England, it is one in six. I am therefore hopeful that that early intervention will have restricted the number of care homes in which we see positive cases, and we are making further support measures available.

The Chair asked specifically about PPE. I have not seen the letter that he has written to me, but I am sure that it will be one of many that are there for me. I was not made aware of the EU-wide procurement scheme, and I can say openly standing here that I was not briefed on it at the time. Would I have availed myself of it? The member knows well that I would avail myself of any scheme or mechanism to get PPE to our front-line workers, and that is why I am thankful that, working through the member's party colleague the Minister of Finance, we have progressed the work that we are doing internationally and locally to source PPE supplies for all our front-line staff. The member will know how the Minister of Finance is working with representatives in China who are working with the British embassy out there to secure a supply line from China. More important is the ability for us to repurpose and reskill our manufacturing processes in Northern Ireland, because that economic support and recovery is vital to those people. I was with the member's colleague, the Minister of Finance, at Huhtamaki in west Belfast, and they will be able to upskill to provide four million face shields per day. That is a vital piece of PPE that our front-line workers need. When we start to produce that locally, it means that we can get that security of supply chain. One of the things that the virus has proven in regard to our supply chains, especially with the likes of PPE, is that that just-in-time, international delivery pipeline is good when there is no threat, but, once we start to see threats, we need to make sure that we can secure our own PPE and support individuals in our home markets.

There was an e-tendering process for additional Northern Ireland suppliers and manufacturers to come online. It was being managed by the Central Procurement Directorate (CPD) in the Department

of Finance and, I believe, closed at midday yesterday. I spoke earlier with the Minister of Finance, and he has said that they are working through the options and offers that went into that bidding process so that we can get more Northern Ireland companies up and running and producing PPE.

Mrs Cameron: I thank the Minister for his statement to the House today. Minister, you referred to the good reaction from the public to the stringent measures that have been put in place. That includes, obviously, social distancing. In order to give context to my question, I will read a bit of the guidance given on a question on the government site. The question was:

"Can I exercise more than once a day if I need to due a significant health condition?"

It goes on to say:

"If you have a specific health condition that requires you to leave the home to maintain your health - including if that involves travel beyond your local area - then you can do so. This could, for example, include where individuals with learning disabilities or autism require specific exercise in an open space two or three times each day - ideally in line with care plan agreed with a medical professional."

Can you clarify or produce further guidelines to that piece of government guidance, given the large number of individuals who have a diagnosis of autism in Northern Ireland?

Mr Swann: I thank the Deputy Chairperson for her question. I know that she has been a long-time champion of those with autism, and I know the challenge that the current social distancing and the stay-at-home restrictions put on some individuals who have autism and suffer from being confined in their home. I was part of a ministerial four nations meeting earlier, and it was indicated that there has been a 21% increase in calls to the likes of the Samaritans.

In regard to the specific guidance for those with autism, the key point that she refers to is about a care plan on advice from a medical professional. For those who need to go outside their home more than once a day, it would be with that guidance and support from a medical professional. I am willing to get specific guidance to the member in regard to autism, because I am also conscious that that guidance advises that any physical activity that is undertaken should be limited to close to home. It is not about getting in the car to go to somewhere else for a walk; it is about using the area close to your home for that support and always remaining in line with the other social-distancing regulations to remain two metres apart from anybody else you meet, unless they are a carer or a member of your household.

There are exclusions or specific cases where people can go outside their home more than once a day under medical guidance, but it is not something that I want to see abused. It is something that I want people to do under advice and guidance. I am happy to get more guidance to the member.

Mr McGrath: I thank the Minister for his statement. I commend him for the work that he has done recently in some very difficult circumstances. It is not often that Ministers get praise, but, certainly in my constituency, people recognise the work that he is doing, and I want to pass on that message.

I want to ask the Minister about deaths in care homes. There has been a change in the way that deaths are verified and certified, maybe not so much in the certifying but certainly in the verifying. Is that causing some of the time lag, maybe because it is care home staff rather than doctors and nurses who have to carry out the verification? Is that causing the slight delay in the reason for death being communicated to doctors, who then certify those deaths? That can take several days to come through.

Let us set that against some statistics. Last week, NISRA stated that we had 434 deaths, 55 of which were coronavirus-related. However, if we compare that week with the average over the last five years, there is a 30% increase in the number of deaths, which means that there are probably around 80 deaths that do not fit with the statistics that we have had over the last number of years. Is there an opportunity there to establish that some of those deaths are coronavirus-related but are not being recorded? Is it possible to tighten up as best we can how deaths are verified and certified?

