Northern Ireland Assembly

Ad Hoc Committee on the COVID-19 Response

OFFICIAL REPORT (Hansard)

Ministerial Statement: Health

30 April 2020

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Christopher Stalford (Deputy Chairperson)
Mr Jim Allister
Ms Clare Bailey
Mrs Rosemary Barton
Ms Paula Bradshaw
Mr Thomas Buchanan
Ms Joanne Bunting
Mrs Pam Cameron
Mr Gerry Carroll
Mr Pat Catney
Mr Alan Chambers
Mr Alex Easton
Ms Sinéad Ennis
Mr Colm Gildernew
Mr David Hilditch
Mr Chris Lyttle
Mr Declan McAleer
Mr Colin McGrath
Mr Justin McNulty
Mr Mike Nesbitt
Mr Matthew O'Toole
Mr Pat Sheehan
Ms Emma Sheerin
Mr Robin Swann

The Deputy Chairperson (Mr Stalford): Members are welcome to this meeting of the Ad Hoc Committee on the COVID-19 response.

Agenda item 1 is the minutes of the previous meeting, which was held on 16 April. Members are asked to note the minutes, which I have agreed. Members should also note that the minutes of evidence from that meeting have been published in the Official Report, which is available on the Committee's web page.

Members, before we begin today, this is the fifth meeting of the Ad Hoc Committee. Since the last meeting, Mr Beggs and I have had a discussion with the Speaker, and I know that some concerns were also reflected by Whips at the Business Committee, about making the most of this body.

In the procedures determined by the Speaker, and over the last few meetings, it has been made clear that there is more flexibility at this Committee than at a plenary session, and we are keen to use that

flexibility. However, the challenge from the Chair is that we are trying to deal today with two statements and ensure that every member is called; that is more difficult than in normal Committees because we have over 20 members participating.

Therefore, I say politely to members at the outset that this Committee was created as an additional and specific scrutiny mechanism of the Executive's response to the COVID-19 pandemic. This is particularly important when Question Time is suspended. I am giving notice to members, before they listen to the Minister's statement, that what we need today are questions. Members will have other opportunities to make speeches. Members who ask short, sharp, focused questions will be offered the opportunity to ask a supplementary question. Members who engage in lengthy preambles may find they will not be called to ask a supplementary question. I am asking for cooperation from members, today, and I will of course expect the Minister to give succinct answers as well.

Agenda item 2 is a statement from Mr Robin Swann, the Minister of Health. The Speaker received notification on 27 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 your pack at page 8.

I welcome the Minister of Health to this meeting of the Committee, and I invite him to make his statement, which should be heard by members without interruption.

Mr Swann (The Minister of Health): Thank you, Deputy Chair. Good afternoon, everyone, and thank you for accepting my request to address you again — this will be the second time that I have addressed the Committee in the five sittings that it has had.

This virus is revealing many absolute heroes — none more so than our healthcare workers and their families. On this day, I think that it is important that this Assembly also places on record its acknowledgement of, and best wishes to, Captain Tom Moore — now Honorary Colonel Tom Moore — on this his 100th Birthday. His fundraising efforts have inspired a nation, yet only when this virus passes — and it will pass — will the sheer impact of his morale-boosting efforts be fully realised.

In coming here today I am keen to continue the open and transparent approach that my Department and the wider health and social care sector is taking in response the COVID-19 emergency, and I welcome this opportunity to further update you today.

We had our first death in Northern Ireland due to COVID-19 on 19 March — six weeks, or 42 days, ago. Since then, we have seen 3,536 confirmed cases of the disease, and sadly today I announce a further nine deaths. That brings the total to 347 souls that have been lost. That is 347 families that have lost loved ones and 347 people who have left behind devastated family, friends and neighbours.

To be clear, that figure is not just hospital-related deaths. It includes a number of those that, sadly, have passed away at home, in residential and nursing homes and in hospices. I said during the week that the death toll is already on a scale not seen during the worst of the Troubles. That was not rhetoric. I hope that that comparison brings the scale of the situation home to everyone once again. I hope that those who are flouting the restrictions or clamouring for them to be lifted will consider those figures and will be jolted back to reality. We all need to keep doing the right thing on social distancing, and the vast majority of people are continuing to do that. However, there is a risk that the important work that has been done to save lives could lead to complacency in some quarters.

The spread of the virus so far across the community has not been as serious as we first feared, but that does not mean that the warnings were misplaced. It means that the warnings were taken seriously and that people stayed at home and kept their distance. As the chief scientific adviser warned earlier this month, Northern Ireland remains on a knife-edge.

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

Testing has always been a critical part of our pandemic response. It has been deployed for different purposes as the COVID-19 pandemic has evolved. It is a vital part of our weaponry and will continue to be so. I want to reassure members that testing is growing and will continue to do so as rapidly as is possible. We are working with a number of key stakeholders and delivery partners across the health and social care (HSC) system, local universities and industry to further expand testing capacity across Northern Ireland. Our approach includes targeted testing of patients in particular health and care

settings, testing in the community for surveillance purposes and testing of key workers to allow our essential services to keep running.

At the start of the outbreak, HSC laboratory services had a capacity of around 40 tests a day. The latest number of tests carried out that will be officially reported later today are 1,419 in our local labs and a further 824 as part of the national testing programme at the three local testing sites. That means that, yesterday, we carried out or completed a total of 2,243 tests — our highest daily number to date. Again, I pay tribute to all the staff who are working across our testing sites and laboratories. However, while the increase in testing is a positive development, I still want to increase our capacity further. A consortium involving our universities, local businesses and the Agri-Food and Biosciences Institute (AFBI) has been established, the purpose of which is to support and further scale up the expansion of diagnostic testing for COVID-19.

To date, 22,328 individuals have been tested by our local labs. That figure includes over 7,000 healthcare workers. It has been a key priority of mine to ensure that any staff members who were sick or were staying at home due to a symptomatic family member were tested quickly. In recent days, I have also announced the expansion of testing initiatives, including surveillance testing in general practices and hospitals as well as significantly increased testing in care homes.

Those initiatives are important, so I want to use this opportunity to explain in detail, as I did when I updated Executive colleagues yesterday, the recent developments in testing. Those include a programme of testing and surveillance in general practices, which started at the end of last week. That programme will involve testing of and data collection from a sample of patients with respiratory symptoms who have presented to their GP.
Those will be patients whose symptoms do not require referral to hospital or to a primary-care COVID-19 centre. The surveillance testing programme will be based on general practices that are already involved in the influenza GP spotter surveillance system. A rolling programme of testing and surveillance in emergency departments (EDs) will start this week. That will include testing a sample of patients who attend an ED with mild to moderate respiratory symptoms and who, following clinical assessment, are deemed not to require admission to hospital.

