Northern Ireland Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

COVID-19 Update: Minister of Health; Chief Medical Officer; Chief Scientific Adviser

6 January 2022

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Gerry Carroll
Mr Alan Chambers
Mrs Deborah Erskine
Mr Colin McGrath
Ms Carál Ní Chuilín

Witnesses:

Mr Swann	Minister of Health
Professor Sir Michael McBride	Chief Medical Officer
Professor Ian Young	Chief Scientific Adviser

The Chairperson (Mr Gildernew): I welcome, by StarLeaf, the Minister of Health. Minister, can you hear us OK?

Mr Swann (The Minister of Health): I can, Chair, yes.

The Chairperson (Mr Gildernew): OK. There seemed to be a delay on your line, but it looks better now.

We also have the Chief Scientific Adviser (CSA), Professor Ian Young. Can you hear me OK?

Professor Ian Young (Department of Health): Yes, I can. Can you hear me?

The Chairperson (Mr Gildernew): Yes, I can hear you fine. The Chief Medical Officer (CMO) is not yet online, but, if you are content, Minister, I will go to you for some opening remarks. After that, we will pick up on any issues and have questions and answers.

Mr Swann: Certainly, Chair. I will keep my comments brief so that we can have engagement with members. I hope that you and the other members had an enjoyable Christmas and New Year. As ever, I thank you for the opportunity to update the Committee. As I said, I will keep my opening remarks short to allow more time for questions.

Since my last briefing to the Committee, we have had the emergence of the omicron variant. As we know, omicron presents us with an increased challenge due to its level of transmissibility and the

levels of infection in the community. In October last year, I published my statement on winter preparedness alongside trusts' winter plans. At that time, I said that the health and social care sector was likely to face its most difficult winter ever. That is the case, but, with the omicron wave, our task has become much more challenging. Importantly, all of the activity, the preparations and the regional coordination that was outlined on 22 October is still relevant. One of the key messages was the need to remain flexible and adaptable. That is more important now than ever.

On 14 December, I hosted a high-level meeting with key stakeholders, including representatives of trade unions, the royal colleges and our professional bodies and senior healthcare officials. The purpose of that meeting was to share our current plans for managing the forthcoming surge and to seek input from those stakeholders from across the entirety of our Health and Social Care (HSC) system and the wider health family.

With the omicron wave likely to impact severely in health service pressures and depleting Health and Social Care staffing capacity further, trusts will continue to try to maintain high-priority elective care. However, if unscheduled pressures intensify, they can scale back to redeploy resources, as we have done previously. We will also continue to manage unscheduled pressures, critical care and respiratory care on a regional basis. That will maximise our capacity across Northern Ireland and help to smooth pressures, if required.

As members may be aware, as of today, there are 404 COVID-positive patients in our hospitals. That is an increase of 48% on the number just before Christmas. To date, we have not seen a material increase in critical care pressures, although there are an additional 30 COVID-positive patients in intensive care. It is important to stress that our Health and Social Care service will continue to be there for us all this winter. It will be stretched like never before and may have to prioritise patients on the basis of clinical need, but the health service will assess and treat those who really need it.

As of yesterday, people in Northern Ireland who get a positive lateral flow test (LFT) result no longer need a PCR test to confirm that result. If their lateral flow test result is positive, they should assume that they have COVID-19 and that they are infectious. They should therefore self-isolate immediately for the required period. They no longer need to take a confirmatory PCR test. That is a temporary step that we have put in place. The removal of the requirement for a confirmatory PCR test, as I said, is a temporary measure in response to the very high prevalence of COVID-19 in Northern Ireland at present, and, when the prevalence of COVID is high, a positive lateral flow test result is a reliable indicator of COVID-19 infection. Removing the need for the confirmatory PCR test will help to free up PCR testing capacity. It ensures that PCR tests are focused where they will give most public health and clinical benefit, given the current high levels of disease. That includes maintaining PCR testing for those who are clinically vulnerable and allowing new COVID-19 treatments to be deployed in the event of a positive test. I really underline the importance of people reporting the results of their lateral flow tests, positive or negative, because that not only allows contact tracing to be initiated but helps us to monitor the progression of the pandemic.

Chair, as you are aware, our vaccination programme has been very successful since it was launched in December 2020, with over 3·5 million doses administered in Northern Ireland to date. However, the rising tide of COVID-19 cases underlines the urgent need for more people to take up the offer of vaccination. When compared with fully vaccinated individuals who have also received their booster or third dose, unvaccinated individuals aged 50 and over are almost 30 times more likely to be admitted to hospital with COVID-19. The risk of getting infected with COVID is considerably higher now than it has been at any time in the pandemic. Faced with that real threat, we have been encouraging people who are eligible to get their booster dose to do so as soon as possible, as that is the most important step that an individual can take. That will give an individual vital protection, particularly from getting seriously ill from the virus. Boosters, as well as first and second doses, are readily available from health trust vaccination centres, participating pharmacies and GPs. It has never been easier to get vaccinated, with plenty of appointments available to book and walk-ins accepted. We continue to make every effort to encourage those who remain unvaccinated or are yet to take up the offer of the booster dose to come forward as quickly as possible.

I will finish with a reminder that everyone can play an important part in protecting ourselves, those we care for and our essential health services, which are under unrelenting pressure. Each of us can make a difference by making the right choices, limiting our contacts, prioritising the people who mean most to us and taking all the precautions that we can before we meet. That means getting vaccinated, be that a first, second or booster dose; taking a lateral flow test; wearing a face mask; being aware of good hand hygiene; and observing guidance and regulations regarding social distancing. Thank you, Chair. I am happy to take members' questions.

The Chairperson (Mr Gildernew): Thank you, Minister. The first question from me is about the workforce and the pressures that it has continued to experience over a long time. Given the figures and remarks from Professor Young, we know that we face the likelihood of increased pressures across all elements of the health service. At the start of December, Minister, you indicated something in relation to the workforce appeal that I have raised with other departmental officials, including Department of Finance officials at our last Budget briefing. That workforce appeal drew in 51,234 expressions of interest, out of which 30,499 formal applications were received and 4,936 new appointments made. That leaves 25,563 applications from people who have, I presume, indicated a willingness to help out in Health and Social Care. What update can you give us on how many of those applications are coming through the system and how many people can be brought into service to take some of the pressure off healthcare staff, which has been unrelenting for such a long time?

