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**From:** Young, Ian (Prof.) [/O=NIGOV/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=6EB7F42EBC0D45F3A0EEB640310305BC-IAN YOUNG DHSS-YOU]  
**Sent:** 17/10/2023 18:11:02  
**To:** [Name Redacted]@health-ni.gov.uk]  
**CC:** CMOG Covid 19 Inquiry [cmogcovid19inquiry@health-ni.gov.uk]; [Name Redacted]@health-ni.gov.uk]  
**Subject:** FW: CSA2027

See email exchange below.

Ian

**Chief Scientific Advisor**  
**Director of Research for Health and Social Care**  
**Department of Health**  
**Castle Buildings | Stormont Estate | Belfast | BT4 3SQ |**

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**From:** Ian Young  
**Sent:** 25 August 2022 17:25  
**To:** Young, Ian (Prof.) <[Ian.Young2@health-ni.gov.uk](mailto:Ian.Young2@health-ni.gov.uk)>  
**Subject:** FW: Modeling contact tracing resource requirements

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**From:** Young, Ian (Prof.) <[Ian.Young2@health-ni.gov.uk](mailto:Ian.Young2@health-ni.gov.uk)>  
**Sent:** 18 September 2020 11:21  
**To:** Ian Young <[I.Young@qub.ac.uk](mailto:I.Young@qub.ac.uk)>  
**Subject:** FW: Modeling contact tracing resource requirements

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**From:** Mitchell, Elizabeth  
**Sent:** 18 September 2020 11:16 AM  
**To:** McBride, Michael <[Michael.McBride@health-ni.gov.uk](mailto:Michael.McBride@health-ni.gov.uk)>; Geoghegan, Lourda <[Lourda.Geoghegan@health-ni.gov.uk](mailto:Lourda.Geoghegan@health-ni.gov.uk)>; Young, Ian (Prof.) <[Ian.Young2@health-ni.gov.uk](mailto:Ian.Young2@health-ni.gov.uk)>  
**Cc:** Chada, Naresh <[Naresh.Chada@health-ni.gov.uk](mailto:Naresh.Chada@health-ni.gov.uk)>  
**Subject:** RE: Modeling contact tracing resource requirements

Agreed. We have a number of ground hog days.  
Liz

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**From:** McBride, Michael  
**Sent:** 17 September 2020 21:33  
**To:** Geoghegan, Lourda <[Lourda.Geoghegan@health-ni.gov.uk](mailto:Lourda.Geoghegan@health-ni.gov.uk)>; Young, Ian (Prof.) <[Ian.Young2@health-ni.gov.uk](mailto:Ian.Young2@health-ni.gov.uk)>; Mitchell, Elizabeth <[Elizabeth.Mitchell@health-ni.gov.uk](mailto:Elizabeth.Mitchell@health-ni.gov.uk)>

**Cc:** Chada, Naresh <[Naresh.Chada@health-ni.gov.uk](mailto:Naresh.Chada@health-ni.gov.uk)>  
**Subject:** RE: Modeling contact tracing resource requirements

Colleagues

Perhaps ground hog day for PHA and DPH.

We provided this modelling update to PHA in March/May time at a meeting in Castle Building which Liz and I attended and at which Hugo was also present. We experienced significant incredulity and push back from PHA colleagues as I recall which I challenged at the time and we have repeatedly challenged since.

In early August I directed PHA to double their contact tracing capacity. They have been given approval by Richard and myself to proceed, [NR] has indicate will consider business cases retrospective given the urgency - I struggle to understand what more is required other than to give operational effect.

Liz, this is a matter for PHA and Hugo to address immediately indeed much of the attached reflects actions underway.

Hugely frustrating

Happy to discuss

Michael

Sent with BlackBerry Work  
([www.blackberry.com](http://www.blackberry.com))

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**From:** Geoghegan, Lourda <[Lourda.Geoghegan@health-ni.gov.uk](mailto:Lourda.Geoghegan@health-ni.gov.uk)>  
**Date:** Thursday, 17 Sep 2020, 11:22 am  
**To:** McBride, Michael <[Michael.McBride@health-ni.gov.uk](mailto:Michael.McBride@health-ni.gov.uk)>  
**Cc:** Chada, Naresh <[Naresh.Chada@health-ni.gov.uk](mailto:Naresh.Chada@health-ni.gov.uk)>  
**Subject:** FW: Modeling contact tracing resource requirements

FYI  
Lourda

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**From:** Mitchell, Elizabeth  
**Sent:** 17 September 2020 11:14  
**To:** Geoghegan, Lourda <[Lourda.Geoghegan@health-ni.gov.uk](mailto:Lourda.Geoghegan@health-ni.gov.uk)>  
**Subject:** FW: Modeling contact tracing resource requirements

FYI

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**From:** Hugo Van Woerden [<mailto:Hugo.VanWoerden@hscni.net>]  
**Sent:** 17 September 2020 10:10  
**To:** Mitchell, Elizabeth <[Elizabeth.Mitchell@health-ni.gov.uk](mailto:Elizabeth.Mitchell@health-ni.gov.uk)>  
**Cc:** Olive MacLeod <[Olive.MacLeod2@hscni.net](mailto:Olive.MacLeod2@hscni.net)>; [Name Redacted] <[@RQIA.org.uk](mailto:@RQIA.org.uk)> [Name Redacted]

Name Redacted <[REDACTED]@hscni.net>; Young, Ian (Prof.) <Ian.Young2@health-ni.gov.uk> Name Redacted <[REDACTED]@hscni.net>;  
Name Redacted <[REDACTED]@hscni.net> Name Redacted <[REDACTED]@belfasttrust.hscni.net>; Brid Farrell  
<Brid.Farrell@hscni.net>

**Subject:** Modeling contact tracing resource requirements

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Dear Liz

Prof Ian Young joined SMT/AMT this morning and indicated that his view is that the PHA need to be able to manage 500 cases a day, and 5000 contracts a day. In his view this would require 300 to 600 staff.

Ian's presentation was requested on the back of a paper that went to RMB.

In contrast, as you know, our business case was on the assumption of 50 cases per day.

Ian acknowledged that only 20% of those asked to self isolate may be doing so, based on English data.

#### HIGH LEVEL ACTIONS TO DATE

We have been taking some steps to expand as fast as possible in recent weeks:

1. [REDACTED] **NR** is looking at getting more accommodation and has identified this in County Hall, Ballymena. A business case will be needed to fit this out, which will take time.
2. We are undertaking aggressive recruitment of a wide range of health professionals but the scale of the challenge is significant and interest seems to be lower than in our previous recruitment cycle.
3. [REDACTED] **NR** is looking to see what we can get from NI Direct. To date we have sought to use qualified professionals, given the inaccurate information given by some non-health professionals around last March, but we may need to rethink skill mix.
4. An app that allows cases to contact their contacts is in development but will not be immediately available.
5. The councils clearly have a role and we are in close contact with them, particularly around their role in communication with communities.

#### REFLECTIONS

To recruit 300-600 staff, the PHA would have to double its size and I do think we may need to explore the feasibility of that without extensive engagement of the rest of the HSC. I think that Michael acknowledged that when the Contact Tracing Steering Group was set up that a large increase of size for the PHA would be very challenging, should it be required.

The English experience of using SERCO has not seem to provided a good way forward.

It would be helpful to get your thoughts on the matter as chair of the Contact Tracing Stseerig Group.

Best wishes

Hugo

Sent from my Samsung Galaxy smartphone.

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