There will also be testing of patients who are admitted to hospital for emergency or elective care. All residents and staff in any care home which is identified as having a potential outbreak or cluster of infection will be tested. All patients who are being discharged from acute hospital care to a care home will be tested. Testing will be available to all patients and/or residents who are being transferred into a care home from any setting, whether that be from hospital, supported living or directly from their own home. The UK-wide staff testing programme has now been extended to cover key workers in other sectors as well as those in health and social care. This testing is available at three drive-through locations in Northern Ireland: the SSE Arena car park; City of Derry rugby club; and Craigavon MOT centre. Trusts also continue to provide testing for health and social care staff as part of their in-house testing provision.

I have been clear about the challenges with personal protective equipment (PPE). My aim is to ensure that we have a sufficient stock of PPE to allow our HSC staff to perform their roles as safely as possible. That is why I am committed to ensuring that we rigorously pursue every viable supply source, both locally and elsewhere.

As I advised previously, the four nations PPE plan was published on 10 April, 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. We continue to explore new supply lines with the Republic of Ireland. We have also significantly increased supplies from local agents, and local industry is to be commended as it continues to show itself to be adaptable, innovative and responsive to the changing environment.

China is the most significant source of worldwide supplies. The work led by my Department and the Department of Finance to secure PPE is now at a very advanced and critical stage. We continue to work to ensure that all possible steps are taken to open up a supply chain that meets our needs and supports our four nations approach. Additionally, clear specifications and photographs will be requested to ensure that stock is compliant with our requirements.

Our nursing and residential care homes are at the forefront of the battle against COVID-19. I pay tribute to the hard work and dedication of staff working across the care sector at this very challenging time. It is vital that we continue to support care homes and their staff to keep themselves and the vulnerable people whom they care for safe and well. Ensuring that care homes have sufficient

supplies of PPE is an absolute priority, and trusts will work with care homes in their area to ensure that each home has a buffer of stock.

I have also taken steps to ensure that homes can continue to operate at this difficult time. Health and social care trusts will continue to work in partnership with care home providers to help to deal with staff shortages. Where people have responded to our workforce appeal, those with the right skills will be prioritised for deployment with independent care home providers. Trust staff have already been redeployed to care homes and will continue to be.

On Monday of this week, I announced an additional £6·5 million for Northern Ireland's care homes, as part of a series of measures to support the sector during the COVID-19 pandemic. That additional funding will help to ensure that homes can increase the level of cleaning undertaken and bring in any additional staff whom they need to help support the isolation of residents when that is necessary. Under the support package, homes will receive a payment of £10,000, £15,000 or £20,000, depending on their size.

As we progress through the COVID-19 pandemic, it is important to ensure that the public health response adapts to the evolving situation to ensure that it continues to be as effective as possible. Contact tracing of those who have been in contact with people who have COVID-19 is a key public health measure and will assist in tracking any future outbreaks of the virus, informing actions that are required to further suppress it.

The aim of the contact tracing programme is to reduce the spread of COVID-19 and to save lives by rapidly identifying and closing down chains of transmission to reduce population spread and protect those most vulnerable. The benefits to be realised include flattening the peak and reducing the impact on health service delivery capacity. It will also support wider social and economic recovery.

During April, the Public Health Agency has been working intensively on putting systems in place to recommence contact tracing for COVID-19. That has included the development of contact definitions, contact management algorithms, scripts, databases, training materials, facilities and software for Northern Ireland. Approximately 50 staff were identified for the initial roll-out of contact tracing, which commenced on 27 April. This week, training will be delivered, and the process and systems will be tested and refined. The contact tracing team is expected to expand to around 300 by week four. A number of agencies are being actively engaged to provide suitable staff to deliver contact tracing. Those include the universities, medical and nursing students, councils and environmental health officers. The manual contact tracing process being piloted is using a new IT system not previously seen in Northern Ireland. This system supports capture and analysis of contact tracing information and is the same system used by the contact tracing teams in the Republic of Ireland. Logically, this will facilitate easier sharing of information about outbreaks in the border regions. However, there is still work to be done on what information will be systematically shared and under what legal and information governance framework.

In addition, there is a new mobile smartphone app being built that will allow members of the public to use their mobile phones to recognise proximity to other app users and inform each other anonymously when one of the users is confirmed as infected through a positive test result. This is being built as a UK-wide service; anyone in any of the four nations could potentially download and use the app.

The modelling group meets regularly to review modelling assumptions in light of the latest emerging data. This is important as the modelling work is particularly sensitive to assumptions based on emerging data, and thus is expected to change over time. The modelling group last met on 21 April 2020 and agreed that no change should be made to the current modelling. We now need to see if the number of infections will start to come down, thereby indicating that Northern Ireland is beyond the peak. We will know this over the course of the next week or two.

My Department has been working closely with colleagues in HSC trusts, the Health and Social Care Board and the Public Health Agency to put in place a range of measures in order to protect the health of the people of Northern Ireland in the context of the COVID-19 emergency. The response to COVID-19 and its impact is a rapidly changing picture. My Department and the entire health and social care system are acutely aware of the issues emerging and are working to ensure that every conceivable effort is being made to help people keep safe and protect staff. I have been clear that funding pressures will not be an obstacle in taking forward what needs to be done.

It is generally expected that the Department will have significant additional funding requirements as we move through this pandemic and as this rapidly evolving and fluid situation unfolds. Expenditure

forecasts and associated funding requirements are uncertain, given the fluidity of the position and the need to base projections on high-level assumptions, including time frames. It is likely that the volatility of estimates will continue in this context for at least the next three months.

With regard to reviewing regulations, exit planning and next steps, I very much wish that I could provide some certainty on what the future holds for us all. While there are grounds for hope that the outbreak can be brought under control through maintenance of the current restrictions, coupled with continuation of the high level of compliance that has been observed by people in Northern Ireland, the outbreak has not yet reached the point where the restrictions can be relaxed.

There will no major or sudden shifts back to how things used to be. It must be stressed that any future decisions on social-distancing regulations will be taken carefully and incrementally. 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.

The time will come for a discussion on what comes next, and we have to face that together, honestly and openly. There will not be any easy decisions, because we recognise that simply maintaining the current lockdown indefinitely could 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. The crisis has brought home to all of us some really important realities. It has underlined, more than anything that I can remember, just how essential the health service is to this society. Recent weeks have shown the importance of having sufficient capacity built into the health service, both to ensure the quality of day-to-day service provision and to prepare for the pandemics and other shocks that cannot readily be predicted. That includes being more self-sufficient in vital supplies of PPE and other goods in future. Relying on the global market, with its just-in-time supply chains, has risks attached in times such as these. At this point, I thank the local companies that have stepped up to the plate and started supplying protective equipment to health workers. They are local heroes too.

Despite the current challenges, our health service is looking after us all and keeping us safe, so we need to look after it better. By that, I refer in particular to the past 10 years of financial squeeze. We cannot keep running a health and social care system on empty, with it barely getting by and living from hand to mouth on single-year budgets, and failing to make the necessary transformational changes to ensure that we properly meet the needs of the population. Let us resolve to do better for the health service, which has stood so firmly by us. Let us fund it properly in the long term and transform it for the better. Let that be one of the lasting legacies of the period that we are living through. Let that be the true and lasting tribute to those whom we applaud every Thursday night.

