Northern Ireland Assembly

Ad Hoc Committee on the COVID-19 Response

OFFICIAL REPORT (Hansard)

Ministerial Statement: Health

14 May 2020

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Jim Allister
Ms Sinéad Bradley
Ms Paula Bradshaw
Mr Thomas Buchanan
Mr Robbie Butler
Mrs Pam Cameron
Mr Gerry Carroll
Mr Alan Chambers
Ms Linda Dillon
Mr Gordon Dunne
Mr Paul Frew
Mr Colm Gildernew
Mr Paul Givan
Ms Catherine Kelly
Mr Chris Lyttle
Mr Daniel McCrossan
Mr Colin McGrath
Mr Justin McNulty
Mr John O'Dowd
Mr Matthew O'Toole
Mr Pat Sheehan
Mr Robin Swann
Mr Jim Wells
Miss Rachel Woods

The Deputy Chairperson (Mr Stalford): Agenda item 3 is a statement from the Minister of Health. The Speaker received notification on 7 May 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 tabled pack at page 3.

I welcome the Minister of Health, Mr Robin Swann, to the meeting. I invite the Minister to make his statement, which should be heard by members without interruption. Following the statement, there will be an opportunity for them to ask questions.

Mr Swann (The Minister of Health): Thank you, Chair. Good afternoon, everyone. Thank you for accepting my request to address the Committee here again today. I welcome the opportunity and am keen to ensure openness, transparency and clear communication with you as elected representatives and with those whom you represent on the management of the ongoing emergency.

I assure you that my Department is doing all that it can, along with the support of those in the whole health and social care system and with my Executive colleagues, to manage the impact of COVID-19 and to mitigate its worst effects. In that, those battling every day with the disease and I are reliant on the continued goodwill and cooperation of the public, in seeking to protect each other from the spread of the disease and to protect the capacity of our front-line services.

You will have seen the changes made to the regulations that have come into effect in England in recent days, and you will have seen the Executive's plan for how Northern Ireland transitions into a new phase of recovery. Let me state once more that our approach to the easing of restrictions will be guided by science and not by the calendar. In these challenging times, the only thing that we can say with certainty is that moving too swiftly to ease certain restrictions risks throwing away the progress that we have all united to achieve in recent weeks. I would like nothing more than to be able to tell everyone that everything will be all right and that the worst is all behind us. We have achieved much in recent weeks. I am proud of the response of our health and social care workers, in particular, and a better place is in sight.

I wish to give members an update today on the recent developments with regard to surge planning and the initial work being undertaken by my Department with regard to recovery.

As part of the preparations for the first wave, our priority was to ensure that the health and care system had sufficient capacity to deal with the rising numbers of COVID-19 patients. During March and April, critical care units across Northern Ireland implemented the regional critical care surge plan, providing the capability for the system to significantly increase critical care capacity. With the number of COVID-19 patients requiring critical care maintaining a gradual downward trend, my Department has taken the decision to reduce the escalation level for critical care to "low surge".

As members will be aware, the Belfast City Hospital tower block was designated Northern Ireland's Nightingale hospital for the first wave. Due mainly to the commitment of Health and Social Care (HSC) staff and the positive impact of social distancing, the Nightingale has not been required to deliver its full capacity and will be stood down. That is good news. It also allows for the reintroduction of urgent surgery and a range of other key services to be delivered from the tower block. I assure members that the system will retain sufficient additional beds to continue to deliver care for COVID-19-positive patients in the coming months. The Nightingale will continue to be part of the region's flexible plan to re-escalate, if modelling suggests further waves.

Reducing the escalation level will ensure that the HSC has the capability to release and redeploy some capacity to enable the resumption of urgent surgery and treatment. I recognise the severe impact that COVID-19 has had on a range of key services, including essential services such as cancer screening and treatments. The pandemic has similarly thrown our already horrendous waiting times into further turmoil. That is why I have already tasked officials to urgently develop a comprehensive recovery plan.

I must warn the House that, whilst the immediate impact of COVID has been awful, the long-term impact will also be terrible. It will require serious efforts and serious financial commitment to try to fix some of the damage that has been done. However, when it comes to restarting key services, I really hope and expect that the Assembly and the Executive will not be found lacking in either. I am also keen that we consider the extent to which innovation and new delivery models developed during the emergency response can be incorporated as we resume and develop health and social care services. It is critically important to recognise that it will not be a return to business as usual. COVID-19 will be with us for some time.

It must be remembered that, since I last addressed the Committee, two weeks ago, more of our citizens have lost their life to this terrible disease. As of today, the total number of fatalities across all sectors stands at 454. I reassure Members that that figure includes deaths not only in hospitals but in care homes, at home and in community settings. There is, understandably, significant focus on the reporting of all deaths but especially those in our care homes. The Regulation and Quality Improvement Authority (RQIA) reports weekly figures with regard to the number of deaths in nursing and residential care homes. The latest figures, when compared with the same period during 2018 and 2019, indicate that the number of deaths is falling across the sector, with spikes reported around 21 and 27 April 2020. The official source of information in relation to deaths is, however, the Northern Ireland Statistics and Research Agency (NISRA). Whilst recognising the absolute need for data to be accurate, I want it to be timely. That is why, earlier this week, I wrote to NISRA asking them to consider moving beyond their current weekly bulletin on deaths to publication twice a week or more.

This morning, I received a response from NISRA declining that request. However, it is something that I want to pursue.

Every life lost too early is a tragedy. There has been much focus on statistics and percentages. I know that I do not need to remind anyone in the House that behind every figure is someone who was loved and is now deeply missed. It is right to recognise that, were it not for the heroic work of our health and social care workers and the tremendous sacrifices made by everyone across Northern Ireland, the number of deaths that we would face would be many times worse. That is of no consolation to those who have been bereaved and have not been able to mourn their loved ones as they would choose. Once again, I offer my deepest condolences to their friends and families.

I will now take some time to update the Committee on 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 continues to be a vital tool in our response to the COVID-19 pandemic. As of this morning, the total number of individual tests processed by our local HSC labs stands at 43,835. That is almost a further 11,500 tests that have been carried out locally as part of the national testing programme. As of today, we have tested 13,025 healthcare workers. That is a central reason why we have such a low staff absence rate. The latest figures from Monday show that there were 304 staff off across the trusts due to COVID-19, with a further 2,042 absent due to self-isolation. Many of them will be shielding. Combined, that is 3·2% of the entire workforce, a workforce that is working so courageously on the front line.

Through our work with key stakeholders and delivery partners across the HSC system, local universities and industry, we plan to further increase our testing capacity significantly. The expansion is being overseen by the Department's expert advisory group on testing and is delivered in close collaboration with our expert virology team. As a priority, we are further expanding our testing programme in care homes. Testing is being expanded on a phased basis, and the Northern Ireland Ambulance Service now provides a mobile testing service to assist care home staff and trust teams who support care homes. That expansion is in addition to the testing being undertaken in homes where there is an outbreak or a cluster of infections, when all staff and residents are tested.

On the significant issue of support for care homes, I will take a few moments to update Members on the wide range of measures being deployed in Northern Ireland to protect care home residents during the COVID-19 pandemic. The number of homes with a confirmed outbreak stands at 75, with a further 32 suspected. However, let me also highlight that there are now 27 closed outbreaks. Whilst it is not easy, it is possible, through the heroic efforts of homes, the residents, their carers and cleaners, to get COVID out of the homes.

