Northern Ireland Assembly

Ad Hoc Committee on the COVID-19 Response

OFFICIAL REPORT (Hansard)

Ministerial Statement: Health

21 December 2020

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Alex Maskey (Chairperson)
Dr Steve Aiken
Mr Jim Allister
Ms Kellie Armstrong
Ms Paula Bradshaw
Mrs Pam Cameron
Mr Gerry Carroll
Mr Pat Catney
Mr Alan Chambers
Mr Stewart Dickson
Mr Gordon Dunne
Mr Mark Durkan
Mrs Arlene Foster
Mr Colm Gildernew
Ms Cara Hunter
Mr Colin McGrath
Mr Justin McNulty
Ms Karen Mullan
Mr Robin Newton
Ms Carál Ní Chuilín
Mr John O'Dowd
Mrs Michelle O'Neill
Mr Pat Sheehan
Mr Christopher Stalford
Ms Claire Sugden
Mr Robin Swann
Mr Peter Weir
Miss Rachel Woods

The Chairperson (Mr Maskey): I welcome everybody to the meeting of the Ad Hoc Committee on the COVID-19 Response.

Agenda item 1 is the minutes of proceedings of the previous meeting, which was held on 9 July. Members are asked to note the minutes, which are in your packs and which the Deputy Chairperson Mr Christopher Stalford agreed. Members should also note that the Minutes of Evidence from that meeting have been published in the Official Report and are available on the Committee's web page.

Agenda item 2 is a statement from the Minister of Health. I received notification on 17 December 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. I welcome the Minister of Health to this meeting of the Committee.

Before the Minister makes his statement, I remind members that, following it, there will be an opportunity to ask questions but not to make speeches. Members who ask short, sharp, focused questions will be invited to ask a supplementary if they wish. Members who engage in preambles, however, may find they do not get to ask a supplementary question. Our task here is to allow as many members as possible to contribute and to ask questions to the Minister. I, therefore, ask members for their cooperation, and I will, of course, expect the Ministers to give succinct answers as well.

I invite the Minister to make the statement, which should be heard by members without interruption.

Mr Swann (The Minister of Health): Thank you, Chair. I thank the Committee for affording me the opportunity to make the statement, following the decisions taken by the Executive last week.

The health service, as we know, is at critical juncture. The National Institute for Health and Care Excellence (NICE) advises that there is an increased risk of adverse patient outcomes where hospital bed occupancy rates exceed 90%. In the period since 21 October, regional bed capacity has not dropped below 92%. There are only five days on which it has been lower than 95%. Some hospital sites have consistently been operating above 100% capacity for that period. Members will have seen the news last week, showing the stark reality that this presents for healthcare professionals across the service as they diligently do all that they can to provide care to all who require it.

The current levels of demand exceed those reached during the peak of surge 1. That is despite the restrictions that have been in place over recent weeks. Case numbers are increasing, demand on hospital beds is increasing, and that cannot continue unchecked. The health and social care system simply cannot continue to deal with sustained rising demand.

Members should note that the statistics precede the second surge period, and it is expected that the situation will have deteriorated further.

I stress that the situation has occurred despite the fact that, overall, much more elective care is being carried out now than during the first wave in April 2020. I have asked for every available opportunity to be fully explored, and that includes the establishment of a day elective centre in the Lagan Valley Hospital and the relocation of urgent surgery lists to the South West Acute Hospital (SWAH).

Northern Ireland has a funded capacity of 70 critical care beds. I emphasise that it is not a simple matter of increasing the number of physical beds. Our critical care beds are extremely staff-intensive, particularly with regard to nursing staff. To put the impact of that in context, increasing critical care beds by 15 requires more than 100 additional nurses to provide the level of care required. Nurses, therefore, have to be moved from other parts of Health and Social Care (HSC), which has a severe impact on other activity, particularly elective surgical activity. The impact is not only felt by staff who are treating COVID-19 patients: our staff who are treating non-COVID-19 patients report the moral stress that they feel from not being able to provide their normal high level of care. It is essential that hospitals are able to care for every patient who will benefit from treatment. The system cannot provide the scale of response required to maintain critical care and acute service demand of higher-than-medium surge and maintain urgent surgery at the same time. The only way to possibly avoid further urgent surgery cancellations is to ensure that action is taken to limit the spread of the virus sufficiently to reduce hospital demand before it reaches critical levels. Measures to increase hospital capacity would allow an increased epidemic level to be managed, but that would also inevitably be associated with increased deaths and might be limited by the need for staff to self-isolate as a consequence of healthcare-related outbreaks in hospitals or clusters and outbreaks in the community. It is also the case that the associated levels of community transmission would inevitably result in a further significant increase in outbreaks in care homes among extremely vulnerable older people, as was experienced in the first wave, which will result in excess deaths in that population. However, for practical purposes and as I have often stated in the Chamber, it is simply not possible to increase hospital capacity in the short to medium term. The key factor is the supply of staff and, given the specialist skill set required, there is a very long lead-in time for that. While some marginal gains in capacity can be made in specific areas, it comes at the cost of reduced capacity elsewhere in the system, as it involves the redeployment of existing staff. In addition, when the doubling time for cases is seven to ten days, even a doubling of hospital capacity would buy only a limited period of relief before intervention was required. That indicates a disappointing response to the two weeks of restrictions. ICU occupancy is also stable at around 30, and deaths continue to vary from day to day but are not falling.

We anticipate that case numbers will continue to rise over the coming days, with a more rapid increase as we near the holiday period. Hospital admissions will remain stable or increase slightly until shortly before Christmas, when they will begin to rise again. The rate of increase will depend on how much Rt increases during the current two-week period. On the basis of experience during early October and seasonal effects on virus transmission, it is reasonable to anticipate that Rt will be between 1·4 and 1·8. That will lead to a significant rise in all aspects of the epidemic on top of a high baseline, in contrast to the position in the first two waves of the epidemic. The impact of Christmas arrangements on Rt is difficult to predict; there is likely to be an overall decrease in contacts but increased household and intergenerational mixing.

Given that the increase in transmission will occur in the next two weeks from a relatively high baseline, it was critical to consider what options were available to prevent the hospital system becoming overwhelmed and, preferably, to reverse the current trends to free up capacity for non-COVID diagnostics and treatments. If we did not take any action and the current restrictions and relaxations remained in place into January, the likely course that has been considered by the modelling group shows that, by the end of January, with an Rt rate of 1·6, over 2,500 patients would require a hospital bed. With Rt at 1·8, it would exceed 6,000. Cases would have continued to rise exponentially beyond the end of January, as would hospital admissions and, consequently, deaths. Taking no action is simply not an option. Subsequently, I proposed a package of restrictions that has been agreed by the Executive. The proposals are similar to those in place during the two-week circuit breaker of 27 November to 10 December, with modifications aimed at further enhancing the areas where compliance may have been lowest.

The two-week circuit breaker did not bring case numbers in Northern Ireland down sufficiently, and there are some potential reasons for that. The "Stay at home" guidance was not adhered to sufficiently, as mobility data proves. Contact tracing information suggests that click and collect may have been associated with increased transmission, particularly in indoor settings, such as shopping centres. That, coupled with a greater range of businesses opened under the essential retail category than was the case during the initial lockdown, led to a much lower impact of the restrictions on the spread of the disease. That is why we must enter a period of greater restrictions than before. We cannot afford to have another unsuccessful period of restrictions and dilution of the "Stay at home" message.

