



Northern Ireland
Assembly

Ad Hoc Committee on
the COVID-19 Response

OFFICIAL REPORT (Hansard)

Ministerial Statement: Health

6 January 2021

NORTHERN IRELAND ASSEMBLY

Ad Hoc Committee on the COVID-19 Response

Ministerial Statement: Health

6 January 2021

Members present for all or part of the proceedings:

Mr Christopher Stalford (Deputy Chairperson)

Mr Jim Allister

Dr Caoimhe Archibald

Mrs Rosemary Barton

Ms Paula Bradley

Ms Sinéad Bradley

Ms Paula Bradshaw

Mr Jonathan Buckley

Mr Robbie Butler

Mrs Pam Cameron

Mr Gerry Carroll

Mr Alan Chambers

Ms Órlaithí Flynn

Mr Colm Gildernew

Mr Paul Givan

Mr Harry Harvey

Ms Cara Hunter

Mr Daniel McCrossan

Mr Patsy McGlone

Mr Justin McNulty

Mr Andrew Muir

Ms Karen Mullan

Mr Mike Nesbitt

Ms Emma Sheerin

Ms Claire Sugden

Mr Robin Swann

Mr Jim Wells

Miss Rachel Woods

The Deputy Chairperson (Mr Stalford): I received notification yesterday that the Minister of Health wishes 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 and invite him to make his statement, which should be heard by members without interruption. Following the statement, there will be an opportunity for members to ask questions.

Mr Swann (The Minister of Health): Thank you, Chair. As the Committee will be aware, Northern Ireland entered into a six-week lockdown from Boxing Day. The additional measures agreed by the Executive yesterday build on that lockdown, principally through the extended shift to remote learning for school pupils and a legal requirement to stay at home. We are now effectively back to where we

were in March, with the “Stay at home” message front, middle and centre. It is my sincere hope that Northern Ireland unites behind this lockdown, just as it did in March. We need to stay at home and restrict our contacts as much as possible to save lives and protect our health service. It is that straightforward and that simple.

In their statements today, ministerial colleagues are setting out the details of the key restrictions that were agreed yesterday. It falls to me to spell out why these measures are required. Over the Christmas period, the progress of the epidemic and transmission of the virus was in line with modelling projections that were provided to the Executive just before Christmas. The R number has risen to the upper end of the modelling limits based on current case numbers, and this is reflected in substantial increases in case numbers and test positivity. It is clear by any criteria that there has been a substantial increase in virus transmission as a result of behaviours during pre-Christmas relaxations and Christmas social interaction and mixing. Whilst we continue to see the proportion of COVID hospital admissions among the over-80s fall overall — possibly related to the focused efforts of the vaccinations — we have seen cases in the over-60s rise substantially. Rt now stands at or close to 1.8.

That will inevitably drive an increase in hospital admissions, ICU occupancy and, sadly, deaths. In the past few days, we have begun to see hospital admissions rise. That trend will continue for the next couple of weeks, with hospital inpatient admissions expected to peak in the last two weeks in January at a level significantly higher than at any point in the epidemic to date. The next surge is firmly under way. We should be under no illusion as to how serious it will be.

Warning after warning has been issued about the health service facing the most difficult winter in its history. The truth of those warnings will be borne out in the coming weeks. Everyone across the health and social care system will work night and day to get us through this period. It will be exceptionally tough. Difficult decisions will be required. Increasing ICU capacity to treat desperately ill patients will have consequences for other services, not least elective care. Business as usual will be impossible in our hospitals.

Therefore, I appeal to everyone to use services appropriately. I also repeat the message that the key services of the NHS that we all knew before March 2020 will still be there in 2021. If a member of the public suddenly starts to experience chest pain, I urge them not to sit at home. They must ring 999 or come to hospital. Hospitals are there and are safe. If you feel a lump or something unusual, do not delay; get it checked out. At the same time, people must use services responsibly. Do not do anything that you think could endanger you and place even more strain on an already stretched service. Staying at home can reduce weather-related slips and trips and, indeed, traffic accidents. Once again, I must emphasise the crucial importance of personal responsibility. This is, certainly, a time to hunker down and weather the crisis.

Our aim now is to secure a rapid drop in COVID case numbers once peak levels are reached. The lockdown and the additional restrictions agreed yesterday will be vital in that regard. There are real reasons to be optimistic for the future. At present, Northern Ireland is rolling out the biggest vaccination programme in its history. I can inform members that, as of close of play yesterday, over 50,000 people had received their first dose of the vaccine. They included the care home residents and staff where the mobile teams were able to visit. That is 91% of all care homes. The remaining 9% will be concluded in the next few weeks. We have also vaccinated 30,000 health and social care staff, not including those staff who were vaccinated in care homes. That is 43% of HSC staff.

I can promise the House that, as the vaccine becomes available, we are working to vaccinate the most vulnerable as quickly as possible. That has been possible only with the longer dose interval, supported by the four nations' Chief Medical Officers (CMOs), the Joint Committee on Vaccination and Immunisation (JCVI) and the Medicines and Healthcare Products Regulatory Agency (MHRA).

In addition to the trust vaccination programme, the GP programme to vaccinate people aged 80 years and older commenced yesterday. To date, 504 boxes of the AstraZeneca vaccine, which is 50,400 doses, have been received. Forty-five GP practices were given the AstraZeneca vaccine to commence vaccinating their staff and patients aged 80 years and over this week. At the start of next week, the remaining GP practices will receive a box of AstraZeneca vaccine, which is 100 doses, to commence vaccinating their staff and the over-80s. Further doses of the AstraZeneca vaccine are expected by 18 January.

We can take real assurance and hope from the roll-out of the vaccination programme. It is our route map to a better place. However, it will take time and patience. There will inevitably be frustrations

along the way. I appeal to everyone in positions of influence and responsibility, including in the House, to choose their words carefully on any frustrations that arise. Please, do not make rash comments that could damage public confidence in vaccination. No sound bite or newspaper headline is worth that.

Our rate of progress on vaccination will be governed by the supply from manufacturers. We do not have enough supplies to vaccinate everyone right now. Supplies will inevitably come in batches. That means that we have to prioritise. In that, we will be guided by the Joint Committee on Vaccination and Immunisation, because there is no defensible alternative to that, protecting care homes and their staff, health and care staff and the health service. Prioritisation will inevitably create tensions. I have been pressed by some members to move different workforces and sectors up the list. Understandably, there are rival demands from across society, and I stress that word "rival". When supplies are limited, greater access for one section of the community means that another section misses out. That is basic maths. Let me be clear again: I will continue to take my lead from the JCVI. In the coming weeks, the primary focus will remain on protecting those members of our community most at risk of serious illness and death from the virus. I do not see how anyone can argue against that.

