

## **Opening Statement to Ad Hoc Committee**

### **Introduction**

Good afternoon, and I welcome the opportunity to update Members with the latest developments regarding Covid-19.

As I've said in numerous statements to the Assembly, to the Committee, and to the public – we are living in unprecedented times. People are understandably anxious. People are worried about the safety of their families, especially those who are older or who have under-lying conditions. People are unnerved by the empty streets and town centres. And of course after this morning's news that our economy is currently experiencing its fastest and deepest decline in the history of Northern Ireland, people are understandably concerned about what the future will hold for them.

We are living through scenes that only 3 months ago would have been wholly unimaginable. For future generations 2020 will be remembered as the year of the coronavirus.

This is a serious virus, and we've seen in too many countries right across the world the frightening pace at which it has spread. However we must remember that for the vast majority of people who contract it, the virus will be mild and they will make a full recovery.

However, as we all know, not everyone who gets it survives. Sadly there are homes right across this country who are grieving.

And no matter how long this lasts, we must never, ever, forget that behind every statistic is a human being. A mother/father, a brother/sister, a friend, a person who will have been loved and now missed.

From all the briefings I get and from all the calls and meetings that I take part in, nothing drives home the tragedy of this virus more than seeing the pictures of funerals with only a very small number of permitted mourners.

Wakes and large funerals are understandably not able to happen right now, but that is not how we usually say goodbye to our loved ones.

I also want to take this opportunity to once again put on record my sincere thanks to all those who continue to deliver our vital services; our frontline Health and Social Care staff, our police officers, those who are looking after the children of our key workers, and those who are ensuring that there are supplies on the shelves. There are too many to mention, but I think it's important that we recognise here today the significant time, energy and commitment that is being invested by so many, to keep us safe in our homes.

I'd now like to take some time to explain the approach I have adopted to deal with this emergency, and to outline to you some of the significant actions which have been key to my response.

### **Key issues**

There has been much focus and discussion on the issues of Personal Protective Equipment, testing, and the reporting of COVID-19 related deaths in recent days and weeks.

I'd like to assure you today that I and my team across the HSC are acutely aware of the challenges arising from these issues, and we are working tirelessly to ensure that every conceivable effort is being made to help people keep safe, stay at home, and to protect our NHS.

### **Modelling**

Key to informing the decisions that I, and Executive colleagues will need to make in the weeks and months ahead; is the work being undertaken by the COVID-19 Modelling Group. The projections provided by this group are informing the work that needs to be progressed to ensure there is sufficient PPE available; that testing is scaled up; that our hospitals, GP Services and community pharmacies have capacity to deal with the demands they are facing; and that key services within the community

are prepared to deal with the challenges they are facing today - and every day - until this disease has been defeated.

To meet the additional need for staff, once again our health workers have stepped up. Many hundreds have gone through additional training, and as of 6.30am today the HSC Workforce Appeal – which was only launched less than 3 weeks ago - Appeal has had 18,354 expressions of interest, which have been converted into 10,777 formal applications to date – a conversion rate of nearly 59%: double what could normally be expected in a recruitment campaign.

In fewer than three weeks, almost 300 people have been offered or appointed to posts, with over 3,000 now job ready or about to be job ready, subject to completion of final checks.

Clinical applications – of which there have been 2,784, have been prioritised for processing. This includes former doctors and nurses who are returning to service, many from retirement. I pay tribute to their dedication and thank all applicants for rallying to this cause.

The team is now turning its attention to processing the 7,993 non-clinical/support worker applications. This support will be crucial in our response to Covid-19.

Online applications have now been paused, while the team works through these applications. The campaign is sophisticated and social media-driven, so further expressions of interest can be sought quickly if there are further areas of high demand.

It is important to note that we are putting processes in place to support the independent sector – in addition to the HSC – from applicants to the Workforce Appeal.

The response from our pharmacists and primary care colleagues has been phenomenal. Despite all pressures our chemists remain open and continue to provide their essential service.

Similarly, as Members will know, we have opened a series of Covid-19 Centres – 10 in total – where they have seen over 1,300 patients already. They have moved mountains and I have no doubt, will continue to do so.

And importantly, along with a number of additional supports across the community and government, the HSC is also putting in place mental and emotional supports for their workers at this very difficult, challenging and often emotional time.

Modelling colleagues have indicated that the peak here may now – potentially - be less severe than we had feared, in this first wave at least.