In the duration of restrictions, the focus must be on getting Rt below 1 and maintaining that for some considerable time. There has been a lot of focus on the Rt value, which is appropriate. However, Rt is not the only factor in determining the action required. Whilst Rt has been around 1 for the previous few weeks, the number of cases in the community is still much too high and that is causing prolonged pressure on the health and social care system. Rt must be sustained significantly below 1 for a number of weeks before the case numbers will be sufficiently low and the impact felt in the health and social care system. We are all aware that hope is around the corner. Vaccine roll-out has begun and will continue into 2021, with those most at risk of severe disease, hospitalisation and mortality being vaccinated first, in keeping with the Joint Committee on Vaccination and Immunisation (JCVI) recommendations. However, vaccinations will not begin to show their effect until the end of February or March at the earliest. That is due both to the need to get a second dose of the vaccine and the two- to three-week lag time between positive cases and critical care admission. Therefore, these measures will be needed for at least six weeks.

While the Executive have agreed that the continuation of education must be a priority, I wrote to the Education Minister over the weekend, stressing the need for further urgent engagement. I do not believe that a return to school as normal in January is a sustainable position, and I made that clear in my letter. My view on the matter is informed by advice from the Chief Medical Officer (CMO) and the Chief Scientific Adviser (CSA). We cannot disregard the evidence as it evolves, and, in order to suppress transmission of the virus within schools and amongst the wider public at such a critical phase of the pandemic, all options should be considered.

I understand that the public will be somewhat disappointed with the introduction of further restrictions over the Christmas holiday period. Whilst I know that the majority of the public support the measures and want to see the virus transmission reduced, unfortunately, we know all too well that some others will plan to continue with house parties or other festive gatherings, particularly over the new year. Extensive interaction in this unregulated environment presents a very high risk of increased transmission rates. That is why I believe that the one-week period of additional restrictions from 26 December to 2 January was also required. I hope that the very fact that these additional measures are required will send a firm message to the general public as to the seriousness of the situation we are in. Compliance and enforcement are central to the success or otherwise of any package of measures.

Last night, the Executive agreed to my ask that the COVID task force be mandated to bring forward urgently to tomorrow's meeting recommended actions on enforcing the special restrictions between 26 December and 2 January and the subsequent five weeks of further restrictions. It is my view that the task force should urgently consult the PSNI on how policing can best contribute to compliance with the "stay at home" message, including ensuring visible policing on our roads and elsewhere in our community to underline to society the importance of the six weeks of regulations. That will necessarily include consideration of whether additional regulations are required.

I conclude by turning briefly to the emerging situation with regard to the variant strain, which has been detected most prevalently in the south-east of England. The variant was identified following proactive and enhanced epidemiological analysis in response to the recent increase in cases seen in Kent and London. Further analysis and investigation is ongoing in order to understand the characteristics and, therefore, potential impact of the variant.

The epidemiological analysis conducted to this point suggests that the variant may be more transmissible, but it is still too early to confirm that with certainty. However, there is currently no evidence to suggest that the variant is more likely to cause serious disease. There is currently no evidence that the strain will cause a more serious illness or that it will fail to respond to the vaccines that we are delivering. I will, of course, continue to give the matter priority and update members as the situation evolves.

While virus mutation is not uncommon, the rapidly spreading nature of the new strain is cause for serious concern. I urge the public to act on the assumption that it is already present in Northern Ireland and that the person whom they pass in the street or stand next to in a queue may have it.

We protect ourselves from the new strain through the same vital methods that we have been using since the start of the pandemic: keeping our distance and significantly cutting our contacts with others, wearing a face covering and washing our hands. If someone has symptoms, they should self-isolate and get a test. Testing will be available throughout the Christmas period.

If ever we needed a reminder to redouble our efforts, this is it. We underestimate this virus at our peril.

The Chairperson (Mr Maskey): Thank you, Minister, for your statement. I now invite members to ask questions of the Minister, for which I will allow about an hour. I remind members what was said at the start of the meeting: members must not preface their questions with a speech or statement. There will be an opportunity for supplementary questions. Whether a member can avail of that opportunity depends entirely on their ability to ask relatively short questions.

Finally, I also encourage Ministers to do likewise when responding to members' questions.

As members will know, the Chairperson of the Committee for Health, whom I will call first, has a little more latitude than other members in asking his question.

Mr Gildernew (Committee Chair - Committee for Health): I thank the Minister for his statement. Minister, last week, when you first indicated that a new and worrying strain was emerging in England and that there were unknowns concerning its transmissibility, I acknowledged that there were concerns. Those concerns appear to have firmed up in the sense that evidence is emerging that the new strain is, indeed, much more transmissible. We have seen travel bans introduced in Scotland and in many European Union countries in reaction to it.

From the outset, the World Health Organization advice has been to move fast and effectively to deal with the pandemic. We are an island with limited entry points, and closing those entry points could reduce the spread of the virus. I am very conscious of the situation in the hospitals that you referred to in your statement and that you ended your statement with a reminder that we need to redouble our efforts to deal with the virus.

Therefore, given the decisive action taken by many EU Governments, and the Government in the South of Ireland, to restrict travel from Britain, what advice have you offered the Executive and what actions are you proposing to protect our people and our health service from this new and, reportedly, more infectious strain of COVID-19 that has been spreading in the south of England?

Mr Swann: I thank the Chair for his continued support in promoting the guidance on how we combat this virus, no matter what the variant may be.

As regards the advice and the direction of travel taken by the Executive, the member, I am sure, is well aware that the Executive met last night and, after a lengthy discussion, have sought the guidance of the Attorney General about what is possible. If necessary, the Public Health Act (Northern Ireland) 1967 allows us to take action. However, the Attorney General made it clear that to do that would take at least 48 hours.

Therefore, the Executive rely on the guidance issued by the UK Government on people travelling from tier-4 areas: they are not to travel from tier-4 areas; they are to stay in them. People travelling from tiers 1, 2 and 3 were advised to stay local. To me, local to tiers 1, 2 and 3 does not mean travelling to Northern Ireland. My guidance to anybody considering travelling is that they should travel for essential purposes only. There are other considerations that we have to take into consideration before we bring in a travel ban.

As for guidance issued by other countries, I am aware that Scotland has, under regulations, advised Scottish people not to travel into England. However, they cannot prevent people travelling into Scotland. I asked officials this morning to see whether there is anything that we can do to strengthen our travel locator forms with regard to travel from tier-4 areas and whether there is anything that we can do if an individual ignores advice not to leave a tier-4 area and to stay at home in it.

I spoke to one of the travel Ministers in HMG this morning about that, and they told me that they are still working with and talking to other international Ministers about where exactly travel guidance falls and what more can be done.

Mr Gildernew: We are conscious that, a number of weeks ago, a new strain of COVID-19 was detected in Denmark. Scotland, England, Wales, the South and here all moved appropriately and quickly to stop travel from that country until such times as we could assess what was going on.

It is my understanding, as the Minister stated, that section 25B of the 1967 Public Health Act provides:

> *"for preventing danger to public health from vessels, aircraft, trains or other conveyances arriving at any place,"*

Minister, what steps are you taking immediately with your Executive colleges to put that in place, given that time is not our side?

Mr Swann: As I said, we are interacting with the Attorney General, who attended the meeting last night. In the Republic of Ireland, the member's party colleague Senator Boylan, I think, said in the media that, instead of banning flights, people should be monitored on arrival. That is why I said that we were looking at how we could increase the strength of the travel locator form with regard to tier 4.

