

<b>Title of Meeting</b>	Extraordinary Meeting of the Public Health Agency Board
<b>Date</b>	10 April 2020 at 2.00pm
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

## Present

<b>Name Redacted</b>	- Chair ( <i>via video link</i> )
Mrs Olive MacLeod	- Interim Chief Executive
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Mr Rodney Morton	- Director of Nursing and Allied Health Professionals
Professor Hugo van Woerden	- Director of Public Health
<b>Name Redacted</b>	- Non-Executive Director ( <i>via video link</i> )
<b>Name Redacted</b>	- Non-Executive Director ( <i>via video link</i> )
<b>Name Redacted</b>	- Non-Executive Director ( <i>via video link</i> )
<b>Name Redacted</b>	- Non-Executive Director ( <i>via video link</i> )
<b>Name Redacted</b>	- Non-Executive Director ( <i>via video link</i> )

## In Attendance

Mr Paul Cummings	- Director of Finance, HSCB
<b>Name Redacted</b>	- Secretariat

## Apologies

<b>Name Redacted</b>	- Non-Executive Director
Dr Aideen Keaney	- Director of Quality Improvement
Ms Marie Roulston	- Director of Social Care and Children, HSCB
<b>Name Redacted</b>	- Boardroom Apprentice

## 1 Item 1 – Welcome and Apologies

- 1.1 The Chair welcomed everyone to the meeting. Apologies were noted from **Name Redacted** Dr Aideen Keaney and Ms Marie Roulston.
- 1.2 The Chair welcomed Mrs Olive MacLeod to her first meeting as Interim Chief Executive of the Public Health Agency.

## 2 Item 2 – Declaration of Interests

- 2.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

### 3 Item 3 – COVID-19 Current Northern Ireland Situation -

- 3.1 Professor van Woerden began his presentation by saying that the focus at this stage of the epidemic is now on surveillance. He said that this is Day 27 of the delay phase, and we will shortly enter the contact phase. He acknowledged that there have been some concerns about the data being produced, but he said that this is a complex area and that there have to be caveats against simply producing raw numbers.
- 3.2 Professor van Woerden reminded members of the typical characteristics of a pandemic outbreak curve, and how measures are being put in place to flatten the curve, but to acknowledge the risk of a rebound or second wave. He said that there is a particular focus at the moment on care homes as well as what is happening in primary and secondary care. He highlighted the clinical features of the first cases, and then gave an overview of the number of cases and the geographical spread of these across Northern Ireland.
- 3.3 Professor van Woerden suggested that there has been a small amount of flattening out, and advised that the 4 UK Chief Medical Officers are meeting this evening with the Scientific Advisory Group for Emergencies (SAGE) to determine if any of the current restrictions can be eased.
- 3.4 Professor van Woerden noted that there has been an increase in the number of people who are very worried about the virus, which is concerning, but there is evidence of good awareness of the campaigns that are in place. In terms of the use of transport, he showed that this had markedly decreased.
- 3.5 Going forward, Professor van Woerden said that the key priorities are around communication, internally in PHA itself, within the HSC, and with the public. He reiterated that everyone has a role to play and he believed that Northern Ireland will provide good care for its population. He said that there also needs to be a continued focus on the resilience of not only PHA staff, but also the general public in these times.
- 3.6 The Chair suggested that producing a graph of weekly figures, rather than daily figures would be more meaningful and more amenable to drawing inferences. Professor van Woerden noted the suggestion.
- 3.7 **NR** asked about the PHA's role in terms of managing outbreaks in care homes given there are 22 confirmed outbreaks of COVID-19 in this sector and 25 other cases of respiratory disease. He expressed concern that vulnerable people use these facilities and there are concerns for the staff working there in terms of Personal Protective Equipment (PPE) and testing. Professor van Woerden acknowledged that intensive care and domiciliary care are two areas of major concern. By way of background, he explained that there is a daily rhythm of meetings which take place involving Gold (the Department), Silver (PHA/HSCB/BSO) and Bronze (Trusts and agencies), and at these