Mr Swann: Again, the member brings to light one of the current issues that we are dealing with. It is always one of the issues that come up when individuals or members of the media start talking about numbers. I want to say to people, "Please remember that these are individuals". Too often in these conversations, when people start to look at graphs and numbers, they forget that there is a loved one behind every one of them.

There was a piece of work being done between the Public Health Agency (PHA) and NISRA, which falls within the Department of Finance, to ensure that we captured every death that was related to coronavirus. The discrepancy between the PHA-reported deaths and those coming through from NISRA is specifically that those being reported by the PHA were people who had been tested and confirmed to have coronavirus in the last 28 days and had passed away in a hospital setting.

The member may recall that, when we started reporting deaths — we are talking about deaths in Northern Ireland — it was because someone had passed away with COVID with an underlying condition. NISRA picks up the death of someone who dies with a condition with COVID as an underlying condition. NISRA picks up the deaths of people who die with COVID but not of COVID. It is about a more rigorous way of recording deaths, rather than someone being missed out. However, we have to be cognisant of the additional deaths that fall outside the normal average, which is something that has been raised in other countries. It is an awful way to talk about death. There have been 143 deaths, and the member has referred to that. NISRA is doing a bigger piece of work to break those deaths down and determine the underlying cause.

As I said in my statement, what concerns me as Health Minister is that there are people who may have had a stroke or a mild heart attack but are staying away from hospitals rather than seeking help and support. The message that I want to put out is that, if you need to go to a GP or a hospital, please do so. Do not be afraid to do so: the NHS is here to help.

Dr Aiken: I thank the Minister for his statement. He does not need expressions of support from us because he has it in spades. I particularly welcome the revelation that over 4,151 healthcare workers have been tested so far. Will he give a commitment that we now have sufficient testing capacity, through both local and national testing channels, so that we can test all the healthcare workers who need to be tested?

Mr Swann: I should have said in response to Colin McGrath's question that, when people talk about praising me, the only reason that the Department is seen to be doing the job that it is doing is the work of those in our National Health Service and in community pharmacy and those who fill shelves in shops and all of that. This is not about any individual or any one Department; this is about society in Northern Ireland actually working.

As regards testing of healthcare workers, I am now confident that, if a healthcare worker needs to be tested, they can be tested, should that be through the testing facility in a trust or through the national testing facility, currently at the SSE and, as I said earlier, one will be opening shortly in Londonderry. Hopefully, in the next couple of weeks, there will be a further one in the south and south-west that will utilise the Radox test. We can get front-line healthcare workers tested.

Regarding an updated figure for staff across health and social care trusts, I suppose that members, the media and the public always look to the numbers. Of the 60,096 people working in the health and social care trusts as of 10 April, which is the most recent data that we have, there are 274 staff out because of COVID-19; that is 0.4% of the workforce. Updated figures will come shortly. The number of staff who are isolating is 1,430, or 2.1%. They may be self-isolating or shielding because of underlying health reasons. So, 2.5% of the entire health and social care staff were off at that point in time, but that can be compared with 3.6%, or 2,500 members of staff, who were off due to other health matters at the same time.

When it comes to testing our health and social care staff, we will make sure that they are tested when they need to be tested.

Ms Bradshaw: Minister, you will recall that, at a Health Committee meeting a few months ago, I raised the issue of guidance for expectant parents, and I asked you, at that time, to put up the guidance from the Royal College of Obstetricians and Gynaecologists. Since then, that guidance has been updated, and the section relating to front-line employees who are pregnant states that they should seek to move to an admin role or to another part of the health trust. That is not always happening, and even though they may have PPE or have risk assessments carried out, front-line healthcare workers are living with chronic stress right now because they feel that they should not be in work and that that is having an impact on their pregnancy etc and that it could possibly lead to long-term issues in relation to perinatal mental health, for example. What is your assessment of the current support that pregnant front-line workers are getting and what is the long-term plan for supporting them?

Mr Swann: Again, if a member has a case like this, they should bring it to me, because I am prepared to look at it, even if it is on an individual basis. As the member mentioned, the advice and guidance was updated. It should be in the remit of the employer to offer an alternative working place. If they are not doing so, or cannot successfully do so, then I am happy to look at the case and take it forward. If the member wants to, she can talk to me outside, after the briefing, because I do not think it is appropriate to discuss individual cases now rather than the generality. I will check the guidance to the trusts, but I think, as the member mentioned, it was updated to say that they should be moved to an admin position or one that does not require interaction with patients who might pose a risk. Again, if the member has specific cases, I will take them up with her, and she can contact me.

