

<b>Title of Meeting</b>	Public Health Agency Board Briefing
<b>Date</b>	6 May 2020 at 11am
<b>Venue</b>	12/22 Linenhall Street, Belfast

**Present**

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| Mr Andrew Dougal         | - Chair ( <i>via video link</i> )                         |
| Mrs Olive MacLeod        | - Interim Chief Executive                                 |
| Mr Edmond McClean        | - Interim Deputy Chief Executive / Director of Operations |
| Alderman William Ashe    | - Non-Executive Director ( <i>via video link</i> )        |
| Mr John-Patrick Clayton  | - Non-Executive Director ( <i>via video link</i> )        |
| Ms Deepa Mann-Kler       | - Non-Executive Director ( <i>via video link</i> )        |
| Alderman Paul Porter     | - Non-Executive Director ( <i>via video link</i> )        |
| Professor Nichola Rooney | - Non-Executive Director ( <i>via video link</i> )        |
| Mr Joseph Stewart        | - Non-Executive Director ( <i>via video link</i> )        |

**In Attendance**

- |                  |               |
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| Mr Robert Graham | - Secretariat |
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**Apologies**

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| Ms Jenny Redman | - Boardroom Apprentice |
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**1 Item 1 – Welcome and Apologies**

- 1.1 In the absence of the Chair, who joined later in the meeting, Mr Stewart welcomed everyone to the meeting.

**2 Item 2 – Clarification of Roles**

- 2.1 Mr McClean advised that the current gold/silver/bronze arrangements involving the Department/PHA/HSCB/HSC Trusts remain in place and that within the HSCB and PHA there is a number of cells leading on specific areas of work. He noted that the area of care homes has come under increased scrutiny and that the Minister and the Chief Medical Officer have taken a particular personal interest. Other current issues he noted include testing capacity and PPE. He advised members that there had been no particular concerns emanating from the review of the gold/silver/bronze arrangements carried out by Liz Mitchell and Alistair Finlay at the request of the Chief Medical Officer.

- 2.2 Mr McClean said that the arrangements have become more bedded down, but he added that PHA also needs to focus on other areas such as wellbeing and giving consideration to the transition out of this current situation into a more normal environment, before a potential second phase of the pandemic.
- 2.3 The Interim Chief Executive said that a lot of time has been spent over the last 2 weeks on care homes, and now there is a focus on contact tracing. She advised that a Contact Tracing Steering Group has been established by the Chief Medical Officer. She noted that there is a contact tracing pilot set up in Linenhall Street but the aim is to have a larger programme up and running by next week. She added that the Steering Group is meeting 3 times per week, and is looking at a range of options, including a call centre model. She explained that any contact tracing programme will need to be in place for at least 2 years. She cautioned that if the aim of the programme is to contact all those who are symptomatic, rather than only people who are positive, then more staff will be required to work on the programme.
- 2.4 Mr McClean said that for the next phase of the programme, it is not clear yet what the expectation is, but that this programme will be the responsibility of PHA.
- 2.5 Ms Deepa Mann-Kler asked how risks in relation to contact tracing are currently being managed. Mrs MacLeod said that there is a risk register for this programme. She said that the biggest risk is that the programme will not start on time. She noted that in other parts of the UK, and in the Republic of Ireland, this work is being introduced in a phased approach.
- 2.6 Alderman Porter said that if we don't have the necessary materials, that is the biggest risk. The Interim Chief Executive said that in relation to nursing homes, there are established processes for ordering PPE through their commissioning Trust. She added that Mr Rodney Morton has said that there is no shortage in PPE, but she acknowledged that the guidance is constantly changing and it is difficult for the homes to keep up.
- 2.7 The Interim Chief Executive said that PHA is tracking all homes where there is an outbreak, and that the numbers are stabilising. She said if a resident has respiratory problems, then they are swabbed. Professor Rooney said that there is a lot of stress and anxiety in the nursing homes sector, and she is working on a group to develop resources in the area of bereavement. She noted that there is an increased focus in this area.
- 2.8 Mr Stewart thanked the Interim Chief Executive and Mr McClean for the update, and he said that the biggest risk for PHA is keeping a handle on everything. The Interim Chief Executive said that she had advised the Chief Medical Officer that PHA is working flat out, but will ensure that it takes the time it needs to get the contact tracing programme up and running properly.
- 2.9 The Chair expressed concern about a previous negative and damaging experience with using a call centre. The Interim Chief Executive said that the Steering Group will be considering bids from call centres, and that quality

assurance will be an area of focus. The Chair said that it is important that there is professional training by staff of the PHA itself. Mr Clayton said that he was assured to hear that this is being kept within PHA, but he cautioned that outsourcing could lead to reputational damage, especially during these times when issues such as social distancing in the workplace need to be borne in mind. Mr McClean acknowledged that there are challenges.

- 2.10 Ms Mann-Kler asked about governance and expressed concern there had not been a meeting of the Governance and Audit Committee since 28 February. She added that there had not been an opportunity to review the Corporate Risk Register, and said that it was important that there is a proper audit trail. The Interim Chief Executive advised that in addition to the PHA's Corporate Risk Register, there is a separate risk register for the contact tracing project. She advised that this is owned by the Steering Group and that the Chief Medical Officer is the Senior Responsible Owner.

### **3 Item 3 – Data Collection**

- 3.1 Mr Stewart said that he wished to be assured that there were no implications or negative comments about the PHA following the letter received by the Permanent Secretary from the Chief Executive of the Statistics Authority (UK). The Interim Chief Executive advised that PHA prepares a weekly flu bulletin, and that following the onset of COVID it moved to producing daily report, but the Department moved to produce its own dashboard. She explained that when deaths were reported to PHA, they may have been deaths that had occurred up to a month previously, hence the figures did not tally with those of the Department, but she said that the data from NISRA are the most reliable. She assured members that the information that PHA has is correct and there was no failure on its part. She said that PHA will continue to receive data, but it use these data to assist with its surveillance function.