The Executive are engaged with this, but other considerations have to be taken into account in the wider decision-making process before it comes to a country ban or a ban on travel within the UK. The Executive have taken the appropriate steps to make sure that they do that with the appropriate legal guidance and to make sure that there are financial supports, if necessary, for any businesses that will be halted or supply chains that will be disrupted. At this exceptionally sensitive time, when we have seen lorries and supply chains already backed up in Dover, it is right that, with regard to food and medicine supplies for Northern Ireland, the Executive take that balanced, precautionary approach, always being mindful of the additional health measures and guidance that are in place for anyone entering Northern Ireland and the supports.

Mrs Cameron: I thank the Minister for his statement. The changes to the Christmas arrangements are deeply disappointing for many. However, I understand and support the changes that have been made. I have family members who work in the health and social care system, and I understand that staffing pressures are at a critical level.

I have been made aware that, at times, staff have been moved from a COVID ward to a non-COVID ward and back to COVID, often within a single shift, and that those staff members have not been offered regular COVID testing or been told that they will be prioritised for the roll-out of the COVID-19 vaccine. Will the Minister give an assurance today that he will give immediate priority to staff members who are moving from COVID to non-COVID wards in order to protect not just them and their families but, critically, the patients in the hospital care system?

Mr Swann: I thank the member. I know the case that she raises, because she raised it with me personally this morning. I give the Committee Deputy Chair recognition for the fact that she brings a number of issues to the attention of me and the Department on actions taken in our healthcare system and concerns for its workers. She can be assured. The stresses and strains that the workers in our healthcare system are under are the reason why we are taking the six-week intervention. The Executive took the approach that they did around the changes at Christmas and allowed the balance of an additional day, rather than simply going from five days down to one, specifically for those like members of our healthcare family, whom the member referred to and who maybe will be on shift on Christmas Day and had planned another day over the festive period with their family. That is why we adopted that leniency and understanding last night. It is a necessary support.

The member is aware that healthcare staff are a high priority in the vaccine programme. As of close of play on Saturday night, in the region of 14,300 vaccines had been deployed across Northern Ireland. Nearly half of our care homes and over 40% of care home residents had been done. The next phase is our healthcare workers. I am aware that an announcement is being made today on trusts and on where and how staff can access the vaccine. There will be a bookable appointment system, because we cannot afford to waste the vaccine. Early in the programme, when we were doing the care home residents and staff, a number of healthcare workers were on standby so that if, at the end of its shift, the vaccination team had a number of vaccines that had not been utilised, those healthcare workers on standby were called in. That ensured that we got maximum effect of every vaccine that had been drawn up and diluted and made sure that there was as little wastage as possible of the vital and precious resource.

Mrs Cameron: I thank the Minister for his answers. I would like greater clarity and an assurance that those staff members will be an urgent priority to receive the vaccine in order to protect patients, not just themselves.

On the rest of the restrictions, I would welcome an assurance for carers and those who work in childcare and for the children of separated parents that they will not be restricted in their movements and will still be able to avail themselves of the bubbles that are critical to them during the lockdown that is upon us.

Mr Swann: The Member again raises a valid point in regard to the children of separated parents. Protections and guidance for them were laid out during the first wave of the pandemic, because we realised that it was necessary to make sure that children were not penalised any further by the outworkings of the pandemic. That has already been done, but I am happy to give the member access to that guidance, if she still needs it, or share it with the Committee.

Ms Hunter: I thank the Minister for his statement. Can I relay to the Minister the deep frustration and exasperation of people with some of the decisions being made to tackle the crisis, especially on air travel? I share the concerns about flights incoming to the North. We have seen decisions made in London, Cardiff and Edinburgh on the new COVID variant, but we are standing here with no action.

What immediate action can the Minister announce today that will assure us all that there will be beds free in our hospitals in January to ensure that non-COVID health issues such as cancer can be treated in a timely manner should we see another surge in January?

Mr Swann: It is for exactly that reason that we are here today adding six weeks of advanced restrictions: to take the pressure off our hospital system, which is coping daily with between 400 and 500 COVID patients who need support and are in hospital because of a clinical diagnosis. We cannot cut our staff in two so that they are supporting COVID patients and non-COVID patients at the same time; we do not have the capacity to do that. The way that we ensure that there will be beds available for non-COVID patients in January is to reduce the spread of the virus now. To members and members of the public who are listening, I say that the restrictions come in on 26 December, but you do not have to wait until then. If you can cut your number of contacts today, tomorrow and in the days leading into next week, that will have a positive effect.

Ms Hunter: Thank you, Minister, for your detailed answer. Understandably, many feel somewhat confused about the ever-changing regulations. What actions will the Minister take to ensure that there is clear and concise information to the public, whether it is in the media, online or on TV?

Mr Swann: I thank the Member for that valid point on changing messages. The six-week intervention should allow that message to be stronger and more sustained. That messaging will be undertaken by

the Executive information service, which has already started on social media input. Through us being here today to discuss the statement and through the media announcements and press interviews that have been carried out by me and the First and deputy First Ministers, who are in the Chamber for the statement and whose support I appreciate, we are getting the message out. The more we can get the message through to people in the lead-up to the restrictions coming into effect on 26 December, the more effective they will be.

The majority of people in Northern Ireland do the right thing, and, when they hear what we are asking them to do, they want to comply because they know the value that the restrictions bring. They also know the cost that they bring and that we are not doing this lightly. We are doing this, in my opinion and, I think, that of the Executive, for the right reason, which is to protect our health service.

Mr Chambers: Given the speculation on a travel ban between GB and Northern Ireland, does the Minister agree that we will have to keep under review such a restriction North/South as well as east-west, especially given the significant increases in the Republic of Ireland that have been recently reported?

Mr Swann: I thank the member for his point; it is a valid one. I had a telephone conversation with my counterpart in the Republic of Ireland yesterday evening, after they had made their announcement. One of the concerns that he shared was that, in certain areas of the Republic of Ireland, there is an increase in cases, which I think has taken them by surprise with regard to the speed with which it is increasing in those areas. It is something that we have to keep an eye on and that they are keeping an eye on. It is welcome that my officials and Stephen Donnelly's officials are in regular contact, and in fact our Chief Medical Officers are meeting later today to have that conversation.

Mr Chambers: Thank you for that, Minister. Can you comment on the advisability of individual and family travel at this time, even within Northern Ireland?

Mr Swann: What I would say to anyone who is considering travel is, if it is not essential, please do not do it. This virus does not spread on its own; we spread it. People spread it. The less you travel and the fewer contacts you have, the less opportunity this virus has to spread.

Ms Bradshaw: Thank you, Minister, for your statement. I welcomed the launch this morning of your consultation on the mental health strategy. We are going into six weeks of lockdown, and obviously that affects people's mental health, but it also affects people's physical health. It is now approaching a year that people have had restricted mobility. Given the long-term impact on physical health in terms of stroke, heart disease, cancer etc from lack of physical activity, are you pulling together a long-term physical health strategy and, if so, are you doing that in collaboration with the Department for Communities?

Mr Swann: I thank the member. One of the things that she has often raised in the Chamber is the effects of long COVID. NICE guidance is currently looking at that as a condition on its own and at what other steps have to be taken with regard to supporting individuals who are suffering or have been diagnosed with long COVID. Physical activity as an indicator on a recovery path for someone who has long COVID seems to be worthwhile and is going to be one of the steps that are recommended, along with physiotherapy and all the other supports from our allied health professionals.