The Deputy Chairperson (Mr Beggs): Members, I need your cooperation. You need to be focussed and succinct if everyone is going to get to ask a question.

Mr Easton: I thank the Minister for his statement. As he knows, I fully support everything he, his staff and the health service have been doing, and I pay tribute to them for the excellent work that they have been doing.

I am concerned about the independent sector, particularly nursing homes. In my constituency, one nursing home has 10 cases of COVID-19, and, having spoken to some of the staff, I understand that there is an issue with getting PPE to the independent sector. Is that an area where we could possibly use the army to get supplies out to ensure that all staff have the correct PPE?

Mr Swann: I thank the member for raising this point. There should not be an issue with PPE. As the member indicated, the private-sector care homes have direct access. They have a point of contact within each trust should they have an issue with PPE. There are also support mechanisms if there are COVID-19-positive patients within care homes. There are support mechanisms within the Public Health Agency. Also, a number of weeks ago we moved some staff from the usual inspection process that the RQIA maintains, to a support mechanism whereby we can use their professional skills, whether they be as social workers or nurses, to advise and support care homes with COVID-19-positive residents.

At this minute time, there should not be an issue in the independent sector with care homes having a problem with PPE. I am also aware that a direct contact app has been set up through which every care home has the ability to contact RQIA directly should they have any concerns about testing, support or PPE. There should not be a case where a care home is still experiencing problems in obtaining PPE. If there is, I am happy to have a conversation with the member outside the Chamber, get the name of the care home and make sure we can get this addressed.

Mr Sheehan: The Minister will be aware that the countries that have been most successful in tackling the virus, for example China, South Korea, Singapore and Japan, have used a combination of measures. They have used widespread testing, rigorous contact tracing, isolation and social distancing. However, on 12 March the British Government took a clear policy decision to cease all contact tracing, and a similar policy decision was taken here, presumably by yourself, Minister. Those decisions not only run counter to international best practice, but they also run counter to advice given by the World Health Organization. Will the Minister tell us when he is going to reverse that decision and put in place a comprehensive programme of testing and rigorous contact tracing?

Mr Swann: Again, in response to the member's question, I will refer him to my statement in which I talked about how we will be increasing our capacity for testing and how it is a drive and target, not just for me, but for the Executive.

With regard to contact tracing, when we get through this surge, move into the next phase and start to see where the virus is present in our community, that is the point when the contact tracing becomes a vital tool. At this minute in time, we are working with colleagues from environmental health and other agencies to make sure they can be trained-up and skilled in what contact tracing actually is, because it is not just something you can throw anybody into.

We want to make sure that, when we go into the next stage involving contact tracing, the people who are doing it are fully skilled and realise its importance. That is why, in the initial cases that we had, we were able to utilise the highly-skilled individuals in the Public Health Agency to do that contact tracing, and that proved vital. If the member recalls, our very first case was an individual who landed in Dublin Airport and then travelled to their residence in Belfast. Through the Public Health Agency working with

the Health Service Executive (HSE) in the Republic of Ireland, we were able to trace all the contacts that individual had from when they got off the plane until they arrived home in Belfast.

Therefore, it is a skill that is not just as easily picked up as some may believe, but it is something we are already working on so that, when we come to the next phase of how we tackle COVID-19 within our community, we have people there and ready to do that. So, the member can be assured that, when it comes to the next stage of how we manage and tackle COVID-19 within Northern Ireland, and within the community, we will have the people in place to do that.

Mr Dunne: I thank the Minister, and I again reassure him of our support for his leadership to date on this very important issue. We should, again, pay tribute to all the health professionals for the high level of care that has been given to everyone throughout Northern Ireland. It is a good example and we are very fortunate as we are probably getting the best level of care in the world, and to date there has been great success.

Minister, the level of PPE that has been available to our GPs is a matter that I raised with you some time ago, its having been brought to my attention by a constituent who is a GP, some weeks ago. There is still some concern out there about the provision of PPE for GPs within their practice and also the use of an antibody test. I forwarded information to your office some time ago about a local GP — in fact, a number of GPs — having sourced an antibody test that costs £5 per test. He was keen to get that into the service. Can we have an update on that antibody test and the possibility of its being used? Health professionals believe that it would do a lot to reassure their staff and would go a long way to ensuring that people are available to continue with the good work that they are carrying out.

Mr Swann: I thank the member for his kind words of support for those working in the National Health Service.