Mr Swann: Chair, I have an update on the workforce appeal. Some 5,261 new appointments have been made across Health and Social Care, including in administration and support services. The workforce appeal also recently undertook to recruit staff specifically for elective care services, and expressions of interest generated another 940 applications. Of those who, as you indicated, were not successful, a large number, after submitting their application, withdrew, declined an appointment, ceased to communicate with the workforce appeal staff or were rejected for not being suitable. Candidates may not have been suitable for particular posts or for the areas to which they were applying. The workforce appeal goes on, however. The Chief Social Work Officer has just issued a targeted appeal through the Northern Ireland Screening Committee (NISC) for social workers to come forward, whether that be for short-term work, to complete a single assessment or to cover a shift in a children's care home. That appeal has received another 940 applications.

The work is ongoing. Unfortunately, the high numbers of applicants have not always successfully translated into the number of people taking up posts, owing to unsuitability, for example. The 5,261 people who have come, however, have been of benefit and a support to the workforce.

The Chairperson (Mr Gildernew): Given the range of issues that you outlined, such as there being no communication, how many live applications are still in the system out of what is still over 25,000?

Mr Swann: I do not know how many of those 25,000 have not followed through. As I said, the figure that I have to hand is that 5,261 new appointments have been made from the original workforce appeal. An appeal for vaccinators was also launched in December 2021, just at the end of last year, and 2,319 expressions of interest were made through that. That generated over 1,100 new formal applications for band 5 and band 4 vaccinators. There are a number of workforce appeals, and people may have applied for two or three of them. We have brought people forward where it most suits them and where there is a vacancy for their skill set.

The Chairperson (Mr Gildernew): You say that some of the skills are not suitable for the posts, but is it not right to say that even in nursing, for example, nurses experience a high volume of work that is, at times, not related to core nursing skills? That work could involve portering, as we have heard, or filing. The other key issue that I am hugely concerned about involves ambulance staff. Are there people with, for example, driving skills who may not be qualified ambulance staff but could support ambulance staff or provide cover? Is there potential scope in any of the schemes to provide assistance in that regard?

Mr Swann: On ambulance staff, I will need to refer that query to the Northern Ireland Ambulance Service (NIAS), because I am not sure that even the Chief Medical Officer could pick up on it. When ambulances go out, however, we send two trained paramedics or two trained officials in each ambulance rather than having a non-skilled driver with a skilled medical professional beside them, because that would not cover the needs that we meet through ambulance services. I do not have the detail of that specific ask in the workforce appeal, Chair, but I can follow up on it for you.

The Chairperson (Mr Gildernew): Will you provide us with more information on how many applications have been withdrawn or rejected from the process, so that we can get an idea of *[Inaudible]?*

Mr Swann: I can do that, Chair. As I have indicated, people come forward with goodwill and express interest in joining the workforce, but, as we go through the formal process, we see a level of attrition, with people either not coming forward or not completing the programme of service. We will get a further breakdown specifically on that for you.

The Chairperson (Mr Gildernew): OK. Leading on from that, I want to ask you about the Ambulance Service, which I have already mentioned. I am gravely concerned and have picked up concerns from all over the country about ambulance call-outs. I know that Michael Bloomfield has addressed that directly and acknowledged that there are times when they have to say to people, "Listen, make your own way to hospital as quickly as you can". What is being done to address and stabilise that situation? In rural communities in particular, there is huge concern that the Ambulance Service may not be available when needed.

Mr Swann: I am thankful to Michael for his commentary on the strains on our Ambulance Service. He indicated yesterday that there is a large number of absences due to COVID and non-COVID-related illnesses, which is having an impact across Health and Social Care. On 4 January, NIAS had about a 25% absence rate, nearly 15% of which was due to COVID. That is because of the nature of its front-line, front-facing work, which results in additional stress.

On the additional work that we are doing with NIAS, I go back to the surge plans that NIAS put in place as part of the trusts' responses that were published last October. We are operating a moving system whereby ambulances are sent to the EDs to get the patients discharged as quickly as possible so that they can get back out on the road to attend their next calls. I pay tribute to NIAS and the staff on the front line and welcome the support from other voluntary and community ambulance services and some in the private sector, which we have had to avail of to make sure that there is additional cover while we need it.

The Chairperson (Mr Gildernew): My final question before I go to members is about surgeries. It has been quoted that 162 red flag or suspected red flag surgeries were cancelled recently. What is your assessment of the impact on surgeries over the next period? What is being done to ensure that those surgeries take place? What emerged from your meeting with key stakeholders to which you referred? I welcome that you met those key stakeholders. What emerged from that meeting on planning to provide additional hope regarding those important surgeries?

Mr Swann: We have tried to keep our elective care schedule going as much as possible. Even in the week before Christmas, I think, 5,500 scheduled elective procedures took place. On the red flag surgeries that you have referred to, I think that 126 were postponed over a four-week period. A number of those will already have taken place or been rescheduled as quickly as possible. That is what we envisaged the trusts doing, and they are doing that.

On the greater pressure, we are still working at a regional level through our regional prioritisation operational group. It is looking at getting those high-priority cases to theatre as soon as is practicable and possible. There is still a large focus on keeping as much of that elective work to the fore as possible, whilst taking account of the stresses and pressures due to the availability of staff. At the meeting, we gave presentations to all those involved. It was about bringing people together to talk through where we are and what the surge plans produced by the trusts would mean should we have to step up different levels at different points in time. It was beneficial. As I said, we had a wide range of people there from the trade unions, the royal colleges, Community Pharmacy and primary care. It also provided a sense of understanding of the pressures on all systems across the health service: if one bit becomes pressurised, there is a knock-on effect elsewhere. There was an understanding that we are all part of that as the wider Health and Social Care family.

The Chairperson (Mr Gildernew): I have the Deputy Chair, Pam Cameron, then Carál, Deborah, Colin, Paula and Gerry. That is the order that I have in front of me at the minute. Pam, do you want to go ahead, please?