With regard specifically to bringing forward that physical activity consultation, it is not something that is currently on my short-term radar, as I am sure the member is aware given where we are in working with COVID, but I thank her for acknowledging the fact that we have launched the mental health strategy today. I have always been clear, and the House has always been clear, on the support that we need to give to that sector and what we need to do in the long term — a 10-year plan — to make sure that we get Northern Ireland into a better place with regard to mental health and supporting the people who need that support.

Ms Bradshaw: Thank you for your response, Minister, and I hope that you do take on board that suggestion for a long-term physical health strategy. My supplementary question relates to something you mentioned a few weeks ago: that £12·5 million was going to be set aside for the independent sector and elective care in the next financial year. Can you please provide us with an update on those discussions?

Mr Swann: I do not have the specifics with me today, but one of the things that we did in the first wave was to make sure that we could utilise as much of the independent sector as we possibly could to make sure that we got as many of our patients who needed to be seen, and to get procedures, surgeries and diagnoses done, dealt with as quickly and effectively as possible. I have always been clear that, if that involves bringing in the independent sector, we will do that. We have set that in motion again. We are using it, and we have had very good negotiations and discussions with it, not just during the first wave but also in the intermediate period and into this second wave, because its assistance is vital in how we tackle our waiting lists.

Mr Dunne: I thank the Minister for his statement. We all recognise the difficult job that he is doing and has continued to do throughout this terrible pandemic. Can the Minister advise the public why the Nightingale facilities at the City Hospital and the Mater Hospital are not being fully utilised, as they were — very successfully, we understand — in the early stages of this pandemic? Is it a matter of utilising the local resources in the local hospitals, rather than bringing people into the Nightingale facilities?

Mr Swann: The member raises a point that is often asked about, and it is welcome that I get the chance to clarify.

The Mater Hospital was redesignated as a COVID-specific hospital not outside the Nightingale, so it was for the Belfast Health and Social Care Trust area. If the member looks at our daily dashboard, it sits at 100% because of the number of people and patients that it is currently supporting.

The ICU Nightingale at Belfast City Hospital's tower block was set up as a regional facility should there be pressure during any wave on intensive care capacity. It was set up when pressures on local ICU capacity across all sectors reached a critical tipping point. We activated it in the first wave, and it was then stood down. We have reactivated it in this second wave.

Over the past number of weeks, we have seen ICU need sit at around 32 for COVID patients, and usually another 60 to 70 depending on other operational needs, should that be RTAs or follow-up from operations. So, the Nightingale at the tower was specifically designed to take regional pressures for COVID patients who required ICU intervention. At this minute in time, we have not had to activate it; we are not using it.

We opened the second Nightingale facility, at Whiteabbey Hospital, which is a rehabilitation unit. That takes patients on their transfer rather than having to look for a care home for them to go to between hospital and returning to their own residence. It is a facility where they can go for a two-week intensive intervention. It is a nurse-led facility, supported by allied health professionals, so they get the full rehabilitation procedures and support that they need to allow them to return home. It allows a flow of patients out of hospital into that Nightingale and then back to the capacity. That has been started, and will be increased over the next few weeks in regard to the accessibility of staff, but we do need the staff to be able to take it to further stages to support further patients. The work that the Northern Health and Social Care Trust was able to complete to get it up and running in a very short period of time was commendable.

Mr Dunne: I thank the Minister for his detailed answer. We all recognise the success of the Nightingale facilities, and appreciate the difficulty in getting the balance right. Do you still feel that getting that balance is an ongoing challenge, as we are all aware of the other issues, such as cancer and other infectious diseases that people are taken down with very quickly and that need to be addressed urgently?

Mr Swann: A point that I have made often is that the fewer COVID cases, the more — I was going to say normal business, although "normal" is not the right word — routine business that the health service usually does and wants to do we can get on with. The more effective this six-week intervention, the more of those people we can get urgently back into our health service to get them seen and sorted.

One difference that we have seen between the first wave and this wave is the number of normal, urgent and red-flag procedures that we are maintaining and completing in comparison with the first wave. The creation of the elective surgery unit at Lagan Valley Hospital, and the utilisation of the South West Acute Hospital, make sure that we are using the entirety of our resource footprint to support as many patients as possible.

In the past, there was always a perception that any review in Northern Ireland would lead to the closure of facilities. What we are seeing now is better utilisation of the facilities that we have because we need every square foot of our hospital footprint. We could use more, but what we actually need more of is healthcare staff and professionals.

Mr Sheehan: Gabhaim buíochas leis an Aire as ucht a fhreagra. I thank the Minister for his answers. Could he tell us what assessments the Chief Medical Officer and Chief Scientific Adviser have made in regard to travel from Britain in light of the new variant strain of the virus?

I ask that in the context of information that I received this morning from someone in the airline industry. A flight left Belfast yesterday with 30 passengers, was due to bring 80 back from Heathrow, and came back with 160. People who could not get flying to Dublin had rebooked their flights. Every flight this week into the North is going to be bunged in the same way. What is the assessment on that?

Mr Swann: I thank the member for his point. Again, it comes down to the specific variant that is now widespread in parts of England, and especially the south-east and the pressures that are there. Last night, the CMO and CSA provided the Executive with advice and guidance on the relative risk to travellers coming from the UK. Currently, our contact tracing service is finding that of the 6,000 new cases in the last two weeks, 23 people reported that they had travelled from the rest of the UK. If the new variant is present, it would be less than those 23 cases. On the advice that was provided to the Executive last night, we are engaging with the Attorney General about what can be done or what it is necessary to do. However, that will be a decision for the Executive to make.

Mr Sheehan: Gabhaim buíochas leis an Aire as an fhreagra sin. I thank the Minister for that answer. As low as the numbers may have been thus far, with planeloads of people arriving every day this week, there will certainly be a rise in the numbers given the fact that the virus, and the new variant strain of the virus, is running rampant in the south-east of England. Will the Minister agree with me and Mike Ryan, the head of the World Health Organization, that acting decisively and with speed are the most important things to do when dealing with a pandemic? At the minute, some people are saying that the refusal to introduce any sort of travel ban appears to be dithering and delaying and that that is not a sustainable position going forward.

Mr Swann: Again, the member makes his point. However, in my earlier answers, I spoke about the guidance that is already there for anyone travelling out of tier 4 and what is currently being done with the passenger locator forms. I know the concern he is raising is about residents of the Republic of Ireland who are now using Belfast or Londonderry airports as a point of entry to the island. It is unfortunate that the Irish Government made their decision without any interaction or heads-up about what they were going to do. I noticed afterwards that they made a statement that they would engage. I am not sure what level of engagement has been had. However, in the past, the Executive have been very clear that if we want to act together and coordinate a response, it is best to talk to each other before making decisions because that allows us to express not just our concerns but also the possible common approaches, rather than just one Government moving before the other.

Mr Newton: I thank the Minister for his statement this morning. Minister, you made the point in your remarks about community responsibility. Specifically, within your speech you referred to the fact that associated levels of community transmission would inevitably result in a further significant increase in outbreaks in care homes among extremely vulnerable older people, as was experienced in the first wave, and that that will result in excessive deaths in that population. Can the Minister tell us what lessons have been learned from the first wave? Are there any additional measures that he will take, specifically in our care homes?