There are a number of antibody tests on the market, but none of them is yet verified or certified for use. A national working group is leading the work on that aspect of the pandemic response. That working group includes membership drawn from HSE England, Public Health England, and the Medicines and Healthcare products Regulatory Agency. All tests — even the one that the member refers to — that may have potential for wider use in population testing are first triaged according to strict MHRA criteria. If a test is successfully triaged, it will be subject to further detailed work, according to the nationally agreed processes and protocols. Staff from the HSC in Northern Ireland are well embedded across the work programme being led by the national working group, and regular updates are provided to each meeting of the expert advisory group on testing. It is envisaged that HSC staff will actively contribute to work progressing through that national programming body.

At this point, no suitable antibody test has been identified for use on a population basis, but I will continue to update Executive and Assembly colleagues as the national and local work progresses in that regard. What would be worse than no test is having a bad test. If the antibody test is not efficient in its reproducibility or repeatability, you could be telling somebody that they are clear when they are not. I would rather make sure that the antibody test is right before we utilise it.

In regards to PPE going to GPs, there was a major piece of work and updated guidance was put out at the end of last week. There was a major push on PPE across the sector, including to GPs. That should have completed this week, as well. I would be surprised if GP practices out there still do not have PPE kit. One of the reasons why we established the COVID centres was so that, if anybody was phoning a GP and being triaged at that point, they were directed, if necessary, to a COVID centre, so they did not have to present specifically to a GP surgery. That work is ongoing, and, again, if the member knows of specific GP surgeries that still have not been supplied or need supplies of PPE, please get in contact.

The Deputy Chairperson (Mr Beggs): Members, we are halfway through the time for questions and we have only got to question 9, so I need your support — succinct and focused.

Dr Archibald: I thank the Minister for his statement. Like others, I offer my condolences to those who have been bereaved and express my gratitude to all our front-line workers.

Minister, you will likely be aware that my party colleague Colm Gildernew and I wrote to you last week about agency workers in the HSC and, in particular, their terms and conditions. Will you consider offering temporary contracts to all agency staff on Agenda for Change terms and conditions to help to provide stability during the crisis?

Mr Swann: I thank the member. Our workforce is being looked at and that is one of the many avenues of upskilling and upping the numbers of our workforce across the HSC sector. That increase includes the volunteers who are coming in to support our HSC, those who are coming back into practice — nurses, doctors — and student nurses. We have brought forward a number of general medical practitioners in their training. So, we are looking at every avenue to make sure that we have the workforce in place.

I have not looked directly at bringing agency workers onto the payroll under Agenda for Change, but we are looking at every avenue to make sure that those who are working in our health service are receiving the best support that we can give them at this time. It is not something that I have ruled out, but it will not be imminent in the next couple of days. I do not want to mislead either the agency workers or the member herself, but we will look again to see where the staff are in our National Health Service and those supporting roles. It is like when you go to war. When any country goes to war, the most valued person that they have is their soldier in the front line. When we go in to tackle coronavirus, the most important people that we have are those health workers. In peacetime, people often forget their army and their volunteers. When we get through coronavirus, we must not forget the sacrifice and the dedication of our National Health Service.

Mr O'Toole: Like others, I associate myself with the comments, first, paying tribute to our amazing healthcare staff and also offering condolences to the families and friends of those who have lost people in Northern Ireland to this awful virus.

In answer to a previous question, the Minister noted that Northern Ireland's first case of COVID-19 arrived here via Dublin airport. With that in mind and given the memorandum of understanding last week and his acknowledgement that all-island contact tracing is an inevitability, particularly in the context of what is now very low passenger transit between the islands of Britain and Ireland, when can we expect to see a joined-up all-island testing-and-tracing strategy brought forward by his Department?

Mr Swann: The member will be aware of the memorandum of understanding, which he referred to. We do meet regularly and talk regularly with our counterparts in the Republic of Ireland. Our Chief Medical Officers are well intertwined, but one of the things that the member has to be conscious of is that we are two jurisdictions that share this island. While we do work closely together and we will continue to work closely as we tackle COVID-19, it will be a joint approach but a joint approach that is North/South and east-west. When it comes to specific all-island approaches and all-island mechanisms, we will work in collaboration with our partners in the Republic of Ireland, as we do with our partners across the United Kingdom.

Mr Chambers: I thank the Minister for his comprehensive statement today. I note that he referenced the noise coming from social media and some media commentators and others, who recently appear to have become fully qualified scientists. It is unhelpful and it can cause disquiet in the minds of the public, who the Minister is seeking to protect. It must be acknowledged that the Minister and his staff in the NHS and associated services have moved mountains over a short period of time. My question is: can he provide an update on the work being undertaken on COVID-19 research and development?

Mr Swann: It was a pointed comment in my statement, because some of the noise that is generated is not just unhelpful but is undermining to some of the key workers in our National Health Service. It is unfair that commentary is often misguided and based on a tweet that somebody has put out from someone who is not a real person to start with.