Nowhere is that commitment more necessary than in social care. We see that so starkly as our care homes struggle with the COVID-19 onslaught. The importance of social care is clearer today than it ever has been, but so too are the financial challenges that have been building for years in the sector. We have to make sure that it is in a much better place in the future. That means taking a long, hard look at the current model of care in order to ensure that it better meets the needs of the population that it serves. One key aspect will be to seek to move from a transaction-based approach to funding to an outcome-based approach. I acknowledge the heroic work being done by many private-sector care providers at this time. I put that on record and say. "Thank you". It has been very clear in the crisis, however, that the independent sector has needed the state to step in to support it, not least with PPE supplies and staffing. For the future, we need to ensure that we continue to build a true partnership rather than a commercial relationship. Let us build on that principle as we plan for the future and look to a better life after COVID-19.

The Deputy Chairperson (Mr Stalford): I thank the Minister for his statement. Before we proceed to questions, for which I will allow about an hour, I reiterate my earlier point that we need to have short, sharp, focused questions. There are 20 members listed as wanting to ask a question. If the questions are kept short and sharp and the answers too, we will get through them, and everyone will be able to ask a question.

Mr Gildernew (Committee Chair - Committee for Health): I thank the Minister for coming to the Chamber today and for his statement. Like him, I offer my condolences to the 347 families who have been bereaved as a result of COVID-19.

I also share your concern about the situation with social distancing. I have noticed a significant increase in traffic today compared with last week. Along with you, I appeal to people to go out only for

essential journeys. We are not out of the woods here, and it is important to recognise that. If anything, we may have arrived at a clearing from which we can look back at the path that we have been on, and we can use that to advise how we move forward.

We know that the Chief Medical Officer (CMO), Michael McBride, is classified as an observer at Scientific Advisory Group for Emergencies (SAGE) meetings and can submit questions only in writing. Have you raised the issue of the unequal status of our Chief Medical Officer and, indeed, that of all the other Administrations', given the unique circumstances that we and, probably, each of the other areas face? We have an obvious need to tailor plans here to our unique circumstances. Can you outline what issues the CMO has raised in his written questions to SAGE and provide us with the questions that he asked of the group?

Mr Swann: Once again, I thank the Chair and members of the Health Committee for their continued resolve in getting the message out about social distancing and the need for people to stay at home. As regards the written questions that the Chief Medical Officer has supplied to SAGE, I do not have those with me. Maybe, if the member had given me a bit of warning that that was where he wanted to go, I could have done some work to prepare. It was not even part of my statement.

We are able to raise questions at the Scientific Advisory Group for Emergencies. The Executive are able to do that. The First Minister and the deputy First Minister sit in on COBRA briefings, where we get feedback from SAGE. That advice does come back. I can certainly get the member the written questions. I will provide them to the Committee in the normal way, if that suits.

Mr Gildernew: My additional question is around the fact that, thankfully, the surge has not been as bad as was expected, which has, potentially, created some capacity in hospital settings. Could that capacity be utilised to delay the discharge of patients with COVID-19 or of suspected cases where test results have not come back, to provide additional support to that vulnerable sector?

Mr Swann: The Chair makes a valid point. That is something that the trusts are doing. When we brought in the change in testing capacity, it was at the request of care homes. We are testing 48 hours before discharge from hospital, so that the homes know the status of a client or resident coming in.

In regard to the capacity created by the surge plan, our plan took effect over a very short time while we prepared the health service to cope with what we expected to be the worst-case scenario of the number of people with COVID-19. That, thankfully, has not happened, so, across the Health and Social Care Board, the trusts and the Department, the issue is how we reengage some of those services so that we can start to come back down from the surge plan and utilise some of that capacity in our hospitals.

We are supporting COVID-19 patients in hospital. A number of patients remain hospitalised rather than being returned to a care facility or an independent care home. That assessment is made. I can reassure the Chair that that is done. People are not simply being discharged into care homes without having had that assessment of their medical need.

Mrs Cameron: I thank the Minister for his detailed statement. I put it on record that my thoughts are with the 347 families who have been bereaved and are going through terrible grief.

Is the Minister confident that his Department is accurately reporting COVID-19-related deaths? Does the total number of deaths include all non-hospital deaths?

Mr Swann: The Public Health Agency's announcements have referred to deaths where, following a positive test in the last 28 days, COVID-19 has been recorded as the cause of death. Any death that is COVID-19-related — whether because a GP thinks it is or because it has appeared anywhere on the death certificate — is picked up eventually. In Northern Ireland, death statistics are officially recorded by the Northern Ireland Statistics and Research Agency (NISRA). What we have been doing through the PHA, the Department and the daily updates is basically a surveillance report so that we can get an indication of the number of lives that have been lost among those who have tested positive for COVID-19 in the previous 28 days. That is now irrespective of location.

Mrs Cameron: I thank the Minister for that clarity. On the back of that answer, is the Minister satisfied that the workforce appeal resulted in adequate numbers of appropriately skilled trust staff to ensure that care home support is at a safe level?

Mr Swann: It is a live issue because we have asked for volunteers within the health and social care system to come and support our care homes. We may get to the stage where some of those care homes require direct intervention and we have to put staff in by direction. One trust may already have had to take those actions in regard to a specific care home or a number of care homes in its locality. Rather than just supplementing the independent and private sector, we are going in and being more hands-on and more proactive and taking a leadership role in some of those homes to make sure that that provision and support is there.

Mr McGrath: I thank the Minister for the statement and his work to date. On behalf of the SDLP, I offer our thoughts, prayers and condolences to the families of the 347 individuals who have lost their lives. It was, of course, right and proper that there was a reconfiguration and clearance of services for the coronavirus pandemic. However, given that, thankfully, due to people's diligence in sticking to the rules, it looks like the numbers needing hospitalisation will not be at the level that was anticipated, is there a plan for or is consideration being given to — you made some reference to this — additional services that were cancelled but that are of critical importance to people, such as cancer screening and coronary care diagnostic work, so that we are not building up for ourselves a pandemic of a different type later in the year?

Mr Swann: The member makes a very valid point. We did the surge planning and scaling back of services using a risk-based approach. If the member recalls, at that point, we were looking at the horrific scenes in northern Italy, where they had not been able to prepare their health service for the surge of large numbers of people presenting. We did that surge planning deliberately and in preparation using a measured, risk-based and assessed approach to the service, and we scaled back elective care and some screening programmes. A piece of work that has been ongoing for the last number of weeks across the Health and Social Care Board and our trusts is how we reengage some of those services. I make clear to the member that it is about not going back to the way that it was. It is not about going back to exactly what it looked like eight weeks ago. It will be about making sure that we can use capacity strategically and start to scale services up again in those areas where we had to scale back.

