



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Health Protection Regulations:
Department of Health

16 September 2021

NORTHERN IRELAND ASSEMBLY

Committee for Health

Health Protection Regulations: Department of Health

16 September 2021

Members present for all or part of the proceedings:

Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Jonathan Buckley
Mr Gerry Carroll
Mr Alan Chambers
Ms Órlaithí Flynn
Ms Cara Hunter
Ms Carál Ní Chuilín

Witnesses:

Ms Marian McKeever	Department of Health
Mr Nigel McMahon	Department of Health

The Chairperson (Mr Gildernew): I welcome, via video link, from the Department of Health Mr Nigel McMahon, the Chief Environmental Health Officer (CEHO). Nigel, can you hear us OK?

Mr Nigel McMahon (Department of Health): I can, Chair.

The Chairperson (Mr Gildernew): We are also joined by Marian McKeever from the health protection branch in the Department. Marian, can you hear us OK?

Ms Marian McKeever (Department of Health): I can, Chair.

The Chairperson (Mr Gildernew): We are hearing both of you clearly, but, Nigel, your video feed is disrupted. It is pixelated. I will hand over to you for your briefing. If you can do anything with the camera, that will be a bonus.

Mr McMahon: Apologies for that. Good morning, Chair and members. I thank the Committee for inviting us to brief it on quite a number of sets of regulations made primarily over the summer that are changes to the restrictions regulations. If the Chair and members are content, we will focus first on the changes to the main restrictions regulations and then talk about the subsequent changes that have been made to the face-covering regulations. That will probably make it easier to follow the flow of changes that have happened over the summer. If the Chair is content with that, I will pass over to Marian, who will provide the main briefing to members.

The Chairperson (Mr Gildernew): Yes, I am content with that, Nigel. It may give you an opportunity to see whether anything can be done with your camera. I will go to Marian. Lean ort. Go ahead.

Ms McKeever: Thank you, Chair. Today, the Committee is considering 11 statutory rules (SRs) that were introduced following decisions taken at the Executive between 1 July and 6 September. As Nigel mentioned, owing to the summer recess, we have a larger than usual number of amendments to consider today, and I will try to summarise the changes as briefly as I can.

The amendment (No. 8) regulations through to the amendment (No. 15) regulations have been made to the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021, and I shall also detail the third, fourth and fifth sets of amendments to the Health Protection (Coronavirus, Wearing of Face Coverings) Regulations (Northern Ireland) 2021.

The Committee will be aware that, at the Executive meeting on 1 July, some changes were agreed that had been deferred from 21 June owing to rising cases of the delta variant. Those were implemented by the amendment (No. 8) regulations and the amendment (No. 9) regulations. The Executive decided that, from 2 July, the cap on outdoor gatherings would be removed, with the maximum number permitted to be determined by the risk assessment carried out by the organiser or operator of the gathering. That change was introduced by statutory rule 2021/197, which is the amendment (No. 8) regulations. The remaining changes from that Executive decision on 1 July were introduced by statutory rule 2021/199, which is the amendment (No. 9) regulations. From 5 July, all types of gatherings outside those in domestic settings were therefore subject to a risk assessment if they had more than 15 participants for indoor gatherings or more than 30 participants for outdoor gatherings. Live music was permitted indoors and outdoors in licensed and unlicensed hospitality businesses at ambient level only. Music was permitted at outdoor music events, with no restriction on volume, and social-distancing requirements were removed for those outdoor events. The number of households permitted to meet outdoors at private dwellings was increased from three to five, with the maximum number of people remaining at 15, not including children aged 12 and under.

Statutory rule 2021/201, which is the amendment (No. 10) regulations, was made on 7 July. It provided:

"an organiser of an outdoor event for which there is an occasional liquor licence must require audience members to purchase a ticket in advance and must obtain visitor information."

At their meeting on 22 July, the Executive considered the ratification of further relaxations on the pathway out of restrictions and decided that, from 26 July, in outdoor domestic settings, a maximum of 15 people from an unlimited number of households — that total excluded children — would be permitted to gather and that close-contact services would no longer be required to operate an appointment-only system. Those changes were introduced by statutory rule 2021/217, which is the amendment (No. 11) regulations.