meetings the issue of PPE had been discussed. He advised that PHA assists the Department of Health with preparing guidance, but that it is up to the Department to issue the guidance. He added that as part of Silver, there are several “cells”, one of which is infection prevention control. In terms of the role of the health protection team in PHA, he explained that when there are more than two cases of a disease, the team gives guidance in terms of reducing any risk of spread and it carries out an epidemiological analysis. He said that the number of tests being carried out is ramping up to approximately 1,000 per days and that it is critical that staff and domestic care workers are tested.

3.8 Mr Morton advised that during the flu season, the health protection team can support up to 50 homes. He said that updated health protection advice in relation to infection prevention control will be issued on Monday. He added that RQIA is also providing support to that sector. He advised members that the Department of Health has outlined its expectation that we act as a health economy with all parts of the sector supporting each other.

3.9 Mr Morton acknowledged that there has been a high level of media coverage about PPE. He said that there is a clear expectation that Trusts will work with care homes and care home providers. He added that Public Health England (PHE) is constantly updating the PPE guidance and there are pressures, particularly for community care staff. He said that some of the recent modelling carried out would indicate that more PPE is required.

3.10 Mr Morton said that within the nursing community, there has been increased support in terms of providing training in areas such as infection prevention control, managing deteriorating patients, and end of life care. He said that nursing staff are helping to cover in care homes where there are shortages.

3.11 **NR** sought assurances that if PHA is running the testing facility at the SSE Arena, that the staff there are adequately protected. Professor van Woerden stated that this was the case, and said that PHA is supporting this facility. Mr Morton advised that over 18,000,000 items of PPE have been issued in the last 7 days.

#### **4 Item 4 – Testing**

4.1 The Chair asked how PHA could be sure that the tests being carried out were valid.

4.2 Professor van Woerden advised that the laboratory in Belfast has tried up to six different tests. He explained that the virus affects cells and then spills into the blood so that if you take a small sample of blood it is possible that there is no trace of the virus in that sample. He further explained that you can conduct a test for the DNA of the virus by looking for antigens on the surface of the virus, or you can test for the antibodies

that the body produces to attack the virus. He said that work on all of these tests is ongoing, but there is an issue with a shortage of reagents, and the fact that this is a new virus and we are learning about it all the time. He also pointed out that some of the more thorough tests can take longer to complete, so there is a trade-off.

- 4.3 The Chair pressed the issue of reliability of the tests. Professor van Woerden said that the reliability is currently around 70%, but that the technology will take months to mature. He assured members that hospitals tested all patients and staff that are coming forward. The Chair asked about how to have greater information on people who are asymptomatic. Professor van Woerden said that an approach can be used called seroepidemiology [*study of the distribution of serum antibodies*]. He added that we are a number of weeks away from being able to use blood samples for seroepidemiology from population samples. However, he said that there may be the opportunity at an earlier date to test samples from biochemistry labs and from blood donors, in order to understand aspects of the population pattern. He added that the Northern Ireland Statistics and Research Agency (NISRA) is also surveying 1,000 people per week for symptoms, which provides some information on the pattern of cases in the community, and these data are being shared with academic colleagues for analysis and results are awaited.
- 4.4 Mr **NR** made a comparison between the approaches in UK and Germany in terms of testing, and noted their lower death rate. Professor van Woerden said that there will be a look-back exercise after this first phase as different countries have taken different approaches, and we should actively seek to learn from other countries. He pointed out that straight comparisons are problematic because of issues like genetics and how different populations are composed and how they respond in different ways.
- 4.5 The Chair asked about the status of antibody testing. Professor van Woerden said that Northern Ireland is currently working with up to 19 different manufacturers and is looking at the reliability of their tests, and a decision would then be taken as to what is most appropriate for our use. He said that Randox is working as part of a consortium with the UK Government, but that appropriate support will be sought for Northern Ireland.
- 4.6 **NR** noted that through work she is involved in, there remain concerns from staff about testing and it is important to get messages out. Professor van Woerden said that safety is paramount, and it is important that staff are valued for their work and that everything is done to protect them. He said that BSO PALS and the infection prevention team are working tirelessly to ensure that staff get the protection they need, and the HSC will work with local producers to do this. He said that local factories are being re-purposed to assist, but that there is a race to keep the supply chain stocked.