He is right: we do not want to build up problems for the future if we can address them now. However, I would say to the member not to perceive empty beds simply as capacity because with those empty beds come additional staff — nurses, ancillary workers, cleaners, doctors — all of whom are working somewhere else in our health and social care sector, should it be in the ICU units or, now, in support of our care homes. It is not just about the bed; it is about the people who make that bed work 24 hours a day, seven days a week. Work on that issue is ongoing, and we are conscious of it. That is why we deliberately made the appeal a couple of weeks ago that, "If you need to present to an ED or GP, please do so". We do not want people suffering at home when they should be looking for medical help.

Mr McGrath: I will make a particular case for those waiting on their annual breast-screening reviews. Especially within cancer services, if people feel that they have got past the disease and been treated, they desperately need to know a year later that they are free of it; that will certainly help them.

Mr Swann: The member's point is noted.

Mr Chambers: I add my party's sympathy to all those families who have lost loved ones and to those who remain seriously ill in hospital. I congratulate the Minister and his team for their work to date. I also congratulate the Minister on his efforts to provide transparency throughout this crisis; his presence today is further testimony to that. In the statement, he talked about the heroes that this crisis has produced, none more so than our healthcare workers, and we all concur with that absolutely. Could the Minister tell me what healthcare workers' overall staff absence looks like? How do those figures compare with the rest of GB?

Mr Swann: I thank the member for his question. I understand where he is going, but one thing that I have never done is to try to set a scoreboard out on how well we are doing in comparison with something else. There is one figure that sticks out in my head at this time, and that is that, as of a report yesterday, we have 307 care workers who are off from our trusts with a COVID-19-positive response. Of a staff of over 70,000, that is 0·4% that is off with a positive COVID response. In the region of 2,000 members of staff from our health and social care trusts are self-isolating at this time. That may be because they are symptomatic, but it is more likely because they have received shielding letters. Those are small numbers, but I do not want to get into scoreboards and comparisons with other areas, because I do not think that that is helpful for us. I think that it is testimony to the work that

has been done in our trusts to make sure that their staff are well supported during the past number of weeks that we have been dealing with COVID-19.

Mr Chambers: Thank you for that, Minister. I think that that figure does demonstrate the commitment of our staff and the debt that we owe them. Can the Minister confirm that prompt testing is now available to everyone in the health service?

Mr Swann: As I referred to in the statement, I think that today has seen our highest number of tests that we have been able to complete and report across the different pillars, both in the health and social care system and with the national testing programme. I can give him that commitment because one of the pieces of work that has been done across trusts, from the very early outset, has been to make sure that their staff members had quick and prompt access to testing so that they could get back to work. I think that it is testimony to those groups that are working on the testing and also the national testing facilities that we have been able to expand that recently to include front-line care workers and post office workers. Also, we have been able to start supporting the staff and the residents in care homes to give that reassurance and that bit of security that testing does provide. It is not the silver bullet by any means, but there is a bit of comfort that comes from having a test.

Ms Bradshaw: Thank you, Minister, for your statement. I concur very much with the sympathies expressed today in the Chamber and with the thanks expressed to our healthcare workers. Minister, given that we now have at least 67 care homes where there have been outbreaks of COVID-19, are you not concerned that someone will take a judicial review of your failure to act in regard to deciding to not test all residents and staff regardless of whether or not there has been an outbreak?

Mr Swann: I thank the member, and I can give her an update. As I left the office today, the number is at 70 care homes. That is out of 425 care homes. It is not an acceptable number, but it is not what we have seen with COVID-19 across the rest of Europe in similar homes. I can say to members that the number of judicial reviews that I currently have in the Department on various aspects of how we have dealt with COVID-19 and on other aspects of the health service is not something that I am worried about at this time because, as Health Minister, I am worried about saving lives. The judicial reviews and inquiries will come. There will be a time for that, but it is a time that I am not willing to be distracted about now.

Ms Bradshaw: Thank you. Minister, are you going to bring forward mobile testing facilities so that you can go out to those homes and be more rapid with the response of the health protection unit in the PHA?

Mr Swann: We have people already going into homes to do testing, because that is the only way that we can get people in those facilities tested. It is impractical to bring them to a facility in the hospitals or to one of the drive-through facilities, so, when we do need to test people who are in care homes, we go to them. That is the only service that suits those workers and the residents.

Mr Easton: I thank the Minister for his statement and for doing such a good job. Keep that up. GPs are now allowed to test patients who maybe have respiratory conditions. Is there any room for that to be scoped out further for any other conditions to help with increasing the testing numbers?

Mr Swann: The point that the member raises is in regard to our influenza spotting system, which is in 36 GP facilities across Northern Ireland. That is something that we do annually to see where flu outbreaks are. It is utilising them because they have the capacity and knowledge of how do it, and that is why we specifically asked them and utilised them to step up that service for COVID-19 testing.

We focused on respiratory problems because they are an indicator for COVID-19. People with respiratory conditions may be additionally susceptible to COVID-19. We specifically target patients who come forward with those conditions, and we have increased the testing to include anybody who is going in for elective or emergency operations. They are tested before they go into hospital to make sure that, once they have been through their surgeries or procedures, COVID-19 does not cause additional problems with their recovery process.

The Deputy Chairperson (Mr Stalford): Members, before I call Mr Easton for his supplementary question, could I say that, if you have only one question or do not want to use a supplementary question, that is fine?

Mr Easton: Just to follow up on testing, will the Minister give us details of how many staff have been tested? I know that he mentioned how many had contracted COVID-19.

Mr Swann: I think that it is referenced in the statement. So far, about 7,000 trust staff have been tested. Of the 22,000 people who have been tested, roughly one in three have been healthcare staff.

Ms Ennis: I thank the Minister for his statement. As childcare falls directly under his departmental responsibility, will the Minister tell us why, weeks after the shutdown of schools and many childcare settings, key workers who are seeking childcare provision, as well as childcare providers who are seeking support, find it extremely difficult to register an interest or to access the schemes?

Mr Swann: Sorry, Sinéad: is that people applying or the providers?

Ms Ennis: Both.

Mr Swann: In regard to the providers, there is a piece of work by us and Education that I can forward to you. I think that you wrote to me; I am not sure whether you have received the response. If not, I will forward it to you. It is on the exact application process and where to go for providers. For the key workers who need childcare, that has been established, and it should have been working over the last two or three weeks. I know personally of key workers who have utilised that and had access to it. If the member has specific cases that she needs me to look into, I am more than happy to take it on.

On the childcare providers, a joint statement will come out from me and Education in the next couple of days on how the financial support and guidance will work. I can follow that up with the member.

Ms Bunting: I am grateful to the Minister for his statement and for all the work that he has done to date. I am sure that you are exhausted, Minister, It has been a very trying time. I also express my condolences to those who have found themselves bereaved at this dreadful time and are not able to mourn in the way that most of us have for our losses.