I also remind members that, for every home with either a confirmed or suspected outbreak, there are three that do not have one. Whilst I am loath to draw comparisons, that compares much more favourably with other parts of these islands. Nevertheless, there is no doubt at all that care homes have been seriously impacted by the disease. Our colleagues in the Republic of Ireland and across the UK have had similarly distressing experiences, and I want to emphasise that extensive support has been and continues to be provided to the care home sector.

The Department, the board, the PHA, the trusts and the RQIA are all playing their part, and we are constantly seeking ways to enhance and intensify that support. We moved before other parts of the UK to increase testing in care homes. Figures from the RQIA yesterday demonstrated that 3,627 residents have been tested for COVID-19, which represents over a quarter of the total population of care homes in Northern Ireland. At the same time, 3,915 care home staff have also been tested. In addition to a significant expansion of testing for care home residents and staff, which will be informed by the advice of the Scientific Advisory Group for Emergencies (SAGE) and the Department’s strategic intelligence group, up to 40 HSC nurses are being deployed to support testing in care homes and will be integrated into the support teams that are in place.

I have also agreed that testing will be extended into supported living, and that work is now under way. I am ensuring that the trusts are strengthening the hospital-to-community outreach teams who deliver specialist care and support to older people in care homes and in their own homes. Considerable support has also been provided to the care sector through the provision of free-of-charge staffing time to care providers and by making available to care home staff a range of training materials and courses on topics such as practical nursing skills, the management of acutely ill patients and infection control. In addition, a service support team has been set up by the RQIA to allow experienced inspectors with

backgrounds in nursing and social work to provide direct advice to care homes and domiciliary care providers; over 1,000 contacts to that team have been made to date.

The pandemic has highlighted, again, the importance of the work that is undertaken day and daily in social care. As such, I am finalising a paper for the Executive that charts a way ahead for the sector, including, as an immediate priority, additional support for staff. However, in addition to those immediate actions, the COVID-19 pandemic has highlighted the need to reflect and plan for the frailty and clinical acuity of residents in homes.

There has been a significant shift in the complexity of care that has been provided over recent years. The staffing profile that is needed to provide the best care has also changed, with requirements for more registered nurses and a multi-disciplinary team. Those residents who would have been in hospital five years ago because of multiple morbidities or who were receiving palliative or end-of-life care for many long-term conditions are now often cared for in nursing and residential homes. Residential homes have now become what used to be nursing homes.

As I said in my press statement yesterday, the social care sector has been struggling for years and, as a whole, is not fit for purpose. The structural reasons for that are well documented and are no fault of the staff. Reforming social care remains one of the most difficult long-term challenges facing modern-day government. I am, therefore, proposing to move ahead with reform and investment plans, subject to the necessary financial support being provided by the Executive. The pandemic has also drawn attention to the frailty of the care home sector, which has needed so much support to maintain services safely. If we are to be better prepared for the future, we will need to address the systemic staffing challenges that are faced by the sector.

As an early priority, I want to see training and terms and conditions for care home staff being standardised and improved. We will have to ensure that the return on that investment will be for the benefit of staff and residents and not for the profit margins of the operators. That means a decent wage, increasing sick leave pay and providing a career pathway and training to do the job safely and well. I accept that many providers already provide that, but, in future, we must ensure that all do.

If I may diverge for a moment, it will not surprise the House to learn that I am not overly familiar with Gaelic games, but the phrase “hurlers from the ditch” has been stuck in my mind of late. It refers to those who are sniping from the sidelines and staying on the sidelines. We have had plenty of “hurlers from the ditch” of late. Experts and self-appointed experts with nothing but criticism to offer. The truth is that there are no easy answers — no magic solutions. The situation that we are dealing with is unprecedented, very tough and extremely complicated. Often, the best that we can do is find the least worst option. Keeping the lockdown in place is taking a huge toll, but relaxing it too widely and too early would be catastrophic. Even the wisdom of Solomon would be stretched.

Moving on, I am pleased to be able to update the Committee that there is a real, coordinated effort to support the national personal protective equipment (PPE) supply, and the UK four nations mutual aid arrangement is helping to get PPE to where it is needed. Most recently, we shared approximately 1·8 million items of personal protective equipment with the Department of Health and Social Care (DHSC) and have received over six million individual items of personal protective equipment from the Department of Health and Social Care, England and Wales, as a result of the mutual aid arrangements. The Business Services Organisation (BSO) continues to distribute significant PPE supplies to all five HSC trusts and, indeed, just last week, BSO reported that it had distributed over 6·8million items of PPE across the trusts.

Members may be aware of recent advice from DHSC to withdraw some Tiger eye-protection medical products due to issues with their fit. That matter was addressed swiftly, with all trusts notified to cease supply, and a recall of any items is under way. Thankfully, this has not had a significant impact on supply locally, as there are adequate face visors in stock or on order to meet demand at current levels. I can also advise members that we are working to build up our PPE stockpile for the post-surge period and any possible second wave. We will pursue every feasible route locally and internationally to do this.

A further development in my approach to combating this disease is the preparation of a test, trace, isolate, support strategy, which will set out the public health approach to minimising COVID-19 transmission in the community in Northern Ireland. My Department is progressing this work, which is designed to break the chain of transmission of the virus by identifying people with COVID-19 — known as cases — tracing people who have been in close contact with them — known as contacts — and supporting those people to self-isolate so that, if they have the disease, they are less likely to transmit

it to others. The Chief Medical Officer has established a strategic oversight board for that work, and support from the public will be absolutely critical to its success. I appreciate that some people may have concerns about what that might mean for their privacy, but I can assure members that participation will be voluntary, and people will have full control over the information that they choose to disclose.

One of the key elements of that work is the development of a Northern Ireland contact-tracing service. Over recent weeks, the Public Health Agency has carried out a pilot to test our approach, and a training programme has been developed. We are also working to ensure that there is a clear pathway for all citizens that joins up a range of elements of the system, including the COVID-19 symptom tracker, 111 helpline, GP and HSC services, testing, results and the contact-tracing service.

Members may be aware that the Education Minister and I have been working to support the childcare sector during the pandemic, and I want to take the opportunity to provide you with an update on this work. Some £12 million has been invested in a COVID-19 childcare sector support scheme, which primarily aims to ensure the continuity of childcare through the pandemic for vulnerable children and the children of key workers and to support the sustainability of the sector in the certain knowledge that we will need childcare to be available when we return to the new normal.

The scheme will cover the period from 1 April to 30 June 2020 and will provide support for four categories of childcare provider. The first is for open day care and school-age childcare settings. The second is for closed day care and school-age childcare settings. The third is for childminders who are continuing to provide childcare, and the last is for day care workers who have been providing childcare in the homes of key workers under a bespoke, approved home childcare system. Any provider who falls within any of the four categories has now been invited to apply for financial support from the scheme. We expect around 1,500 applications, covering all four categories of the scheme, to be submitted this month.

In conclusion, Chair, I am conscious that I have taken some time to provide this update and that members will be keen to ask a number of important questions. I hope that the update is useful and has, hopefully, covered a number of points that members intend to raise.

To finish my statement, I would like to add that, as ever, the people who are employed in the care of others are, and continue to be, our greatest asset. They need to be looked after and cared for in return. It does not give me any pleasure to say that, over the last decade, Stormont has let the NHS down. It has not looked after health and social care services as well as it could have. Under devolution, this place has had very limited control over finance and that has made things very difficult. Vital services have been underfunded, short-term decisions were preferred over long-term planning, difficult choices were ducked, staff were left to feel unappreciated and social care was particularly neglected. This happened in other countries too, so Northern Ireland is not unique, but a bit of humility and reflection would be in order around the House. Underfunding and short-term planning led to staff levels becoming depleted. Persistent single-year budgets have seen healthcare surviving hand to mouth, with a limited ability to plan strategically and deliver better services. Similarly, lack of proper pay and career structures in social care left our care homes exposed. Running health and social care on close to empty for 10 years has robbed it of capacity, resilience and flexibility. It left us with no option but to scramble to free up capacity and procure much-needed equipment, at pace.