The next phase is the medical trials, and a number of those are ongoing where we will be looking to what medication may be useful in either reducing the ferocity of the virus or as an antigen or a vaccine to prevent it entering society. Our Chief Medical Officer here in Northern Ireland chairs that working group, so the member can be reassured that Northern Ireland will be fully linked in to any UK-wide approach to any trial of medication or vaccine that will be brought forward.

Mr Middleton: I join others in thanking the Minister for the work that he is doing, along with all of those key workers on the front line, who are doing everything that they can to save lives. Minister, this morning, I spoke with a senior consultant in my constituency, who raised concerns like the ones that you have around people in our communities who have serious conditions, such as heart conditions and strokes, who are not attending their appointments and are not going to the hospital. Ultimately, that will lead to further complications, if not death. Minister, can you remind people that they need to

take those conditions seriously, and, whilst being mindful of COVID-19, they must not put their health at risk and they should attend their appointments?

Mr Swann: I cannot stress that enough. If anything leaves here today, it should be the reinforcement of the message that those who need to go to the GP or an emergency department should do so. GPs are now triaging, and if there are COVID symptoms, the patient is sent to the COVID-19 centre. Most of our EDs now have a dual-track approach, and those who present with COVID or respiratory conditions are treated separately from those who are experiencing stroke or heart attack symptoms. I urge the Northern Ireland public to remember that our health service is still here to serve you. It is our National Health Service, which is free at point of delivery and point of use. That is what it is there for. If you need to present with any medical condition, please do so, because it is still there to support you. As I said in my statement, it is reassuring to have the number of empty beds that we have in the preparation for the surge, but I am cognisant of the fact that there are people who could be utilising those beds, but are not.

Mr O'Dowd: I thank the Minister for his statement and answers thus far. The two self-appointed experts who most concern me in the entire debate are Boris Johnson and Dominic Cummings and the influence that they have had on the strategy around tackling COVID-19. I accept, as the Minister said in his statement, that there will be time afterwards for a closer examination of all of those things.

PPE has come up, time and time again. In his response to several members' questions on the independent sector, the Minister said that there should not be an issue, and in response to another question about GPs, he said that they should have the equipment. However, time and time again — night after night — we hear stories from reputable news agencies that front-line staff are seriously concerned about the level of personal protective equipment that they have. Can the Minister redouble his assurances and recheck, again, that the proper equipment is going out to front-line services? PPE covers a broad range of issues, from gloves and aprons to purpose-built masks. Can the Minister redouble his efforts? I know that he is sincere in his efforts — I have no question about that — but there is clearly a difference between what the Minister is telling the House and the experience of some front-line staff.

Mr Swann: I thank the member for acknowledging our sincerity. The sincerity is across my Department and our health service. As I said in my statement, the Chief Medical Officer came to me in his push to make sure that the correct PPE is being made available. The supply of PPE is a challenge, worldwide, but I do not want it to be sitting in a stockpile or in a warehouse and not getting to the person who needs it. The regulations and guidance that we put out are to make sure that the PPE is used at the appropriate point in time by the people who need it.

The member is right: PPE covers a multitude of items and issues. In the past seven days, we have issued more than 12 million pieces of PPE. In 2019, our usual weekly distribution was just over one million, so, year-on-year, we have put out 11 million more pieces of PPE. I want to be assured — I need to be assured — that it is getting to the people who need it. So, I say to members, with genuineness, if a care home or GP is telling you that they do not have that PPE, it should not be. That is why I have asked the Chief Medical Officer to put in a more stringent approach.

We have seen an improvement over the past number of weeks. We had wards on which nurses were reporting that they had run out or faced shortages of PPE on a Saturday night or a Sunday morning, but we have worked on that; we have cracked that. A number of GP practices are saying that they do not have it, but we are working on that, and I believe we are cracking it. Care homes in the independent sector are meant to procure their own PPE, because they are independent and private suppliers, but we have made it very clear that, as a health and social care system, we will support them in the obtainment of PPE, should it be through access to our own stocks, because it is important that we support the residents in their homes as well.

The member can be reassured that I will do all that I can, should that mean that I have to work with the Chief Medical Officer to put a team in place that has to go out to walk wards and GP surgeries and visit care homes to make sure that that PPE is in the right place. We will do that.

Mr Lyttle: I offer my condolences to the families bereaved by COVID-19 and I thank health staff who are risking their own safety to limit the impact of this disease. It is clear that public compliance with coronavirus restrictions is also saving lives, but, as the Minister acknowledges, this public health emergency also has the potential to cause anxiety and distress for many people. Will the Minister

establish an emergency mental health assessment unit to receive urgent referrals for those suffering with mental illness during this time?