Mrs Cameron: Thank you, Chair, and happy new year to you, Minister, CSA and CMO. It is great to see you all. I hope that 2022 is a much better year for all of us. Hopefully, we will see fewer and less severe restrictions, less severe illness and fewer deaths in the coming year.

I want to ask about face coverings. Before that, will the CSA or CMO give us an update and maybe a read-out on what we know about omicron, its severity and possible impact? Can we have an update on lateral flow tests, particularly their supply, given the difficulties that there have been, particularly for pharmacies, with getting appropriate quantities of them? They are obviously in incredibly high demand, and, given the move away from PCR tests, albeit temporarily, that demand will continue if not get much worse. Minister, what impact will the move away from PCR testing to a reliance on people reporting their lateral flow test results have on contact tracing?

I have specific questions about face coverings because I have been contacted by constituents who are incredibly worried about the proposal to remove the exemption from wearing a face covering for people for whom it causes severe stress. One of my constituents is a lady who, as a teenager, was the victim of a robbery by a masked man and, years later, suffered horrific domestic abuse. She is unable to bring herself to wear a face covering because of the trauma that those incidents caused her. In fact, it causes her trauma and desperate distress when she is approached by people in her place of work, particularly men, who are wearing face coverings. Minister, will you review the decision to remove the severe-stress exemption? Was an equality impact assessment (EQIA) carried out prior to the decision to place the onus on the individual to prove that they have an exemption from wearing a face covering?

I am sorry that I am asking so many questions, but I have to take the opportunity. Finally, in the scenario where an individual has an exemption but has been fined for not wearing a face covering because they had no evidence to prove their exemption on them at the time, what steps will they need to take to appeal that fine? Obviously, I am aware that a decision has been taken to postpone enforcement from tomorrow. However, given that it is still on the books, as it were, and may well come back at some time in the near future, I would appreciate updates on all those issues.

Mr Swann: Thanks, Pam. I will pick up on a couple of those issues before handing over to the CMO and the CSA to deal with the questions about omicron.

When the proposal on changes to enforcement on face coverings came from the Executive's COVID-19 task force (ECT), the Department engaged with the Health and Social Care Board (HSCB) and Public Health Agency (PHA) on what could and should be done. That work continues and is being led by the Executive's COVID-19 task force. It was not one of our proposals; it came from an ECT paper on the enforcement of regulations towards the end of December. We are contributing to the ongoing conversation at the Executive. The issues of how people can prove that they have an exemption and what that means for the appeal mechanism were raised again today. That is why enforcement has been postponed again. It was stressed that the wearing of face coverings in certain areas is still covered by regulations, but the issue of exemption certification has been causing distress. Also, I asked the Executive's COVID-19 task force to put out a communication today on people seeking an exemption certification from their GPs. That service is not something that we have established. GPs are being asked to provide that certification, and the fact that we do not have that service in place is leading to their staff receiving abuse. That work is ongoing at an Executive level and, as I said, is being led by the Executive's COVID-19 task force.

There have been extensive deliveries of lateral flow devices across the system in Northern Ireland to community pharmacies and other outlets. Over Christmas and the New Year, Business Services Organisation (BSO) set up collection points where community pharmacies that wanted them could come and collect more if necessary. Out of the entire sphere, 180 community pharmacies availed of that service. We receive in the region of over a million LFTs in each delivery, so it is not that there is not sufficient stock. I am reluctant to say it, but people may be taking them in panic because there is a narrative that the tests are in short supply. People may be taking more than they need just to have that comfort stock. I ask people to take what they need at this time because, I assure you, we have enough LFTs in the country and community pharmacies are working as a central distribution point for them. It is about how we manage the high demand for those devices.

Going back to your point and the one that I raised earlier, I encourage everyone to record their lateral flow test results, be they positive or negative, because that helps to track the rate of infection and gives information not only on the high levels of positive cases but on where there are people who are taking negative tests.

On the issue of what we know about omicron, I will hand over to the CSA initially and then maybe the CMO.

Professor Young: Thank you. First, we know that omicron is much more transmissible than delta. Secondly, we know that the effective severity of illness after omicron is less compared with that after delta, particularly in those who have received a booster of the existing vaccines. The consequences of that are twofold. First, we see a much steeper rise in case numbers and much more rapid transmission in the community than we did at any previous stage of the epidemic. Members will be aware of the high rate of infection, and case numbers, in fact, are no longer a reliable indicator of progression of the epidemic in the community because we have reached a ceiling in our capacity to detect cases, as has the rest of the UK and the Republic of Ireland. The modelling suggested that we would probably end up with a peak of somewhere in the order of 25,000 cases of the virus a day. That is more than the

number of PCR tests that are available to us, so what happens to case numbers in the next week or two needs to be interpreted in that way. I expect that the number of cases of the virus will peak in the next couple of weeks and begin to decline after that, but hospital pressures will not peak until some time later.

Because of the success of the vaccination programme, a smaller proportion of patients will develop severe disease and require hospital admission. Increasingly, evidence suggests that the reduction in severity is probably closer to 50% to 80% than 20% to 50%, but there is still some uncertainty around that. As Minister Swann indicated, we see a significant rise in admission numbers. We see a significant increase in hospital numbers at present. There are early suggestions of a reduced length of stay for patients, which is in keeping with less severe illness overall. In addition, we are not seeing at the moment significant rises in patients requiring respiratory support or patients in critical care, although that may be yet to come. However, it suggests the reduction in severity overall that I have already referenced.

The pressure in our hospitals, as has been highlighted, will come from two sources. The first is the sheer number of patients who may be admitted. I hope that that will be less than the number of inpatients that we observed last January, but, again, it remains possible that we could end up with larger numbers. We all have a role to play in minimising the chance of that. Secondly, it will come from the extent of community transmission of the virus and, hence, the number of staff who will need to self-isolate, which has already been referenced and discussed, so that the capacity of the system to cope with numbers will be reduced compared with the situation as it was last winter.

Michael may wish to add something to that.