Every one of us across Northern Ireland has a role to play in getting through this crisis. Follow public health advice to the letter, follow the regulations to the letter and take every possible step to stop the virus spreading.

The Deputy Chairperson (Mr Stalford): I thank the Minister for his statement and now invite members to ask questions. I will allow a period of around an hour for this. It is my intention to allow all members who wish to ask a question to do so. There will also be an opportunity for supplementary questions. Before I call the Chair of the Health Committee, I just want to check: Mrs Barton and Mr Chambers, are you seeking to ask a question?

Mr Chambers: We will rise in our seats, Chair.

The Deputy Chairperson (Mr Stalford): OK. Thank you.

Mr Gildernew (Committee Chair - Committee for Health): Go raibh maith agat, leis an Aire. Thank you, Minister, for coming today and giving this statement to the House. I wish you all the best in the, again, very difficult year that we are heading into and welcome the progress that has been made with the vaccines in particular. I think that that is absolutely a key part, along with the find, test and trace programme. The vaccines obviously offer us a pivotal role in defeating COVID-19. I noted your comments in relation to that. It is the case, though, that, while the vaccine is very welcome and very valued, the World Health Organization, among a number of other international health authorities, has publicly raised some concern around the lack of data to support the decision — your decision and the British Government's decision — to delay the second dose. Did you, Minister, or the Chief Medical Officer consider the views of the World Health Organization or any of those other international health authorities before making that decision in the absence of robust data, as identified by the World Health Organization?

Mr Swann: I thank the Chair for his comments and for his new year wishes, which I will share with the other members of the Committee. With regard to the advice that we received, it was a four nations' decision that we took to extend the period between the first and second doses of the Pfizer vaccine. I want to make it clear that that was the decision. The AstraZeneca one was always to the time frame that we are using. So we did make a change. That was supported by the Joint Committee on Vaccination and Immunisation, MHRA, the Scientific Advisory Group for Emergencies (SAGE) and even by independent SAGE — that, with regard to where they saw the level of incidence across the UK, that was an acceptable thing to do.

The member referred to World Health Organization advice that was only published today, as far as my knowledge. The decision that we took was actually made at the end of last year, and there was a letter to all colleagues across the health trusts, and to other organisations, at that point. This decision has been running for a number of days now. I know that it has reached the public domain and has become a matter of public discourse, and that is why I am keen that what is a disagreement between medics with regard to three weeks versus 10 weeks in relation specifically to the Pfizer vaccine does not undermine either the confidence or the competency in the vaccination programme. The Chair of the Health Committee has recognised, as I think all members have recognised, the importance of the maximum uptake of vaccine that we can get, as quickly as we can get our processes running to it.

Mr Gildernew: I thank the Minister for that. It is, I think, because those front-line healthcare staff who are involved in the roll-out of the vaccine value it so highly for its ability to protect them but also — they have made this point very cogently — to protect the people who they are working with. A number of other organisations, such as the European Centre for Disease Prevention and Control, the European Medicines Agency and the British Medical Association, have raised those concerns. Does the Minister believe that that course of action is in keeping with international best practice?

Mr Swann: I firmly believe in the recommendation that I received from the JCVI and the MRHA that it is an acceptable practice to make sure that we can get as many people across the United Kingdom their first dose of the vaccine as soon as possible. The reason we do that — and the reason for the JCVI prioritisation list — is that the more people we can vaccinate with their first dose sooner, the more lives we can save.

Mrs Cameron: I thank the Minister for his statement. I also want to thank him for all the incredible hard work that he undertook in the old year along with his Executive colleagues. It is very much appreciated, and we all understand what a difficult year that was. I wish him and his Executive colleagues a happy and safer new year.

Given the announced extension of beds in the Nightingale facility in the Belfast City Hospital tower block, will he outline what impact that will have on local hospitals?

Mr Swann: I thank the vice-chair of the Committee. She talked about the old year, but today is 6 January, so in five days' time, the Executive will have been in place for a year. It feels like an awful long time in this position given what we have come through as an Executive and an Assembly, and the same goes for Northern Ireland. The health service was under enough stress and strain at this time last year before we experienced the pandemic and got to where we are now.

Increasing the number of beds at the Nightingale facility means that we have to draw ICU nurses and specialists from other hospitals around Northern Ireland to sustain a regional approach to ICU capacity. That has a knock-on effect on those other hospitals, so it is something that we take into account as part of our surge plan. However, it is a last-step decision when we have to instigate that surge plan to regionalise ICU capacity for COVID patients rather than looking after them regionally, which we have been doing until now.

Mrs Cameron: I thank the Minister for that. That points out where we are with the pandemic at this stage and it is very worrying. I have been contacted by constituents who are at the top of the urgent surgery list and I am hearing that, even today, there are cancer operations that are not going ahead. That is very concerning. Will he confirm that that is correct? Does that not mean that the 24/7 roll-out of the vaccine needs to happen now, obviously allowing for supplies? We need a faster return to some kind of normality and we desperately need the very basic hospital services that keep people alive.

Mr Swann: The member is right to point out that the 24/7 roll-out of the vaccine is conditional on the supply of vaccines. The AstraZeneca and Pfizer vaccines have been approved, so the increase in vaccinations will depend on the supplies that come in as part of the UK supply chain. Those supplies are increasing and we are due to receive more of both vaccines in the next couple of weeks. That will allow us to keep pushing through the priority groups. As I said, we have concentrated on health and social care staff so that we can get as many of our normal services back as we possibly can.

I do not have any specific examples of operations that have been cancelled today. A number of operations have been cancelled because of pressures on the service and stresses and strains on healthcare professionals as they cope with an ever-increasing number of COVID patients, so that situation is not unexpected. However, one of the things that we have done in this surge that we did not do in March and April is to keep as many of those services going as we possibly could. The pressures on staff have led to the downturn in elective and other surgeries but that is done as a matter of last resort because it not only puts stress on patients but causes emotional strain for health professionals who want to do all that they can at a time when they are under additional stress and strain themselves.

Ms Hunter: I thank the Minister for his statement today. It is very welcome that over 50,000 people and 43% of HSC staff have been vaccinated. I thank you and your Department for your work on the vaccination programme after what has undeniably been a difficult 2020. With the threat of the new variant, we know that getting as many of the population vaccinated as possible is absolutely crucial. Has your Department looked at innovative approaches such as vaccination vans; door-to-door vaccinations; drive-through vaccination sites; 24-hour options or the repurposing of COVID-19 testing

sites, where the infrastructure is already in place, and community buildings to make sure as many people are vaccinated as quickly as is possible?

Mr Swann: We have. I am not sure whether the member is aware of Patricia Donnelly's presentation to the Health Committee. We are looking at every opportunity and availability to get as many people vaccinated as soon as we possibly can. Unfortunately, we cannot divert our COVID testing centres because we need them now. We need them more than ever. We need our COVID support centres more than we ever have done to make sure as many people are being supported through those avenues rather than going directly to GPs.