The Executive met again on 26 July and considered whether further relaxations could be made, based on the data presented at the time. At that meeting, it was agreed that theatres and concert halls could reopen, and the number permitted to gather indoors at a private dwelling was increased to 10 persons from three households or 15 persons from two households, if one household consists of 10 or more people. Those changes were introduced by statutory rule 2021/220, which is the amendment (No. 12) regulations

Following the relaxations agreed at the Executive meeting on 29 July, statutory rule 2021/224, which is the amendment (No. 13) regulations, came into operation on 30 July. That permitted music at other indoor venues, in addition to theatres and concert halls, and reduced the required social distancing to 1 metre in all relevant places.

At their meeting on 12 August 2021, the Executive agreed to move on some additional relaxations that would take effect from 16 August, and that decision was implemented by statutory rule 2021/233, which is the amendment (No. 14) regulations. The amendment removed the cap on the numbers allowed at outdoor domestic settings and removed the restriction on outdoor raves. It removed the provision for bubbles or linked households, as this was no longer required. It removed the limit on numbers permitted at tables in hospitality venues. It also reopened conference centres, enabling conferences and exhibitions to resume with some mitigations, including the collection of visitor information; the provision of allocated seating for visitors to the venue unless attending an exhibition; and a restriction on visitors' movement within the premises, except to enter or exit the premises,

access a seat, access an exhibition, make a payment or access and use toilet, baby changing or breastfeeding facilities or a smoking area.

Statutory rule 2021/251, amendment No 15, commenced on 10 September following Executive agreement on 6 September. This amendment removed the requirement to obtain a ticket in advance of an indoor theatre or concert event and the requirement to have allocated seating. It permitted dancing at a wedding or civil partnership reception and enables persons to play a gaming machine or a game such as pool, snooker or darts. It removed the requirement to be seated at a table to order food and drink, and, for outdoor hospitality, people are no longer required to be seated to consume food or drink. It also no longer restricted music to ambient level, and it increased the number permitted to gather indoors at a private dwelling from 10 to 15 persons, not including children aged 12 or under, from a maximum of four households. Due to a rescheduling of the Assembly debate, the amendment also revoked statutory rule 2021/172, amendment No 7, and reinserted the text into this amendment. The original amendment would have exceeded the obligation to be approved by the Assembly within a 28-day period and would have, therefore, fallen. This ensures the continuity of the regulation formerly contained in amendment No 7.

I turn to the three amendments to the Health Protection (Coronavirus, Wearing of Face Coverings) Regulations (Northern Ireland) 2020. Statutory rule 2021/216, amendment No 3 to the face covering regulations, was a technical amendment to extend the expiry date of the regulations from 23 July 2021 to 24 March 2022. This amendment commenced on 23 July. Statutory rule 2021/219, amendment No 4 to the face covering regulations, was made and commenced on 27 July. It removed the requirement to wear a face covering in a place of worship or a place where beliefs are practised when attending an act of worship. Face coverings are still legally required when entering or exiting the building. This amendment also enabled vehicle examiners in a vehicle testing centre to remove their face coverings, except when in a vehicle with a member of the public. Finally, following Executive approval on 6 September, statutory rule 2021/250, amendment No 5 [*Inaudible owing to poor sound quality*] exemption to enable face coverings to be removed when dancing at an event to celebrate a wedding or civil partnership.

I have now finished summarising the 11 amendments to be considered today. I trust that members found that helpful. Nigel and I are happy to take any questions that members may have.

The Chairperson (Mr Gildernew): Thank you, Marian. First of all from me, how do you track the impact that the more general easements or restrictions have on transmission in the community? Are we learning the right lessons about what it takes to address the community transmission of COVID-19 now and in the future so that we know which measures are potentially increasing spread and which are better at suppressing transmission? Are those specific regulations being tracked in terms of their impact?

Mr McMahon: Can you still hear me, Chair?

The Chairperson (Mr Gildernew): Yes, I can hear you, and your camera is better now, Nigel. We can see you now.