Professor Sir Michael McBride (Chief Medical Officer): No, that largely covers it, but there are probably a couple of quick points to make. We obviously liaise closely with colleagues across the United Kingdom and the Republic of Ireland in terms of evidence around disease severity and lengths of stay etc, which is important from the modelling perspective. The likely causes of the reduction in severity are probably twofold. The first is due to previous exposure to the virus. There is also the very important factor around vaccination, particularly getting booster vaccines at this time, but also some intrinsic factors of the virus itself. However, we should not be in any doubt that the health service will be under considerable pressure, as Ian said, from the sheer numbers of people who may require hospital care, all within a very short time frame. The fact that omicron is about two and a half times more transmissible than delta means that we will see outbreaks in hospitals and care homes — that is inevitable — which will put further pressure on the health service. There is also the issue of staff absences. We have been talking about workforce issues. The critical thing that we can all do to make a difference is to follow the public health advice, reduce our contacts and wear face coverings. The most important thing of all is for those who are not vaccinated to get their vaccine — it is not too late to get some degree of protection — and to get the booster vaccine.

Mrs Cameron: I appreciate that. That commentary really puts more pressure on lateral flow tests and their supply. It is good to know that there is not a shortage of supply and that the issue is simply around logistics and getting them from A to B. I suppose it is a good problem if people are wanting too many lateral flow tests. That is what we want. It is clear that people are following the guidance; they want to test and to be sure that they are doing the right thing and acting responsibly. That is a good thing. I would not want logistics to get in the way of those tests getting to where they need to be so that people can get them. We have heard about pharmacies running out within an hour of receiving supply, so a bit more concentration on ensuring that we have the appropriate levels would be good.

Just coming back to the face covering stuff —.

The Chairperson (Mr Gildernew): Briefly, Pam, please.

Mrs Cameron: Minister, you did not really answer all of the questions, but I can follow them up in writing. You said that it has come not from Health but from elsewhere. I understand that, but there is great concern out there about how any enforcement will take place. More stress is being caused to many people by the thought that they may be challenged and fined on the issue.

Ms Ní Chuilín: *[Inaudible owing to poor sound quality]* of the Health Committee and officials. I want to know what the winter surge plans are and whether the omicron variant was factored into those. Even today, we hear health and social care trade unions and staff side representatives talking about the dire

situation in our health and social care settings. I want to hear more details on that, because we hear of those plans, but we need to know what they are and what the detail is.

My other question relates to care packages. I am sure that you are also well aware of issues with social care, but there are people in hospital who need care packages and refuse to go to a step-down facility, nursing home or care home. Families feel that their loved one's recovery would be stunted if they were not in their own home, particularly where new care packages are needed, because social care is also under huge pressure. I will ask those questions first. *[Long pause.]* We cannot hear you, Minister.

The Chairperson (Mr Gildernew): You are on mute, Robin.

Mr Swann: Apologies. We published those surge plans back in October, Carál. I can circulate them to the Committee again. There is one for each of the six trusts, and they take into account various stages of criticality, what has actually happened, the pressures that each trust is under and how we can respond as a region. I can share those again with the Committee, if that is useful, Chair. At that point, they did not take omicron into consideration, but they did take into consideration the high levels of COVID and pressures. They also included considerations of whether we would need more beds or have fewer staff available. They covered a wide range of scenarios, but I can share those again with you. Those plans stand as they are, because they are fit for purpose. They were a surge plan that was meant to cover October, November and December. We have simply extended them into January and probably will extend them into February, because of the critical nature of the situation that we still see us being in. We thought that they would simply be basically winter surge plans with COVID in the background, but the steps that are taken in them stand.

In relation to domiciliary and social care, you will be aware that — I think that I mentioned it last time I was here — we put £23 million into that sector to allow it to increase rates of pay or supports to its staff. That has steadied the sector somewhat, because we are not seeing the level of hand-backs that we saw in the early part of December or even late November with those care packages. It has stabilised the workforce a bit, and we hope to see more packages coming forward now, once we come out of the Christmas and New Year holidays, when some of those domiciliary care providers start to increase their packages as well.

I turn to your further point, which our trusts are actively communicating about. Once someone is fit to be discharged from hospital, they should leave to go to whatever appropriate facility is offered initially. You used the phrase that "their recovery would be stunted" by going to a step-down facility, but their progress could also be stunted by remaining in hospital. I know that there is the psychological impact for families and carers, who may think that, if they keep them in the hospital, the will get the package. That may not be available, but that person is taking up a hospital bed. If alternatives are provided, I encourage everyone to avail themselves of those, especially at this time of year, when we see the pressures that we currently see. Trusts are now communicating that to patients as they enter the hospital system, rather than just at the point of discharge

Ms Ní Chuilín: Minister, I appreciate that, but we have read the winter surge plans from last year, which were helpfully provided to the Committee. Even from a mathematical point of view, more pressure with fewer staff does not add up. There are fewer staff, and our staff are being impacted by omicron as well and, indeed, are having to isolate because of infection at their homes. I, unfortunately, lost relatives in the mouth of Christmas and saw the pressures that both Ambulance Service and, indeed, our hospitals were under. I have to say that all the hospitals performed to the best of their ability, but I knew from looking at the staff that they had not had breaks. They were literally running from one patient to another, and nobody was swinging the lead. After March, we are going into our third year of the virus, and there are fewer staff. The staff made the point, not in an unprofessional way but because I asked them, that they have fewer staff and that staff numbers are decreasing daily. I would like to have more detail on the meeting on 14 December, which, I assume, was with the royal colleges. They are the experts; their staff are the people whom they represent. They are the best organisers. They will be able to tell you what is working and, more so, what is not working. If we could get that detail, that would be much appreciated.

Mr Swann: Carál and Chair, we are able to set up a further update meeting from that event, because we intend to have another full observation in February. Carál, I pass on my personal condolences to you and your family regarding having lost someone at the start of December.

Ms Ní Chuilín: Thank you.

Mr Swann: It is never easy, as we have seen across so many families in Northern Ireland due to COVID, especially with the additional pressures that we have seen.

Regarding staff, I make no apology for saying that we are now paying the price for 10 years of underinvestment in our staff. The 300 additional training places for three years will start to fill some of the gap when those nurses come out into the service. Unfortunately, we inherited that gap due to decisions made in the past. That is not saying that everything will be fine, but there is a process of getting additional staff into the health service that, hopefully, will alleviate some of the pressures that we see.