In conclusion, I put on record again my thanks to all those front-line workers who are giving so much and to all those who are working behind the scenes to enable our fight to continue.

I now welcome any questions that you have. Thank you.

The Deputy Chairperson (Mr Stalford): I thank the Minister for his statement. I will allow around one hour for questions to the Minister. Given the position that he holds, members, it is not my intention to keep the Minister in the Chamber for any significant amount of time over that hour. Please keep questions focused and direct. I will allow supplementary questions, but it is not necessary for every member to ask one if the answer to the initial question is sufficient.

Mr Gildernew (Committee Chair - Committee for Health): I thank the Minister for his statement today and for coming to the Chamber to answer questions. I acknowledge his remarks that there are no perfect answers and that this a hugely complex situation. However, the Minister will agree that where mistakes were made, it is crucial that they are identified and are not repeated, given that we are likely to face further waves of the pandemic and, potentially, future pandemics. So, learning the lessons and implementing the learning is crucial.

This morning, the Health Committee was addressed by an acknowledged panel of experts. We heard that the decision of the British Government on 12 March to end contact tracing had created an enormous explosion in the spread of COVID-19. Does the Minister agree with that assessment?

Mr Swann: I thank the Chair and I apologise to him and the Committee that I was unable to attend last Thursday's Committee meeting. The Chief Medical Officer and I were meant to be there but, because the time of the Executive meeting moved, we were unable to attend. We are here today, however, to address the Ad Hoc Committee.

The Chair is actually conflating his statements. He is saying, "Let us look and learn lessons", but I would prefer him to say, "Let us get us through this first and then look at making sure that any mistakes that were made are not repeated". To dissect and look at issues that happened only a few weeks ago would actually start to tie up time and commitment when we should actually look at what we are doing now. The fact is that we have established our own contact tracing team here in Northern Ireland. It is already on the ground and working in care homes. There are 58 contact tracers, and 24 additional people have been trained this week. While I know where the Chairperson is going with his question, and I know that his question is genuine and his intention to ensure that this does not happen again is well placed, let us not start now to dissect the steps that we have taken over the past weeks. Let us get through the situation that we are in now, and, then, let us learn lessons on what could have been done better and what we have to do to prepare for the next phase.

Mr Gildernew: I thank the Minister for his answer. However, it causes me concern that we are saying that we will wait until a later stage to look at that. I am asking that lessons that have been acknowledged are looked at now and implemented, so that we do not repeat those mistakes. I know that steps are being taken to ramp up case finding, testing, contact tracing and potential isolation for those people, but, given that we were at a different place on the curve to Britain at that time, does the Minister acknowledge that it was a mistake for us to cease contact tracing here? My question is not about looking back: it is about preparing for further waves of the pandemic.

Mr Swann: That is what I am saying to you, Chair. We have our contact tracing scheme up and running. We have 58 contact tracers in place. That is far above what was in place when we were caught at the start of the pandemic, and we were actually relying on PHA to do that contact tracing. We have brought in a professional system now. We are setting up our own professional team to do that. We have made leaps and bounds to move contact tracing from where we were then to where we are now. A big change has been made there. When the pandemic started, it was about contact tracing and seeing who had been in contact with someone with COVID-19. What we are looking at now is tracing and supporting people. That is the important step that was not there at the beginning. When someone is identified through contact tracing as having COVID-19, a support measure comes in behind that to encourage them to stay at home and not to go back into the workplace or society to spread the virus further.

Mrs Cameron (Committee Deputy Chair - Committee for Health): I thank the Minister for his detailed statement. We will all welcome the de-escalation of the surge level in order for emergency surgery to be reintroduced. Given the concern about the volume of deaths that are not related to COVID-19 in Northern Ireland, it is disappointing that NISRA's response has not been more helpful in ensuring accurate reporting. Of course, the move ahead with reform and investment plans is very much welcome.

What engagement and support has the Minister had from unions on any additional proposals to combat the virus in care homes and protect them from coronavirus outbreaks?

Mr Swann: Across the entire piece, we have had good engagement with the entire workforce and support from the trade unions. There has been one disappointing aspect, which, I think, was reported in one newspaper this morning. We suggested bringing forward the safe at home scheme, which would actually have seen care home employees living in care homes for a period, and, by doing that, would have reduced their interaction. Unfortunately, trade union colleagues had a number of concerns, which did not allow us to move on at that point earlier this week. Although that particular scheme that we were looking at with regard to a number of homes has not been able to progress due to those concerns, we are now in contact with other care home providers to see whether any of them want to pick up the scheme. The Department has allocated a pot of money, which is supported by the Executive, so that the opportunity that that scheme could provide is not lost. Our relationship with trade union colleagues has been good throughout this. We have relied on trade unions here in Northern Ireland, and on staff, to pull out all the stops and work together with us on this.

Mrs Cameron: I thank the Minister for his answer. I hope that the safe at home scheme goes ahead in some format because it stands to sense that it could, very much, be a way to reduce infection. Minister, you will be aware that speech and language therapists are actively lobbying the Department for recognition of the vital work that they do with COVID-19 patients, which includes undertaking swallowing assessments. Will the Minister give a commitment here today that those speech and language therapists will be allowed to access full — that is, code red — PPE while providing that high-risk, close-contact and life-saving assessment, whether in hospital or in a care home setting?

Mr Swann: The member has written to me on that specific issue, and it is something that is being actively pursued. It is not the swallowing but the cough reflex that speech and language therapists are especially worried about, because it involves the transfer of droplets. The matter is being reviewed and updated, because something was drawn to our attention.

After we established it, we visited the Newtownards MOT centre where we were doing the testing, and there was a speech and language therapist on the front line doing swabs in full gear, because the individual understood the gag reflex, which helped for some of the swabs. Our speech and language therapists are stepping up. They are going above and beyond their normal work and supporting the front-line battle against COVID-19 as part of our overall response. Providing them with PPE is an active issue that we are looking at in the Department.

Ms S Bradley: Thank you, Minister, for your statement. I wish to refer to the issue of care homes. Minister, I know that you are aware, and I am aware, that if staff members in care homes suspect themselves to be symptomatic and do the right thing by staying at home, they will do so without pay. That is a vulnerability and a weakness for the staff member and all the residents of the care home. I therefore ask the Minister whether he will take urgent action and stop that today. As you said, this is not a time to reflect on how it has happened but a question of making it stop now.

Mr Swann: I thank the member for her point. We are now reliant on the private sector for the employment of a lot of those individuals and know that they are moved to statutory sick pay. It is not no pay but statutory sick pay. A lot of them are already working for minimum wage.

One of the recommendations talked about at the Executive this morning was to do exactly what the member asks. Minister Poots raised the issue and was very supportive of the argument that I was putting forward. Therefore, as to whether the Executive are on board with what the member raises, I will have a paper very shortly with the Minister of Finance, and, to give his office its dues, we are getting support there. Issues that we put to it are progressed very quickly, and the money has been coming forward.

We also have to be aware of the responsibility that lies with the employer, however. Even though the overall pay rate for some people has been cut, they should not be put in a position in which they are coming into a workplace and increasing the risk of the spread of COVID-19.