Minister, I would like to draw your attention to the issue of community nurses and community care workers, who, as you will be aware, have to enter people's homes and go from home to home. I have been contacted by constituents who are somewhat concerned that, whilst others engaged in activities with patients have access to freshly laundered scrubs and full gowns, care workers are provided merely with an apron, a mask and gloves. They have to return to their homes either between shifts or before going out to do the night-time calls. They are concerned not only for their patients' safety but for the safety of their own families. Have you considered or will you review the PPE provided to those who are transferring from home to home and give consideration to full gowns and so on to protect those people, in order that the risk is minimised as they transfer from house to house, potentially carrying infection?

Mr Swann: I am fully aware of the concerns that the member has raised. We put out detailed guidance in regard to PPE and the facilities and settings that it should be used in. That was supported by the Chief Medical Officers and Chief Nursing Officers across all four nations and by the royal colleges, including the Royal College of Nursing and the Royal College of Surgeons. That PPE guidance is there and is done at the national level.

One of the things that the Department did relates to the point that the member makes about individuals who have to return home with the scrubs or clothes that they have been wearing all day. We approached councils through the Society of Local Authority Chief Executives (SOLACE) to see whether they could open up changing areas in sporting facilities to allow those people to shower and change before they go home. I am not sure of the uptake by trusts or those providers, but I think that Belfast City Council did it, and I know that my council — Mid and East Antrim Borough Council — was in contact with the local trust to see whether that was something that it would take up. It is by looking at those imaginative partnership ways that we can provide additional support to those people, who have vital roles and are carrying out vital work in our community at a difficult time.

Ms Bunting: My supplementary question will be brief. My constituents are grateful that councils have, indeed, allowed those people to avail themselves of showering facilities and so on prior to going home. However, the issue remains that they take off a set of clothes, put on a clean uniform and are out again twice the next day and twice the day after that. They seek full gowns. I appreciate that there

are protocols across the UK, but I would be grateful if you would see whether other things could be done to provide them with full gowns or more coverage than an apron for their clothes.

Mr Swann: Gowns are specific pieces of PPE that are used in specific medical settings, so they are not just like the general aprons that we talk about. I will look at that so that we understand that we are using the right language for what they want, but I am more than happy to have that conversation with the member and any individuals she may know.

Ms Sheerin: I thank the Minister for his statement and echo the comments from across the Chamber. There is broad cross-party support, as well as a commitment in NDNA, for the graduate-entry medical school in Derry, which is now even more important in the context of the COVID-19 crisis. I congratulate all the student healthcare workers who have gone into the breach. Can the Minister give us a firm timeline for when his Department will approve the north-west medical school on the Magee campus?

Mr Swann: The member's question has varied slightly from the statement, but the point is well made. That is a conversation that has been had at Executive level, because, whereas the number of medical students falls within my Department's remit — that is where our business case lies — the actual physical building and the support of the school, for want of a better word, cross-cuts Economy, Finance and the rest of the Executive. That is something that her colleague the Finance Minister and I are talking about. The business case for the number of students falls within my remit — we should finish that business case very soon — but where those students go does not lie solely with my Department. It is a wider Executive discussion.

Mr O'Toole: I thank the Minister for his hard work, and I echo others' condolences.

Minister, in your statement, which I welcome, you talked in more detail about contact tracing. The statement says that you think that there will be about 300 people working on contact tracing in the coming weeks. It would be helpful to know whether you see that as the long-term average that we need for contact tracing. I know that Matt Hancock talked the other day about having 18,000 UK-wide; I do not know the equivalent number in the Republic. It would be helpful to know as we go through the next stage of COVID-19, including moving towards the new normal that we talk about, how many people, you think, we will need for contact tracing here.

Mr Swann: We have taken on the first cohort, which is the pilot, to make sure of the algorithm or script that we use. It is far changed from what we did initially with the PHA in our first case, a couple of months ago. Our estimate at the minute is 300, but there is potential, depending on where the virus is and how it is spread, that that could move up to 600, which is a considerable workforce and a considerable number of people carrying out a very specific task. Our estimate at this minute in time in week 4 is about 300, and then it will be an allocation and a decision about how many active cases we have. If we are still, as a society, mostly locked down, there will not be that many cases to trace, but, as we start to come out of lockdown and ease various restrictions, that is when we will need contact tracers. One of the things that Members need to be aware of — it is a discussion that I have had with Executive colleagues — is that contact tracing is not just about identifying who has the virus and whom they spread it to; it is also about the advice that you give them and them being able to back that up with the support. If you contact somebody and I have it, we contact you and you are contact traced, Matthew, and then somebody says, "Right, you have to go into self-isolation", we, as an Executive and as an Assembly need to make sure that there is a support mechanism that kicks in for you, your family and anybody who is around you while you self-isolate for the next two weeks. It is about more than just finding out who has the virus; it is about ensuring that the support mechanism that we have utilised over the past number of weeks in Northern Ireland is also there going forward. It is a very big piece of work, and it will take an awful lot of commitment across all Executive Departments.

Mr O'Toole: I will be brief. I thank the Minister for that update. Following on from his comments and what he said about contact tracing, his statement says — I welcome it — that contact tracing will have to be done, particularly in border areas, on a cross-border basis and that they are working on interoperability in terms of process and software, but his statement also says:

> *"There is work to be done on what information would be systemically shared and under what legal and information governance framework."*

That is really important. At the minute, the UK is still in the information governance framework in the context of the EU. At the end of the year, we do not know what information governance framework we

will be in. We will probably still be contact tracing and people will still be moving from Dundalk to Newry and Buncrana to Derry. Is there a risk that, if we leave the transition period without a deal and there is legal uncertainty around our information governance framework, that that would throw contact tracing, particularly in border areas, into risk?

Mr Swann: During project Yellowhammer the specific pieces of work that we were doing on health were about sharing health information on the island. That is why I am clear in the statement that there is work to be done. We think that there may be a legal basis on which we can share that information, but what detail and what level of information we share is still to be worked out. This is early days stuff, and this is new to this island, the UK and Europe when we look to how we start to do that level of contact tracing. When it comes to the legalities and who holds the information — is it held in your phone, or is it held in a central database? — that all has to be finished out. When it comes to the protocols and we get the app and the contact tracing up and running, our focus is, again, "Let us get it up and running, and then we will work around the rest of it when we get to the end of year and we see where we are in regard to how that wider piece in regard to Brexit is working".

Mr Nesbitt: I put on my record my admiration and my thanks for the leadership that the Minister is showing. There is certainly authority and knowledge, but it is mixed with a tone and a calmness that are incredibly reassuring for our population, who are clearly scared and have been for some weeks.

Minister, you mentioned mental health. Would you take the opportunity to expand on your decision to appoint a mental health champion and on what, you hope, that person will achieve?