## **5 Item 5 – Overview of Current Response Arrangements**

- 5.1 Mr McClean advised that PHA has developed a Business Continuity Plan specifically relating to COVID-19. He said that it is an evolving document and noted that over the last four weeks, normal business has, on a phased basis, almost come to an end as PHA focuses solely on those areas that must be maintained. He explained that PHA is working collaboratively with HSCB and BSO in a range of “cells” as part of the HSC Silver arrangements, as well as with Trusts and other agencies as part of Bronze.
- 5.2 Mr McClean advised that PHA has worked to develop the infrastructure to support staff to move increasingly to remote working. He said that perhaps up to 50 staff maintain an in-office presence.
- 5.3 Mr McClean explained that there are cells established to cover areas such as supply and logistics, integrated care, acute care, social care, infection control, human resources and business continuity. He also said there is a scientific cell and a knowledge management cell. He advised that there is a communications cell which not only deals with the day and daily messaging, but is also looking at the key messages that will need to come out in two weeks or two months from now.
- 5.4 Mr McClean said that the HSC Leadership Centre is also providing assistance in terms of project management support. He added that PHA is mindful of its governance requirements at this time and reviews this Business Continuity Plan on a regular basis. He said that PHA gets information on its staff on a daily basis, and is very mindful of the wellbeing of its staff at this time.
- 5.5 **NR** noted the approaches taken in Hong Kong and Singapore in dealing with the virus, and asked whether what is developing is as expected, and what are the key concerns at this moment. Professor van Woerden said that it is important to look at the learning from places like Hong Kong and Singapore but he pointed out that these are city states, which were able to introduce lockdowns much more easily on a geographical basis. He said that the Chief Digital Information Officer, Dan West, is looking at this area and the use of apps. In terms of the biggest concern, he said that this would be long term impact on the economy and how this will affect the most vulnerable in society.
- 5.6 The Chair noted that at the last meeting, Professor van Woerden made reference to a second wave and asked about whether appropriate controls, such as landing cards at airports and ports, could be put in place at this time. Professor van Woerden advised that there is a group looking at this.
- 5.7 **NR** said that she has been involved in different work with staff across HSCB and PHA during this time, and she has been impressed with the professionalism and joint working and that this

should be commended.

