

# Northern Ireland COVID-19 Nosocomial Support Cell

## Terms of Reference

### **Strategic Context**

1. The COVID-19 pandemic continues to place considerable pressure on the Health & Social Care (HSC) system in Northern Ireland, with Trusts experiencing particular challenges, especially with regards to Nosocomial, or Health Care Associated, Infections. As infection rates increase, the impact of this can lead to prolonged hospital stays, a higher number of staff absences due to self-isolation, and increased mortality rate. Hospital acquired COVID-19 is a significant problem that is facing our health system as we move through the current phase of this pandemic.
  
2. Whilst there are a number of measures already in place across the HSC system to minimise transmission of COVID-19 in acute settings, it is important to recognise that as we progress into the winter months, hospitals will be under increased pressure with both COVID and non-COVID admissions and therefore these measures alone may not be effective enough. It is within that context that the Chief Medical Officer (CMO) has requested that establishment of a Nosocomial Support Cell (NSC).

### **Role**

3. The overarching aim of the NSC is to provide multidisciplinary support to HSC Trusts experiencing sustained or complex outbreaks and clusters of hospital acquired COVID 19 infections in acute settings with the aim of improving patient, staff and visitor safety.

### **Objectives**

4. The Nosocomial Support Cell has the following key objectives:
  - To work with Trust staff to review systems, processes, environmental and estate issues to further strengthen

arrangements to reduce the spread of COVID-19 in hospitals and mitigate the impact on the wider hospital system;

- To share learning including that from other similar settings;
- To establish a comprehensive COVID Dashboard, building on existing information systems, to enable the systematic and rapid investigation of outbreaks by Trusts and the effective planning and targeting of interventions. Sources will include infection prevention & control and surveillance data, epidemiological and occupational health data, laboratory and mortality data and hospital activity (including occupancy rates and patient flow data).
- To consider the contribution of whole genome sequencing to the control of health care associated COVID-19 infections and to inform the further development of the service.
- Where appropriate, to make recommendations based on the above to support improvement through the strengthening of policy and practice.
- To develop the necessary communications and information sharing processes for both internal and external stakeholders.

### **Approach**

5. The COVID-19 Nosocomial Support Cell shall draw upon regional, national and international experience and guidance in the prevention and mitigation of COVID-19 nosocomial infection.
6. It will take account of:
  - The Independent Report by the Healthcare Safety Investigation Branch 12020/018 “COVID-19 transmission in hospitals: management of the risk -a prospective safety investigation” ( October 2020);

- The “COVID-19 Hospital and Health Care Facility Acquired Infection Learning Letter” issued to HSC Trust Chief Executives by the Public Health Agency on 30 October 2020;
  - The CMO/CSA correspondence on ‘Minimising risks of COVID-19 outbreaks in healthcare settings’ issued on 20 September 2020<sup>1</sup>
  - The work of related groups in the PHA and DoH; and
  - Recommendations from SAGE (the Scientific Advisory Group on Emergencies), COG UK (the COVID-19 Genomics UK Consortium), the Scottish Government COVID-19 Nosocomial Review Group, the European Centre for Disease Control, the World Health Organisation (WHO) and other relevant academic and professional guidance.
7. Learning acquired from this support work will be shared with Trusts and the wider service as appropriate.

### **Membership**

8. Membership will draw on all necessary and relevant expertise working closely with existing groups. The Cell will be chaired by Name Redacted
9. Membership includes stakeholders from the Department of Health (DoH), PHA, Health & Social Care Board (HSCB) and other health care professionals as appropriate. Details of the full membership of the work stream are included at **Annex A**.
10. Membership will be kept under review to enable groups to draw on expert advice/critical friends as required. Work streams may also be established at key stages in the project to support the delivery of objectives. Contributors to the work streams will be drawn from across the HSC system.

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<sup>1</sup> HSSMD67/2020 - <https://www.health-ni.gov.uk/sites/default/files/publications/health/HSSMD-67-2020.pdf>)

11. It is expected that other stakeholders will be responsible for supporting the Chair as required in order to achieve their objectives. The group will also work closely with a range of key internal and external stakeholders as appropriate.

#### **Accountability and Governance**

12. The NSC shall report to the CMO and liaise closely with the Public Health Agency (PHA). All work streams established will report directly to the NSC Chair. This work will be taken forward in line with the principles of project management.

#### **Frequency of Meetings**

13. Meetings shall be held twice a week and the group shall continue until March 2021 when the position will be reviewed.

## Nosocomial Support Cell – Membership

Lourda Geoghegan	Department of Health
Name Redacted	Associate – HSC Leadership Centre
Dr Elizabeth Mitchell	Department of Health / Public Health Agency
Name Redacted	Department of Health
Kieran McAteer	Department of Health
Name Redacted	Public Health Agency
Dr Stephen Bergin	Public Health Agency
Name Redacted	Public Health Agency
Jamie Fulton	Ernst & Young
Gareth Kelly	Ernst & Young
Gary Comiskey	Ernst & Young
Ian Ó'Fearghail	Ernst & Young

Note: Membership will be kept under review and additional skills and expertise added to the cell as required.