Ms S Bradley: Thank you, Minister. I did have a supplementary on the all-Ireland approach, but I feel the need to go back to my original question and ask whether this is really the time for papers. We are talking about the people who are holding the hands of people in homes today so that they do not die alone. They are the people on whom we rely so heavily. Can we as an Executive not find a way in which to do this today?

Mr Swann: What I will say to the member is this: we were at an Executive meeting this morning, and we are going back to it, I would say, as soon as I come out of the Chamber. I will raise the issue with the Executive, but, owing to the transparency and the accountability that we have to have, there are business cases and papers to be put in, but they are being processed very quickly. Honestly, I have never seen the Executive as agile. They are responding very aptly to the proposals and the need that has arisen as a result of COVID-19. It is an issue that has been raised, and I can assure the member that I will raise it again later this afternoon.

Mr Chambers: Minister, you referred to the hurlers from the ditch, which illustrates an important point. You also referred to the wisdom of Solomon. A lot of the hurlers from the ditch out there seem to think that they possess double the wisdom that Solomon ever had.

I welcome the increased testing in our nursing and care homes. However, as the Minister has often said, testing does not provide immunity from the virus. I understand that anyone, no matter what age or circumstances, could test negative one day but positive the next. In recognising the frail condition of

many of the older people in our homes, can the Minister advise what support has been made available to our homes to allow them to carry out tests properly and with sensitivity?

Mr Swann: I thank the member. As I said in the statement, I am not a follower of Gaelic games but, when I heard the phrase "a hurler from the ditch", I asked about it, and a member of the SDLP provided me with an explanation of it. Now that I know what that phrase means, I have never seen as many of them as in Northern Ireland, and especially on Twitter.

As regards testing in support of those in care homes, we have utilised the Northern Ireland Ambulance Service and those 40 HSC nurses to do that. As I said to Pam Cameron, the gag reflex makes it difficult to take the sample.

I can tell the Member something that was just finalised as I left the office this morning. Four mobile testing units, which are part of the national testing programme, have been assigned to Northern Ireland. They will be deploying from the start of next week. I intend to use the first in the south-west, because we do not have a permanent fixture there at the minute. As the other units come online, at weekly intervals, they will be deployed to support programmes for the sampling of clean, non-outbreak care homes, and other cluster outbreaks as required. This is a step up. We will be using the national testing programme, and those mobile test units, to reinforce what we have started with the Northern Ireland Ambulance Service.

Mr Chambers: Can residents, or their next of kin on their behalf, decline to undertake a test? Could that present a problem in the grand scheme of things?

Mr Swann: I assume that they can, Alan. The individual has a right to do that, because that is medical practice. I do not advise anyone to go down that path, because it is critical that we know where the virus is in care homes, so that we can manage it. I will have to check. I would say that they have the right to refuse, but I would plead with them and advise them not to do so.

Ms Bradshaw: I thank the Minister for his statement. My question relates to the comprehensive recovery plan. When do you expect that, and how will you make it public?

Mr Swann: I thank the member. We will bring it forward in stages. The surge plan was schemed to move in four steps, depending on how virulent the virus was across Northern Ireland, as to where we had to step down. We will do the same with the surge plan, and we will step it up as quickly as we possibly can. We will make the tower block at the City Hospital available for surgery and cancer treatments as soon as we can. I will bring that plan forward to the Assembly as we make each stage, as I did with the surge plan, when we were reducing that. We should see the outworkings of that, and the additional steps taken, within the next fortnight.

Ms Bradshaw: Further to that, on communication with the staff and, ultimately, with patients, some of whom have been waiting for procedures for many years, it is important that we let them know when they can expect treatment.

Mr Swann: The member makes a valid point. As we go through this system, with the changes that may and will be possible, we will need a lot of cooperation from the general public.

Usually, notification of a procedure is received six weeks in advance. If we get systems up and running more quickly, we will say to people that, if they get notification to come in for a procedure, an elective surgery or a treatment with very little notice, please accept that invitation as quickly as possible. If you cannot, let the trust know, so that we can fill those appointments. Before we went into the COVID-19 crisis, the number of no-shows was a problem for a lot of our services across Northern Ireland. To get Northern Ireland back on its feet, and to get as many people as possible through our services, we need that support and that continual flow of patients coming forward.

Mr T Buchanan: How many trust staff have been redeployed to a care home setting since the COVID-19 outbreak? What is the Department's longer-term plan to meet the gaps in staffing when normal services resume?

Mr Swann: I apologise to the member that I do not have exact figures to hand. I can give examples of two homes. A home in Belfast has availed itself of the support of 48 Belfast Trust staff, and another, in the Northern Trust area, availed itself of 27 trust staff. Those are significant numbers of people and

hours being covered, though I do not have the exact detail. As I said in the statement, we should make sure that the people working in those sectors feel valued and supported and that they are supported financially, through training and with everything else that they need, to fill those posts. We will have a commitment from the trusts, which is a necessity, to support our care home sector for the next number of weeks, if not months, to make sure that the necessary staffing level is there to support the residents of care homes, as we will undoubtedly see people going off sick, as we have seen across the rest of the health service.

Ms Dillon: With your indulgence, I apologise to Mr Carroll for walking in front of him. It was not my intention to do so. I stood in the doorway until the Minister had finished speaking, and, when I started to walk, Mr Carroll was called. I am sure that you are delighted to have Mr Wells jumping to your defence, Gerry *[Laughter.]* Thank you, Minister, for your statement. Can you confirm what data is being collected in relation to HSC staff who test positive for COVID?

Mr Swann: First of all, I express my disgust at the death threat that the member has received. In this day and age, we should not be in the sphere where that is happening to any politician in Northern Ireland. We should have moved far beyond that. A number of other members, including my party leader, were also affected by such threats. I just wanted to make that point.

In regard to the data that is collected, when a trust member goes off sick after testing positive for COVID, it is reported through the Business Services Organisation (BSO), so we have statistics for people affected and their level in the service. As I said in my statement, we have just over 300 who are off because they are COVID-positive, which is a very low percentage of the 71,000 staff who are employed across all trusts.

Ms Dillon: Will the Minister give a commitment to include that information on the dashboard and as part of the NISRA figures?

Mr Swann: I cannot give a commitment in regard to NISRA because it is the national statistics body for Northern Ireland and sits outside my scope. It falls under the scope of the Department of Finance but has its own ability to produce whatever figures it sees fit. The dashboard is an evolving tool that has bits of public information added to it regularly. I can raise the issue directly with those in my Department's information analysis directorate (IAD) who are in charge of the dashboard. If the Member would find the inclusion of that figure useful, I will ask them to consider that request.

Mr Dunne: I thank the Minister for the update and for all his work throughout what has been a very difficult time during the crisis. In relation to the role of the RQIA, I understand that the mandatory and routine inspections were suspended. Do you, as Minister, regret those inspections being suspended during the crisis? Do you fully recognise the importance of inspection and surveillance in giving assurance to the public and the residents of care homes?

Mr Swann: We repurposed some RQIA staff at an early stage of the pandemic so that we could utilise the skills of the social workers and the nurses that were in there so that they could go in and provide advice to care homes. We moved them from that inspection role to a supporting role. Those inspections still can take place, those inspections still do take place and those inspections still are taking place. They may not take place at the frequency that they used to be, but, if someone has a concern about a particular home or the practice in it, they can still contact RQIA and raise it, because it still has that inspection function.