Mrs Erskine: Chair, I wish a happy and healthy new year to you, to Minister Swann, to Professor Young and to Dr Michael McBride. Thank you for taking the time to come to the Committee.

I want to pick up on a point that Professor Young made about the modelling and the 25,000 cases a day. I think that he said that that is more than the number of PCR tests that are available. What preparations were made for the numbers of PCR tests and, indeed, lateral flow tests being available, considering that modelling? I am not sure whether the overall UK-wide contracts have been looked at. Can our Department go out and get PCR tests itself?

Looking ahead after omicron, if we had a crystal ball, it would be wonderful, but we do not. Are any preparedness or learning experiences going on from omicron? We do not know, but there may be other variants coming down the tracks. Are we looking ahead to what might come down the track after this peak and omicron? With regard to omicron itself, are we looking at modelling that may indicate higher hospitalisation rates, and, as a result of that, do you think that tougher restrictions will be coming down the track to deal with omicron and the cases that we have? *[Pause.]*

The Chairperson (Mr Gildernew): You are on mute again, Robin.

Mr Swann: Sorry. With regard to PCR testing, we are part of the United Kingdom contract. Our Barnett consequential for that should be in the region of 16,500, but we get 20,000 per day. That allows us to keep our care home testing capacity. That utilises the majority of the available laboratory PCR tests across the United Kingdom. To step outside that, we would probably lose part of that Barnett consequential, rather than gain anything. With the large increase in cases that we have seen due to omicron, that 20,000 capacity per day has stood us in good stead. As Ian has indicated, in a few weeks' time, we will be back under that need again, and that will meet our needs. That is why we have made that temporary change, as I mentioned in my opening comments, with regard to the switch to LFTs.

Hospital pressures are something that we continue to monitor. As Ian said, in the next week or two we will have a better idea of where omicron will take us with regard to hospitalisations. As Ian also mentioned in his opening comments, we continue to monitor ICU capacity and the number of people who need ventilation. I will let Michael or Ian come in with further detail on the situation post omicron. As regards whether there could be another variant post omicron and whether it would be more or less severe, we are always forward scanning for that. That is done by the UK Health Security Agency (UKHSA). We are part of that four nations approach. That agency takes that high-level engagement and modelling and the high level of sequencing that can be done at UK level to search for and keep an eye on other new variants and whether they are less transmissible or more intense. That work is done across the four nations. I will let Ian or Michael come in on some of those other points.

The Executive met today to discuss whether there should be tougher or further restrictions since last week's meeting. No further restrictions are envisaged at this point in time. However, I will always caveat that by saying that that is where the Executive stand at this moment.

Ian or Michael, do you want to come in?

Professor Sir Michael McBride: I will come in briefly.

Thank you, Deborah, and a happy new year to you and other members.

There will always be new variants of SARS-CoV-2. There is no post SARS-CoV-2; the virus is here to stay. What we will see increasingly is the transition from the pandemic phase, which we are living through now, to a stage where the virus is endemic and circulating. It remains to be seen how it will

circulate and whether it will have a seasonal picture, as we see with seasonal flu, for instance. However, the virus is here to stay and is going nowhere.

What we know about viruses is that they tend to mutate under selective pressure. That selective pressure is induced when people have immunity, which is acquired either through previous infection with other variants or as a result of vaccination. Therefore, the pressure on viruses generally pushes them towards becoming more transmissible and escaping from the immunity that we have acquired from either previous infection or vaccination. That is the thing that we need to keep a close and weather eye on. I suppose that the thing that we all hope for but do not know, because such mutations occur randomly, is that the virus increasingly mutates to one that is more transmissible but increasingly less virulent and therefore has less impact. What I can say is that, often, that progress takes many decades — sometimes centuries. Some of the cold viruses that are coronaviruses that we have at present have been with us for many years and have taken generations to become less virulent. However, the end result is that our immune systems will win out because enough of us will have been exposed to variants of the virus. Hopefully, enough of us will be vaccinated, and, ultimately, if there are new variants of concern that escape from either vaccination with the current vaccines or previous infection, we know that the current vaccines can be modified and put into production fairly quickly. Ian might want to expand on that.

The Chairperson (Mr Gildernew): Just be brief, Ian, if you can.

Professor Young: No, I am content not to add anything. Michael summarised that very well.

The Chairperson (Mr Gildernew): OK. Thank you.

Mr McGrath: Happy new year to everyone. I hope everyone had a good Christmas break.

I have a quick question about the fact that schools are back this week. What impact might there be from that? Obviously, people will be moving about more, and there will be greater contact between households. Will that have some sort of impact on the figures as we move forward into the next few weeks?

I also just want to ask about the vaccination and the rates of those who are vaccinated and unvaccinated. The Minister referred to the numbers in hospital. Can we get some more information about that? The greatest case that we can make to people to get vaccinated is the fact that it is becoming increasingly evident that those who are in hospital and getting sickest are from the unvaccinated category. Can you give some information on that? Given that the strength of the booster may last for only 10 weeks, is there any suggestion that we may need a further booster vaccination in this round of omicron? Is there any information on that?

Mr Swann: Thanks, Colin. I will let Ian or Michael pick up on the question about schools. Our information and analysis directorate (IAD) put out an update a couple of weeks ago on the differentials that we see. Unvaccinated under-50s are 66% more likely to be inpatients than those who are vaccinated. The biggest statistical comparison we have seen is that unvaccinated inpatients who are over 50 are 30 times more likely to be an inpatient than those who have received two doses and a booster. That statistic comes from our IAD department. I can get that information shared. We put that information out from our IAD through our communication channels, but I will get that shared specifically with the Health Committee. As Colin has pointed out, it is useful information.

We take regular advice from the Joint Committee on Vaccination and Immunisation (JCVI) about where we are on the booster doses, and we will continue to do that. I have not received anything that currently intimates that we are going to that point yet. Our focus is still on getting people to come forward for this round of booster doses and their first and second doses.

I will hand over to Ian or Michael on where schools may take us with increasing numbers, due to what we have seen in the past.