Mr Swann: I thank the member for his question. Looking down and seeing him sitting in my chair is one of the disconcerting things about this Committee of the House. *[Laughter.]* As I said earlier in regard to strokes and heart attacks, people who are suffering from mental health traumas and anxiety should be looking for the same support from our National Health Service, because it is still there to support them. It may have been repurposed where we are taking telephone triage more than face-to-face contact but I reassure the member that that support mechanism should still be there for those who need it.

What we also have to be cognisant of is that, on the other side of this — and there will be another side to this — the level of mental health, anxiety and stress that we will see, not just in society but in our health and social care workers, will be immense. We are already working in the health service and across trusts to make sure that mental health and well-being provision is there for our staff, because there will be a point when, because of the pressures, anxieties and stress of the working environment that they are in, they will need that support and we will have to be there to provide it.

Mr Storey: I thank the Minister for his update and for the information that he has given. I share the sympathy that has been expressed not only to those families who have suffered as a result of the passing of a loved one through COVID-19, but to those families, some neighbours of our own today, who have had to bury loved ones in very difficult and challenging circumstances, given the restrictions that have to be in place. Our thoughts and prayers are with all those who have lost loved ones at this time.

I welcome the Minister's comments, particularly in regard to pharmacists, and the money that he released recently to community pharmacy. He knows that we have raised that issue with him previously. I also welcome his comment about not forgetting our National Health Service after this and that our community pharmacists will not be forgotten.

The Deputy Chairperson (Mr Beggs): Can the member come to a question?

Mr Storey: You will be aware, Minister, that changes have been made to the operation of the Causeway Hospital in Coleraine, particularly in relation to ICU and maternity services. I have not been speaking to a keyboard warrior or individuals on social media, but to a retired consultant from the Causeway, whom I spoke to in the last 24 hours. He expressed grave concern about ensuring that these are only temporary measures and that they will not be used as long-term decisions to undermine the long-term viability of the Causeway Hospital.

Mr Swann: The member will be aware — I brought a copy of it with me because I thought that it probably would be raised today — of the press release and the reassurance that was issued by the Northern Health and Social Care Trust. It restated that it is a temporary arrangement and reflects the limited anaesthetic, medical and ICU nursing workforce in Causeway, and the fact that other hospitals, such as Antrim Area Hospital, have been specifically set up to deal with such cases. So, in regards to the concerns that were raised, including on social media, the Northern Trust moved itself to reassure the public.

The member's opening comments were about the perception of death and how we treat it in Northern Ireland. How we look at death in Northern Ireland has always been a very personal, family and community-based experience. It is how we come together as a community to provide support to the families who have been bereaved and also to make sure that they are aware of the support that continues to be there. Where we are today is that we do not get the chance to get that closure. For those people who lose their lives to COVID-19, whose family members do not get to hold their hands in that final moment: that is a challenge that we are working on. That is the challenge in ICU, and it is taking a toll on the nurses. It gives me reassurance and pride in our nursing workforce when they can put out a message to the families of those loved ones that, "Your family member did not die alone. We were there". That is a big onus on any individual, but it is a reassurance to those families who could not be there at that final moment that the dedication and love of our health staff is there to support them.

In regards to community pharmacists, I cannot stress enough my thanks and appreciation for how much they have stepped up. The work that they have done in the past number of weeks has been immense. They have also brought in changes to their opening hours, with the pressure and number of

prescriptions that they are putting out. They have done an invaluable piece of work in supporting the health service, and, as I said when I last met them, they are part of the health family. That is how they are perceived, and that is how they should be treated.

The Deputy Chairperson (Mr Beggs): I call Melissa McHugh.

Mr McHugh: It is Maolíosa not Melissa.

I thank the Minister for his statement. I know that you do not like to talk about statistics, but New Zealand was talked about today and the strategies that have been adopted there, and one statistic that jumped out is that one is three times more likely to die of coronavirus in Britain than they are on the island of Ireland. There is food for thought there, and I want you to consider that when you are looking at strategies.

Aside from that, there are 5,566 receivers of direct payment for care. How do those workers who are technically employees for care access PPE and testing? With the recent guidelines published on 9 April, there is a feeling that those workers have effectively been abandoned.

Mr Swann: I assure the member that we are putting in support measures for those people who are looking after their loved ones and have taken on that direct care, so the supply and support will be there and further guidance will be issued as to how they can access that.