As I said, our GP programme started vaccinating those aged 80 and over yesterday, and will work their way through that age group. Our seven regional vaccination centres are seeing a high turnout. As the member has suggested, we are looking at increasing the centres' hours of operation to get as many people vaccinated as soon as possible, but that will be dependent on vaccine availability. The drive between our vaccination team and my Department is to get as many people vaccinated as soon as possible, and that is where our focus remains.

Ms Hunter: Thank you, Minister, that is a really positive answer. My supplementary question refers to rolling out the vaccination. Will there be a public recruitment campaign to get former NHS staff, retired medically trained staff, medical students and student nurses from across Northern Ireland to join the call and roll this vaccination out more quickly?

Mr Swann: Again, I thank the member. Part of our workforce appeal has already undertaken that piece of work. We have 819 application invitations for vaccinators, and that was processed towards the end of December last year. Of those invitations, 302 applicants have been registered, 200 have been interviewed and a number have been rejected. However, those vaccinator roles are in place and will support the ongoing programme, using as many opportunities and facilities as possible, once we have the appropriate stock of vaccines.

Mr Chambers: Minister, can I put on record my support for the strategy of extending the interval between doses of the vaccine. Will the Minister agree that 40,000 people receiving a dose of vaccine that can give up to 90% protection rather than just 20,000 people receiving two doses that will give 95% protection offers a much more positive impact against the transmission of the virus and will result in a reduction of pressure on our NHS?

Mr Swann: I thank the Member. He refers to the efficacy of the Pfizer vaccine after a period of time, and it does not drop to 52% as had been reported in the media. There is a longer time frame and a higher percentage rate of protection for the vaccine. I have asked my Department to provide that information and supply it to the Assembly Library. As I said, a decision on that was taken towards the end of last year, and my Department issued statements at that point that are available on the Assembly website. The statements are on the efficacy of the first dose of the Pfizer vaccine and how long it lasts, and that comparison has been made using trials and the outworkings of other mRNA-based vaccines.

Mr Chambers: Thank you, Minister. Can you reaffirm that all the expert advice that you have received on the new strategy has satisfied you that it is both safe and the right thing to do?

Mr Swann: I have had to make many challenging decisions since coming into this post. This decision was one of them, but, in my opinion, getting as many people their first dose was the right thing to do when we were seeing an ever-increasing number of positive cases and pressure on our hospital system and those who rely on it. Getting as many people the first dose as quickly as possible was a decision that I took, along with my ministerial colleagues across the United Kingdom. It was supported by JCVI guidance, MRHA guidance and SAGE recommendations, and it is now supported by Independent SAGE recommendations and advice as well.

Ms Bradshaw: Thank you, Minister, for your statement. The rising rate of infection and the corresponding reintroduction of a prolonged period of lockdown have filled many carers with fear and anxiety. In Scotland, late last year, those in receipt of carer's allowance received a one-off payment of £500. Are you minded to work with the Communities Minister to replicate that payment here, given the enormous role that carers play in providing for very vulnerable members of our society?

Mr Swann: I thank the member for her question. There is work ongoing in my Department looking at exactly that point.

Ms Bradshaw: That is excellent to hear. Thank you, Minister.

On 22 December, your Department issued a letter on shielding. That was just going into the Christmas period, so some people missed it. Some have not received their updated letter from the Chief Medical Officer, and some cannot find the updated guidance on the nidirect website. Is there anything that you can do on your websites or even through a press briefing to improve the communication around this?

Mr Swann: I thank the member for making that point. Our decision to reintroduce shielding from 26 December was in keeping with our period of extended restrictions. The advice and guidance have been out there, and letters are being issued. The member will find that, if she googles "nidirect shielding", it comes up very easily, so it is available. However, we will do a piece of work to promote that as widely as possible, because I know that there are some areas of confusion, especially among employees and employers. We are saying that someone's first letter is proof enough, but some employers are saying that they want a second letter before they will recognise it. We are aware of those difficulties. Through our systems, we are reissuing the letters from the Chief Medical Officer as quickly as we can.

Mr Buckley: I look forward to working with the vaccination programme as we move towards what is, I believe, achievable, which is a 24/7 programme of vaccination. That really is possible with the Oxford-AstraZeneca vaccine, which is much easier to administer. As distribution ramps up in the coming days, I look forward to engaging proactively.

Given the low temperature at which the Pfizer vaccine has to be stored and the relatively difficult way in which it has to be transported, is the Minister aware of the number of doses that, unfortunately, because of those strict temperature requirements, have had to be dumped at the end of any given day of the Northern Ireland vaccination programme?

Mr Swann: We do not have specific figures. I think that, at the start, they said that they expected wastage of up to 10% because of the difficulties of storing and drawing up the vaccine. I do not have the figures to date, but I know that we are far below that. In certain exceptional circumstances and simply because of the production techniques — it has been done with MRHA approval — we have been able to get a second dose out of a five-dose phial. We sought guidance from MRHA on whether that was acceptable — it was already being done in Israel — and we got that approval. That means that, although we might lose a small number of doses at the end of a day, we gain through the anomaly that some phials are overfilled.

Mr Buckley: Countries like Israel are operating a system whereby people can queue up at the end of each day to receive those doses. It is important that we try to maximise this, particularly at the beginning, when supply is short.

I want to ask the Minister about restrictions on retail. As he knows, local businesses have had to endure hardship because of the restrictions. Large multinationals have escaped such hardship and continue to operate fully, selling the non-essential products that smaller retailers have been unable to sell due to the restrictions during lockdown. Their continued profit from such sales has, I feel, added a lot of salt to already open wounds. Can anything be done to allow independent retailers to sell the same products as are available in the multinationals, or can anything be done to prevent multinationals selling non-essential items at a time when their sale is otherwise prohibited? This point should be explored to ensure a level playing field for our hard-pressed local retailers in Northern Ireland.

Mr Swann: The member goes back to the regulations and restrictions that were brought in in December. This is an issue that the First Minister addressed earlier, in the question and answer session following the Executive statement. The Executive Office is looking at that. It was based, at that time, on 50% of floor space, but the Executive have deemed that to be an inequitable situation. It is a piece of work that is being taken through by the Executive Office and the COVID task force.

Ms Flynn: Minister, as you will know, in November, Sinn Féin MLAs joined many others, if not all in the Assembly, to support calls for a new, more robust strategy to avoid the repetitive cycle of lockdowns that we are being forced into. When can we expect the Department of Health's strategy to fight COVID-19, as we continue to grapple with yet another lockdown?