Professor Sir Michael McBride: I will make a general comment around schools and then quickly hand over to Ian on the likely impact on case numbers. Given the current high levels of community transmission, it is absolutely inevitable that the return of schools will see cases and outbreaks in that environment, particularly given the transmissibility of this variant. It is really important that there is a doubling down on the baseline mitigations that Northern Ireland's schools, the Department of Education and the Education Authority (EA) have maintained in place throughout the pandemic. That

remains the regular testing of children and teachers before they return to school; twice-weekly testing; the use of face coverings; and the importance of ventilation. There is no magic thing that can be put in place in schools other than a continued focus on all of those things that, we know, work. Schools where there have been close contacts and outbreaks must follow the advice of the EA, supported by the expert advice of the PHA. They must use regular testing to maintain as many teachers and children in school as is possible.

Ian, can you comment on the modelling?

Professor Young: Prior to Christmas, the highest number of cases was in the under 18s. Once schools broke, we saw substantial increases not only in the 18-to-30 age band in particular but in all the other age bands, with the exception of the under-18s. When the schools were off, the case numbers remained relatively stable. Following the return of schools and despite all the mitigations, which undoubtedly help, it will be a major surprise if we do not see substantial numbers of cases in schoolchildren. Generally, it will be a relatively mild illness, with a small number of exceptions, but the rate of household transmission is very high with omicron. Once a child becomes infected and is at home, there is a high risk of transmission to parents and, indeed, to grandparents or wider members of the family, if there is additional mixing. I have no doubt that the return of schools will produce an upward pressure in cases. If you are over 50, are vaccinated and have had the booster, you may still get the virus, but compared with those who have not been vaccinated, your chances of getting severe disease are enormously reduced if you have been vaccinated and had the booster.

Professor Sir Michael McBride: Finally, I will ask, if I might, all members to support again, as they did before, the call to everyone who has not yet had their booster to get out over the coming days and get that dose as quickly as possible.

The Chairperson (Mr Gildernew): Thank you. Do you have another brief question, Colin?

Mr McGrath: No. That is grand. Thank you, Chair.

Ms Bradshaw: Thank you for the update, panel. My first question is about the efficacy of what are almost fashion masks that people are wearing as opposed to the medical-grade masks. Will the Department put out advice on how to wear masks properly and to wash them regularly etc so that the masks that people buy on the high street are effective?

Professor Sir Michael McBride: Minister, you are on mute.

Mr Swann: I keep pressing the wrong button.

There have been studies on the efficacy of cloth masks versus those of medical and other grades. We encourage everyone to wear a face covering that is appropriate at any point in time. The masks work, and it is about getting as many people as possible to wear them where they are meant to be worn. They are not meant to be worn beneath your nose or chin; they are meant to cover your mouth and nose. We had not intended to do any updated messaging, but maybe now that you have asked about it, we will consider doing something on how and when masks should be worn in order to refresh that message in people's minds.

Ms Bradshaw: Thank you, Minister. I appreciate that.

My second question is about a private Member's Bill on workplace ventilation that was introduced in the South during December. I am not trying to bounce you, Minister, but the Bill is about health and safety inspectors checking the CO2 levels in workplaces and providing advice to employers about improving the workplace environment. Will there be a similar scheme in Northern Ireland?

Mr Swann: Again, you said that you are not going to bounce me, but I am unaware of that private Member's Bill.

Ms Bradshaw: It is quite late on, but, for example, there is a proactive role for the Health and Safety Executive (HSE) to go to workplaces.

Mr Swann: A working group was established under the auspices of the Executive's COVID task force specifically on ventilation. I think that it was chaired by Peter May, the permanent secretary of the

Department of Justice, and it did some work on advice and guidance on that matter. I do not have that information to hand, but I can share that work and the guidance that was published. I think that it was published generally at that point.

Further inspections by the Health and Safety Executive of Northern Ireland (HSENI) are not under our remit. The Department for the Economy may have an input that I am not aware of coming out of that work. Definitely, we can share that with you and the rest of the Committee.

Ms Bradshaw: Thank you. I have two further short questions, Minister. First, just before Christmas, the Medicines and Healthcare products Regulatory Agency (MHRA) approved the paediatric formulation of the Pfizer vaccine for five-to-11-year-olds. Is there an update on that? Finally, today, there are 179 confirmed outbreaks in care homes. What support is your Department and the Public Health Agency giving to bring that spike back down?

Mr Swann: Thanks, Paula. There is a UK order in for the paediatric formulation. We will get our Barnett consequential, and the delivery of it is expected towards the end of this month. It will be targeted initially to clinically extremely vulnerable five-to-12-year-olds and people who are immunosuppressed. Once the paediatric formula comes into the UK, we will get our share of it.

On care home outbreaks, we continue to give the support that we have given through a number of waves by providing infection control advice, PPE and advice on regular testing. We also targeted specifically the booster vaccination to our care home sector when the advice came out at the start. We are undertaking work on what constitutes a care home outbreak. At this moment, it is two confirmed cases in residents or staff. When two staff test positive, they may not have been in work, but, unfortunately, their positive status still puts the care home in the outbreak classification. I have asked the PHA to look at the situation, and the Chief Medical Officer can come in on that. The standard advice, guidance and supports that we have always given to care homes, especially during the last number of peaks and outbreaks, are still in place.

Michael, do you want to come in?

Professor Sir Michael McBride: Yes, I will just reassure the member that there is extensive support to the care home sector from the Public Health Agency and, indeed, from the Regulation and Quality Improvement Authority (RQIA) and from trusts, if necessary. That support is on the PHA's public health response and any staffing problems that arise as a consequence of an outbreak. That work is ongoing.

For context, it is important to bear it in mind that we have moved on considerably from earlier waves of the pandemic. You are correct that we have 179 open and active outbreaks. There are 100-plus enquiries a day to the PHA, and each care home has input and advice from a public health consultant on those outbreaks. Of those cases, 35% are asymptomatic — in other words, they are being picked up through routine testing — and something in the region of three quarters of them involve staff members or care partners as opposed to residents. Thankfully, to date we have had a small number of admissions from care homes, and most of those have not been with severe disease. That is, again, a testament to the success of the vaccination programme.

It is early days, and there is no cause for complacency, but I do not wish people to become alarmed at the numbers. A lot of work is being done by care homes, providers, trusts, the Public Health Agency and all staff to keep people in care homes safe. We have had a good uptake of the vaccine amongst residents and care home workers, which also helps to keep people safe.