Mr Swann: I thank the member for his comments. We shared another post that gives you that training *[Laughter.]* The mental health champion was an action that was already there in our mental health action plan. As I see where the virus is taking us and society and the strains and stresses that it puts not just on society in general but on the front-line workers in my health service, in our care homes and all the rest of it, I think that, when we come out of the pandemic, we will be in a more challenging place. We were already in a serious place in regard to mental health in Northern Ireland, and it was one of the main issues that I was working on before coronavirus appeared or showed its face here. On the idea of a champion, I am not embarrassed to say that it was the member's idea that I stole and took credit for, but it is one that we need in Northern Ireland and in the Executive as well, rather than just another departmental official to look at what we do and how we do it.

Like Northern Ireland's commissioners, the champion will be a critical friend who can actually step up, step out and say, "No, you are not doing that right. You are not doing enough. You have to push further and harder". Out of all the actions that were in the mental health action plan, that is the one on which we needed to lean, so that, when the mental health action plan comes forward and the strategy is published, we already have somebody there who can be that critical friend and challenge us.

Mr Nesbitt: With regard to the application and appointment process, I encourage the Minister to use what might be described as a "light touch". I say that because, having applied to become a victims' commissioner, I found that the period between the interview and my appointment was something like 18 months.

Mr Swann: The member will know that I do not have that sort of patience.

Mr T Buchanan: I thank the Minister for his statement. I extend my sympathy to the families of those who have lost their lives and assure them of my thoughts and prayers.

Can the Minister advise whether his Department has engaged with other organisations on work to find a potential vaccine for the virus that is in our midst?

Mr Swann: Work to find a vaccine is going on globally across many health professions, departments and chemical labs. I think that Queen's University has received a bursary to support the search for a vaccine. Northern Ireland is taking part in the UK medical trials that are trialling drugs that are already there that could help to alleviate the symptoms and worst ravages of COVID-19. The Chief Medical Officer chairs that programme across the United Kingdom, so Northern Ireland will be fully part of any medical trial of a drug that is already established, which will shorten the period that it takes to enable a drug to be utilised for COVID-19 so that we are not starting from scratch with a completely newly created drug.

Mr McAleer: I welcome the fact, Minister, that you have plans in place to appoint the mental health champion as part of plans to improve services overall. Can you detail whether there are any plans to prepare for the anticipated surge in the need for mental health services following the lockdown period due to COVID-19?

Mr Swann: As I said in response to Mr Nesbitt, we were starting to tackle the problem with mental health services before COVID-19. That problem is not going away: it is getting worse. We know that from experience in our communities, Mr McAleer. The stresses and strains that have been put on individuals and families by asking them to self-isolate will manifest themselves in the future. As I said, when it came to the mental health strategy and action plan, one of my key aims was to get the champion in place, so that they could start to challenge us on what we do and how we prepare.

There is already a mental health workforce in the National Health Service. They have had to work differently. They are having many more conversations and counselling sessions online and over the telephone, rather than face to face, because of social distancing. However, where somebody needs a face-to-face counselling session, that is still being provided. In our preparations, we are fully cognisant of people's struggles and strains and, as I said, of the pressure that is being put on our staff at this minute in time. Working with trusts and trade union colleagues, we were able to put in place a psychological support mechanism for our front-line workers so that they can find additional support. They are working through a very strenuous period at this minute in time.

Mr McAleer: I suggest that there are specific issues that relate to isolation in rural areas. I am very familiar with that, having been involved in my local COVID-19 response operation. Many very isolated people live in rural communities. I suggest that, when you look at plans for the mental health champion, you work closely with, for example, charities such as Rural Support and, indeed, the wider Rural Community Network to reach out to those hard-to-reach people in rural communities? Their mental health issues are compounded by the fact that they are isolated from the rest of the community and society.

Mr Swann: The member makes a valid point. I am sure that he remembers from our time in the Agriculture Committee that I used to be a board member of Rural Support so I know the work that they do and the challenges they face because our rural population is, more so, an elderly population. We have seen how society has stood together in rural societies and urban societies. Rural organisations, such as the GAA clubs or Orange lodges are coming together to really support and look after their own. One of the things coming out of the pandemic is that we see a strengthening of our communities. When we ask people to self-isolate and shield, we are not asking them to leave their communities, and we see communities stepping up and supporting those who need it. With regard to the member's specific question, as a former board member or Rural Support, I am fully aware of the work that needs to be done.

Mr Lyttle: The Health Minister has recognised the work of private-sector care providers in Northern Ireland and has challenged us to properly fund and partner with those organisations. His Department is responsible for funding and partnering childcare providers. Can the Minister provide an update on the implementation of the £12 million childcare assistance package that he announced on 9 April?

Mr Swann: I will go back to the question that Sinéad asked on that. There is a statement coming out from me and the Minister of Education — it is a co-funded, co-sponsored programme — on how we support those organisations and individuals. The detail of that should be announced shortly.

Mr Lyttle: I look forward to the details of that announcement. The Irish Government have implemented a package with 100% salary costs and 15% of total salary costs to cover other costs for childcare providers in the Republic of Ireland. In Northern Ireland, childcare providers continue to wait for any funding. I believe that they have to apply for that funding and may receive only up to 80% of costs. I encourage the Health Minister to provide whatever help and assistance he can to our childcare sector.

Mr Swann: As I have said, that announcement will be made soon. I will make sure that, as Chair of the Education Committee, he gets first sight of it or is fully briefed on it.

Mr Hilditch: As the meeting has gone on, I have been ticking the questions off my sheet so I do not have a lot more to ask. Certainly, it was a robust and honest statement outlining the stark realities of where we are today.

There is an argument going on about the resumption of the Irish Premiership football league. Most sports called a halt when the Government asked for the lockdown. Tomorrow is the 1 May; they are talking about maybe four weeks' time. What would your advice, as Health Minister, be on looking at the end of May for such a resumption? Maybe advice has been sought from you.

Mr Swann: I say to the member that, as a Ballymena supporter, I am in no rush back *[Laughter.]* Sorry, Chair.

As Health Minister, I have to be careful and weighted in any suggestions that I make. The way that we work through the regulations jointly, as an Executive, is that, when it comes to each three-week period, there are discussions about what measures could be lifted or what measures should be lifted. It is always done with medical advice and guidance that comes through my Department from the Chief Medical Officer and the Chief Scientific Adviser. I do not want to make any commitments or give any direction of travel on any specifics. If it is something that he has raised with his party colleagues, I am sure it is in the mix of things to be looked at in the next phase of how we approach the regulations.

The Deputy Chairperson (Mr Stalford): A supplementary, Mr Hilditch?

Mr Hilditch: No.

The Deputy Chairperson (Mr Stalford): You are grand.

Mr Sheehan: Gabhaim buíochas leis an Aire as ucht a ráitis. I thank the Minister for his statement. Can the Minister outline what progress has been made in developing a joined-up approach to tackling coronavirus across the island in light of the recent memorandum of understanding between North and South? How will that inform our approach to testing, tracing and data collection in the context of the future easing of restrictions?