Mr Swann: I thank the member for that. She should not be under any illusion that I am some sort of champion for lockdown. It is the only tool that we have, apart from the vaccine, that, we know, works. It worked for us in March and April, and it is working for other countries. We have already seen a decline in cases, albeit over the last couple of days, that ties in with the two-week lag after what we introduced on 26 December.

The strategy that the member talks about is not Health's alone. We feed into it, but the member is fully aware that, in the Executive Office, under the chairmanship of the new head of the Civil Service, a COVID strategic task force has been created and is bringing about a co-ordinated approach to recovery and how we will tackle COVID over the next few months. While we take the lead role in test, trace and protect, vaccination and all things health, there are economic, societal and educational parts that feed into that overall response. That work is being taken forward by the COVID task force.

Ms Flynn: Thank you for your answer, Minister. I hope that the next phase of the lockdown helps bring down the R rate that we heard about from the Chief Scientific Adviser (CSA) at this morning's Health Committee. At the Committee, the Chief Scientific Adviser said:

"COVID will always be with us."

In response to my colleague Pat Sheehan, he acknowledged that mistakes were made in not introducing travel restrictions pre-Christmas on what he called a UK and Ireland-wide basis. Will the Minister address the inconsistency of approach on this island with regard to travel from Britain in his strategy and the work of the task force, particularly given the new variant of the virus that has taken hold in south-east England and other places?

Mr Swann: I thank the member. I will watch this morning's Committee, but I was not aware that that was what the Chief Scientific Adviser said in regard to travel restrictions, specifically at the end of last year. As the member knows, the Executive took the collective decision to introduce 10 days' isolation for anybody travelling from GB or the Republic of Ireland, because we were seeing, even at that point, significant increases in the rate of transmission in the Republic and GB. The 10-day isolation period for anybody entering Northern Ireland from any part of these islands stands. It works, and it should be an effective tool in managing any strain of COVID, whether it is the new variant or any other. I am not aware that that is what the Chief Scientific Adviser actually said, but I will reflect on the feedback from the Committee.

Ms P Bradley: I thank the Minister for his statement. I want to ask about contact and contact services. I know from social workers and families who contacted me after March last year that many children and parents did not see each other for months, which is wrong on so many levels. When June came and community centres and church halls were allowed to open again, those contacts resumed. I have always seen this as an essential service for parents and vulnerable children in building those relationships. I still see it as essential. Minister, can you guarantee that that will not happen again, given the new round of restrictions? If we close churches and things like that, contacts in our community centres and church halls must still be seen as essential and able to go ahead.

Mr Swann: I will look into the specific issue for the member. As far as I was aware, specific guidance was brought in during the first lockdown that contact services should continue, especially between separated parents and children. Specific legislation in that regard was brought in, but I am not sure whether they were being facilitated in neutral venues. I will look into that and raise it with Executive colleagues and those who are looking at the regulations to see what can be done around what is, as the member said, a vital service. As far as I am aware, interchange between separated parents and children was allowed for in the regulations that were brought in during the first wave.

Ms P Bradley: Thank you, Minister. That needs to go out to all social services across the board.

In a different vein, I very much welcome the Nightingale opening in my constituency in Whiteabbey. We know that it is rehab; it is very different from the Nightingale in the City hospital. Has it reached its full capacity? What is the estimated length of stay in it?

Mr Swann: I thank the member. We are still building and recruiting for the Nightingale in Whiteabbey. Up to now, we have taken in patients from three trusts — the Northern Trust, the Belfast Trust and the Southern Trust — because it is a regional facility. Since it opened on 20 November, 42 patients have gone through it, and it has provided 23 available beds for the region. It is specifically a two-week rehab facility; patients do not stay there for any longer than that. They are assessed when they come in that

they will benefit from a two-week rehab. It allows them to get from hospital to home without having to stay in hospital for a longer time or having to go to a care home. It is very much about rehab. It is one of the big steps that we have taken. It is allied health professional (AHP) nurse-led. It is an exemplar of what additionally can be done. I think that other health trusts across the United Kingdom are looking at the service that it provides and the support that the professionals in it provide to patients to get back home after that specific intensive two-week support and care.

The Deputy Chairperson (Mr Stalford): Members, this is not a reflection on the member who has just spoken or the one whom I am about to call, but I point out that we are almost halfway through the time and I am only a third of the way down the list. If members could keep their preambles very short, more members will be called. I have a bit of leeway. I can keep the Minister here for longer than an hour, but I doubt that he wants to be here for longer than an hour.

Ms Mullan: I thank the Minister for attending today. I extend my thanks and best wishes to all our healthcare staff.

Minister, we have seen the anxiety and stress that schoolchildren have been put through this past year in regard to the transfer test. As Minister with responsibility for protecting the mental health and well-being of our children and young people, do you agree that the test should be cancelled this year?

Mr Swann: The Education Minister made a statement earlier, and the issue will be discussed at the Executive tomorrow. The member knows me well: I do not make any decisions or announcements about something before it is discussed at the Executive. If our health input is sought, we will provide it.

Ms Mullan: I thank the Minister for his response. I am sure that you, Minister, will, like me, take on board the mental health and well-being of 10-year-olds. You have given your advice in relation to closing pubs, restaurants and garden centres and even in regard to dog grooming. Again, Minister, in the interests of children's mental health and well-being, I ask you to support our party and others in relation to cancelling the transfer test.

Mr Swann: The deputy First Minister has raised it as an issue that will be discussed at tomorrow's Executive. I have not seen the specific proposal, so I do not know what will be brought forward, voted on or discussed, but we will take whatever steps are necessary to keep everyone in Northern Ireland safe and as far away from the COVID virus as we can. That is why we bring in the regulations. Although we do not want to bring them in, we do so to prevent chains of transmission. Anything that can be done will be done; I have always been clear about that.

Mr McNulty: I thank the Minister for his statement and his continued efforts. I also thank the dedicated staff on the front line who have been really up against it over the past weeks, and we wish them well, especially for the coming weeks. Minister, I spoke with the chief executive of the Southern Trust today. I was reassured to hear that, despite the numbers being higher in our trust area than in any other part of most of these islands, Daisy Hill Hospital will remain open. That is very positive.

I was also encouraged by the fact that 40% of all healthcare staff in the Southern Trust and all care home staff and all care home residents have been vaccinated. This is incredibly positive. When does the Minister expect to vaccinate carers who are looking after their loved ones and vulnerable people in private homes? Those people need protected.

Mr Swann: I fully agree with the member. One thing that I am clear on is that I want to see everybody in Northern Ireland vaccinated as soon as possible. JCVI guidance includes a number of priorities, and carers are included and mentioned specifically. I do not remember off the top of my head at what point, but we will work through that prioritisation list according to JCVI. We have already started on 80-year-olds and over through our GP practices, and we will keep moving down that list as fast as we can with the vaccine that is available to us.