Mr McMahon: Good. Thank you very much, Chair. It is very difficult to follow the impact of any individual restriction. Obviously, the combination of restrictions is having an impact, as is a range of other things, like personal behaviours and the impact of the vaccination programme. The Executive are presented with a wide range of information, including what is happening with regard to case numbers, hospital admissions and, indeed, track and trace and information from the PHA on outbreaks and clusters. Each time that the Executive consider the current situation, they are able to see whether there is any particular signal in the health data that might be attributed to previous decisions that they have made.

Looking forward, of course, some of the modelling is able to suggest — it is not a prediction — what might be the impact of some of the decisions and changes, like the return to the school and college and so forth. On occasion, you are able to see a decline or increase and make a fair assumption that it is the result of previous decisions, but it is very difficult to apportion that change to any particular restriction or regulation change.

The Chairperson (Mr Gildernew): What monitoring is there of compliance with the restrictions that remain in place on face coverings specifically? Anecdotally, I have to say that, when I go out now to shops, shopping centres and hospitality venues — all those settings — there is a noticeable reduction

in mask-wearing. It is particularly noticeable with regard to the situation in the South. That is worrying, given that we are seeing over 1,000 new cases each day, and given the pressures on hospital services and staff. How do you monitor and track compliance levels out there in the community?

Mr McMahon: I am not sure whether Marian would like to add anything to what I say. There is no formal monitoring programme on compliance. Obviously, in terms of enforcement, we have PSNI officers and council officers in various settings. Non-compliance with mask-wearing is one of those things, so there will be some data on enforcement, such as the number of penalties that are issued for that sort of thing. It is one of those areas where we very much rely on people being responsible and taking the necessary action to protect themselves and others in the community. That will be the case more and more as we go into further relaxations.

In the past, Translink has produced figures from its own compliance monitoring on public transport. However, with regard to shops, hospitality venues and other indoor places generally, there is no formal monitoring programme. Recently, the Chief Medical Officer (CMO), Chief Scientific Adviser (CSA) and Minister wrote to councils and the police, really just to emphasise the importance of the enforcement of remaining restrictions. We appreciate that that will always be quite difficult in practical terms as things ease and people's attitudes and behaviours change. However, we are probably in the sort of territory now where the public messaging around those basic measures of mask wearing, handwashing, sanitisation and social distancing where possible will become increasingly important.

The Chairperson (Mr Gildernew): I am at a bit of a loss, Nigel. If no formal compliance monitoring is taking place, how do you measure effectiveness? Indeed, how do you target the campaign that you have suggested or measure the effectiveness of it if you do not have a baseline? If there is no formal monitoring of it, how are we going to get the information that we will need to proceed in the future?

Mr McMahon: Going forward, the focus will be on public messaging and then, obviously, with regard to the overall impact that we have discussed already and what we are seeing in the numbers, whether we need to give further consideration to taking more steps in the future. A particular issue with face coverings is, of course, the exemptions that are available and the fact that it is not always possible or acceptable to challenge people who are not wearing a face mask as to whether they are, indeed, exempt or the reasons why they are exempt. That is an added complication to viewing compliance.

The Chairperson (Mr Gildernew): How do you know if the communication measures are needed, and what messages are needed, to address the lack of compliance or to ensure effective use in a public health sense?

Mr McMahon: The Executive information service, and the partners that it works with, are reviewing the messaging that will be required over the autumn/winter to have maximum impact. I am not yet sure what the detail of that will look like, but it is these sorts of issues that you raise that will need to be at the forefront of the thinking on whatever new public messaging is issued.

The Chairperson (Mr Gildernew): The Committee has emphasised from the start that we want to see learning. We understood, way back at the start of this, that people were coming up with new measures with a new pandemic. However, there appears to be a lack of focused learning. Going back to my first point in relation to the impact of the various measures, we have heard that the Executive get a summary of that. What information does Health hold in relation to the impact? You say it is difficult, and I accept that, but what are you doing to address those difficulties and ensure that we can learn, measure and move forward more effectively?