Mr Swann: Before coming into the Chamber, I had — I cannot remember what it is called — a quad call, I think it is now called, Pat, involving the First Minister, the deputy First Minister, the Tánaiste, the Health Minister of the Republic of Ireland, the Secretary of State and me. It is exactly what the Member is asking about: how we make sure that we are in keeping with each other on both sides of the border so that there is not an adverse effect from somebody moving at a different time or taking a different outlook or approach.

As I explained at that meeting, the memorandum of understanding has not changed the way that Simon and I or our two Chief Medical Officers work together or even how the Public Health Agency and the Health in the Republic of Ireland work together. It was more formalising that working relationship by putting it in writing, as we have always had a good cross-border working relationship on health. Simon Harris, our two Chief Medical Officers, our two permanent secretaries and I have another call this evening to discuss contact tracing. We will have to look at the specifics when it comes to people going back and forth across the border, including the technologies that they use that we could use. We have actually adopted some of them. It is about sharing common intelligence and best practice. That works well at this minute in time because it worked well in the past.

Mr Sheehan: I want to pick up on the issue of technology and the proposed phone apps for tracing. As you said, Minister, a large number of people go back and forth across the border for essential work and so on, and, if restrictions are eased, that number will increase. One of the difficulties that we have witnessed in recent years is that, when ideas are formulated in London or the south of England, we are forgotten about. It is essential that you provide leadership in that context and take cognisance of the unique situation that exists on this island. I wonder whether you will give a commitment to do that.

Mr Swann: The Member makes a fair point. One of the things to have come out this situation is, as I say, a good working relationship with Minister Harris in the Republic of Ireland and with the other three Health Ministers across the devolved Administrations. I will not say that we have benefited, as that may not be the right word, but, because we are the conduit between both, we can pick up the best ideas from everybody. We have a great working relationship. That is why I say specifically in the statement that the apps, the database, the IT that we use and the scripts for contact tracing have all been picked up from the Republic of Ireland, as we have seen what they have been able to do. They utilise the Irish Army for most of their contact tracing. They brought the army in at a very early stage, as it was a readily available workforce.

Mr McNulty: I thank the Minister for his statement and for his answers. I also applaud him on his decision to appoint a mental health champion. With the rest of the Chamber, I offer my condolences to the many families who are grieving but have not been able to mourn their loss in our unique and special Irish way. I put on record my appreciation of communities, GAA clubs, sporting organisations, schools, Our Lady's Grammar School in Newry, my old school — Abbey Christian Brothers' Grammar School — and the companies that have come together to produce almost a million pieces of PPE to help to protect our front-line workers. I am especially proud to be a Lislea man today, as a popular local Lislea clan, the Dohertys, through their company, Re-Gen Waste Management, have generously contributed £60,000 worth of PPE to the Southern Health and Social Care Trust.

Minister, I have been contacted today by families who have members suffering from cystic fibrosis. I am advised that the regional centre in Belfast City Hospital is closed and that up to 300 patients have been affected and have been told to contact their local hospital if they need assistance. Local hospitals advise them to attend their emergency department. You will understand the concerns that cystic fibrosis sufferers have about transmitting or contracting an infection by attending such facilities. Will the Minister review that decision in light of the fear being experienced by cystic fibrosis patients in the North and provide updates and guidance on how they should proceed?

Mr Swann: In his opening comments, the member paid tribute to the community organisations that are doing so much and the businesses that support our health service. As I said in my statement, I thank and applaud them for stepping up at this time.

The Belfast facility for cystic fibrosis was one of the central resources that were stepped down at an early point in the surge plan because we were cognisant of how susceptible those patients were and how damaging COVID-19 could be if somebody with cystic fibrosis contracted it. That was one of the early decisions that were made. As I said, as we re-engage services, those in the community who need specialised health support and guidance will get it. I will check on the guidance that has been issued to people suffering from cystic fibrosis and their families to make sure that it is up to date and appropriate, as we look at re-engaging some of our services and at where that can fit in. I will do that and get back to the member.

Mr McNulty: Will the technological apps that are being developed for contact tracing be the modern-day equivalent of the medieval practice of lepers hanging a sign around their neck to say that they had the disease? How will it operate in practice for someone who has contracted COVID-19? Will there be a flagging system for people nearby to move away? How will it operate?

Mr Swann: We are not moving into those scenarios. Say, for instance, the member had got a positive test result in the past two days. The intention is that the app in his phone would have carried where he had been over the past two days, link into all the phones that were close to him within those two days and send an anonymous message to say, for instance, "Last Thursday, you were in the ED of Craigavon hospital at 2.00 pm. A positive case has been located in that area. Please consider getting tested or self-isolating". An alarm system will not appear on your phone; it is not something that will forever tag you. I do not like the leper analogy that the member used. It is not that; it is about encouraging somebody to seek the appropriate medical advice and guidance so that we can make sure that we contain the spread of COVID-19. However, we will not do it solely through the app. Further to the queries that were made earlier, we will still have the physical presence of people who will phone individuals and make sure that the contact is made. Not everybody will have a phone, the app or the inclination to have such an app on their phone. We will use old-fashioned telephone calls to contact people as well as using the app. It is utilising what technology can do.

Mr Catney: Minister, I also support your decision to have a champion for mental health. That will be great. I also support your kind words for those who have been bereaved.

Will you make an urgent statement highlighting the anticipated pressures that could exist in accessing each of the six essential items of PPE? Will the standards of production that are required for each item be set out in an effort to encourage more local businesses to consider temporarily repurposing their resources?

Mr Swann: Those specifications are already online through the Central Procurement Directorate. That was one of the pieces of work that we were able to do very early on between Health and Finance: approaching our local businesses about who could step up and repurpose. Off the top of my head, we have already seen O'Neills producing scrubs, and Bloc Blinds and Huhtamaki are producing face visors. Very shortly, a company in Northern Ireland will be making gowns, which are one of the more

critical, hard-to-get pieces of PPE across the world. So, to see our own industry stepping up and being able to manufacture those is something that we should be immensely proud of.

As I referred to earlier, as well as in my statement, it puts that challenge back to us as a health service and as a society where we have been so reliant on that just-in-time international supply chain always being there. In the early days of this pandemic, we saw that the supply chain from China was not there when we thought it would be simply a case of lifting the phone and making that order. So, the repurposing of our local industry is especially important, but all those specifications of those PPE items are online and are available. They are not hidden or secret. They are there for anybody who wants to try to make PPE for us.

Mr Catney: Minister, what I was really trying to get at was that, across all these islands — Ireland, England, Scotland and Wales — no matter where it is, we must outsource that and get as much PPE made as we possibly can in order to help the supply lines.

Mr Swann: I can reassure the member about that. One thing that I made clear at the start was that the three pillars of supply that we have are: what we are getting nationally; what we are getting internationally; and what we can make locally. The more surety that we have of a local supply line, be it anywhere across these islands, the better that it is for us. It is about rebuilding the stockpile: not only what we are using currently but what we have used from the stockpile that we had in place in the event of a pandemic. We have had to use some of that stockpile. It is about replacing that stockpile because, if there is a second or third surge, I do not want Northern Ireland or its health service to be in this position again.