Mr McNulty: Thank you, Minister. The chief executive of the Southern Trust advised me that they are bracing themselves for the next three weeks. They are really worried about the numbers of cases that are going to come through their doors. I have to wish the staff well, who are really under extreme duress. Some services will have to be stood down, but the chief executive did say that he is hoping that this will be the last big push. Minister, what is your message to people to give them hope if we all stick together and push hard together and do not abide by any of these Dick and Doras who walk into public places brazenly and almost boastfully not wearing masks? What is your message to them?

What is your message to the public to say that this is the last big push and that we are going to get through this?

Mr Swann: That is the message that I think that I have been continually pushing out through this entire pandemic, especially through this wave, where we have seen those increased pressures on hospitals. Just under 600 inpatients were recorded today. Our peak back in the first wave was 322, so that has nearly doubled. If anybody out there still thinks that COVID is a joke or COVID is a hoax, they should catch themselves on. There is a "Stay at home" order, and I wish that those people would stay in the house out of the road. What they do is akin to walking into any of our hospitals or any of our ICUs and slapping a nurse in the face. That is how I feel about those people who take these actions just to show that they are the brave, big man or woman who can break the guidance and break the restrictions and think that they are either above what is happening or are immune.

Because we are now seeing a decrease in the number of over-80s who are testing positive, we are seeing a move where those who are under 40 now make up 50% of those who have tested positive over the past seven days. So, there is a change in demographic, and that is not because the COVID virus has changed direction. It is because behaviour changed, and I say to those people that this is and can be the last big push that we need to do over the next few weeks to get us back to the place that we were in earlier this year, during the summer of June, July and August, when we were able to restart many of our essential services across our hospital provision and see the people who we needed to and get back onto our elective care and our diagnostics. All of our hospital staff want to do that, so I say to the people who feel the need to go out and prove themselves to be bigger, to be smarter and to be able to find the loophole that they should stay in the house out of the road and let our health service get on with doing the work that it needs to do over the next few weeks when we see ever-increasing pressure coming on healthcare staff.

Mrs Barton: Minister, can you confirm that all staff who are working in COVID wards and all staff in hospitals have now received their vaccines and that there have been enough vaccines to go round hospital staff?

Mr Swann: Not all of our staff have been vaccinated to date. As I said earlier, we are now approaching a high number of those. Central vaccination centres are being set up across Northern Ireland. Seven centres, which are accessible to all healthcare workers. There are online booking systems that are now available through trusts, where each healthcare worker can book a vaccination slot, and those are in high demand. The vaccine is there and we are working our way through the supplies that we have to make sure that as many of those workers receive their first dose as is potentially possible.

Mrs Barton: Minister, I know that we are looking quite a bit into the future, but do you have a timeline for the vaccination of our young people who are under 18?

Mr Swann: One of the things that have been said through this is that under-18-year-olds probably do not need the vaccine at this point in time. The only people who are under 18 and who will receive it are those who are deemed as clinically extremely vulnerable, and are in need of the vaccine. However, they will be called forward in the priority list for those who are clinically extremely vulnerable at that time, if they are deemed fit and need to do so. Some of the vaccines that have been approved are deemed as not suitable for those who are under 18. Therefore, there will be a matching situation between those who are under 18, who need it when they are eligible to receive it, and the vaccine that is suitable to them.

Mr Harvey: I thank the Minister for his statement. Does the Minister agree that it is vital that schooling continues throughout this very harsh but necessary lockdown period for those with special educational needs (SEN)?

Mr Swann: One of the things — I have heard the Education Minister, the First Minister and the deputy First Minister say it — with regard to the support of those children with special education needs is that it does need to continue over this period in as safe a manner as is possible, and that is why the Education Minister has made the decision that he has. That is because many of those children who go into those facilities receive medical support, as well as educational support in those settings. Therefore, it is crucial that that continues as much as possible.

Mr Harvey: I thank the Minister for his answers so far. Many parents saw their supports disappear overnight at the beginning of the pandemic, and we all heard the stories of the children with SEN who were harming themselves in distress over not having the very vital support that school gives them. Will the Minister be commissioning a piece of work to investigate the impact of these severe lockdowns on all school-age children, including those with special educational needs?

Mr Swann: I think that the work that is ongoing in support of all sections of the community with regard to the mental health pressures that this has brought to bear is a piece of work that is continually being looked at. I think that the Chief Scientific Adviser advised the Health Committee this morning that that was a piece of work that he was considering and looking at. That is because of his membership of SAGE and other UK bodies which are looking at the wider and long-term impacts that COVID will have. Although we are fighting this virus now, the after-effects of it will be felt by many for many years to come.

Ms Sheerin: Minister, thank you for your statement, your time this afternoon and the answers that you have provided thus far. Before the last wave of the pandemic in the early stages of coronavirus, between 200,000 and 300,000 people in the North received shielding letters. I know that many of those people received letters before Christmas which updated that advice and told clinically extremely vulnerable people that they should not attend work, and that they should they should work at home if possible. However, the Chief Medical Officer said at that time that it was not a return to shielding as it previously was in the first stages of the pandemic. Given that we are now in the space where we have a "Stay at home" message for everyone, many of those people will feel that they want to stay at home and will not want to leave it for any reason. Minister, can you provide some reassurance that the support packages with regard to getting groceries, medication and the other essential services will be reinstated, and can you provide the detail around that?

Mr Swann: Again, the member makes a valid point. Part of the shielding advisory group that is in place has an official from the Department for Communities as part of that working group, so there is a conversation going on between ourselves and the Department for Communities, and it is something that the member's colleague the Minister for Communities has raised.

To clarify what is being said, it is not a return to shielding as we previously knew it. The difference between shielding in the first wave and this wave is that the wider advice for those who are clinically extremely vulnerable continues to be that they do not need to remain indoors, but that they can go outside for exercise. In the first wave we told everyone, "No, just stay indoors", but now we are saying "No, you should and can go outside for exercise", if you are able to do so in line with the restrictions and the guidance that are in place, and you should observe social distancing. One of the pieces of work that were undertaken, at my request, by the Patient and Client Council following the last period was a survey of people who had been shielding. One of the biggest challenges that those people had was the "Stay in the house" message and not being able to go outside to exercise. That is why there is a difference between this shielding advice and the advice that was previously given.

Ms Sheerin: Thanks for clarifying that. That makes sense. Minister, I know that you have been asked a question before about the communication to the public on the specific requirements of shielding and the advice to clinically extremely vulnerable people. Can you provide some detail about how the support for daily living activities, particularly getting groceries, medication and things like that, will be communicated to people?