Mr McMahon: We are certainly learning as we go along. There has been a lot of research going on in parallel from a wide range of sources as well. More and more of that becomes available as time goes on. The Committee will be well aware that SAGE takes that evidence on board as it emerges and distils it to help to provide policy advice to government. That is happening all the time. We also have different measures being used in different parts of the UK and in the Republic of Ireland. To some extent, we are able to take learning as well from a divergence that occurs from time to time in case numbers and other things in other parts of the UK and Ireland. We are learning, I would argue, all the time through that.

In terms of what we can do, we are in what one might describe as a transition period at the moment where we have already relaxed quite a lot of things. At each meeting, the Executive are considering all the remaining restrictions. Of course, there is a lot of focus now on autumn/winter and the other pressures that are associated with that in any case. There is no lack of effort in trying to take on board

what we have learned already and what the autumn/winter might look like. However, we are moving, certainly in the short to medium term, to relying more on public messaging and guidance than on bringing in more legislation.

The Chairperson (Mr Gildernew): Can you forward to the Committee the learning that you have gleaned?

Mr McMahon: All the papers that emerge from SAGE that summarise research are available on the SAGE website. The Chief Scientific Adviser provides the Executive —.

The Chairperson (Mr Gildernew): Sorry, Nigel, I am not asking you to direct us to do a trawl of SAGE. I am asking you to provide this Committee with the learning that you referred to that the Department here has completed or has in its possession — to forward that to the Committee. That is what I am asking.

Mr McMahon: I can certainly understand the request, Chair. I am not sure that that is easily done. Learning occurs in a variety of ways. Obviously, there are a lot of meetings with various groups in the UK where various measures taken in the different jurisdictions are discussed. A lot of that is not necessarily recorded in a way that can be shared. Those are simply discussions among officials and other expert groups about what they are learning from the activities that they are involved in. It is not a particular document or report that could be shared; it is an ongoing process.

The Chairperson (Mr Gildernew): I have to say that that worries me, Nigel, because this is still an active pandemic and there is still a potential for further variants to put us into significant difficulty again, never mind the fact that we are experiencing high levels of transmission at the minute. By this point, I would expect the Department to be able to show its workings out, to be quite honest. The fact that you are saying that there was previous learning but that is was just really discussions —. This needs to be captured, communicated and understood. I find it very worrying that, 20 months on, the Department is not formally capturing the learning and then developing that learning into further solutions.

Mr McMahon: Well, clearly it is still a live and fluid situation. As you know, the process in the Executive is that proposals are considered by the Executive collectively. The health data and learning input are given to them at every meeting, primarily through the CMO and CSA. The Executive consider that information, along with other evidence and learning provided by all of the other Departments relating to the things that they are responsible for, be that the economy or the wider impacts that occur in society. The Executive are presented with an awful lot of information and data. Some of that is clearly learning from other jurisdictions and so on and so forth. That is not in a format that would be simple to provide.

The Chairperson (Mr Gildernew): I do not understand —.

Mr McMahon: For example, this is not for our Department, but obviously there has been a lot of talk this week about the high street stimulus scheme, the prepaid card and so on. The media reports suggest that that idea was taken from Jersey, and I have heard officials from Jersey say that they have shared learning from that with the Department for the Economy. That is just one example of where certain proposals or ideas have come forward as a result of things that have happened elsewhere. That information is not necessarily put together in a published form that can easily be made available to the Committee at this time.

The Chairperson (Mr Gildernew): I do not understand how it is in a format that is hard to provide. I just do not understand that. Surely it is possible to provide that in a written format to share with the Committee, because surely it has been shared with the Executive. So that I can try to get my head around this, can you give me an example of an actual measurement that you provided to the Executive to underpin a recommendation that you either made or are agreeing to in the Executive?

Mr McMahon: I am not personally involved in making any recommendations or providing any evidence whatsoever to the Executive. The route for that is primarily through the Chief Medical Officer and Chief Scientific Adviser. They provide verbal reports and papers to the Executive at every meeting.

The Chairperson (Mr Gildernew): But you are the official who is here to brief the Committee on these measures. Can you make it your business to find that information out from the Chief Medical Officer and come back to the Committee with that information?