### **4 Item 4 – Testing**

- 4.1 Mr Clayton asked that if the capacity for testing is going to increase, how will this link with the contact tracing work. The Interim Chief Executive said that testing will increase to about 3,000 tests per day, and that Dr Brid Farrell is leading on a testing strategy based on the latest SAGE advice.
- 4.2 The Chair asked if there will be targets for testing and logistics. The Interim Chief Executive said that this will all be dealt with by the testing cell, but she pointed that only half of the current laboratory capacity is being utilised. She added that if a decision is made to test all of those individuals who are symptomatic then this will increase the number of tests required. She advised that there is an app that is being piloted on the Isle of Wight, and that if that technology is going to be used in Northern Ireland, then the contact tracing group will work with the technology cell.
- 4.3 The Interim Chief Executive noted that the number of cases is decreasing, but she hoped that when the restrictions are lifted that people will continue to adhere to social distancing.

## **5 Item 5 – Tracing**

5.1 This was covered until Item 2 above.

## **6 Item 6 – Monitoring Trends**

6.1 Mr McClean said that HSCB has the main role in dealing with nursing homes, but PHA has been carrying out work in terms of outbreak control. The Interim Chief Executive said that there had been a call for Trust staff to assist in nursing homes, and some Trusts have fared better than others in this regard.

6.2 The Chair asked whether any residents from homes had been transferred to critical care beds in hospitals. The Interim Chief Executive said that this would be a decision for a GP.

6.3 Mr Clayton noted a report which reported that 60% of COVID-related deaths were in care homes, and that there continues to be a high number of cases. He asked about the pressures on staff and what measures PHA could put in place to contain the spread. The Interim Chief Executive said that PHA is coping. She advised that in the height of the flu season, PHA would be supporting up to 100/120 homes, and present it is supporting approximately 100, some with residents with respiratory issues, and other with COVID issues. She said that the team in PHA is coping, but there has been some additional capacity brought in.

6.4 The Interim Chief Executive explained when the numbers of COVID-19 cases in homes were starting to increase a meeting was set up with Trusts and the Department, and that each Trust was asked to produce a plan for each home in its area. She said that Mr Morton and his team are now monitoring the outworking of these plans. Mr McClean added that a small number of homes needed more support from Trusts, but the situation is beginning to stabilise. The Interim Chief Executive said that Trusts highlight any issues through their daily SITREPs to Silver, and that RQIA is also monitoring the situation and carrying out inspections.

6.5 Ms Mann-Kler asked about testing in homes. The Interim Chief Executive explained that if there is one symptomatic person in a home then that individual is isolated and tested, but if there are 2 or more, then all residents and staff are tested. She added that any individuals being admitted to homes have to have had a negative test result, but she noted that many homes are closed to admissions to protect their residents.

## **7 Item 7 – Inequalities**

7.1 The Interim Chief Executive said that there is work ongoing within Health Improvement looking at health inequalities. She said that there is a representative from the Patient Client Council on the contact tracing steering group, as the group is mindful that it will be important to engage with those “hard to reach” groups.

- 7.2 Mr McClean said that there have been no issues in terms of deciding on eligibility of ventilators in terms of age or ethnicity. He noted that there is something about the physical ability and wellness of an individual to cope with the aftermath of being on a ventilator. He agreed that inequalities are going to be an important focus of work going forward as there will inevitably be a greater impact economically on lower socio-economic groups. He said that PHA will be working with the Department in terms of a system-wide response which has a population health focus.
- 7.3 Mr Clayton said that he has a concern about the economic impact. He noted that in England there is work to look at the impact on different socio-economic groups. He asked whether COVID has affected everyone equally. Mr McClean said that PHA is monitoring the data, but is not seeing any evidence of any particular differences between groups. He noted that there are more men than women who have died, and that respiratory issues such as obesity and smoking may also be factors.
- 7.4 Alderman Porter noted that at the outset the message from central Government was about staying at home, but now there has been a reassurance that leaving home is safer, and how that will change of message will impact on people's mental health. Mr McClean said that that particular concern will be picked up as part of the next phase of the communications strategy, and that PHA is beginning to look at its key messages for the coming weeks and months. Professor Rooney agreed that messaging is important, and that PHA has a role to play in dealing with the effects of the aftermath, but that any decisions taken need to be informed by science. Mr McClean said that PHA is working with the Department for Communities, SOLACE and the community and voluntary sector to ensure that there is alignment in messaging, looking at a timeframe of over the next 18 months. Alderman Porter highlighted concerns about education assistants not wishing to go back into classrooms. Mr McClean said that PHA will be working with the Department for Education, as part of its work with different groups to get key messages out.

## **8 Item 8 – PPE**

- 8.1 Mr Clayton raised a concern about PPE. He said that across hospitals the message is that there is enough PPE, but that varies across care homes and domiciliary care, but his concern related to the reuse of PPE and he asked for an update on that. Mr McClean said that he would need to raise this with Mr Morton and come back to Mr Clayton on this.

## **9 Item 9 – Any Other Business**

- 9.1 There was no other business.

## **10 Item 10 – Details of Next Meeting**

*Thursday 21 May 2020 at 1:30pm*

*Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast, BT2 8BS*

Signed by Chair:

A handwritten signature in cursive script, appearing to read "Ann Douglas".

Date: 21 May 2020