Mr Swann: That piece of communication work was asked about earlier. We are undertaking that work, and we are working with the Department for Communities as well on additional support packages, be they financial or for groceries. Large community input came about at that point in time. That work is ongoing between the two Departments. We introduced shielding on the date we did because it coincided with 26 December. It was not an easy time to give any messaging or a lot of messaging or detail to people, but we thought that it was necessary to give additional advice and guidance to people who are extremely clinically vulnerable that they should be staying at home as much as possible.

Mr Muir: I thank the Minister for his statement. The restrictions and COVID-19 are having a profound impact on people's mental health. I welcome the change announced that one person will be able to meet another person from another household for a simple walk or a run. That is really important.

We have a mental health champion. The Executive are making very significant decisions about people's everyday lives. What role does the champion have in advising the Executive and the Minister on the decisions and how they impact on people's mental health?

Mr Swann: The mental health champion has not been part of the Executive's discussions on those specific decisions. She has ongoing conversations with and provides input to my departmental officials, who advise the Chief Medical Officer and who are part of the Chief Scientific Adviser's team, and they provide that additional information to me. The mental health champion provides ongoing input in her role as the independent mental health champion for the entirety of the Executive and Northern Ireland.

Mr Muir: The mental health champion is doing a sterling job, and it is really good to have that person in post. Phase 1 of the vaccine roll-out is designed for the direct prevention of mortality and supporting the NHS and social care system. Nicola Sturgeon, the First Minister of Scotland, outlined that the phase 1 vaccination programme will, hopefully, be completed in Scotland by the beginning of May. Are we working towards the same timescale in Northern Ireland for the completion of vaccination roll-out under phase 1?

Mr Swann: Our phase 1 is for older adults in residential care homes, care home workers and those in our health and social care system. We hope to have the first vaccination to all those individuals, even down to priority group 3 and even starting into phase 4, by the end of February, to receive their first doses. They will get a follow-up second dose in the 10- or 12-week time frame after that. We are trying to get well into the fourth phase, which is those who are clinically extremely vulnerable, by at least the end of February, if not sooner.

Dr Archibald: I extend my gratitude to all our healthcare workers and carers, who will, unfortunately, be facing a difficult few weeks. Minister, you will be aware that Sinn Féin, as well as a number of epidemiologists, has previously advocated for an all-island and, where possible, two-island approach to tackling the pandemic. Given the significant rise in cases that we have seen before Christmas and since then, when was the last time that you directly discussed the situation with your counterpart in Dublin, Minister Stephen Donnelly, given that both jurisdictions are now moving to introduce additional restrictions?

Mr Swann: I think that the last time that I had any personal conversation with Stephen Donnelly was at the North/South Ministerial Council meeting towards the end, or in the middle, of December. If that is any different, I will correct it for the member, but I think that that was the last time that we had any personal engagement.

Dr Archibald: I thank the Minister for that response. Given the high levels of community transmission across the island and the need for a coordinated approach from both Health Ministers, what work has the Minister undertaken to date with his counterpart in the South regarding, specifically, restrictions to travel onto the island, in light of the new variants in England and South Africa?

Mr Swann: I thank the member. I have said before in the Chamber that the unfortunate thing in regards to our travel locator form is that we are still having difficulties with the Irish Government actually sharing that data with us. We were initially told that it was because of advice that they had received from their Attorney General. Our Attorney General would seem to be indicating that that is not the case, so that level of engagement is now being had to see specifically what the blockage is with the sharing of that advice. It is hard for us to manage, control or even see who should be isolating for 10 days if we do not get that advice for people who are entering Northern Ireland through Dublin Airport or Shannon. That work is ongoing and it is part of a conversation that is being had at a five-nations level. I think that the deputy First Minister said earlier that there will be further conversations this week with the First Ministers, the Taoiseach and the Prime Minister in regard to how we look at travel coming on and off these islands.

Mr Wells: I join others in thanking the Minister for his openness and willingness to come before the Chamber on many occasions. I wish him all the best in the year to come. I have sat in his chair. I would not like to be sitting in it now.

Minister, the obvious place to roll out the vaccination programme is through pharmacies. We have hundreds of them in our communities. They are willing to do it. That, to me, is where he should be going as far as vaccinations are concerned.

Can I raise a personal issue? My wife, who, as he knows, is in a nursing home and has been for five years, got her first vaccine two weeks ago. We understood that, next week, she would be getting a second vaccine and that would enable her to enjoy some form of outdoor life, having been trapped in the nursing home for 289 days. It is bitterly disappointing to her, to me and to all the other residents in

that home to be told that rather than three weeks between the first and second vaccination, it could be three months. How can he justify it when, basically, what he is doing is trapping those elderly people — in my case, my wife is not so elderly — in their homes for another two months because they have no chance of getting out if they cannot get the second vaccine?

Mr Swann: I know that this is personal to the member and I will meet him afterwards. We have not changed the vaccination schedule for care home residents or staff. That still maintains at that weekly interval. If the care home has told the member something different, it is not my understanding. The conversation that is going on in the public domain is in regards to health professionals. The care home programme continues because it is being done by the specific mobile team that has been set up to make sure that we get our care home residents and staff vaccinated as quickly as possible. That is where my intention and my direction has been taken. If the management in the member's care home has received any additional information, I would greatly appreciate it if he would share it with me because that is not my understanding nor my direction.

Mr Wells: I am intensely relieved if that is the case, Minister, and I am very grateful that you have taken that decision. I am not certain that that is what is being done in other jurisdictions, but if we in Northern Ireland are sticking to that 21-day programme, I am delighted, absolutely delighted.

To the issue of the pharmacies: they are the obvious place, with trained staff who, by the way, do flu vaccines regularly, by the thousand. Why not roll out the programme through the, I think, 400 pharmacies that we have in Northern Ireland, which would be more than capable of doing it and, I am sure, would be delighted to undertake that important role?

Mr Swann: I will correct the member. The 21-day schedule is for care home residents and staff. The other changes are for a number of medical professionals who received the first vaccine. That is why I was very clear earlier that people in positions of authority who make statements and public announcements on the vaccination issue need to be very clear in what they say because they are causing confusion out there. I can clarify that for him.

In regards to pharmacy, one of the things that we asked today is that our pharmacy colleagues take on more of the flu vaccination programme, and they are being stood up to do that from today, so they are getting into the younger cohort as well. We have the vaccination centres, we have GPs doing COVID vaccinations, and we are looking to our pharmacy colleagues to increase the flu vaccination programme so that we can keep it going in conjunction and in tandem with our COVID vaccination programme.

Mr McCrossan: I thank the Minister for being here. I, too, would like to put strongly on record our sincerest and deepest appreciation for healthcare staff for their great work in this difficult time, and for those rolling out the vaccine with all its challenges.

Minister, how many GP practices in Northern Ireland have received the vaccines and how were they selected?