Mr Swann: In the first wave, we saw the impact on our care homes. During that period of time, our Chief Nursing Officer led a rapid learning initiative and engaged with care home residents, the care home sector and the trusts who had supported the care homes during the first wave to find out what more could be done. We have introduced weekly testing of staff and regular testing of residents. To give the member a perspective, on Friday there were 82 care homes designated as having a positive outbreak, which means there are more than two residents or staff who have tested positive. Of those 82, 44 were asymptomatic, meaning that they were cases that had been picked up by our regular testing programme. The difference is that, due to the introduction of that programme, we are detecting positive cases in care homes earlier, which means that those members of staff and residents can self-isolate before further outbreaks occur in the homes. One of the biggest advantages that we have seen, when comparing the first wave to now, is the vaccination programme, and that is what will really bring increased protection to the residents and staff in care homes.

As I said in an earlier answer, as of close of play on Saturday night, in the region of 50% of our care homes had been vaccinated, including over 40% of care home residents. The Joint Committee on Vaccination and Immunisation specified that cohort as a priority, and that is where we have focused.

Mr Newton: I thank the Minister for his detailed answer. It is greatly appreciated. On the 50% of care home residents and staff members who have been vaccinated, will the Minister confirm whether that is 50% of care homes across the Province or is it 50% of specific care homes within a geographical area?

Mr Swann: I thank the member for recognising the detailed answer by giving me a more detailed question *[Laughter.]* It is 50% of our care homes across all five trust areas. The programme has been run out across the entirety of Northern Ireland. I have numbers here somewhere that I will come back to in a later answer, if I can find them for the member. It is 50% of our care homes, and in the region of over 40% of residents have received their first inoculation, as have a number of staff.

We have focused on that cohort in that sector, as recommended by the Joint Committee on Vaccination and Immunisation, which designated its priority list according to degree of vulnerability and age. That is why it placed care home residents and staff in the first cohort.

Mr O'Dowd: Minister, you ended your speech by saying:

> *"If ever we needed a reminder to redouble our efforts, this is it. We underestimate this virus at our peril."*

The restrictions that you have outlined today will mean that our health service might cope over Christmas. If the new variant spreads from the south of England, our health service will not cope over Christmas and into the new year. When will you be in a position to bring definitive health advice to the Executive on flights from Britain?

Mr Swann: As I said in an earlier answer, we had quite a detailed conversation at the Executive last night. I was asked to speak with the Attorney General on the specifics of the legality of utilising the 1967 Act and how long it would take to put it in place so that it can be used in Northern Ireland.

I have been clear here today in regard to messaging. Tier 4 stands alone in England: you should not leave your home if you are in tier 4. You should not travel to Northern Ireland. You should not travel anywhere if you are in tier 4. The advice for tiers 1 to 3 is to stay local. Getting on a plane to come to Northern Ireland is not local travel, so people should not do it. That is the advice and guidance that we are giving at the minute, and, when we get a clear direction on whether or how we can change that in the regulations, that is when the Executive will take the decision. It is a cross-cutting issue: it affects Infrastructure, Economy and Finance as to how we can support the commercial interests as well as the airports and the ports.

Mr O'Dowd: Minister, let me be clear: I have no desire, nor does my party, to separate families at Christmas. I do not care where they are travelling from. Constituents of yours and constituents of mine are in England now, and they, quite rightly, want to come home to their loved ones. What we are talking about encroaches on family life and creates emotional hardship over Christmas. We do not take this lightly or gently. We do not want to restrict people's movements, but, without wishing to sound alarmist, if the new variant spreads, our health service could collapse. There are times in politics when you have to act and seek forgiveness later. Surely, it is time to act.

Mr Swann: The Member knows from working in a five-party Executive what is doable and what is not. We have given our advice on how we see the variant and the pressure that it may bring. We have been clear that it may already be here in small numbers and in the Republic of Ireland, looking at the increases that we see down there. The conversation will be ongoing, and I will bring that advice and recommendation to the Executive as soon as we are able to get that interaction with the Attorney General.

Mr McNulty: Minister, I do not envy you your job. You are aware that there has been a surge in anxiety levels. One major area of concern is schools. Principals, teachers and parents are concerned about the safety of their families. You recognised that how schools will start in January needs to be re-examined. They cannot continue as normal. Will you give us some information around vaccinations

and how they will be rolled out in schools? They should prioritise teachers and school staff to enable normality to return to schools as soon as it is safely possible.

Mr Swann: I thank the Member for his question. With regard to the prioritisation of vaccinations, we will follow the guidance of the Joint Committee on Vaccination and Immunisation, which has already set out criteria for who gets the vaccine and when. Teachers who fall into certain categories will get it as they meet the criteria. There is no intention to deviate from the guidance that we have received from JCVI. Once we move away from those criteria, pressure comes from other sectors and individuals. The last thing we want is to have a vaccine prioritisation schedule decided by politicians or by vote in the House. I will take the guidance from the Joint Committee on Vaccination and Immunisation, as will all my colleagues, the Health Ministers across the United Kingdom.

Mr McNulty: Minister what is your assessment of the damage to the public measures done by the ongoing tit for tat and blame game between the parties of the First Ministers and the First Ministers themselves over recent weeks and the behaviour of their parties? Today, we have a scramble to introduce a travel ban to stop Irish people getting home. No such scramble to introduce a travel ban occurred earlier in the year, when there was travel from all over to a funeral.

Mr Swann: The Member speaks about political tit for tat. You know me well enough. Since I have taken up this post, that is not something I have engaged in, nor will I.

Dr Aiken: I thank the Minister for his comments so far and for coming to the House for the Ad Hoc Committee.

The United Kingdom has identified the new strain of COVID through its global leadership in genomics. Have you, through your North/South links, been able to see whether the Republic of Ireland has been able to genomically sequence any of the COVID increases? I notice that the First Minister has just left us. It was reported this morning that the rate in the Irish Republic is significantly above 1.

Mr Swann: I thank the Member for his comments about the genomics and how we were able to be part of that.

My understanding is that COVID-19 Genomics UK (COG-UK) consortium, the genomics unit, was set up at the earliest outbreak of COVID specifically for genotyping to see whether there were different strains or variations. Up to 10% of samples are sent to that genotyping unit to see whether there are new strains or variants developing. My understanding is that the current approach in the Republic of Ireland covers 1% of samples. The UK was very deliberate and specific in its establishment of COG-UK, to identify the early onset of variants to make sure that we are aware of them as early as possible.

The increase in the Republic of Ireland is well documented, and the Minister of Health in the Republic of Ireland and I discussed it last night.

Dr Aiken: Minister, you talked about the flow of information. To deal with the COVID pandemic, the flow of information will be critical. Are you content with the flow of information you are having, particularly on a North/South basis?

Mr Swann: As I have said a number of times, I spoke to Stephen Donnelly last night. There was a North/South Ministerial Council meeting on Friday at which these issues were raised with regard to ongoing conversations between my officials and health officials in the Republic of Ireland. Those conversations are almost continuous. They happen almost daily, at CMO level and our contact-tracing and public health agencies also interact. The flow of information is there. Could it better? Certainly. I commented earlier that it would have been helpful if we had had notification of the intention to reduce flights. It would also be helpful if we could get a resolution on the sharing of data on travel locator forms of anyone, even on an international basis, arriving into the Republic of Ireland and then travelling into Northern Ireland. That issue is still extant and has not been resolved, even though it was raised again by the First Minister at the North/South Ministerial Council meeting on Friday.

Mr Stalford: Dr Shamez Ladhani, a Public Health England consultant epidemiologist, recently stated regarding school closures:

> *"It is not just about children's education. It is about their growth, it is about their upbringing, it is about their social skills, it is about interacting with others, it is about their mental health, it is about*

making sure they get fed properly and that they have access to social services. What we do know is that it is just so important that we keep children in school."