Mr McMahon: In fairness, the Executive have their collective deliberations which, as officials, we are largely unsighted on. At the end of the day, we are provided with some information on what was collectively decided. Where that involves a change to the regulations, we are charged with working with the Departmental Solicitor's Office to make those changes in law. The role of our team and our side, therefore, is effectively to implement the Executive's decisions insofar as they relate to the need for a legislative change. We are not involved in providing proposals to the Executive and, indeed, we do not necessarily have sight of the information that they consider when they are making their decisions. It would be a matter for the Executive to decide to release that information.

The Chairperson (Mr Gildernew): But surely the Department provides the underpinning information needed for making those decisions.

Mr McMahon: The Chief Medical Officer and Chief Scientific Adviser provide both verbal and written reports to the Executive. That includes what is commonly known as the R paper, which summarises the current position regarding the progression of the pandemic. Those papers are published on our website after each meeting.

The Chairperson (Mr Gildernew): OK. I find that all very vague and hard to get any actual traction on.

You mentioned the R paper. What is the current R number?

Mr McMahon: As far as the last week is concerned, hospital admissions increased, while the occupancy has remained stable. *[Inaudible owing to poor sound quality.]*

The Chairperson (Mr Gildernew): Sorry, Nigel, your sound has broken up there. Can you repeat that? I am asking what the R number is at present.

Mr McMahon: OK. I was giving you slightly broader information, but the *[Inaudible owing to poor sound quality]* and for admissions to hospital are both around one.

The Chairperson (Mr Gildernew): Sorry, you were breaking up there. We did not get that information, Nigel.

Mr McMahon: OK.

The Chairperson (Mr Gildernew): Try it again, please.

Mr McMahon: Can you still hear me?

The Chairperson (Mr Gildernew): Yes, hopefully we can hear you better.

Mr McMahon: OK. In short, RT for numbers of cases and admissions to hospital are both around one.

The Chairperson (Mr Gildernew): Both around one?

Mr McMahon: Yes.

The Chairperson (Mr Gildernew): OK. Thank you. I will move on to other members' questions for now. I have an indication from Gerry, and then Paula.

Mr Carroll: Thanks, Chair, and thanks, Nigel. My first question is on the amendment concerning the UEFA Super Cup, I think it was. Has there been any modelling of COVID cases from that event?

Mr McMahon: I am not aware of that. Marian, do you have any information on it?

Ms McKeever: No specific detail. I believe that the Executive Office was doing a report to follow up on that. I am not sure of the detail of it or whether it has been completed.

Mr Carroll: OK. Can we get that information? I would not begrudge anybody going to a football match, but if there has been a significant increase in COVID cases from that event, the Committee should at least be aware of it. I request that we receive that report.

You will be aware of calls to remove all restrictions by, I believe, the end of this month. Has the Department done any work to indicate what effect there would be on further increases of COVID cases, if that path were to be proposed and accepted?

Mr McMahon: Gerry, I am not aware that any specific modelling has been done on that. To my knowledge, it has not come forward as a formal proposal yet, and the Executive have certainly not agreed on it, so I do not believe that we have looked at that specific scenario.

Mr Carroll: OK. You will be aware that it is doing the rounds quite strongly in the media. I appreciate that a position has not been taken, but I respectfully suggest that the Department look at that and do some modelling, if it has not already done so, around projected increase in COVID cases if all restrictions were removed.

I have two quick, final questions. Amendment No 4 allows face coverings to be removed in places of worship. I have had a number of people who attend places of worship expressing concern about the likely increase in cases from that. Has there been any modelling, research or investigation into a possible increase in cases from that? Amendment No 15 lifts the requirement for seated hospitality. What is the modelling, the work, the research, the investigation — call it what you want — into how cases may rise in those environments and into the impact on the public generally in those places and on hospitality workers specifically?

The Chairperson (Mr Gildernew): Did you get those, Nigel?

Mr McMahon: Yes. Marian, are you able to say anything about that?

Ms McKeever: No, not about modelling.

Mr Carroll: OK. It is pretty major stuff, you know. At the very least, as a Committee, we need to get access to that information. If it exists and we are not getting it, there is an issue there in itself, but, if it is not being looked at or researched, major alarm bells are going off in my head. I do not know how to proceed, but we need to get that information. I would be grateful if somebody could enlighten me about whether it exists. I am a bit disappointed in the lack of information.