Ms Bailey: It is really encouraging to hear about some of the overdue measures to address contact tracing because, as the Minister stressed, it is really clear that contact tracing, in combination with widely available testing, will have a huge part to play in our exiting the coronavirus lockdown.

Evidence given this week by Matt Hancock to the Health Select Committee at Westminster suggested that, as the Minister noted, they are running contact tracing via national phone banks and an app. There are, of course, significant privacy issues and threats to civil liberties from the use of such technology. Can the Minister give us a bit more detail on who will own the IT systems and the apps and who will have access to all data collected on those systems?

Mr Swann: The member makes a well-made point, and it is something that I am having a conversation about, and the Justice Minister raised it in the Executive when we started to have these conversations. It was in response to a member asking who owns the data. Will the data be held in your phone or will it be held centrally? It has to be used for the right purpose.

My intention is that it will be held as locally and as personally as possible, but I have to see the development of the app and where it comes from. The app is not mine to develop. We are seeing how it works, but I want to make sure that it is fit for purpose and is not used as some sort of Big Brother tool.

When Matt Hancock brought the proposal to the meeting of the four Health Ministers, I made him well aware that it is not just about who owns the data; it is about the political sensitivities of such an app here in Northern Ireland. The Welsh and Scottish Ministers pointed out that they also had political sensitivities about who would own the data. It is an issue that is being worked on. We are still looking at the app being probably two to three weeks away, so all those issues are being worked on across these nations.

Ms Bailey: Following on from that, Westminster has announced a five-point list that must be met before the lockdown measures can be loosened. In Northern Ireland, could we perhaps add contact tracing and community shield mechanisms to that list?

Mr Swann: As I said earlier, contact tracing and additional shielding is one point that we need to be cognisant of. There is no point in just sending somebody a message saying, "You have been in contact with somebody who has COVID-19". You have to be able to step in and support them and their family at that time. So, while we have not published a list, it is a point that I have made to my Executive colleagues. The support mechanisms that we have in regard to furloughing, food boxes and additional benefits will all have to continue in a different form or in the same form as we roll out contact tracing because we have a responsibility if we are telling somebody to self-isolate or shield

themselves from society to stop the spread of coronavirus, we have to make sure that we are there to support them.

Mr Allister: I want to return to the theme of making up the lost ground for non-COVID patients within the health service. Understandable as the singular focus on COVID-19 is, a knock-on effect for those who had procedures, screenings and testing cancelled has undoubtedly been that there is now an increased risk, particularly for cancer patients, of accelerated death. Therefore, will the Minister give more detail as to how he is going to make up the lost ground for those people? At the end of this, cancer patients are still going to be cancer patients, and yet they have missed tests, they have missed treatments and they have missed screenings. We really do need to know how, when and with what expedition that ground is going to be made up.

Mr Swann: I cannot give the member an exact timeline or date today, and I do not think that he would expect me to. It is about the re-engagement plan that we are looking at. What will that mean? I will be blunt with members: we have always expected that our closest hospital is where our procedure will happen, but, when we start to re-engage services, people who need treatment and operations may have to, and will have to, travel to central locations. I had a conversation yesterday with the Royal College of Surgeons. There is a perception that we would have COVID hospitals and non-COVID hospitals. However, the Royal College of Surgeons said that there will be no such thing as a non-COVID hospital because there is no way to guarantee that. There may be COVID-neutral facilities, where we can start to re-engage our surgeries, screening and other procedures.

I ask the member to reflect on that fact that, when I took over this post, we had the worst waiting lists across these islands. They have got worse. The action that we will need to take will have to involve the independent sector and running our hospitals to capacity, when we have that capacity. At the same time, we cannot risk re-engaging too many procedures and services too quickly because, if we are hit with an unforeseen second surge, we will not be able to cope with those people presenting with COVID-19.

I can reassure the member that work to re-establish those services is ongoing in my Department, but where we do it as well as when we do it must be considered. There can be no sacred cows when we re-engage some of the services. We must look at where we do it and how we do it.

Mr Allister: On a different theme, what advice does the Minister have on the issue of the general public wearing masks when they are out and about? Is that desirable? Is that suggested, or is that something that is dismissed? Certainly, I have had a number of constituents asking me whether they should or should not wear a mask. Therefore, I would like to hear from the Health Minister: should they or should they not?

Mr Swann: I thank the member. I know the issue was raised recently by the Scottish First Minister. We are weighing up the scientific advice as to the benefit that it could or would bring. One of the concerns that I have about wearing cloth face masks is that it could lead to the perception that some of the other precautions, such as social distancing and good hand hygiene, are no longer necessary, or those actions could become less of a priority. Wearing a cloth face mask might give somebody a sense of immunity that the mask, actually, does not provide. So, we are waiting on the scientific advice on the wearing of a cloth face mask.

I will say to members that if people think that wearing a cloth face mask is of benefit to them, plead with them not to look to the medical supplies: when you are out and about, doing your shopping or on your daily walk, do not use the supplies that are needed by our healthcare workers and our domiciliary care workers. Make sure that that medical-grade PPE is there for the people who need it and utilise it in the right space at the right time.

Mr Carroll: I thank the Minister for his statement. I hope that he agrees with me that any consideration of lifting the lockdown, before contact tracing and other World Health Organization measures are in place, would be very worrying and deeply dangerous. Does the Minister think that it was a mistake not to start contact tracing as soon as we started to treat people for COVID-19?

Mr Swann: Going back to when we had our first cases, PHA was doing a piece of contract tracing. When we moved to a place where we asked everybody to lock down, there was no longer a wider benefit in contact tracing. Where we are going now, with regard to the pilot, is that we have started moving up to 300 people in the next four weeks. That is exactly to support individuals and society as they come out of lockdown so that, when we get positive cases, we can contact trace them, track them

and ask them to isolate very quickly, so that we can shut down the spread of COVID-19 in society in Northern Ireland.

Mr Carroll: I thank the Minister for his answer. He will be aware that people are very concerned about being told that they have to go back into work, especially in non-essential businesses, at this time. Does the Minister believe that we need to rapidly recruit health and safety inspectors to ensure that, when people go back to work en masse — hopefully, not any time soon — we have enough inspectors to guarantee that workplaces are safe for workers?

Mr Swann: My colleague the Minister for the Economy has set up a workplace forum to deal with specific queries like that, including which workplaces are essential. She has issued guidance as to what is essential work, which workplaces are essential and which workplaces are not. Maintaining social distance in the workplace remains beneficial and is helping to prevent the spread of coronavirus in Northern Ireland.

The Deputy Chairperson (Mr Stalford): That concludes questions on the statement. By my reckoning, the Minister got to his feet at 2.54 pm. It is now 3.57 pm, and, during that time, he answered 37 questions from members. I thank the Minister for being here and answering the questions. On a personal note, I wish him every success in the job that he is undertaking, because his success is our success, and it makes our community safer. So, God bless.