Mr Dunne: In your statement, you mentioned "contacts" that are made with RQIA. Obviously that is done over the phone or through an IT system. Will you give us an assurance that the inspectors are going in, not just to do inspections but to carry out surveillance? Someone who is experienced in doing audits does not need to carry out full inspections; if they are there, they will quickly be able to see the quality in the home and give everyone an assurance that they are working to the required standards? Is that continuing?

Mr Swann: Yes, it is. If someone has a concern about quality, RQIA will still go in and do an inspection. That concern can be raised by a family member, a staff member or a resident. I will also say to the member that, because we are now at a point where there are trust staff going into those homes, they act as, I suppose, the unofficial eyes and ears of the Department to ensure that those standards are there. They have a duty of care and a responsibility as trust staff going in to supply that support and guidance so that the homes work to the appropriate guidance and standards. Part of the

work that is being done on infection control, especially as regards homes where we have COVID-19, is critical as well. We had 70 dental students come forward at an early stage to go in and supply infection control guidance and training for care homes. That was another set of eyes and ears going into care homes so that, if there were concerns, they could be raised, because they have a professional responsibility, if there is unsafe practice, to report it.

Mr O'Dowd: The Minister referred to "hurlers in the ditch", and, clearly, there are some; in every field of life, you will come across them. However, he must also accept that international best practice and advice from the likes of the World Health Organization (WHO) and internationally renowned scientists should be taken on board. Those guys could tog out for Kilkenny or Tipperary — or Antrim, on a good day. Does the Minister agree with me that we have to follow international best practice when tackling the virus?

Mr Swann: I do not know what "tog out" means, but I am sure it is a term that the member can update me on later.

With regard to best practice, yes, the guidance is there. When it has come and when it has been practical and applicable for us to follow, we have taken it on. We have not always been in step with it all at every point in time. I know that the member's party has been particularly vocal on the "Test, test, test" scenario. We were testing with the capability and capacity that we had at that stage, and the point has been made by that party with regard to the World Health Organization guidance that came forward. With regard to the Executive programme going forward and the health advice that underpinned that, there is recognition and acknowledgement of WHO guidance and advice and of international best practice.

Mr O'Dowd: In another element of his speech, the Minister rightly referred to the inequalities in pay structures and conditions for staff. Does he also agree that, as we recover from the epidemic, we need to tackle the health inequalities that exist? That has to be a key feature of any future health plan.

Mr Swann: I do. It is one of those conversations —. The things that we were doing that were innovative were pilots, as I said, that we were getting single budgets for. The likes of our multidisciplinary teams were going to be earth-shattering, earth-changing and health-changing in certain communities. We were putting social workers and pharmacists into GP surgeries so that we could start to tackle the mental health inequalities and differentials in supply that we saw across Northern Ireland. We can take on board those lessons as we come into our re-engagement phase between this surge and doing as much work as we can to prevent the next surge. The inequalities across our system are something that we should take the opportunity now to correct.

The Deputy Chairperson (Mr Stalford): I note that the Member for Upper Bann and Mr McNulty are both wearing their Armagh orange ties today, so I congratulate them. Sometimes, it is all right to be an Orangeman, John *[Laughter.]*

Mr McNulty: The future is orange *[Laughter.]* I thank the Minister for his statement. He said that the social care system was not fit for purpose and was in need of reform and investment. Those who work with the most vulnerable in our care system have to be acknowledged, especially in the care homes that have borne the brunt of the COVID-19 pandemic. Given the many questions and concerns around the handling of COVID-19 in our care homes, will the Minister commit to calling an independent public inquiry into the handling of the response to COVID-19 when we get through to the other side of the pandemic?

Mr Swann: As I said to the Chair of the Health Committee, when we get through to the other side of this, there will be many inquiries. There will be national, international and worldwide inquiries, and, at that point, we have to use them as learning tools for where we were, what we should have done and when we could have done it. There is no point in getting to the other side of this and not being prepared for the next virus that comes. It may not be a coronavirus, and it may not be a novel virus, but we will look to the learnings that we have to take out of this. As I have said in previous statements in the Chamber, we became so reliant on that just-in-time PPE international supply chain always being there that we did not value it for what it was. Now we do, and that is why it is critical that we learn in that sphere as well to make sure that we have local manufacturing there to support our PPE supply.

Mr McNulty: The Minister referred to "hurlers in the ditch". Tomorrow evening, I am going to go "Hairless for the hospice". I have raised about £2,000, and I challenge the Minister and everybody else

in the Chamber to see who are the hurlers in the ditch. Who will step up to the plate and go hairless for the hospice for the hospices in their area? I know that there are a few people who look a bit scaldy, including the Príomh-LeasCheann Comhairle and Big Jim. Let us see who will go hairless for the hospice and raise as much money as we can for hospices, whose services have been cut and who need every source of funding that they can get.

Mr Swann: I do not understand exactly what the scheme is. It sounds very good. If it is raising money, it is definitely worthwhile. I will give the member a tenner, but I have no idea what he is asking me to do, to be honest.

Mr Butler: You certainly have today coined the phrase "hurler in the ditch". You outlined that the chief hurlers on the ditch were maybe on Twitter. The media also have a role to play. Sometimes, the media have been good and, sometimes, not so good at this time of crisis across these islands. The chief exponent of hurling in the ditch is, in my opinion, Piers Morgan.

Minister, there was a BBC report today — I think it was to do with NHS England — regarding a fear that the learning disability community has regarding testing. You have outlined some steps that you have taken on testing for our community. Can you reassure us that people who have a learning disability or any disability will not be disadvantaged in any way when it comes to availing themselves of testing for COVID-19?

Mr Swann: I give the member that commitment here and now. One of the cohorts that were in our original testing programme was those who lived in supported learning, which included those with mental health and learning difficulties. I have no problem giving the member that commitment.

Mr Givan: I thank the Minister for his statement. He indicated that our waiting lists were deteriorating even further than they were before we went into the pandemic. That will continue to be the case, particularly around things like mental health, if we do not start to have some form of relaxation. I know that the Minister is under particular pressure, because, often, his Executive colleagues will say that they follow the science and the medical advice and then look to the Minister of Health. Can the Minister of Health give any indication of the scientific and medical advice being provided to him on when we will see step 1 of the Executive plan that was announced earlier this week?

Mr Swann: As I said, we came out of an Executive meeting this morning, and we are going back into one this afternoon and into the evening. Those meetings are looking at exactly where we are with our recovery plan and the steps. That Executive meeting is being attended by the Chief Medical Officer and the Chief Scientific Adviser, as has become nearly the norm for the past number of Executive meetings. It is not just the medical and scientific advice that has been given to me; it has been given to the entirety of the Executive.

Mr Givan: In having confidence that decisions are being taken on the medical and scientific evidence, can the Minister give the Committee an assurance that, when he makes recommendations based on scientific and medical advice, they are then adopted by the Executive? It was well documented that he provided advice in respect to the reopening of cemeteries that other parties did not endorse initially and took a week to do so. As we go forward into step 1, the public need to have confidence that, when this Minister makes recommendations based on that advice, the Executive follow them. Does the power rest with the Minister to act on this solely, or is it a collective decision that needs to be taken?

Mr Swann: As we take the steps to come out of this, we have to do it collectively. The advice and guidance in regard to the regulations rest with Health. They rest in my remit legally, and, at the end of the day, I have to sign them and seal them on behalf of the Department of Health. The legal duty of moving through regulations rests with me.

Ms C Kelly: The Department tells us that we have the capacity to complete 2,000 tests per day. Minister, can you explain why we have not been using this to full capacity when it is clear that widespread testing is necessary for pandemic control?