Does the Minister agree that it should be a Government priority to keep schools open for precisely the reasons that Dr Ladhani outlines?

Mr Swann: I am sure that the member is waiting in anticipation for the Minister of Education's statement that directly follows this statement. As I said in my statement, the Executive have set education as a priority, but we have to make sure that the learning environment is safe. That environment must support and nurture our children to their full developmental potential.

Mr Stalford: In a recent answer to a question from me, the Minister confirmed that, in the Belfast Trust, 1,006 cancer appointments had been cancelled, along with 174 cardiac appointments. What assessment has the Department made of the total number of people who will die because they are refused access to treatment?

Mr Swann: I do not want to use such emotive language. We know that it is challenging. On a number of occasions in the House, I have said that there has been underinvestment in and underfunding of the health service for the past 10 years. We are now struggling trying to run three health services. Bengoa was very clear that we would have to run a transformation service alongside the current health service to get us to the place where we needed to be. Since taking up office in January, my preference would have been to do that work. We are running a health service to meet the needs of as many of our population as we can, plus running the transformation service, whose development we can see in the Lagan Valley day procedures unit and what we are doing in the South West Acute Hospital. It is also necessary to support our COVID patients. I cannot knit nurses overnight. Our biggest pressure is with our staff. Our most valuable resource is our staff. It is about investment in our staff. In the long term, I wish that we were in a better place on what we could do on a daily basis, but, unfortunately, we are not. We are prioritising. We have broken down many previous silos in the health service, and we are making changes such as those that I mentioned: Lagan Valley, SWAH, what we are doing in day orthopaedics and utilising the independent sector. We are doing as much as we physically can to address those needs.

Ms Mullan: I thank the Minister for his statement. What engagement did the Minister and his officials have with the Education Minister and the Health Department on the reopening of schools and the conduct of exams before the Education Minister made his announcement on Friday? Does the Education Minister's announcement reflect those discussions?

Mr Swann: The member knows me well, and she knows that I do not divulge conversations that I have had to the public. The ongoing discussions between Health and Education have been intense. The CMO and the CSA meet and interact with Education officials regularly. The Education Minister will provide an update on the outworkings later in his statement. As I said in my statement, I do not believe that we can go back to school as normal. We have to put in additional measures, and we have done that through working with the Minister and the Department of Education to make sure that more appropriate and proportionate steps can be taken to provide for the safety of our pupils and the staff working in schools.

Ms Mullan: I agree with the Minister that our schools need to be safe and sustainable to reopen. Can the Minister tell us about the medical and scientific advice given to the Education Minister?

Mr Swann: The member may not be aware of it — our ministerial colleagues will be — but we produced a paper on non-pharmaceutical interventions at the end of September, containing recommendations on what steps we could take to support education. Additional information and guidance have come forward through the Scientific Advisory Group for Emergencies (SAGE) on support measures and additional actions that can be taken in schools to reduce risk. Those have been shared with the Minister of Education. We have provided any advice, clarity or guidance that he or his departmental officials have needed on the papers and what they mean in practical terms.

Mr Dickson: Minister, it would be remiss of me today not to remark on the Herculean efforts that you, your staff in the Department of Health and all those involved in health have made in dealing with the pandemic.

Given the scenes outside Antrim Area Hospital last week, can you outline for the House what additional measures you are taking to support the Northern Ireland Ambulance Service? It takes one hour to turn an ambulance around after a patient has been in it.

Mr Swann: I thank the member for his comments; I know that they are heartfelt. I know the member well enough to know that he does not make such statements lightly.

The scenes that we saw outside Antrim Area Hospital were due to internal pressures. We have always known that the flow of patients from emergency department (ED) to bed or even to discharge has been a challenge. The scene of 17 ambulances queued up outside and 34 patients waiting to move from ED into the hospital was a horrific one, and, in Antrim Area Hospital at that time, there were over 100 COVID-19 patients receiving necessary, clinically advised support.

Crudely put, the mathematics show the pressure that COVID-19 adds to an already under-resourced, struggling health service — one that wants to do its best and will continue to do its best. I am sure that the member will be aware that, over the past few nights, we have utilised our memorandum of understanding with the ambulance service of the Republic of Ireland, which has been utilised beneficially in the past. It has supplied additional support when we have needed it, like many other memorandums of understanding, such as the ones that we have with regard to cancer services in Altnagelvin and coronary services for the north-west and the memorandum of understanding that has been signed by the Beaumont Hospital in the Republic of Ireland and the Belfast Trust on live kidney transplant donations, through which our surgeons will be able to provide those services for Beaumont. There are many memorandums of understanding between our health service and the health service of the Republic of Ireland, and we often use them without the media attention of the past few days. We thank them for their support at a critical juncture.

Mr Dickson: I thank the Minister for his answer. I appreciate that there are many other healthcare workers under extreme pressure at this time, particularly our district nurses involved in the roll-out of the vaccine. What efforts are you making to support them with the pressures of delivering the vaccine in the community?

Mr Swann: The member points to one of the successes of our vaccine programme. It is delivered by a multidisciplinary team working within the trusts and supported by pharmacy, district nurse and nursing colleagues and, when necessary, doctors to make sure that we get maximise impact from the vaccine programme. Those supports are there. Vaccinators received the vaccine first, as a priority. Any member of staff across the health and social care family who needs psychological support can avail themselves of it. That support was developed in the first wave and is still available to be used.

With your indulgence, Chair, I will go back; I knew that I would find the page at some point. At close of play on 19 December, we had vaccinated 243 of our care homes, which is approximately 50%; just shy of 6,000 care home residents, which is approximately 40%; and over 7,000 care home staff. In addition, over 1,400 Health and Social Care staff were vaccinated. That included the vaccinators and those who were there at the end. I told the member that I would come back to him when I found the numbers. I used the other member's question to give that answer.

Mr Catney: Minister, why has more not been done to increase our baseline critical care capacity outside of our COVID surge planning, as has been done in the Republic and other European countries? If the issue is workforce capacity, does that mean that our surge capacity is just an imaginary number that it is impossible to achieve due to the lack of properly trained staff?

Mr Swann: I do not believe that the member meant that question in the tone or tenor in which it was asked, because an inference could be taken from it that it is undermining the critical work that is being done in our ICU capacity. The ability to go up to our surge numbers in ICU beds took a Herculean effort from dedicated, under-pressure staff. It is not an imaginary number or a number simply on paper. As I said in response to an earlier question, the surge capacity in ICU is there. It is done at extreme pressure and under intense pressure. It involves relocating ICU nurses and anaesthetists from across the Province into the tower block at the Ulster's Nightingale facility. Our baseline of ICU beds sits at around 70; that is what we have funded. The other capacity comes through surge planning, which means the relocation and centralisation of staff. It also means an increase in the ICU nurse-to-patient ratio, which is the most challenging point. It is recommended that that is a ratio of 1:1, but, on occasions, when we have moved to surge capacity, it has moved from one ICU nurse, supported by other healthcare professionals and staff, to two patients. The surge capacity is brought

about by placing already pressurised staff under more pressure. That is how we are able to meet that demand.

In the longer term, we will increase that footprint of ICU beds, which is currently funded at 70, by investing in ICU nurses. They are a critical commodity in our healthcare service. It takes years of additional training to enable them to reach that grade. That is something that we will invest in and are investing in for the future, because we know the critical supply and care that they bring.