Mr McMahon: I am happy to come back to you on that. It is just that, on our side, we deal with the regulations; we are not engaged with the modelling side of things, so it is difficult to comment on what has or has not been happening with that.

Mr Carroll: Yes, but it will obviously have an impact on whether regulations should be lifted, so it is connected. Even if all the information is not known off by heart, it would be useful at least to be aware of it. I will leave my questions there.

Ms Bradshaw: Thank you for the update. My questions will probably go as frustratingly unanswered as the questions from the previous two contributors. We potentially need the Chief Scientific Adviser, at the very least, to come before the Health Committee, because a lot of what we want to know is more about the evidence base, the thinking and the way in which the information is being captured when regulations are in place. I will go ahead with my questions, in case they can be answered, but I want that suggestion to sit for a minute, Chair.

The first question is about indoor gatherings and the change, from Friday — let me get this right — from 15 people from three households, except where one household has 10 people. What is the evidence behind that proposal? That regulation is quite complex. How do we know how that will affect behaviour, and how well do we think that could actually be enforced in the community when people have indoor gatherings?

Ms McKeever: Paula, the regulations have changed to 15 people from four households now, and that exemption for larger households is now all aligned under the one private dwellings gatherings category. That exemption was put in to enable larger households of 10 or more people to have visitors, and, obviously, the number of households that would have been able to utilise that exemption will have been limited. Therefore, whilst there will, inevitably, have been an increased risk, as you would expect, with more people gathering indoors, that risk would have been limited because of the number of households that would have been able to use that.

Ms Bradshaw: OK. Thank you. I appreciate that. I was going off the Health Committee note. I suppose that that cuts to the issue of how families behave, so I suppose that it has been rectified in some regard. It is about enforcement in many ways and the behavioural science behind it.

My second query is about outdoor gatherings. Nidirect gives information about organised gatherings, but, at the minute, in the Holylands area, there are outdoor gatherings involving thousands of students and young people gathering every night until 2.00 am or 3.00 am. How can the health protection regulations be enforced? Are fines still in place? Can fines and other notices still be issued through the police or through councils? We are a wee bit lost on that, and when you see what is happening in the Holylands, where there is a complete free-for-all, you would not know that we are still in the middle of a pandemic.

Ms McKeever: The limit on outdoor gatherings has been removed, so there is no limit on how many people can gather. There is no longer a social-distancing requirement under the regulation, but, obviously, Health still advises people to social distance where possible. However, that is no longer in the coronavirus restrictions regulations.

Ms Bradshaw: So, is there no power for the police to issue fines or do anything else around dispersal? Is it more just guidance at this stage?

Ms McKeever: I am not familiar with what other powers the PSNI might have to deal with those types of gatherings and with antisocial behaviour, but social distancing is no longer a requirement in outdoor areas.

Ms Bradshaw: I was taking that from the information on organised outdoor gatherings, and I am aware that these sorts of free-for-alls that involve hundreds or thousands of students have obviously not been organised. I am wondering how the statutory authorities can respond to that.

The next question is about the forthcoming introduction of vaccination in schools for 12- to 15-year-olds. Will we get regulations on that, or will schools just be issued guidance on how that will be delivered? Last night, I was coaching junior hockey, and some of the girls were saying, "I am not going to get vaccinated because I hate needles". Are we going to get regulations about the information that they are given and how it is delivered? We should also try to capture where there is low uptake, and ask why that is. We must enquire into that behaviour and ask why there is reluctance to take it up.

Ms McKeever: I am not involved in the vaccination programme. I would have to ask someone for that information. Perhaps Nigel is able to provide input to that. I am not aware of any plans for *[Inaudible]* for it.

Ms Bradshaw: Given the age group — they are minors — I wonder whether the provision is going to have to come forward in health protection regulations or another form of statutory footing.

Mr McMahon: Paula, all I can say is that there are no plans to include anything on vaccination in the restriction regulations. I cannot imagine that that would be appropriate. As Marian said, I do not know what the thoughts on the vaccination policy side are. I would be very surprised if they were considering legislation for mandatory vaccination. It would be very controversial.