Mr Swann: I thank the member for her question. I am not sure whether she is aware of the dashboard that the Department now produces on a daily basis, which adds up the number of tests that we report internally and the number of completed tests through the national testing programme. Today, that dashboard will show that we completed 2,142 tests. Yesterday, we completed 1,994 tests across both those divisions. When it comes to capacity, we are getting there. One of the things we have been able

to do is utilise the spare capacity that we had within our system, and that is where we are targeting tests for the care homes through the Ambulance Service.

I will say to the member: that is not where we will stop. It is about increasing that capacity, it is working with our colleagues in AFBI, it is working with some of the private sector as well to make sure that we can roll-up that capacity. As I said in response to Alan Chambers, part of that national capacity is the four mobile testing units that can do about 200 tests as well. So, over the next four or five weeks, that will be an extra 800 tests per day. It is about utilising that at a continual pace and with continual expansion. Again, like anything else in Health, as I said to Paula Bradshaw, we need people to turn up to take the tests. It is important that if people do want a test, they actually turn up. Again, we are putting one of the mobile units into the south-west because we do not have a permanent fixture there.

Ms C Kelly: Thank you, Minister, for your answer. I know that you will be aware of the recent news about outbreaks among staff at food processing factories. You mentioned the four mobile testing units that will arrive next week. Can you commit to there being a testing unit in Omagh? Currently, those working in food processing in Omagh have to travel the significant distance to Derry, Craigavon or Belfast.

Mr Swann: Again, it was not in the main statement, because I only got the confirmation before I came out of the office. However, out of those four testing units, the first mobile unit, which should come online within the next week, has been assigned to the south-west. Therefore, the workers will be able to avail themselves of that testing facility if they are symptomatic or feel that they need to be tested.

Mr Lyttle: It is essential that the Executive recognise the importance of the childcare sector to the well-being of our children and access to employment for workers. I thank the childcare sector for the role that it is playing during the pandemic, and for the work that it has done with diligent Health and Education officials to contribute to the childcare support scheme. Can I ask the Health Minister to do all that he can to support the urgent and successful implementation of the childcare support scheme, and give a timescale for allocation of funding to childcare providers?

Mr Swann: As I said in the statement, any provider who falls into one of the four categories that I listed is eligible. The categories are: open day care and school-age childcare settings; closed day care and school-age childcare settings; childminders who are continuing to provide childcare; and day-care workers who are providing childcare in the homes of key workers under the bespoke, approved home childcare scheme. That fourth grouping is especially important to Northern Ireland, and it is something that is unique to Northern Ireland. We expect around 1,500 applications covering all four categories of the scheme, and those will be submitted this month. It is about getting those processed through BSO as quickly as we can. We know that it is something, as Chair of the Committee, that the member has been particularly vocal on.

Mr Lyttle: I thank the Health Minister for that update and the support for childcare. Can the Minister give some indication of why it has taken so long to implement a community testing, contact tracing and isolation programme? Can he give us some idea of the specific participation that it will require from the public to be successful?

Mr Swann: It is one of the things that we need to get right. We have 58 trained operators who are starting to do contact tracing. They are mostly focusing on our care homes. We are training an extra 24 a day. It is about working with the script that they will be using so that they ask the right questions, identify the right people and give the right advice. As I said earlier, we must also ensure that the support package is there to encourage people to self-isolate. It is about making sure that we get that script right. We must also ensure that the database and computer systems that capture the data are secure. There is, therefore, a lot of work going on behind the scenes. Work is also ongoing on the app that has been talked about widely, but which still seems to be a number of weeks off. Work is being done on how we adopt and utilise it to ensure the security of data that is captured. There are, therefore, a number of technical issues. However, I can assure the member about the 58 workers that we have now and the 24 who are being trained this week. That manual, telephone and personal contact is up and running, and working, and we can utilise it as soon as possible, but it is about making sure that we are asking the right questions and asking the right people to isolate.

Mr Frew: The Executive have published their five-step plan, which is based on science. Can the Minister assure the Committee and inform us about how that science is implemented? How does the Minister connect the R rate with the decisions along the steps?

Mr Swann: The Department of Health developed an Executive paper and matrix showing how we scored such factors as the threat to public health, the effect on the economy and the effect on social well-being. There is a fourth topic, but it has escaped me. Each proposal that has been put forward has been scored across that matrix. It is not based solely on the R value. We are taking requests to look at individual topics as each Minister comes forward. As discussed today, the Executive will publish the skills matrix so that the public can understand how they have taken the decisions as we move to step one, step two, step three and, eventually, step four, where we return to a sphere of normality. We will publish the skills matrix later today or, possibly, tomorrow. It will let members see how those decisions are taken.

Mr Frew: As a North Antrim colleague, I wish the Minister all the best, as I have done up to this point. I hear what the Minister says about the suite of calculations that are needed to make steps, but will testing help the accuracy of the R rate? What other measures will help the accuracy of the R rate?

Mr Swann: I did not hear it, but, from what I have heard from others, Professor Young, our Chief Scientific Adviser, did a good job of explaining what the R rate means on yesterday's 'The Nolan Show'. The R rate can be measured over a number of things. In our scenario, we use the number of people in ICU beds, the number of admissions and the number of positive cases. That is done over the past 10 days. When we see a slow decrease in the number of those three measures, the R rate starts to move down very slowly. It is a slow, gradual decrease, because we are taking it over the past 10 days. It is something that we are depending on and something that we look at, but it is not the sole factor in our decision-making process, for want of a better description.

Mr Sheehan: Will the Minister provide an update on the contact tracing infrastructure that is being put in place? How many people are fully trained? How many are expected to be trained up? How many contact tracing centres are there? Where are those centres?

Mr Swann: We have 58 staff situated in Belfast at this time. BSO is training 24 this week. It is very intense one-to-one training. As we step up that training, we will be looking at dispersing the staff around the country, because there is no point in having everybody sitting in the same tracing centre. If they were, and we got an outbreak of COVID-19 in one of those centres, all of the people who should be trying to trace COVID-19 would be self-isolating at the same time. It is, therefore, vital that we spread them out across the Province. On the estimation, in the initial phase, we are moving up to 300 and then, potentially, up to 600 if we see that necessity and we do not see the management of COVID-19 across Northern Ireland actually decrease. So, our first target is to scale up to that 300.

We have 800 volunteers who have indicated that they would like to be part of that process, but we have to be cognisant that the contact tracing scheme will be with us for 18 months to two years or possibly longer, so it is not just about relying on those volunteers or environmental health workers who are volunteering to get us up and running initially. It is about looking at this as a long-term Civil Service deployment because it will be here with us for quite some time.

Mr Sheehan: Thank you for that, Minister. Like most other people, I am interested in your use of the "hurlers from the ditch" analogy. As someone who played hurling — and not too many in this House can say that — hurlers from the ditch are irrelevant for anyone who plays hurling. At the minute, Minister, you are playing senior hurling. You are playing senior championship. However, you have to recognise — and my colleague John O'Dowd mentioned it earlier — that there is a cohort of experts out there — people like Siân Griffiths, who co-chaired the Hong Kong inquiry into the SARS epidemic in 2003, and Michael J Ryan, who led the line for the World Health Organization in west Africa in 14 of the 17 Ebola outbreaks — who have been very critical of the SAGE advice and the decisions that were made by the British Government. That is not retrospective. They were critical of it at the time. I am saying to you, Minister, that you need to take advice other than that which is being given by SAGE in London. That is very important. Hurlers from the ditch are irrelevant. Let us look to the real experts: the hurlers on the pitch.