Ms Bradshaw: Thank you.

The Chairperson (Mr Gildernew): I will go next to Gerry Carroll. Go ahead, Gerry. Lean ar aghaidh le do cheist, le do thoil.

Mr Carroll: Thanks. Bliain úr faoi mhaise daoibh. Happy new year to you, Chair and everybody, and to the Minister.

Minister, you mentioned underinvestment in staff. We have all been talking about that, I have emphasised it repeatedly, and I hear about it daily from healthcare workers who feel that there is a lack of investment not only in services generally but in them. Like everybody, I am concerned about the state of the health service at the minute, given the pressures with the variant and the ongoing saga

with waiting lists. To that end and although I have raised this before, it is relevant to say today that people feel that the pay offers and pay awards that have been made are insignificant. They do not meet the cost of living. I have raised that before, and inflation is increasing and there are further increases in fuel costs. Healthcare workers tell me that they are struggling to get by. That is of itself concerning. It is even more concerning when we hear about staff being forced to leave the health service. It also really calls into question how equipped the health service and workers will be in the period ahead, never mind mental health pressures, stress and all those things.

My question to the Minister or the officials is this: has there been any assessment or reassessment of the impact of the recent pay offer on staff generally and specifically on the retention of our much needed but already under pressure healthcare workers?

The Chairperson (Mr Gildernew): Unmute, Minister.

Professor Sir Michael McBride: I wish that I could say that to him all the time.

The Chairperson (Mr Gildernew): You are off again.

Mr Carroll: Still on mute, Minister.

Mr Swann: Ah, right.

The Chairperson (Mr Gildernew): There you go. That is you now.

Mr Swann: Are you content with that? Gerry, apologies.

As regards where we are, continued conversations and dialogue are going on between us and the trade union side about whether we can put in additional measures and supports above the 3%. You are aware that the independent negotiation body proposed the 3%. Again, if I can do more, I will look to do so. The trade union side knows that as well. We continue to have those conversations. It is about not just this year's pay award but future pay awards. The Northern Ireland Budget is out for consultation. We have put in proposals for what Health would like and what it would look at. That is part of a wider debate that needs to be had about how we recognise those who work in our service.

As regards retention and recruitment, there is work ongoing among our nurses and midwives. That was instigated towards the end of last year and is being led by the Chief Nursing Officer. We should have the initial output from that in the next couple of weeks to see what more can be done. Pay is the substantial point of it, but it is also about recognition in other ways and through other supports and measures. Again, I am always conscious of the pressures under which people in our health service are working because of COVID and — you and I agree on this — because of the 10 years of underinvestment in the workforce and the health service.

Mr Carroll: Thanks, Minister. The people to whom I have spoken feel as though their pay is not being prioritised. I am not calling into question your view on it generally, but they do not see action being taken to increase the pay offer beyond the below inflation one. Obviously, the consultative ballots close in a few weeks' time, after which we could once again be facing a situation in which healthcare workers strike against an offer made by the Executive and Westminster.

I will move on because time is tight. Paula kindly referenced the Bill on ventilation that has been brought forward by my colleagues in the South. I know that the Minister has not seen that, but do you have any concerns about the issue generally, Minister, the CMO or the CSA? The funding supply to implement that and support schools to increase ventilation is very limited. Some schools are unable to access proper support or to spread pupils out in a small school. Many other people and I are concerned about schools being able to provide proper ventilation and about the lack of investment and support for that. What is the view on that?

Finally, a lot of work can be done around the enforcement of working from home. As I understand it — I am happy to be corrected — the guidance is to work from home if you can. I am unaware — again, I am happy to be corrected — of efforts being made by the Department of Health, TEO or whoever to go after employers who refuse to allow workers who can work from home to do so. If we do that, people will be protected, and the numbers of people contracting the virus will be reduced. Any work that is being done in that regard will be beneficial, but it is urgent.

Mr Swann: Thanks, Gerry. There is guidance to work from home, but, as always, we encourage people to work from home where they can. As you said, it restricts areas of transmission and breaks the chains of transmission as much as possible. There is strong guidance from the Department of Health about that and the supports that should be put in place to allow people to work from home where they can.

I do not want to go there with regard to the amount of financial support that DE or EA are giving to education and schools for ventilation. It would not be right for me to comment on another Minister's area of responsibility and spend.

Mr Carroll: Do the CMO or CSA have any follow-up on the safety of schools, specifically around ventilation? That would be helpful.

Professor Sir Michael McBride: I echo my earlier comments: there is no magic bullet that will reduce the infections that we are likely to see in the school environment. Again, it is about adhering to all the basic measures that we have had in place for some time. Obviously, ventilation is an important element of that. The issue around ventilation is a very expert area. It has been looked at by the Scientific Advisory Group for Emergencies (SAGE). That advice has been shared with colleagues in the Department of Education and EA. Air-cleaning devices and high-efficiency particulate air (HEPA) filters are no substitution for fresh air ventilation. That is the advice of SAGE. Where fresh air ventilation is limited, for whatever reason — it could be the built environment etc — they have a place, but fresh air ventilation is what is firmly recommended by SAGE.

The Chairperson (Mr Gildernew): We go finally to Alan. Go ahead, Alan, please.

The Committee Clerk: Chair, it looks as though Alan has dropped off. We will try to get him back on again.

The Chairperson (Mr Gildernew): Gerry, did you want something from Ian on the ventilation issue as well? I know that Michael has addressed it, but, Ian, do you have anything to add?

Professor Young: As Michael indicated, the issue of the most effective form of ventilation and its benefits has been looked at carefully by SAGE. All the relevant advice and papers have been forwarded by us so that colleagues in Education are aware of the scientific advice. In addition to that, as was indicated, the Executive task force adherence subgroup looked at the issue of ventilation and produced a guidance document. That was primarily aimed at business, but it was also made publicly available.

Fresh air ventilation is undoubtedly the most effective. I think that we all fully understand — I have talked to various children — that this time of year can result in very cold classrooms, but, from the perspective of COVID transmission, it is the most effective form of ventilation. Anything else is likely to be less consistently effective or beneficial. That includes HEPA filters. CO2 monitors are useful tools, but they do not increase ventilation; they are helpful in assessing the effectiveness of any other measures that might be in place. Ventilation is a key mitigation, but, as we discussed, given the high transmissibility of the virus and the fact that children mix in not only classrooms but other areas of schools and that they travel to schools together and interact outside schools, it will be virtually impossible to prevent significant transmission of the virus among children following the return of schools.