Ms Bradshaw: I am certainly not talking about mandatory vaccination, but about the statutory framework within which young people are offered the vaccination programme, which is not obligatory. We have the human papillomavirus (HPV), which obviously is already embedded in practice. I want to see how that will be rolled out and whether there will be any legal challenge to it, if regulations come forward.

Some of this stuff would be better directed at Patricia Donnelly or Professor Ian Young, because a lot of it is policy rather than legislative issues.

Mr Chambers: I can understand the frustration of members who feel that they are not getting the answers that they want to their questions this morning. However, in fairness to the officers here, Nigel and Marian, they play a specific role in the process as they pointed out. If we want to dig deeper than the role that they play, surely it is incumbent on us to invite along to the Committee those who can provide the answers.

It is clear that neither of the officers are deliberately trying not to answer our questions; it is simply not within their remit to do so. I keep banging on about bringing a representative from the Executive Office, but the Committee seems to be stonewalling that. That is where you might get some of the answers that we want and have been asking this morning. The Chief Medical Officer gives us advice. We can bring him along and quiz him all day long about the advice that he gives to the Executive. It may well be that that advice is privileged, and, without the authority of the Executive, he would not be able to share it. Even if he were to come along and explain the advice he gives, the Executive disseminate that advice and make the final decisions. Those are the people we need to ask why they made a decision, and what is their rationale for it.

We have even asked questions of the officers about vaccinating. As Paula has acknowledged, if we want to ask questions about vaccinating, we have to bring along Patricia Donnelly and ask her. We have to be fair to the officers in front of us and acknowledge the fact that they can only answer questions that lie within their remit. If we want to dig deeper, we have to give that consideration. I cannot understand why there seems to be such reluctance to ask the Executive Office to send somebody along to assist us in the scrutiny that we, quite rightly, have to apply to the whole system.

Mrs Cameron: I do not disagree with anything that Alan said. We need to be fair to the officials before us in our expectation of the questions that they can answer. We are all frustrated, and we would all like to see the full evidence behind all the decisions that are made, but we also have to recognise that the regulations that have been in force and the way in which they have changed are things that none of us envisaged having to scrutinise, never mind bring into effect.

I have a happier question for you, Nigel, about dancing. It is good news for those who want to get married or enter into a civil partnership that they are allowed to dance. I have been trying to get an answer about dance teachers. I will give you the example of a dance teacher who trains couples to dance in charity 'Strictly Come Dancing'-type events. Are they allowed to operate under the current regulations? Maybe it would come under sport, because it is specific individuals dancing with each other. I do not know whether you can help us with that query. I have a constituent who has not been able to work during the entire pandemic because of the regulations, and we are still unclear about whether they can do that now.

Mr McMahon: Thanks, Pam. Marian might be better placed to answer on the detail of that.

Ms McKeever: The restriction on dancing relates only to licensed premises and unlicensed premises, so, if the training was taking place in any other venue, then that is absolutely grand. Dancing is only restricted in the hospitality industry, apart from weddings and theatre performance, for example.

Mrs Cameron: That is brilliant, Marian. Thank you very much.

The Chairperson (Mr Gildernew): Marian and Nigel, thank you for coming along to the Committee. We await the information that you have committed to bring back to us. We will wait to see that, but there is a lot of room for further clarity on what measurements are being taken and what monitoring is being done of the impact of putting in place or removing restrictions. It is appropriate for the Department to address, via whatever format, that genuine concern of the Committee and to provide us with some indication of how those decisions are being assessed. That is relevant and appropriate.

Thank you both for your attendance, and I wish you all the best in the time ahead.

Ms McKeever: Thank you.

Mr McMahon: Thank you, Chair.

Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 8) Regulations (Northern Ireland) 2021

The Chairperson (Mr Gildernew): We will consider each of the SRs in turn. All of them are subject to the confirmatory resolution procedure and are expected to be scheduled for debate in the plenary sitting on 20 September 2021. I advise members that the Examiner of Statutory Rules has no comments to make in relation to any of the regulations at this time.

I will move to SR 2021/197. Do members wish to raise any further issues in relation to the SR? No.