I'm sure you will all agree with me when I say that it was reassuring - but not surprising - to see the positive and responsible approach adopted by the vast majority of people in Northern Ireland who adhered to social distancing over the Easter holidays. We have risen to the challenge and I have no doubt, will continue to do so.

We cannot be certain of how this first wave will play out - no modelling can predict the future - but we can acknowledge that the unprecedented social distancing restrictions on all our lives are starting to make an impact. But there can be no grounds whatsoever for complacency.

The focus now – as much as ever – has to be on staying at home, saving lives and protecting our health service. Difficult times lie ahead. I have no doubt. But I am confident that we are ready to face them together.

### **Partnership working**

And indeed, I and my Executive colleagues are working closely to ensure that we are working as one in our plans and in our actions.

In partnership with the Department for the Economy, Northern Ireland's further and higher education institutions are now making an invaluable contribution to the fight

against COVID-19 by creating personal protective equipment and joining the research for a vaccine.

In partnership with the Department of Education, we have developed a package of measures to provide emergency childcare for key workers.

In partnership with the Department for Infrastructure, a number of MOT centres have become available to now test people rather than vehicles.

In partnership with the Department for Communities, the response to this emergency has been focussed on the local community by the local community.

Indeed, across every Department, partnership working has resulted in innovations and progress that we could not have imagined possible just a matter of weeks ago.

## **PPE**

Turning now to the issue of PPE specifically; I have been clear about the challenges with PPE. COVID-19 is a worldwide issue and protecting staff and patients impacts as much elsewhere as it does locally. The pressures on supplies are significant globally. And as I've said on a number of occasions that there is not a country in the world that truly knows what path this virus is going to take. But would I like to have more? Of course I would.

That is why I am committed to ensuring that we rigorously pursue every viable supply source both locally and elsewhere.

The 4 Nations PPE Plan was published last Friday and we are working closely with England, Scotland and Wales on all aspects of that plan. We have already supported each other by nature of mutual aid and this will continue in the weeks and months ahead.

I know there have been some concerns expressed at the fact that in recent weeks I have agreed to mutual aid to England. I can confirm that I did send 250,000 gowns to

England over the last two weeks. These supplies will be immediately reimbursed once their own stocks arrive. But equally, when I recently reported a serious shortage of eye protective equipment, England & Wales acted quickly to help us. And of course we must remember all of this in the context that the UK government has already sent Northern Ireland over 5.6 million items of PPE. So I make no apologies for sharing our stock, because when we need some, the other UK nations are not reluctant to share theirs.

That demonstrates the value and success of the four Nation approach we have been taking.

None of us can work on our own in our battle against COVID. Equally we continue to explore new supply lines in RoI.

We have significantly increased supplies from local agents. Local industry is to be commended as it continues to show itself to be adaptable innovative and responsive to changing operating environments.

China is the most significant source of world-wide supplies. The work led by DoF and DoH to secure PPE is important and at a critical stage. We continue to work to ensure all possible steps are taken to open up a supply chain which meets our needs and supports our 4 nations approach.

I have already underlined the vital importance of distribution and deployment to all frontline settings – and stressed that all staff must know where to turn within their organisations when they have concerns or questions.

But I would remind colleagues of the scale of this issue. We must continue to support our staff and indeed the broader community in helping them understand and make informed decisions about when and how PPE should be used.

The correct use of this precious resource is equally as important as confidence on supply chains. However if we are asking staff to trust the guidance on what PPE

they need, then they are understandably relying on us to get that right PPE to them and at the time they need it.

That is why after speaking to the Chief Medical Officer, we have now agreed that there is going to be a thorough examination of the flow of PPE. I've made it clear that it would be inexcusable if delays were seeing PPE remaining in stores or in Trust buildings waiting for onward allocation, whilst staff and care facilities were going without.

## **Testing**

Turning now to another key issue I have been focussed on; that is the provision of Testing, and the significant role it has, and must continue to play, in our fight against COVID-19.

Again I'd like to reassure you that testing is growing, and will continue to do so as rapidly as possible. As of this morning the total number of Individuals tested for Covid-19 stands at 13,672.

That figure includes 4,151 healthcare workers; however it's important to note that as testing was not specifically targeted at healthcare workers at the outset, this figure may underestimate the true number of healthcare workers.

In today's figures we are also reporting an additional 121 confirmed cases, and sadly a further 6 deaths. That represents 6 more families in mourning and we should keep them in our thoughts at this time.