Mr Carroll: Chair, may I ask a quick follow-up question if we are still waiting for Alan?

The Chairperson (Mr Gildernew): Very brief.

Mr Carroll: It is for Ian or Michael — whoever is best suited to answer. I appreciate that you might not want to get into another Minister's portfolio, but are you both content that everything has been done to keep schools safe? Ian, it is worrying to hear you say that a significant number of pupils will get the virus, but are you content that everything possible has been done to make sure that schools are safe?

Professor Young: I am happy to comment in very general terms. I am very careful never to say that any environment can be made safe, and I do not think that schools differ from any other environment with a highly transmissible virus. You can reduce the risks of being present in a given environment through mitigations, and I am absolutely content that we have given comprehensive advice to schools

and forwarded all relevant SAGE advice on mitigations that can be taken. However, even with those mitigations in place, there will still be significant transmission. It is not possible to make an environment like a school risk-free from virus transmission with a highly transmissible form of the virus.

The Chairperson (Mr Gildernew): I see that we have Alan back on the line now, so I will go to Alan for his question, please.

Mr Chambers: Can you hear me, Chairman?

The Chairperson (Mr Gildernew): Yes.

Mr Chambers: We have been concerned today to hear about the shortages across the health and social care family, particularly in the Ambulance Service, but the reality is that all of industry has been impacted, the police are being impacted and road haulage and public transport have been impacted. It is just the reality of the pandemic, and there is really no magic wand to cure that one. As regards the Ambulance Service, has any consideration been given to the model in the United States of America, where the fire and rescue service can attend to certain types of low-grade ambulance calls, where, maybe, advanced first aid is required?

I have heard from people who have had one or two vaccinations and then contracted the virus. They have got it into their head that they do not need the booster. What is the professional response to that? I feel that they should certainly get it, but I would like to hear the professional response.

The grace period for face masks was extended today, and I know that a lot of my colleagues in the retail industry are disappointed about that because there is still a huge constituency of people out there who, for whatever reason, either refuse or just cannot be bothered to wear their masks in public places. That will have to be addressed sooner rather than later.

On elective surgery —.

The Chairperson (Mr Gildernew): I will have to rush you, Alan, because I am conscious that we are over time at this point. Can you come directly to it, please?

Mr Chambers: Yes, I have two other quick questions. Is there more scope for the uptake of elective surgery in the Republic of Ireland? Does it include an initial consultant consultation? If someone goes to the Republic of Ireland, can they recover some of their costs?

My final question is on the COVID task force. With all of the collective decisions coming out the Assembly, particularly the unpopular ones, fingers seem to get pointed at the Minister. We have just heard today about the COVID task force. Can the Minister expand on what its role is and who serves on it?

The Chairperson (Mr Gildernew): Minister, I am conscious of time, so, if you want to send us information on any of those items, that is fine. If you think that you can handle them briefly now, go ahead.

Mr Swann: Chair, I am prepared to follow up with a written update on who sits on the Executive COVID task force and what its remit is. I do not have that information to hand.

I can get information on the cross-border elective care framework that we have set up, including how many people have used it, how much and what services are covered. I can supply that to the Committee.

On the fire brigade being able to support NIAS in some of its work, I had a good conversation with our new Chief Fire Officer and the chair of the board of the Northern Ireland Fire and Rescue Service (NIFRS) at the start of December about what more can be done and how conversations could be developed as regards what additional work the fire brigade would be prepared to take on. We can develop that as well, Chair, in future discussions.

I will ask Michael or Ian to come in briefly on boosters following a first or second dose.

Professor Sir Michael McBride: Unfortunately, with each variant that has come along, the level of protection afforded from symptomatic disease has been slightly reduced. We have good evidence that the level of protection from severe disease, hospitalisation and death has been relatively maintained at a very high level. The one thing that I will say to people is this: if you are over 50 years of age, whether you have had a first or second dose — there are 100,000 people or thereabouts in Northern Ireland who are over 50 and have not yet had their booster vaccination — now is the time to get your booster. You owe it to yourself, your family and the health service to take the pressure off. Please do not delay, and, if you have not had your first or second dose, now is the time to get your vaccine.

Mr Chambers: The question was about how some people seem to think that they do not need the booster if, after having one or two vaccines, they have contracted the virus and recovered. What is the professional response to that?

Professor Sir Michael McBride: That is not true. The immunity after natural infection is shorter in duration than the immunity after a booster. I do not wish the omicron variant or any infection on anyone, but, as a matter of fact, we know from the antibody results on cellular immunity that people who have had two jabs of the vaccine plus natural infection and their booster have very high levels of protection. I ask people to still get their booster.

The Chairperson (Mr Gildernew): OK. I thank the Minister and his top team for making themselves available on an unscheduled basis at this time, given the situation that we are in with COVID. I am conscious that you are under pressure for time right now, so I do not want to hold you back. I wish you, your senior team and the entire workforce of the Health and Social Care service a happy new year. We are, obviously, in the eye of the storm again right now, but, hopefully, as the year progresses, we will see better times ahead. I reiterate your message and urge people to please get the booster when it is available to them, to take all the other steps as a minimum to protect themselves and to do everything that they can over and above the minimum guidance that is out there.

Minister, do you want to make any final remarks?

Mr Swann: No, Chair. Thank you for the opportunity to come along to update the Committee, as always. Again, I emphasise what you, the Chief Medical Officer and the Chief Scientific Adviser have said about the importance and benefits of people coming forward and getting their vaccination, should that be their first or second dose or their booster. At this critical juncture, every vaccination will make a difference; we know that. I encourage everyone to not only come forward but, as you said, keep following the guidance that is there and to just go that little bit further, if you can, because that keeps us all safe.

Chair, thanks again for your time and input. I thank the Committee members for their ongoing support as well.

The Chairperson (Mr Gildernew): OK, thank you. I will let you go, and we will close our meeting without you. Go ahead, thank you and all the best.