Mr Catney: I have a reason for asking the question, but, like you, Minister, I admire the great work that is being done on the front line. I notice that you have a plan in surge capacity for 286 beds, and that is why I asked the question: it is confusing. All of the trusts combined have made available 80 to 120 every day since mid-October. That is the real capacity in the system. The capacity is the same this December as it was last December. Do you agree, Minister?

Mr Swann: I think the member is confusing what he is reading. As I said, we move from that capacity to the 280 beds by increasing the ICU nurse-to-patient ratio. When we sit at those numbers, there is a 1:1 ratio. To go up to that capacity, we have to push our ICU nurses further by increasing the ratio of patients that they have to look after. The decision to do that was supported by the Royal College of Nursing and the Nursing and Midwifery Council, and that allowed us to do it. It is not something that we do lightly. That capacity in ICU is not always there because it exists in extreme circumstances rather than the norm.

Miss Woods: I thank the Minister for his statement and the work that continues to be done.

Can I ask about those who were shielding? Is the Minister minded to issue updated instruction and guidance to vulnerable people, especially in light of the new strain?

Mr Swann: The last time that I was in the House, I said that I would provide an update. The shielding advisory group met yesterday, and updated guidance will be issued, if not later today then tomorrow, on what that specific group of individuals should do. In the past, anybody who was advised to shield received an individual letter: at this point, that will not be possible. The shielding advice will be targeted specifically at those who are clinically extremely vulnerable, because, as we have seen during the progression of the pandemic, that is the group that needs the additional advice and support. That additional guidance will be issued, if not later today then tomorrow, through a letter from our CMO or the deputy CMO.

Miss Woods: Can I ask about the enforcement of the new restrictions? In the statement, you said that visible policing on our roads and elsewhere in our community would be consulted on and, if necessary, could include consideration of whether additional regulations were required. What other regulations are being considered?

Mr Swann: At this minute in time, we are finalising the regulations that are necessary to bring into action what we want to see happen from 26 December. Those regulations are all under consideration. As I said in my statement, the First Minister and the deputy First Minister announced a COVID task force that will bring together departmental officials under the chair of the new head of the Civil Service to make sure that we get a collaborative approach. I have asked that it looks specifically at what further regulations we need between 26 December and 2 January to make sure that we get maximum compliance and benefit from that extended period, which will involve the curfew from 8.00 pm to 6.00 am.

Mr Allister: The Minister said that a return to schools as was was not sustainable. Of course, it is not the only thing that the Minister has described in times past as being not sustainable. On 14 October, he said that a cycle of lockdowns was not feasible, yet here we go again even though the latest lockdown failed, according to the Minister. Does the Minister acknowledge that such fluctuations undermine confidence among the public that the Executive know what they are doing? Last week we were told that there would be a five-day Christmas, but last night we were told that it would be a one-day Christmas. Surely, the Executive need to get some consistency in their approach.

Returning to the question of schools, I was disappointed by the answer that the Minister gave Mr McNulty. If we are to make schools sustainable, do we not need staff to be vaccinated as a priority? Though he said that he will not intervene in the Joint Committee's recommendations, will he not at least make recommendations to the Joint Committee that it should prioritise staff and teachers for vaccination?

Mr Swann: If only the virus was predictable and compliant enough to allow a forward look of weeks and days in how we manage our response to it.

In regard to the remark about a cycle of lockdowns, I did say that, and I maintain it, because, unfortunately, the only thing that, we know, works in managing and reducing the transmission of the virus is the procedures that we have to take. They are not taken lightly, and the Member knows me well enough to know that I do not bring the recommendations forward easily or at a whim. We know how well they worked at the start of this year and how well they can work if we see maximum uptake and compliance. So when it comes to the uptake of the general public, what I would say to the member — I know he will take this in the way that it is meant — would be to ask him to join me in encouraging as many people as possible across Northern Ireland to take up the guidance that is offered, because it is offered from a health perspective. It is offered in the sentiment that it is given: that, if we can get the maximum uptake and compliance in this six weeks, we will see a reduction in the number of cases, we will see a reduction in the number of people who enter hospital, we will see a reduction in the number of patients that we have in our ICU beds, and we will also see a reduction in the number of people who lose their lives due to this virus.

The Chairperson (Mr Maskey): I call Jim Allister for a supplementary question and ask him to please go straight to the question.

Mr Allister: Sure. Well, I asked about schools. Can the Minister tell us, in rolling out this vaccination — which I see as critical, as he does — what steps he has taken to obtain army assistance where appropriate so that we can maximise the advance?

Mr Swann: Sorry, I inadvertently did not go back to the first point. The Joint Committee on Vaccination and Immunisation's guidance is on risk of mortality and susceptibility to COVID. One of the things that were agreed by all four UK Health Ministers when the UK decision was taken to buy this vaccine was to follow that advice and guidance, so we took it out of the hands of politicians. I know the point that the member makes in that regard, but, if teachers, why not other professions, why not other front-line workers across Northern Ireland? We will deploy this vaccine to those who are clinically vulnerable and more susceptible; that is the approach that I take. It is not easy. There are so many calls, and I receive emails from different professions and people in different walks of life who have valid reasons to think that they should be further up the scale as well. As I said to Mr McNulty, if a teacher or a member of our Education Authority or a school employee falls into one of those more clinically vulnerable groupings, they will receive the vaccine in that order.

With regard to the use of the military, we are currently using the British Army in how we prepare for the potential of a third surge. We use that strategic logistical response ability that it has. We have always used it in the past. We have used it to transfer patients to England for ECMO treatment as well. There is a perception that we do not use it, but we do and we are. Because of the logistics and licensing of the Pfizer vaccine, it must be done under trust governance, and that is why it is trust nurses and professionals who are delivering it, even in care homes and in the community, at this point in time.

The Chairperson (Mr Maskey): I advise the remaining members that we are well over time, and I am asking people to be very succinct in their questions.

Mr Carroll: Thank you, Minister, for the statement. You say that schools cannot continue as normal, and I agree, but frankly that is vague enough that even the Education Minister could agree with it as he ploughs ahead with the return to school as normal and exams in January.

The Chairperson (Mr Maskey): Stick to health. This is the Health Minister.

Mr Carroll: I want to ask the Health Minister whether he believes that school exams and the antiquated system of academic selection should proceed at the risk of people's health and lives in January.

Mr Swann: The Education Minister is following with a statement about that. Anybody who is delivering any service in any location must follow the health guidance and regulations. Nobody is exempt from that. With regard to delivering whatever exam, those who are delivering it and the venue that is hosting it must follow the guidance to the letter of the law and the instructions. That is what I will say as Health Minister. The regulations are there, they are brought forward by the Executive as a whole,

and there are no exemptions, no matter what activity is actually being delivered. It is very clear in the guidance what actions and precautions must be taken.

The Chairperson (Mr Maskey): I will allow the member a supplementary question, but if he does not stick to health, then he will not speak in the next session.

Mr Carroll: Yes, Mr Speaker. I think it is connected. I just want to ask the Health Minister whether there is any specific guidance around the spreading of the virus, or lack thereof, in education settings as opposed to workplace settings.

Mr Swann: The PHA produces a weekly bulletin on its website that gives the number of educational locations that have recorded an outbreak, by number as well.

Ms Sugden: I thank the Minister for his statement. Minister, I do not believe that it is a failure of society as a whole for where we are with these coronavirus restrictions. It gives me no pleasure to say that it is a failure of the Executive to communicate a clear message and instil confidence in that message.