In comparing one nation's death rate with another, as I said earlier, I will not go there. I will not go into that level of analysis at this point in time because we do not know where we will finish.

Ms McLaughlin: Thank you for your statement today and for the additional information that you have shared with us. Before this crisis, our social care was in dire straits anyway. Our community care and home care were in difficulties, and now we see even greater pressure being put on them. I had occasion over the weekend to speak to quite a number of our home care and community care teams and they are confused about the guidance in relation to PPE. They do not believe that they have sufficient PPE, and they think that the guidance coming out from PHA and RQIA and the trusts, in many ways, is conflicting and it changes rapidly. What is appropriate and correct one day is maybe not appropriate and correct the next day. As a doctor in a care home said to me, it is like the parent who goes into the cupboard to see what they are going to have for dinner. They open the cupboard and say, "This is what we are having for dinner today" because that is what is in the cupboard. PPE cannot be distributed in that manner. People are feeling confused —

The Deputy Chairperson (Mr Beggs): Can the member ask the question, please?

Ms McLaughlin: — and do not feel confident. Can we have a joined-up approach between the various clinical bodies and organisations to make sure that the right PPE is in the right place at the right time for the right carers?

Mr Swann: Again, that is the reassurance that I have given, because when it comes to those in community and social care, it is often those who are least noticed that we now most especially value, and that is where we are finding ourselves with those workers.

On the guidance, I am not going to take exception to what the member said, because the current guidance that we are working on is an agreed set of guidance that was brought together not by trusts, not by the PHA, but was brought together by the Chief Medical Officers of all four nations and the Chief Nursing Officers of all four nations, supported by the Royal College of Nursing, the Royal College of Midwives and the Royal College of General Practitioners. Therefore, the guidance that we have for what members of our health service should be wearing at particular times is guidance that was brought forward in consultation with all those organisations, and it is also based around the principles of the World Health Organization, and what we see as developing PPE standards across the world.

Therefore, I do not believe that the guidance has changed that often. It changed over a week ago, which actually made PPE more accessible to those people who wanted to use it in different circumstances. It is about the clarity of how that information is being cascaded down through our independent and private providers, and that is maybe where the challenge is, and that is something that our Chief Nursing Officer has worked to address with a number of online seminars and demonstrations on what PPE should be used in different locations. There was also a tick-box exercise

about what PPE should be used in each setting, but we will make sure that the information and guidance is being cascaded down in a manner, and using a method, that can be easily understood.

Ms Barton: Thank you, Minister, for your statement. I want to look a little bit further and ask what support you have put into the guidance for those particular people who have lost loved ones to COVID-19 and have not had the chance to say goodbye or to grieve properly.

Mr Swann: I will say to the member that there is bereavement guidance and there are support organisations out there. This is a very challenging time for anyone who loses a loved one to COVID-19 and who is not able to be there in those final moments, but, again, it goes back to what I said to Mervyn Storey: how we perceive death over this period will be challenging for many people because they will miss that final part of closure that they often get when they see a loved one pass away. It is about making sure that the support mechanisms are there through bereavement counselling and other methods, including churches, community groups and faith-based organisations.

Due to social isolation, wakes, visits to the house and the other traditional parts of grieving in Northern Ireland are not happening. Therefore, it is not just that family members are losing a loved one. They are not getting that support that they would often get through the network of family members and the local community. It is important that, as a community, we come together to support those individuals who lose loved ones, and not just those lost from COVID-19, but through other natural methods or medical conditions. We should make a special effort to support those individuals at this time.

Ms Bailey: I heard with interest the Minister's comments on social-distancing restrictions. When he said:

"there can be no grounds whatsoever for complacency."

He is, of course, right, and that:

"The focus ... has to be on staying at home".

Of course, he is right again. Therefore, Minister, why are women still being told to travel on journeys of up to two or three days to access abortion services during this COVID lockdown? Why can the trusts here, having started an early medical abortion (EMA) service off their own bats, with no support, direction or funding from either you or your Department, not be allowed to prescribe from home to reduce travel, just as has been done elsewhere in these islands?

Mr Swann: The member will know that abortion and termination in Northern Ireland is a controversial issue, and, as such, I referred the matter to the Executive over a week ago. I am aware that some trusts are performing EMA. The Chief Medical Officer has written to them about the requirements that they should be following in regards to the regulations that were put out by the Northern Ireland Office at the end of last month. Those regulations were not widely consulted on with or brought forward by this House, but they were brought forward by the Northern Ireland Office. Unfortunately, that is where that service and that delivery remains, and it remains a controversial and contested issue in Northern Ireland. I am aware that trusts are performing it and supporting women who need it.