Mr Swann: I understand that analogy. I mentioned to Paula earlier that our Chief Scientific Adviser and Chief Medical Officer are now talking to the Executive as a whole. I think that the member will see that we are now moving. We always have moved away and plotted our own course, and even more so now in regards to the decisions that the Executive are making.

On the publication of our step plan, we did not do the same as Dublin or Westminster by putting dates and time frames on it. We said that we would be led by the science and would take the right steps at

the right time. That proves that, as an Executive, we are taking that guidance and direction from those experts who are on the pitch at this minute in time.

The Deputy Chairperson (Mr Stalford): These sporting analogies are making me very tired. The closest I get to sport is bowls on a Monday evening in Ravenhill Presbyterian Church. That is how exciting I am.

Mr O'Toole: I hope that you are not getting close to that sport at the minute —

The Deputy Chairperson (Mr Stalford): No.

Mr O'Toole: — given that we are all supposed to be at home. I have also played hurling, but I did it really badly, so I will not position myself as a hurling expert or, indeed, an epidemiologist.

I thank the Health Minister for his hard work, which I do not think that anyone in this House will doubt, and I also thank him for coming and giving us an update today. Can I ask him about representation from Northern Ireland on SAGE? There had been reports that Dr McBride, our Chief Medical Officer, has been just an observer on that group. Does Dr McBride or anyone else from here have full membership of SAGE?

Mr Swann: Professor Ian Young, our Chief Scientific Adviser, is a full member of SAGE.

Mr O'Toole: Thank you for clarifying that. That is useful.

On contact tracing, the Minister mentioned that we want to get to 300 contact tracers building up to 600. Can he give us a time frame as to when he thinks that is essential? Is that specifically tied, in his mind, to a releasing of the restrictions?

Mr Swann: They all move in step, Matthew, to be honest. There is no point easing restrictions if we have an outbreak and are not able to trace it and find out where it is, so there will be a step. We will not necessarily have to delay the lifting of our restrictions depending on the number of contact tracers we have, but there is a correlation to make sure that we can find and trace the virus if there is a spike in a certain area where we need to move in again and start to put in more localised restrictions. So, there is a correlation, but they are not tied to each other.

Mr Wells: Minister, I am the only person in the Chamber who has sat in your seat. It was very difficult five years' ago; I think that it is almost impossible what you have to deal with at the moment. We wish you well.

I know nothing about hurling and want to know nothing about hurling *[Laughter]* so I will not use any analogy about that.

I take you back to the R value. The R value at the minute is given as 0·79, but you also said that the R value in nursing homes, which, unfortunately, I am a bit of an authority on, for reasons that you will know, is double that. Frankly, closing garden centres, golf courses or recycling plants will not reduce the R value in one nursing home. Are we in danger of locking down our economy and destroying many good jobs on the basis of an R value that is skewed towards nursing homes, when none of the restrictions will do anything to reduce that figure?

Mr Swann: May I say to the member that I know how challenging it is that nursing homes have been closed to visitors? I pass on my personal respects to him and to Grace while they get through this difficult personal time.

The R number that he refers to is not the R number that we use at this minute in time. It is not connected to nursing homes, so they are not part of the calculation. I think that, when Professor Young, our Chief Scientific Adviser, talked about that the other morning, he referred to an R value in certain nursing homes. What we have to be cognisant of is that it is impossible to give an R figure to nursing homes in the generality, because they are their own isolated, closed spheres, or they should be. In the nursing homes where we currently do not have COVID-19, the R value is not applicable because there is no virus, there is no spread. In the homes where we have a high incidence and spread, that is where we get to the figure above 1, which is where the concern is and where the virus is spreading. There is no R number for the generality of nursing homes that is applicable. The R

number that we use and that is quoted is not affected by the calculation of nursing home infection, Jim.

The Deputy Chairperson (Mr Stalford): Mr Wells?

Mr Wells: Almost a month ago, we all welcomed the announcement by the Public Health Agency that 500 staff would be engaged to carry out testing, particularly in nursing homes. We learned today that that was never delivered; in fact, we are talking about less than 10% of that figure. We were told that environmental health officers from councils, who are effectively in furlough, would be used. What went wrong? Why was that announcement made, and why was it not delivered?

Mr Swann: Jim, I would need to check the announcement that you refer to, because the use of environmental health officers was brought forward to engage in the contact tracing app, rather than testing in nursing homes. If you have another announcement that, you think, I have made, I am perfectly glad to follow up on it after this, but the environmental health officers were in regard to contact tracing. Some of those are being used, and I am aware that there is a service-level agreement and some ongoing conversations. I am happy to take up the issue with the member outside the House, because I am not sure that he and I are talking about the same thing at this minute in time, and I want to get him the right answer.

Mr McCrossan: I too thank the Minister for making his statement to the Chamber today and outlining the many important initiatives that he has undertaken. I also take the opportunity, Mr Principal Deputy Speaker, to thank all our health and social care staff, who have given everything and sacrificed so much to save so many lives. We will be for ever indebted to them.

Minister, in recent weeks families in my constituency and throughout the Western Trust have lost loved ones to various illnesses: cancer, heart disease and others not related to COVID-19 and with no symptoms of such. However, when it came to the death certificate, it outlined COVID-19 as the cause of death. The Minister will know that will cause great distress to many families. They would argue that that is entirely incorrect, because there was no test to suggest such or, in the event of such a test, it tested negative. Is the Minister aware that that is happening? Will he explain why it happens and say whether an instruction is coming from his Department to the medical professionals who are doing that?

Mr Swann: I can assure the member that there is no instruction coming from my Department to register COVID-19 deaths where the person has not been diagnosed with it. I will say to the member that, if a death is registered in the community where there have been or there are suspected to have been COVID-19 symptoms, there may be an occasion where a medical professional will record it on the death certificate, even if there has not been a positive case. I had the issue raised with me at the start of this week. It is something that I am looking into, but, with regard to a direction being given, there would be no rationale or reason why we would ask any medical professional to record COVID-19 on a death certificate when it was neither proven nor suspected

Mr McCrossan: I thank the Minister for his clarification of my question. As you will understand, it is a sensitive issue, and it would come as a great surprise to families who find themselves in such circumstances. Without going into the details of the case, I am aware that there were no symptoms in this particular matter and that the person was not on a COVID-19 ward or anything like it. It was very sudden, and there was a clear reason for it. What assurance can you give, in the event that someone has COVID-19 put on their death certificate as the reason for death, about how can the family go about changing or challenging that, when it is actually incorrect?

Mr Swann: In honesty, I am not sure how that process would be undertaken, but I will check it out and get back to the member in writing. I will provide it in guidance to the rest of the members in the House as well, because, if there are scenarios where that has happened, there should be a clear line of query or challenge.

Mr McGrath: I want to ask the Minister about the reconfiguration of services. Are you aware that there are theatre staff from the Downe Hospital who have been relocated to the Ulster Hospital to prepare for the surge? The surge has thankfully not arrived, so they are being left with very little work to do. Some of them are taking annual leave because there is not work to be completed, and, yet, the work that they would have delivered in the Downe will, from 1 June, be delivered by a private outside company. That is very worrying to the staff, who are concerned about their futures amongst all of the

distress that comes with the pandemic. Is the Minister aware that private companies are coming in to deliver services that our staff should be doing?