I am also aware that in recent days there has been growing commentary that if our testing capacity stands at over a thousand – which I'm glad that it does - why the number of tests being reported daily is often below that. Whilst there are a number of issues that can have an impact on the daily figures, an important point that I wish to stress to Members and members of the media is that it often takes more than 1 test to confirm a positive or negative diagnosis. So of the 577 individuals that are being reported today, a number will have had more than 1 test, so we will have carried out

many more than 577 tests. The difference in tests and testing capacity is not what it may first appear.

I am also committed to further scaling up our daily capacity, through existing Health and Social Care laboratory space, and through external partners both at local and national level.

Just yesterday I visited DAERA's Agri-Food and Biosciences Institute with my Executive colleague, Minister Poots, to talk with officials there on the work they will now undertake – as part of a consortium with Queen's and Ulster University to assist the health service in testing up to 1,000 samples a day from suspect COVID-19 cases.

You will also be aware that Testing is also now being carried out at a number of DVLA sites to support local Trust capacity, and through the national initiative at the SSE Arena Testing site, and soon at a second testing centre in Londonderry which is due imminently. Further sites are at an advanced stage of development.

In addition, an expert working group has also been established to lead on the expansion of testing across all our laboratory services, both within Health and Social Care facilities, and also to consider options for the utilisation of other testing facilities including within the commercial sector.

In the Testing Strategy that has been shared with the Executive and the Health Committee, I have made it clear that the overall testing policy will be adjusted over time as testing capacity increases, and priority groups for testing are expanded.

Similarly the strategy also includes a pledge that testing will soon move towards surveillance of COVID-19 in the population to inform planning of services including surge capacity, and to estimate population immunity.

## **Deaths in Care Homes**

I know you will also be keen to hear an update on the issue of COVID-19 related deaths within Care Homes.

And I'd like to take a few moments to reassure members that care home providers and staff in Northern Ireland are working extremely hard to keep some of the most vulnerable people in our society safe and I would like to recognise their commitment and dedication here today.

I am committed to providing all the support they need to continue this vital work and as such, the Public Health Agency is working very closely with local care homes, providing expert support and detailed advice in the event of infections and outbreaks occurring.

Where care home residents and/or staff are symptomatic they are being tested, and testing is being increased. There has been much focus in recent days on deaths that occur outside of hospital settings.

Let me be clear. Every single one of our residents in nursing and care homes matter just as much as every other citizen in our society.

The process for registering deaths in the community takes a number of days and involves a doctor completing a death certificate and a number of additional steps undertaken by the General Register Office and the Northern Ireland Statistical and Research Agency.

The Northern Ireland Statistical and Research Agency does publish a weekly bulletin on all deaths registered in Northern Ireland; and from this week the bulletin will provide information on all Covid-19-related deaths registered in Northern Ireland – across both hospital and community settings.

However, for clarity on this issue, I'd also like to highlight that many of the deaths of our care home residents are already being captured in the figures being published as many of the patients are first being admitted to hospitals.

## **Capacity**

I'm conscious that my statement is a lengthy one, and that you will be keen to ask a number of questions on a range of issues, but I'd like to take another few moments to update you on some other key actions which are ongoing to support the emergency response across the HSC.

A key component in the emergency response has been work to maximise the HSC's capacity to treat Covid-19 patients.

Each Trust has also taken steps to significantly increase critical care capacity at local hospitals. We now have 143 adult ICU beds, with a further 12 paediatric beds. Today there are 49 Covid patients in ICU, with a further 38 non-Covid. Thankfully that means as it stands, and before even more beds come online for any further increase in critical care admissions – we have 56 spare ICU beds. We also have 197 ventilators, but as was demonstrated with the Prime Minister's recent ICU experience – not all ICU patients require ventilation.

We also have 3,820 geriatric and acute beds. At present there are currently 603 covid-19 related inpatients – including both confirmed and or suspected cases. There are a further 1,345 non-covid patients in hospitals across Northern Ireland, meaning that as it stands we have almost 1,900 empty beds.

If our modelling is accurate, this should be more than sufficient capacity to meet this surge. In the event of an extreme surge, Northern Ireland's first Nightingale Hospital has now been established at Belfast City Hospital. The unit will initially treat a mixture of patients who are critically ill and those who require admission to hospital with less acute symptoms. However, if the surge is more severe than expected, this new regional unit will have the capacity to treat up to 230 ventilated patients from across Northern Ireland. In this scenario, if local ICU services come under severe

pressure, either due to the weight of demand or due to staff absence, they may need to be folded into the Nightingale Hospital in a carefully planned and phased process, while ensuring that local services are still equipped to safely treat a small number of critically ill patients.