Can I ask members to agree formally that the Committee for Health has considered the Health Protection (Coronavirus, Restrictions) Regulations 2021 (Amendment No. 8) Regulations (NI) 2021 and recommends that they be confirmed by the Assembly?

Question put and agreed to.

The Chairperson (Mr Gildernew): Thank you, Members.

Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 9) Regulations (Northern Ireland) 2021

The Chairperson (Mr Gildernew): Item 8 is SR2021/199. Do members wish to raise any further issues in relation to the SR? No. Thank you.

Can I ask members to agree formally that the Committee for Health has considered the Health Protection (Coronavirus, Restrictions) Regulations 2021 (Amendment No. 9) Regulations 2021 and recommends that they be confirmed by the Assembly?

Question put and agreed to.

The Chairperson (Mr Gildernew): Thank you. I will just state that, statutorily, we need to go through every one of these, and there is quite a list of them.

Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 10) Regulations (Northern Ireland) 2021

The Chairperson (Mr Gildernew): Item 9 is SR 2021/201. Do members wish to raise any further issues in relation to the SR? No.

Can I ask members to agree formally that the Committee for Health has considered SR 2021/201, the Health Protection (Coronavirus, Restrictions) Regulations (NI) 2021 (Amendment No. 10) Regulations (NI) 2021, and recommends that it be confirmed by the Assembly?

Question put and agreed to.

Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 3) Regulations (Northern Ireland) 2021

The Chairperson (Mr Gildernew): Have members any further issues to raise with regard to SR 2021/216? No.

I ask members to agree formally that the Committee for Health has considered the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 3) Regulations (NI) 2021 and recommends that they be confirmed by the Assembly.

Question put and agreed to.

Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 11) Regulations (Northern Ireland) 2021

The Chairperson (Mr Gildernew): Item 11 is SR 2021/217. Have members any further issues that they wish to raise with regard to the SR? No.

I ask members to agree formally that the Committee for Health has considered the Health Protection (Coronavirus, Restrictions) Regulations 2021 (Amendment No. 11) Regulations 2021 and recommends that they be confirmed by the Assembly.

Question put and agreed to.

Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 4) Regulations (Northern Ireland) 2021

The Chairperson (Mr Gildernew): Item 12 is SR 2021/219. Have members any further issues that they wish to raise with regard to the SR? No.

I ask members to agree formally that the Committee for Health has considered the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 4) Regulations (NI) 2021 and recommends that they be confirmed by the Assembly.

Question put and agreed to.

Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 12) Regulations (Northern Ireland) 2021

The Chairperson (Mr Gildernew): Item 13 is SR 2021/220. Have members any further issues that they wish to raise with regard to the SR? No.

I ask members to agree formally that the Committee for Health has considered the Health Protection (Coronavirus, Restrictions) Regulations 2021 (Amendment No. 12) Regulations (NI) 2021 and recommends that they be confirmed by the Assembly.

Question put and agreed to.

Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 13) Regulations (Northern Ireland) 2021

The Chairperson (Mr Gildernew): Item 14 is SR 2021/224. Have members any further issues that they wish to raise with regard to the SR? No.

If not, I ask members to agree formally that the Committee for Health has considered the Health Protection (Coronavirus, Restrictions) Regulations 2021 (Amendment No. 13) Regulations (NI) 2021 and recommends that they be confirmed by the Assembly.

Question put and agreed to.

Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment No. 14) Regulations (Northern Ireland) 2021

The Chairperson (Mr Gildernew): Have members any further issues to raise with regard to SR 2021/233? No.

I ask members to agree formally that the Committee for Health has considered the Health Protection (Coronavirus, Restrictions) Regulations (NI) 2021 (Amendment No. 14) Regulations (NI) 2021 and recommends that they be confirmed by the Assembly.

Question put and agreed to.

Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 5) Regulations (Northern Ireland) 2021

The Chairperson (Mr Gildernew): Item 16 is SR 2021/250. Have members any further issues that they wish to raise with regard to the SR?

If not, I ask members to agree formally that the Committee for Health has considered the Health Protection (Coronavirus, Wearing of Face Coverings) (Amendment No. 5) Regulations 2021 and recommends that they be confirmed by the Assembly.

Question put and agreed to.