- 5.8 **NR** asked the Executive Directors for their sense of how their plans and arrangements have been working. Mrs MacLeod said that having come into the role of Interim Chief Executive only two weeks previously, she has been very impressed with the cohesiveness of the arrangements. She said that there are aspects that are working, but she conceded that there are areas of duplication and she has highlighted these to the Minister. She informed members that the Chief Medical Officer and the Permanent Secretary commissioned a review into the Gold and Silver structures, and that the initial feedback was extremely positive. She said that PHA is starting to think about the second wave. Mr Cummings added that the review team had been extremely complimentary about the staff and their dedication, and for the ideas that are being generated. He thanked Professor van Woerden for his horizon scanning. The Chair asked if these new ideas were being acted upon. Mr Cummings said that these ideas are being fed into the different cells and that Directors are stepping outside their professional remits and challenging each other.
- 5.9 Mr McClean said that there is now a challenge for PHA, as it moves to 7-day working, to ensure that staff are able to stop and take time away from work as appropriate, as there is a great reliance on a small number of people. He added that as a Board, there needs to be an acknowledgement of the considerable demands being placed on PHA by the Department of Health. The Chair said that he was pleased to hear that there are such plans in place and that people are looking after one another. Mr **NR** sought assurances that all issues relating to remuneration have been resolved as we move to 7-day working. Mr Cummings advised that this was the case.
- 5.10 **NR** asked about the impact on the budget. Mr Cummings said that there would not be a significant impact on the PHA budget, as most of the money is being spent by HSCB. In terms of the overall picture for the HSC, he did not know what the year-end position would look like given that £170m worth of PPE is about to be purchased. He suggested that the budget could be overspent by as much as £1bn.
- 5.11 The Chair asked about the purchasing of ventilators and noted that at the last meeting, it was suggested that there may be a delay in receiving these. Mr Cummings said that particular order was redirected by the WHO, however through some inventive networking a new source had been found which will deliver up to another 50 ventilators from Galway.
- 5.12 Ms **NR** asked that if, hypothetically, a vaccine were available tomorrow, would PHA be ready to roll it out. She also suggested that the daily briefings from Northern Ireland could learn from the Downing Street briefings in having key messages affixed to the lecterns. Professor van Woerden said that PHA would be able to respond rapidly if a vaccine programme was required to be rolled out, and that there are

mechanisms in place starting with targeted immunisation. Mr McClean noted the suggestion regarding the lecterns and said that he would pass this onto the communications team.

- 5.13 Mr McClean informed members that PHA is monitoring staff absence, and that this is not running any higher than normal. He added that PHA has redeployment arrangements under way, and that people are working flexibly with home working in place.

## **6 Item 6 – Post-Pandemic Planning and Priorities / Community Resilience and Recovery**

- 6.1 Professor van Woerden advised that Brendan Bonner has been working with the Department of Health and other key stakeholders to develop an extensive plan. He said that there is good representation at system level and that there is a number of national initiatives as well.

- 6.2 **NR** noted that although there has been an injection of funding because of the impact on job losses and the economy shutting down, he asked what the role of the PHA had been in informing the NI Executive response with regards to economic support, given the impact on public health. Professor van Woerden said that there is a group under the Civil Contingencies Group for Northern Ireland (CCGNI) where the Gold levels of other government departments are considering the implications across different departments. He said that the Department for the Economy is leading on this.

- 6.3 Mr McClean advised members that in respect of contracts with community and voluntary sector organisations, PHA has offered assurances about funding for the next three months. He added that PHA would hope to work with these services and use their local knowledge in a much more flexible way. He said that this would be reviewed in early June and he hoped that the wider community and voluntary sector is doing what it can to support individuals and communities who are isolated.

- 6.4 **NR** asked whether there has been an increase in the volume of calls to suicide helplines. Professor van Woerden said that there has been an increase in calls to domestic violence helplines. Professor **NR** said that there are concerns about not only abuse, but dealing with grief. She acknowledged the good work that is being done in this area by PHA, in conjunction with the Department for Communities.

- 6.5 The Chair asked what pre-requisites would be essential before any of the lockdown restrictions would be eased. Professor van Woerden advised that there is a meeting taking place this evening of the four Chief Medical Officers and a formal meeting of SAGE is taking place next Tuesday. He said that SAGE will provide advice to the Government, who will ultimately decide. He added that a range of factors need to be taken into consideration, for example, the number of



people in ICU, but he felt that Northern Ireland is faring better than he would have anticipated last month.

**7 Item 7 – Any Other Business**

- 7.1 With there being no other business, the Chair reiterated his appreciation, on behalf of the Board, to PHA staff for their endurance, inventiveness and grit in dealing with this herculean challenge on behalf of the people of Northern Ireland.

**8 Item 8 – Details of Next Meeting**

*Thursday 23 April 2020 at 1:30pm*

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

Signed by Chair:

**Personal Data**

Date: 23 April 2020