Mr Allister: I commend the Minister and the health workers whom he represents for the sterling efforts to contain and to deal with the crisis. I particularly commend him for not shrinking from the necessary resort to military aid, even though, of course, it provoked the predictable and scurrilous attack upon him, again, by the deputy First Minister, who, once more, put politics before saving lives.

I want to ask the Minister, in particular, about the much-speculated Chinese order. Is there such an order, or will there be such an order? A senior official raised concerns, over a week ago, about the unreliability of the potential product, given that 35% of Chinese product has not been suitable. Where do those concerns stand? Will he give us an update on that?

Mr Swann: In regards to the member's opening comments, I will not be distracted in any shape or form from the work that I have to do, as Health Minister. I have a duty to the people of Northern Ireland to make sure that we get through this crisis and this virus as well as we can. To quote the head of the World Health Organization, Dr Tedros Ghebreyesus:

"Please don't politicize this virus. It exploits the differences you have at the national level. If you want to be exploited and if you want to have many more body bags, then you do it."

That was his response to Donald Trump. I think that it is right that we do not politicise the virus and how we react to it in Northern Ireland.

Specifically, in regards to the PPE order from China or wherever else, the member will be very clear, from my statement, that I will accept PPE and get PPE from wherever we need it at this time. The UK policy on PPE is working on three pillars, as it is talked about: the international, which includes our supply from China; the national, which is our support from the United Kingdom; and the local, where we look to local manufacturers. In regards to the quality of the consignment coming from China, the current procurement route that we are using and the Department of Finance is utilising is embedded with the British Embassy in China. That is the avenue that we are working on, in conjunction with the UK Government and the other three nations, to secure that supply of PPE and to ensure that its quality is what we require.

Mr Carroll: I want to share some concerns raised with me about our care homes, but, before I do, I give my sympathies for everybody who has died from the virus, in particular, those in care homes, particularly in Our Lady's care home in the Beechmount area in my constituency. We have to ask what message it sends out when the Health Department did not add the numbers of people who died in care homes to the official register. For weeks, people were likely passing away in our care homes and the Department did not see fit to add their names to the official deaths register. That implied that those lives were not worth counting alongside everybody else who died from the disease. That is a deeply disturbing development in the crisis.

We have heard from far and wide — from care home providers, staff and family members — of situations in which care home providers and staff are ill-equipped, with not enough or inadequate PPE. On top of that, we are being told that a large section of the multimillion-pound offer of equipment coming in may be faulty. Does the Department have the basic capacity to check that equipment before it comes in? It truly reflects —

The Deputy Chairperson (Mr Beggs): Will the member come to his question?

Mr Carroll: — the shambolic situation that we are in.

I come to my question. One former public health official, John Ashton, has suggested that the real figure for deaths could be twice as many as the official figure touted by the UK Government, because deaths in care homes are not counted as part of the official figures. Do the Executive and the Minister take the view that many old people will be collateral damage in this health pandemic?

Mr Swann: I take great exception to what the member has just accused me and my Department of doing. I can assure him that we care. I can assure him that I care. I can assure members that there are nights when I do not sleep, when I think about what we are doing and what we have to do the next day. When he talks about not caring for people who are in a care home, does he honestly believe that I or Members of the House or staff in my Department do not have family members in those care homes? How dare you? How dare you accuse us of not caring? I can assure you that my Department and my officials care as much about every citizen and every individual in Northern Ireland as we do anybody else.

In regard to the numbers, the member is well aware, because a statement was issued yesterday. The individuals who are recorded by the Public Health Agency are those who passed away in hospital and who had been tested in the past 28 days. NISRA is responsible for the statistics on deaths that are recorded through death certificates. There is a time delay and a lag in the recording of those. That information has been brought forward, and that was done on 3 April. This week's NISRA statistical bulletin will show where those people died, whether that was in hospital facilities or in care home settings. So, do not ever accuse us or this Department of not caring for the individuals who are in care homes: we do.

I also say to the member that, with regard to the care home that he named, I think, from reading the front page of 'The Irish News' today, that a number of the deaths that were recorded in the care home were of people who had passed away in or had been in a hospital facility within the past 28 days and had been tested for coronavirus, so they will have been part of the PHA report as well as the NISRA report. That is all I will say to the member on this occasion.

The Deputy Chairperson (Mr Beggs): That concludes questions on the Minister's statement. We shall now have a brief suspension of five minutes prior to the next statement from the Economy Minister. I remind all members about the importance of maintaining social distancing when leaving or, indeed, entering the Chamber during the suspension. I ask you all to please do so via your nearest door. The meeting will resume in five minutes.