Mr Swann: I thank the member for that specific question. I am not sure whether he was in the Chamber for my statement. Forty-five GP practices were given the AstraZeneca vaccine to commence vaccinating their staff and patients at the start of this week. At the start of next week, the remaining GP practices will receive a box of 100 doses of the AstraZeneca vaccines to commence vaccinating their staff and the over-80s.

An appeal was put out in the middle of last month, when we saw that AstraZeneca was nearing approval, for GPs to come forward and volunteer. The first response to the call was very low, in single figures. We then went to a number of GP practices and asked them to come forward to pick up what will be the first week. It is important to remember that that vaccine received approval last week. We were able to get it into GP practices and for them to be providing those vaccinations yesterday. There were more today, and there will be a box of AstraZeneca vaccines in all GP practices by next week.

I know that members like to get things done as quickly as possible, as do I, but to ensure that we had our processes in place, we used those initial GP practices this week to iron out any challenges in the initial deployment of the vaccine.

Mr McCrossan: I thank the Minister for that important clarification. As an MLA for West Tyrone, I am receiving calls about no vaccines in Strabane as of yet, and it will come as a great reassurance to know that that will soon not be the case.

Minister, a number of constituents from the Omagh side of my constituency have contacted me to say that they have had to travel as far as Derry to get tested. Has there been any change in the roll-out of the COVID testing system in Omagh?

Mr Swann: I thank the member for his question. It is not that long ago that people in here were complaining about having to go to Aberdeen or Dundee to receive a COVID test because of the system.

Today, we have reported, I think, nearly 14,000 completed COVID tests. That is a high number in a single day. We have not changed eligibility for or access to testing, but when someone goes onto the portal, they will be guided to their closest available test. The closest available test for the person the member is talking about may have been at the Londonderry site rather than one closer, possibly in Omagh. It is about getting access to testing as soon as possible. It may not always be as close as possible but it is about making sure that they get it in a timely fashion.

Mr Givan: Minister, in bringing forward the recommendations for the regulations to put in place all the restrictions that we are having to implement, what critical assessment is made of previous attempts around lockdown, and how does that feed into the decision-making process? We are now in the third serious element of restrictive measures. What lessons are learned about moving people from controlled environments into uncontrolled environments where the spread takes place primarily in people's homes, the consumption of alcohol, the two weeks taken out of December that compressed five weeks into three, and the spike that that created?

I appreciate that nobody has a guide to an unprecedented situation, but we have now had these measures in place on numerous occasions. What evidence is taken into account as to their effectiveness or otherwise when you make proposals?

Mr Swann: The member makes a valid point. It is the effect on the R value and how we see the decrease in the number of cases. During the initial lockdown, in March and April, the decisions that were taken reduced R to well below 1. On some occasions, we actually got down to 0.6, which means that the virus is reducing in its transmissibility.

We learned from looking at mobility data that, coming into the second week of the two-week lockdown, people started to behave as if the lockdown had already been lifted. The two-week lockdown was not effective and did not achieve what we wanted it to or thought that it might achieve. That was experienced by our colleagues in Wales as well. It is not just about what we see from various measures. It is about what learning we get internationally and from across the UK as well. What we have seen in regard to a six-week period is that that gives us two phases of incubation of the virus, which it takes to break the large numbers of chains of infection. In the past, we saw the six-week lockdown period reduce that R transmissibility well below 1. It has the potential to do that. R is currently running at 1.8, so we have to take these drastic and draconian steps to make sure that we can reduce those chains of infection as much as possible.

The member talks about house parties in domestic settings as well. That is why we have introduced further restrictions as to the number of people who can be in a household or a front garden. We are looking to correct language and indication around that. Clarification of that anomaly will be brought to the Executive tomorrow. Alcohol is something that the member's constituency colleague raises often. That is why an 8.00 pm curfew was brought in for off-licence sales etc as well.

Mr Givan: Thank you for that response, Minister. I will pick up with the Justice Minister the enforcement and enforceability of these regulations, because it is one thing to regulate but an entirely different thing to actually enforce.

One of the areas that I know that Department of Health and Department of Education officials have engaged on is children's wearing of face masks when schools resume. I wear a face mask. I have a legitimate reason to be exempt from doing that, but I do it anyway. Ninety per cent of the time, I am able to and I do. However, I know that wearing a mask for over an hour — my church can sometimes go on a little bit longer than that — is very difficult at times. Is it evidentially and medically necessary for post-primary children to wear face masks for six hours per day, five days a week? Is there medical evidence for that? Is an assessment being carried out as to whether it is right to put that requirement on a child and to mandate them to wear a face mask for that protracted period?

Mr Swann: That is one of the things that were taken into consideration when the Minister of Education asked us to look at that as a management tool that could be used in educational settings. The Chief Scientific Adviser and Chief Medical Officer took guidance on that, because it was done at the request of the Education Minister as a further step that could be taken in post-primary settings to reduce the transmission of COVID. We know that face masks work because COVID is transmitted through aerosol particulates. We look at and assess the use of face masks in specific settings. That was done when the request came forward for us to deliver that.

Mr Nesbitt: Minister, I apologise if you have covered this already, but I am being made aware that there is some scam on social media where people are being encouraged to believe that they will qualify for the vaccine if only they send their credit or debit card details back by return. It is using the NHS logo. I think that it would be useful if you could confirm that the NHS would never ask for that sort of information online.

Mr Swann: I can also confirm that part of the gift of the NHS is that it does not charge. It is free at the point of use and the point of delivery. There is no charge for the COVID vaccine in Northern Ireland, and there never will be. It is free at the point of delivery. I have been made aware of that scam on social media. People will be called forward to take the vaccine as they reach the priority groups. I thank the member for raising what is a valid point. There will never be a charge, nor will anybody be able to jump queues by buying COVID vaccine through the NHS.

Mr Nesbitt: I have no follow-up except to say that I hope that the PSNI catches the perpetrators.

Mr McGlone: I thank the Minister for his engagement here this afternoon and, indeed, for his efforts over a longer period. I totally endorse and support Mr Wells's suggestion around community pharmacies. Those are accessible community locations that have a proven record in delivering vaccines, particularly the flu vaccine.

Is the Minister aware that parts of south Derry, particularly the Moneymore area, and east Tyrone — the Ardboe and Stewartstown area — have become black spots for service delivery of domiciliary care? In some instances, services to a number of constituents who have been in touch with me have been withdrawn and are no longer provided to them. Those constituents deserve and are still entitled to those services.

Mr Swann: I am aware of the issue. The member wrote to me on that specifically. I signed off the answer to his question in the past couple of days, so he will get that. We are aware of the stresses and strains on domiciliary care workers across Northern Ireland, especially during this further wave of the pandemic. I also inform the member that we have supplied additional funding to trusts to rectify the current shortage of domiciliary care workers. Additional money and supports are being put in place to alleviate those problems both through the trusts and private providers.