Mr Swann: On our surge planning, those individuals were purposely relocated and re-profiled so that we would be prepared for the surge. As he says, thankfully, it has not happened. Let us remember that we are only weeks away from our first case, when we were looking for that reasonable worst-case scenario. On re-profiling those staff, those were the steps that we took at that point in time because it was the right thing to do. We brought in private providers to make sure that there was some continued delivery of services while we redeployed our staff. As for asking me for an assurance on whether they will have enough work to do, I can assure you that, with the waiting lists and everything else that we saw long before COVID-19 struck Northern Ireland, our waiting lists are long enough to provide them with a guarantee of work in the future.

Mr McGrath: I welcome that statement. I am sure that it will go a long way to helping people, certainly in the Downe Hospital, and I hope that they will not be forgotten with plenty of work for the future.

Miss Woods: I thank the Minister for his statement. The Minister has mentioned some issues with the roll-out of the potential contact tracing app, and some of that has included the protection of data, which is obviously an incredibly sensitive matter. Will the Minister seek legal advice on the matter before any further steps are taken on its use in Northern Ireland?

Mr Swann: Yes, because we have data protection issues and issues around how we interact, especially with our colleagues and counterparts in the Republic of Ireland, in regard to data sharing. That will be data sharing across an EU border, so we will take legal advice, as well as the section 75 guidance in regard to the implementation and the roll-out of that, because of how that will potentially capture personal data.

Miss Woods: This is completely different. The road map that was published on Tuesday by the Executive had a number of holes in it. It did not show any information for those who are shielding, following the letters that were issued, which is due to end in six weeks. Does the Minister expect that period to be extended? If so, will the Department issue further guidance on that?

Mr Swann: Yes, we will. It is important that, in regard to the individuals whom we asked to shield themselves from the start, it was a request, not an insistence. I want to make that clear to the member. The letters that went out asked those people to shield themselves away; we were not asking them to cut themselves off from the community in totality. We asked them to shield themselves from the virus. If, at the assessment in six weeks' time — we will have to look at this before then to make sure that they are supported to do that — the medical and scientific guidance is that we should ask them to maintain shielding for a further period, we will issue more guidance and make sure that the support is there for them, be that food deliveries or deliveries from community pharmacies to ensure that they get their prescriptions. We will make sure that all those provisions and support measures are still in place.

Mr Allister: Mr Principal Deputy Speaker, maybe you will permit me one moment, initially, to ask the Minister to convey, on behalf of the community and the Smyth family, very deep appreciation to the expert staff in the Royal Victoria Hospital for their Trojan efforts to save the life of young Hannah Smyth following the heartbreaking incident in our constituency on Tuesday. Of course, I am sure that we all join in sending our condolences to that family on the indescribable pain and loss that they have suffered.

The Chief Medical Officer has publicly stated that the R figure is low enough, and has been low enough for a sufficient time, to justify relaxations in the lockdown — maybe the Minister will tell us what that figure is today. The Chief Medical Officer says that the National Health Service has not been overwhelmed; the surge did not happen; and the Nightingale facility has been stood down. Our economy is in free fall. What are we waiting for? Is it the foot-draggers in the Executive?

Mr Swann: I will respond, first, to the member's opening comments about the Smyth family, who are going through a particularly harrowing time. For any family, losing a mother and child in a horrific accident is tragic, and another child is relying on the support our National Health Service. It is a completely challenging time for the family and for the wider North Antrim community. Our thoughts and prayers are with them and in support of the National Health Service. It is doing what it does well in supporting the family and getting as much medical assistance as possible to them.

On where we move next, the member will be aware that the plan published only recently sets out the series of steps to be taken and the measures that will be used at each point. The first step is the control of transmission — as he rightly indicates, maintaining the R number at below 1 — and protecting our healthcare capacity. He is right: our systems were not overwhelmed, and we have stepped down the Nightingale facility. However, that decision was not taken lightly. The number of people in ICUs and the number of hospital admissions were such that there was still concern. When it comes to easing restrictions, we will do it at the appropriate time. My feeling is that we will do it and that announcements will come from the Executive shortly. However, we do it out of necessity. In taking those decisions, we will make sure that we retain the restrictions only for as long as is necessary, as all Executive parties have made clear. I think the member's point was that we should rely on the evidence. The scientific advice from the Chief Medical Officer and the Chief Scientific Adviser also guides those decisions.

Mr Allister: The Minister did not tell us what the R number is currently. May I hurl a question at him from this commodious ditch? On Tuesday, in the Assembly, the deputy First Minister pontificated that if and when we got the R number down to 0·5, we could move forward. Is she following different science or is that the advice to the Executive? Is it the collective Executive view that it has to be down to 0·5 before there is substantial movement? Miss O'Neill is not entitled to her own science, surely, within this Executive.

Mr Swann: Apologies, Jim; it was not deliberate. The Chief Scientific Adviser informed us this morning that the R number is around 0·7. I have seen no documentation or target that suggests that we will need an R number of 0·5 before we move to step one.

Mr Carroll: I thank the Minister for his statement. He mentioned the strain on services for our people. I want to bring John Price to his attention. I met John many years ago at a protest and have been on many protests with him. He has been a teacher for many years in my constituency and has had his oral cancer surgery withdrawn as part of the coronavirus measures. Will the Minister's Department do all that it can to assist him with his medical procedures at this time?

The Minister said that Stormont has failed the NHS for many years. I would absolutely concur with that. A number of issues are emerging about care homes, particularly with infections and deaths and the fact that more and more public finances seem to be going into for-profit private care homes. The Minister mentioned that a paper on care homes is going to the Executive. Is now the time to begin the planning and implementation of a strategy to bring care homes into public ownership?

Mr Swann: I cannot promise anything, but if the member wants to give me details about his first point, we will have a look at them.

The road map is already there for where we go on care homes. It was published in this place. It is called 'Power to People', and it laid out a number of very specific steps and proposals to reboot adult care and support in Northern Ireland. We published it a number of years ago, but it has lain ineffective and action has not been taken on it. It is now up to us to take that document, grasp it and start to deliver on what it proposed and envisaged as a reboot of adult care support in Northern Ireland.

We have seen what we have been able to do with preparation for the surge of COVID-19. We have seen how agile the health service can be and how supportive the entire Executive can be. The challenge now is doing that at haste and with speed to make sure that we get our care homes and social services into that position as well.

Mr Carroll: I thank the Minister for his answers and appreciate his comments on my first question. I will forward the details to his office.

My recollection of the Health Committee's briefing on the 'Power to People' report in, I think, January, was that Sean Holland seemed to suggest — he certainly did not rule it out — that there was a need for measures to have greater public involvement in the roll-out of care. I do not want to misquote him, but that was my recollection of what he said. I urge the Minister to ensure that that is a fundamental part of the paper that he presents to the Executive. People are coming out and are clapping correctly for our NHS. We have been told that there is provision from the cradle to the grave. That needs to exist and a public role is essential in delivering that.

Mr Swann: The member makes the point that highlights the greatest points of our National Health Service. It is free from the cradle to the grave, free at the point of use and free at the point of delivery. We must make sure of that.

We have looked at the interactions that we as a Department, Executive and a state have had to put into some of the private care providers with staffing, PPE and general support. We have to play a greater role in care home provision going forward.

The Deputy Chairperson (Mr Stalford): Thank you, Minister.

Item 4 on the agenda is the time, date and place of our next meeting. We have yet to receive confirmation from the Executive about when Ministers will next come to make statements to the Committee. As soon as that confirmation has been received, written notification of the time, date and place of our next meeting will be issued to members in the usual way.

I remind members that a plenary sitting of the Assembly is scheduled to take place on Tuesday 19 May and that Ministers may continue to make oral statements to the Assembly on sitting days.

That concludes today's meeting of the Ad Hoc Committee. Stay safe and God bless.