I agree with the Minister's earlier comments that, in most cases, people are willing to comply. They may not agree, but they will comply. The difficulty here is understanding what they are complying with. That said, will the Minister make it clear what the Christmas bubble and social bubbles from 2 January now look like? It has gone from five days to one. Is that 24 hours? If people stay overnight, does Boxing Day now count as a second day, and will they be held to account for that?

People are asking those questions. I do not mean to be pedantic but we are required to be because this Government are not providing the detail.

Mr Swann: The Christmas bubble is one day, and, as far as I am concerned, should not include overnight stays, because you are then going into a second day. The difference from what has been done in Scotland or Wales is that we have allowed people to substitute Christmas Day for another day should they be working on 25 December. The other jurisdictions have been specific about the Christmas bubble being for solely that day.

With regard to messaging, and this was answered in relation to an earlier question, we are coming into a six-week period that, I hope and believe, will allow the message to get there and to be bought into because it is for a longer period.

Although the two weeks were effective in maintaining the level of infection, they did not go far enough in reducing it. Because it was such a short period, the message died, did not get communicated correctly or its importance did not resonate with people or sink in. In regards to these six weeks, I hope that people hear what I am asking them to do and what our health workers are asking them to do, because it is on their behalf that we are making these asks.

Ms Sugden: Thank you, Minister, for your response. Within those six weeks, we have a more intensive period in the first week, and the change from it to the five weeks thereafter will confuse people. You need to be quite clear about what you are expecting of people if you wish them to comply.

What about people who are already here? Will they be able to travel home? Will they have to make arrangements with hotels, for example, because they cannot stay more than the one day that is allowed? Those are the questions that we are being asked, Minister, and we need to look at that because people are getting anxious understanding what is required of them.

Mr Swann: If people are already here, they have travelled outside what was to be the five-day window anyway. If they are already here and staying in a home, they should consider themselves part of that bubble. They should not form any other bubbles. That is where they are now resident.

With regard to travelling home, we are not yet able to give clarity on travel for the next week or fortnight. There is guidance in what we see in England, which is that you cannot travel from tier 4 to tiers 3, 2 or 1, but you can go from a lower incidence rate area into a higher one. It is not advisable but that is what they allow. For anybody returning to GB after this period, I am sure that there will be updated guidance and advice as we see how travel advice and guidance progress over the next few days and weeks.

Mr O'Toole: Minister, this is the first year in about 20 that I have not been travelling from GB to spend Christmas here, so I am aware of how anxious people are, but we need to be robust in managing the virus.

My question is about something else that is happening in GB. In addition to the new guidance, people will be looking with absolute horror at what is happening at Dover and in Kent. It has been proven, and remains the case, that the refusal of the UK Government to do what the Assembly asked and extend the Brexit transition period is a shocking and unconscionable thing. I hear chuntering from sedentary positions from the members opposite —.

The Chairperson (Mr Maskey): I ask the member to stick to the agenda, which is the Health Minister in front of the House.

Mr O'Toole: Thank you. I am coming on to my question because it is relevant. Has the Minister had conversations with Matt Hancock and the Health Department in London to guarantee that our supply of vaccine is not going to be jeopardised by what looked like profound disruption to the supply chain from Calais to Dover?

Mr Swann: I can inform the member that, yes, I have had those conversations and, yes, that supply has been guaranteed.

Mr O'Toole: I am glad the Minister has made that clear. On a related matter, is he confident that the broader supply of oxygen and other medical supplies will continue to flow into Northern Ireland? It would be helpful if he can put on record that medical and other surgical equipment that needs to come here from GB is not going to be disrupted.

Mr Swann: The effect of any travel ban on the logistical supply chains is an ongoing consideration for the Executive. If we reduce capacity, if we reduce the frequency of ferries and flights, that will, potentially, have a knock-on effect on the supply of medicines that come on air routes and other medical supplies that come by sea. The supply chain is being considered, and an extensive piece of work has been done as to how we maintain medical supplies and medical device supplies over the next period of time as well as during Brexit.

Ms Armstrong: Minister, as we know, schools are heading back in January, and school leaders are now off for the Christmas period. Can you confirm what protections or information on the spread of the virus and what needs to be done will be provided to school principals in advance of pupils arriving back in January?

Mr Swann: I will leave the matter of what advice will be supplied to schools to the Education Minister. As I am sure the member knows, the Department of Health does not supply that advice; it comes through the Department of Education and the Education Authority. We can supply advice and guidance to those bodies on what actions need to be taken and that is forwarded to school principals and boards of governors. As I said earlier, the interactions between my officials and the Department of Education officials are intense, and they will continue to engage.

Ms Armstrong: Thank you very much, Minister. I am a member of two boards of governors, and I am sad to say that I have not received any such information yet. I have spoken to you before about domiciliary care workers, and they are the front-line staff who deal with patients who have been prescribed care in their own homes, whether from a health trust or a private company. What advice is being provided to the private companies for those domiciliary care workers? They may not work for the trusts, but they are still working with patients who are prescribed this type of support.

Mr Swann: Advice and guidance on precautions, PPE and the level of infection present in the community is continually updated. The guidance is continually provided to their employers, and it should be disseminated to the front-line staff so that they are aware of any additional steps that should be taken. If the member has any specific concerns that she would like to raise directly with me, I am happy to follow that up with her.

Mr Durkan: I thank the Minister for his statement. Northern Ireland is the only region on these islands that does not have a fit for purpose self-isolation grant. People have been forced to go to work against Government guidance because they have to feed their families, and unless they have a household

income of less than £20,400, there is no financial support for self-isolation. Will the Minister concur that the lack of an adequate self-isolation grant has contributed to the transmission of COVID?

Mr Swann: I thank the member for his question. I see Carál shaking her head. In the initial phase, Minister Hargey brought forward the self-isolation loan. However, I think the member is right, the difference here is that anyone on less than £20,400 per annum can avail of the loan, and it was specifically targeted at those lower-paid workers who were finding it harder to support themselves should they have to self-isolate during that two-week period. One thing that my Department did was to supply additional funding for workers, either in domiciliary care or care home units. We funded and were able to provide those companies with a top-up to allow people to claim statutory sick pay should they either contract COVID or have to self-isolate, up to 80% of their salary.

Mr Durkan: Next month, through the monitoring round, the Minister for Communities has indicated that she will surrender a £2 million underspend in the COVID discretionary support grant. Will the Minister of Health work with the Minister for Communities to ring-fence that money to support people to stay at home and stop the spread?

Mr Swann: I have not seen the detail of that surrender in the monitoring round. What I will say is that, like many colleagues in the Executive, I have had a good working relationship with both Ministers for Communities — the current Minister and the person who was previously in post — on what community supports need to be put in place during the pandemic, including support for the good morning call centres, the distribution of food boxes, the distribution of pharmacy products and support for community groups and charities. So I have a good working relationship, as do our Departments, in making sure that we realise the additional strains and stresses that the pandemic is putting on people, as well as the additional strains and stresses that the regulations are putting on individuals who are finding it hard to support themselves financially.

In regard to that specific ask, as members will know from my past actions, if the Minister for Communities is seeking further support for our communities during the pandemic, I will not be found wanting if it is the right thing to do and the right thing to spend the money on.

The Chairperson (Mr Maskey): Members, that concludes questions on the statement. The meeting will suspend for five minutes before the statement from the Minister of Education. I remind members about the importance of maintaining social distancing during the suspension. Members who are leaving the Chamber should do so through the door nearest to their seat.