However I would stress that much of the day to day non-Covid business of the health service continues. People are still having strokes, and people are still having heart attacks. That is why I would urge anyone who suspects they need to talk to a doctor or present to a hospital, to do so. Whilst having empty beds is positive, equally I don't want to see people who need to be in hospital not coming forward.

In recent days I have also approved two decisions to activate Military Aid to Civil Authority (MACA). This was an issue that I announced almost a fortnight ago that I was minded to do. The first decision relates to the need to redistribute medical equipment between hospitals across Northern Ireland to ensure that all hospitals have the necessary equipment including ventilators required to fully enact their surge plans. The second relates to the provision of technical advice and assistance to explore the potential for the development of a new temporary Nightingale facility. There have been lessons learned in the course of our preparations for this surge, and one of these is the need for a regional facility that can react quickly to changing patterns of demand in the event of an extreme surge of Covid-19 patients.

In addition, HSC Trusts are now accessing the independent sector hospitals to treat urgent - non-COVID patients - across a number of elective specialities. It is expected that 120-135 procedures will be carried out per week across a range of red flag and urgent cases and will include: breast surgery; gynae cancer surgery; maxillofacial surgery; plastic surgery (skin cancer); urology procedures; general surgery; and ophthalmology, as well as potential for a small number of local anaesthetic procedures to be undertaken. The HSC will fund this activity on the basis of compensating the independent sector on a net cost recovery, not for profit basis.

## **Next steps**

And so to next steps. I very much wish I could provide some certainty on what the future holds for us all. Modelling has indicated that we are now in the peak of the first wave of the pandemic but it is too early to confirm whether the current figures represent the peak.

In the absence of a vaccine we will have to plan for a potential second wave of COVID-19 cases later in the year once restrictions are eased or lifted and normal life gradually resumes.

While there are grounds for hope that the outbreak can be brought under control through maintenance of the current restrictions, coupled with a continuation of the high level of compliance that has been observed by the people in Northern Ireland, the outbreak has not yet reached the point where the restrictions can be relaxed.

The progress achieved through good adherence to the restrictions by the people of Northern Ireland will be lost very quickly if there is any adverse change in compliance with the existing social distancing measures or relaxation of the restrictions which help achieve that compliance.

It is clear that in Northern Ireland, as elsewhere in the world, the restrictions are causing hardship, distress, anxiety and economic harm. They represent a level of interference with family life, work, religious practice, social and cultural activity, leisure, sporting and educational pursuits that is alien to our way of life.

My Department has carried out the required review of The Health Protection (Coronavirus, Restrictions) (Northern Ireland) Regulations 2020, drawing on the advice of the Chief Medical Officer and the Chief Scientific Adviser. On the back of that review, the Executive today has agreed that the restrictions and requirements set out in the Regulations continue to be necessary if we are to continue to flatten the epidemic curve, manage the capacity of the health service and keep COVID 19 deaths to a minimum.

There will be a further review which will inform how we progress and the position will be closely monitored, however now, as before, the message remains the same – please keep safe, stay home, and protect our NHS, as they are working to protect us.

I would conclude by appealing to Members and the general public.

I have previously expressed concern about noise on social media and elsewhere distracting from the work we are doing and from our life-saving messages to the public.

That noise remains a challenge. We seem to have a lot of self-appointed experts commenting minute by minute. We seem to have lot of people on Twitter who have secured doctorates in epidemiology in a few short weeks.

They are entitled to their own opinions. They are not entitled to their own facts.

I would urge everyone to avoid speculation or rushing to judgement. Comparing our statistics and our actions – favourably or otherwise – with other countries is premature at best. It is highly likely that this planet is going to be battling the Coronavirus well into 2021 at least. The prospect of a second surge later this year must weigh heavily on all our minds.

This is no time for final verdicts to be delivered, favourable or critical.

We are in this for the long haul.

We will also have to face up to difficult conversations down the line about when or if to ease any social distancing restrictions.

That time is not now. At this moment in time, we have to stick firmly with the measures we have.

But the time will come for those discussions and we have to face them together, honestly and openly

There won't be any easy decisions. Simply maintaining the current lockdown indefinitely would have serious repercussions for many people's mental and physical well-being.

So we will all have to weigh up our options very carefully, working closely with colleagues across these islands, to ensure we take the right decisions at the right time.

Thank you.