

**PHA AND DOH EXTRAORDINARY SPONSORSHIP MEETING  
TUESDAY 27 OCTOBER 2020  
15.30 VIA ZOOM**

<b>DoH</b>	<b>PHA</b>
Dr Michael McBride, CMO	Olive MacLeod
Dr Lourda Geoghegan, DCMO	Prof Hugo Van Woerden
<b>Name Redacted</b>	Rodney Morton
	Dr Stephen Bergin
	Dr Aideen Keaney
<b>Apologies</b>	
<b>Name Redacted</b>	<b>Name Redacted</b>

**1. Chair Introduction/Welcome**

Dr McBride welcomed everyone to the meeting and thanked them for their attendance. Ms MacLeod advised that some colleagues were in attendance in case more detailed information was required in a particular area. Dr McBride advised that these meetings were not designed as formal Sponsorship Review meetings but to raise issues that needed escalated from a finance, HR or policy perspective during these difficult times. It has been 2 months since the last meeting and Dr McBride suggested that although the PHA are in regular contact with the DoH it would be useful to have more regular meetings to reinforce communications as the formal sponsorship meetings have been stood down this year.

**2. Note of the last meeting**

The minutes of the last meeting were agreed without further amendments.

**3. Matters Arising**

**Action Point 1:** PHA to provide the Programme Board with an update - this should be supported with a paper in advance to CMO.

Ms MacLeod advised that a further 2 workshops and a meeting of the senior team have taken place. Valuable work is progressing and it is hoped to have a draft strategy later in the year. This normal work is taking place alongside the COVID-19 response.

**Action Point 2:** Sponsor Branch to be kept informed about the development of infection control plans

Mr Morton provided a verbal update – he and Prof Van Woerden had been considering plans and additional learning as a result of COVID. They cover

- Roll of local systems and environmental scales
- Infection control

- Environmental social distancing
- Supporting staff, visitors and patients.

Mr Morton advised that he should be in a position to share this in the near future. The PHA are also supporting COVID bids across the Trusts. Currently bids of 1.5m for 20/21 and 6.5 m recurrent next year. There are different views across Trusts and some work is needed to standardise and strengthen positions. Workshops will take place in November and December to develop a resource framework and will include learning from waves 1 & 2 of COVID. Dr McBride suggested it would be useful to include interfaces with care homes and the independent sector. He advised that recent RQIA inspections had not escalated IPC issues but it would still be useful to see if there are any immediate issues. Mr Morton agreed that it would be useful to have RQIA input.

**New Action Point 1:** PHA to provide a regular update on infection control plans and resource framework.

**New Action Point 2:** Dr McBride to check with RQIA if there are any immediate issues.

Mr Morton asked what initial thoughts are on the funding requirements. Dr McBride advised that bids for recurrent funding are challenging at present and with Trusts having existing responsibilities and statutory duties, they will need to play a part by utilising existing resources and by using informed decision-making to prioritise IPC.

#### 4. **COVID-19 Response**

##### **I. Contact Tracing Service**

PHA forwarded an outline proposal for the expansion of the Contact Tracing Service, to address the management of up to 3,000 cases per day – informed by the modelling predictions from the Modelling Cell – and planning for a ‘significantly adverse’ scenario. The paper outlines costs of £30 million in the first year and £29 million recurrent, funding an additional 397 staff to meet this contract tracing requirement. Prof Van Woerden provided a brief overview (Presentation attached at Annex A). CMO asked if there were any particular updates the PHA wanted to advise the Department of – for example, he advised that he understood that a business case to support the appointment of Kainos had been signed off by the Permanent Secretary. Ms MacLeod advised that this is helpful but PHA have not yet had sight of this approval. Dr McBride agreed to double check with Dan West.

Dr McBride asked if any additional support was required. Ms MacLeod advised that contact tracing will be very different in the next couple of months – Jennifer Lamont is working on a proposal for a large communication and digital self-trace programme. The Strategic Investment Board had provided 100 days support through Paul McWilliams and this may need to be extended.

Dr McBride noted both the support to date and the potential requirement for this to be extended.

**New Action Point 3:** Dr McBride to ascertain current position of the business case for Kainos.

## **II. Vaccination Programme**

Prof Van Woerden provided a brief overview (Presentation attached at Annex A). Dr McBride acknowledged that the Education cell have been working at considerable pace to provide sound advice and that many schools would not still be open if not for their work. This however cannot continue for the foreseeable future due to pressures elsewhere. He advised that he envisioned a move to the Education Authority taking on responsibility to provide additional support to schools, as there needs to be a more sustainable approach to advice to the education sector.

## **III. General Issues – including Capacity and Capability**

Prof Van Woerden advised that there is pressure on level 3 consultants who are working rotas covering Health protection duties – he suggested there is a need to refocus and bring in additional resource at different levels. Dr McBride advised that it is yet to be confirmed but there may be a vaccine before Christmas or early in the year and that anything that can help with consistency of consultant-level input would be useful. Dr McBride stated that he appreciated the challenges and recognised that staff are already under pressure.

## **5. Wider PHA Functions**

### **Restoration of Population Screening Programmes**

Dr Bergin advised that, in relation to Population Health Screening, all programmes have started recovery – in total the PHA are approx. 100k behind. A review of screening was planned to take place in March/April 2021 and Dr Bergin felt it would be useful if this was reconsidered. Dr McBride thanked the PHA for the progress that had been made getting the programmes back on track.

## **6. Timing and format of Extraordinary Sponsorship review meetings**

Dr McBride stated that he was conscious of the need for regular and more frequent contact and suggested that shorter fortnightly meetings would be useful to ensure matters that need escalated and recorded happen in a timely manner. He asked was there a time that was suitable. Ms MacLeod advised that the board meet on a Tuesday afternoon and would have a time slot available afterward. Dr McBride agreed that a short, succinct 'reporting by exception only' meeting will be arranged on a fortnightly basis. If the meeting is deemed not to be necessary – with nothing to report or escalate – it can be cancelled.

## **7. AOB**

Dr Keany gave a brief update on HSB QI. Learning has been included from QIE and the hub. There are 3 areas to focus on, technology, interventions with

support staff and spread good practice. Work is still progressing to transition Quality 2020 to HSBQI. Dr McBride advised it is important not to lose focus on the range of good work and opportunities and that a new strategy to replace Quality 2020 needs consideration.

**8. Date of next meeting**

The date of the next meeting is Tuesday 10<sup>th</sup> November 16.30-17.00 and fortnightly thereafter.

DRAFT