Mr McGlone: I thank the Minister. That was the question that I was going to ask: in what way can that be stimulated to recruit and extra resources be provided to trusts to do that? Does the Minister have a time frame for delivery of that by the trusts?

Mr Swann: I do not, but I will get an update for the member. I am sure that he will raise the matter in his next engagement with the Northern Trust anyway.

Miss Woods: I thank the Minister for coming here. He referred to the vaccination programme in GP practices: it is very welcome. I declare an interest: I have a grandmother who is 92 years young and will hopefully get the vaccine soon. I cannot tell you how happy I am to hear that. Sadly, she fell recently, but she has been making progress. As she and I know, many others are not physically able to attend a surgery. Can the Minister confirm how people will be contacted to be called for the vaccine and whether arrangements will be put in place to cater for those on the priority list who cannot leave their house easily to be vaccinated?

Mr Swann: The member raises a valid point. GPs will contact patients as they come forward. I want to make that clear: GPs will be in contact with those who are eligible. Please, do not phone your GPs: they are under enough pressure with people phoning in without any additional pressure. We are looking at a programme by which district nurses would be able to supply vaccines to those who are housebound and those who are in the clinically extremely vulnerable group. That work is ongoing. We will be able to get in contact with everybody who is eligible to get the vaccine.

Miss Woods: I thank the Minister for his answer. There has been much discussion about who gets the vaccine. I know that we are prioritising, rightly, those who are most vulnerable to serious illness or death from COVID-19. Many questions have been asked about front-line staff outside those in the official health and social care system. I know that we are following the phased list, but is there any intention or discussion on rolling out vaccinations to other front-line workers, such as those who work with vulnerable people in schools, homelessness shelters or domestic abuse refuges?

Mr Swann: The member makes a valid point, but she nearly answered her own question about the prioritisation of the vaccine for those who are most vulnerable and for whom, ultimately, receiving the vaccine will save lives. As we work through the priority list and the front-line staff and staff who work in homeless shelters fit into the list, they will be called forward at that point. As I say, I have been guided by the JCVI guidance on the prioritisation list. We have continual ongoing discussions about how and where that sits. The more vaccine we can get and the more people we can vaccinate, the sooner we can work through all the cohorts and the people whom I want to see vaccinated in Northern Ireland.

Mr Allister: Minister, as we enter yet another lockdown, what people want above all is absolute clarity. In respect of the regulations that the Department is drafting, which are to come into effect at midnight tomorrow, where does it leave much of industry? Are factories and offices to be closed? Are manufacturing and construction to be shut down? We need clarity, and the sooner, the better. Can you tell us?

Mr Swann: With regard to the specific industries of manufacturing and construction, the situation will be akin to where we were back in March and April. The Executive Office is working through the detail of the description of those industries. We have also said in guidance that employers should undertake a risk assessment with regard to COVID restrictions and management practices as well. At this minute in time, my understanding is that construction will continue and that manufacturing will continue as well, but we seek the further update and guidance that comes out of the Executive working group, and that clarity will be provided to the member.

Mr Allister: Does that also mean that offices that do a proper risk assessment and believe that they can continue to operate safely can so operate?

Mr Swann: I think that the message is clearly to work from home if you can. If your work allows you or if you are able to carry out your work from home and there is no need to go into the office situation, you should not be there. That is why I have a particular challenge — I will say this — with what we are doing today, still meeting in this venue, in this facility and in this format in the numbers in which we have been doing it. Surely, by now, provision should have been made, as it has been in other legislatures, for this place and this Chamber to operate with a degree of remoteness as well.

Mr Carroll: I share the Minister's concern; I wrote to the Assembly Commission on that issue.

Minister, if the current vaccine roll-out is to be disrupted because the virus is so out of control that more and more people need a vaccination as soon as possible, do you agree that the best solution is to employ a greater number of people to administer the vaccine so that people can receive their second jab in a timely manner, without postponing the first jab for other groups of people?

Mr Swann: I thank the member. Maybe he was not in the Chamber when I answered the question about those who have come forward for the vaccinator roles. There are 819 application invitations currently out; 302 applicants have been registered; and 200 applicants have been interviewed for that wider vaccinator programme, so that, when we get more vaccines and have greater stock, we can step up and increase the number of vaccines being deployed through a greater number of vaccinators.

Mr Carroll: I thank the Minister for his statement. Minister, you may or may not be aware that university students and further education and college students — the latter of whom, I believe, had some exams today — are very concerned about the lack of information, guidance and action on their situation. I know that it is not your Department, but do you have any concern about that group of people, and do you know whether any action will be taken or any guidance will be coming forward, either from the Minister for the Economy or from the Executive as a whole?

Mr Swann: I am aware of the advice and guidance that we provide with regard to people coming together in various settings. We have supplied that to the Education and Economy Departments. If the risk assessments have been done, the Public Health Agency (PHA) has been engaged and those

venues have been deemed safe to proceed, that is my understanding of how that should proceed and has proceeded. With regard to those specific scenarios, the Economy and Education Departments are both engaged with my Department and with the Public Health Agency.

Ms Sugden: I wish to pursue the point made by Mr Allister on risk assessments. Is that something that will be instructed within law, or is it guidance and advice? Also, I am conscious that this is a six-week period of restrictions that could be subject to easements come mid-February or maybe towards the end of February. Who will police the risk assessments, and what level do we get to in those risk assessments that suggests that it is safe to work in a workplace if employees are not able to work from home?

Mr Swann: That risk assessment is done by the employer in the workplace. If they have more than 15 employees, they will have a specific requirement to do that. The Health and Safety Executive, councils and all other enforcement bodies will be in. I am sure that the Justice Minister will be able to update the member on the specific area of enforcement and compliance, because it is work that she has been leading on and that she brought to the Executive yesterday.

Ms Sugden: On a separate point, the Minister talked about maintaining hospital appointments for ailments other than COVID-19: does that include routine appointments in private and public care settings such as opticians and dentists? I know that, in the first lockdown, there was a particular issue in relation to dentists because of the aerosols that are used within the premises. Is that an issue on which they need to be more strict in the next six weeks?

Mr Swann: There should be no change in dental practices, because there has been extensive work done across the four nations on the amount of aerosol and the lag time between appointments. Anything that they had in place even towards the end of last year will still be in place this year. It is important to remember that we are just taking a step up on a number of issues that are already part of the six-week lockdown that started on 26 December.

The Deputy Chairperson (Mr Stalford): Thank you, Minister. That concludes questions to the Minister of Health. We will have a five-minute suspension, after which the next item of business will be questions to the Minister of Justice. I remind members, if you are leaving the Chamber, to wipe down the surface where you were and to abide by the social distancing rules.