

COVID -19 NI RESPONSE – APPROVAL PROCESS

PROJECT TITLE: COVID-19 NI Contact Tracing Service

1. Proforma to be completed in advance of any COVID 19 expenditure.
2. Must be retained by Departments in line with internal governance arrangements.
3. To be submitted to DoF for approval if delegation is breached.

TO BE COMPLETED BY THE REQUESTOR (PHA) – SECTIONS 1 TO 11

Section 1

Policy

The nature of the COVID 19 requirement, and if applicable the evidence that it relates to the NI specific risks (including risk to public health, risk of public disorder, loss of life, impact on health/energy/food/water supplies)

Introduction

The Department of Health 'COVID-19 Test, Trace and Protect Strategy', which was approved by the Minister and published on 27 May 2020, set out the public health measures to be put in place to help contain and reduce the spread of COVID-19 and minimise the risk of a second wave of infection (**Appendix A.2.**). The measures included identifying people with the SARS-CoV-2 virus; tracing people who may have become infected by being in close contact with them; and supporting those people to self-isolate so that if they have the disease they are less likely to transmit it to others. This position is in line with wider UK policy.

On 1st May 2020 the Chief Medical Officer (CMO) appointed Dr Elizabeth Mitchell and Alistair Finlay to Chair the Steering Group to oversee the establishment of a Contact Tracing Service (CTS) in Northern Ireland (**Appendix A.1.**) In parallel, a Strategic Oversight Board, chaired by the CMO, was put in place to oversee the implementation of the contact tracing programme which underpins the Test, Trace and Protect Strategy. The policy position for the COVID-19 Contact Tracing Service including the operational requirements, definitions for index cases and contacts and reporting arrangements are included at **Appendix A.4.**

This Business Case deals specifically with the Contact Tracing Service and details the options considered for establishment and delivery of the Service; the estimated resource requirements; and the initial accommodation costs for the service located in County Hall, Ballymena. An additional accommodation requirement is also considered to provide for the expansion of the Service based on the second floor in the County Hall facility (Ballymena). The requirement is to secure time limited funding (1 year with option for second year and/or until vaccine is available and widely deployed) to urgently establish the contact tracing service detailed in the paragraphs below - i.e. a

professionally led manual Contact Tracing Service that can initially deal with 100 new positive cases every day.

It should be noted that separate business cases are being developed for the digital elements of the Contact Tracing Service and for the NI-Direct led CovidCare NI service.

Background

Contact tracing is an established public health measure for the control of infections and there are existing established arrangements within the PHA for identifying, risk assessing and managing incidents, outbreaks and clusters of communicable disease. COVID-19 however represents a particular challenge in terms of the scale and pace at which contact tracing is and will be required in the coming months, and in terms of the scrutiny likely to be associated with establishment and delivery of this service.

The Public Health Agency (PHA) under its public health statutory responsibilities must prepare for the eventuality of a 2nd wave of the current pandemic. Contact tracing will become the critical element of Health and Social Care service provision with the capacity to significantly disrupt population spread of the SARS-CoV-2 virus. Further detail is provided in the Scoping Document for the Contact Tracing Service at **Appendix A.3**.

If an effective Contact Tracing Service is not established, there is a significant risk that it will not be possible to reduce the social restrictions as the loss of life would greatly increase as we move through the various phases of the COVID-19 pandemic in Northern Ireland.

Going forward contact tracing will represent one of the most important public health interventions to reduce the rate of infection along with effective hand and respiratory hygiene and social distancing measures that are already in place. In order to be fully effective it will be important that the Service is fully accessible to all of the citizens of Northern Ireland including people with disabilities and people from ethnic minority backgrounds.

Proposed Service Model

The Contact Tracing Service will broadly consist of three elements:

1. A digital pathway where citizens will use apps and online platforms to check symptoms, book tests and begin the process of contact tracing.
2. A CovidCare Advisory Service operated through NI Direct which will provide information, guidance and support to people who are unable to use the digital platforms to check symptoms, book tests or find advice on self-isolating and will provide support to assist them to do this, or to do this on their behalf.
3. A professionally-led contact tracing service whereby a team of trained contact tracers will work with citizens (confirmed cases) to identify and advise their close contacts on next steps. Staff will be appropriately skilled and are likely to be from a nursing, medical or environmental health background. A number of senior medical advisors will augment the team to provide specialist advice and deal with complex cases and clusters arising.

Additionally, the service will require analytical, management and administrative support in order to function effectively and efficiently.

It is important to note that advice for citizens will be built into all parts of the overall service through the manual contact tracing (where advice on isolation and symptom management is provided), the digital products (where artificial intelligence is used to answer questions on all aspects of COVID-19) and the NI Direct led element (which will signpost to support services and answer questions raised during the course of conversations with callers to the service).

The key functions of the Contact Tracing Service will include:

- identifying and tracing COVID-19 cases and their close contacts;
- providing information and advice on symptoms that contacts of cases should be aware of and actions to take should they develop symptoms;
- risk assessing and advising on the need for contacts of cases to self-isolate;
- signposting and referral to community and social services in circumstances where people may be particularly vulnerable; and
- providing rapid and seamless access to testing if/as required for cases and their contacts.

Health Protection Capacity

There is an urgent requirement for additional Health Protection staff to provide both clinical and epidemiological expertise to manage a regional contact tracing service with the capacity to effectively prevent the spread of infection among the wider community in NI and to provide sufficient health protection expertise to respond effectively to the ongoing pandemic. The effectiveness of this strategy, based upon a robust contact tracing function, is borne out by emergent evidence world-wide i.e. reduced community spread (number infected) and shorter duration (time period) of the country-specific pandemic.

Scale of Service

Modelling suggests that up to 1900 people will have symptoms each day. Around 3-5% of tests currently return a positive COVID-19 result. This means that we must have the capacity to trace the contacts of up to 100 index cases each day. Based on experience from the pilot phase (operated through PHA from April 2020) and subsequent early running of the new arrangements, it is recommended that initially a core service that can deal with an average of 100 positive cases per day is established, with the ability to scale this service up or down as required.

Based on early modelling advised by the Chief Scientific Advisor (CSA) a reasonable scenario of 500 cases each with up to 10 close contacts (5,000 contacts) to be traced per day could be expected if the R rate rises above 1. Further information is provided in the modelling paper included at **Appendix A.5**.

Option Analysis

Option 1 - Do Nothing Option

This option has been discounted as it would not meet any of the urgent needs required to support the current public health emergency or provide a COVID-19 Contact Tracing Service in response to the current global pandemic.

Option 2 – Outsource Contact Tracing Services to private sector provider

This option has been discounted as it would not be feasible to outsource the Public Health function of contact tracing that is required by the PHA under the auspices of its statutory responsibility for public health. As detailed above the use of a call centre element operated through NI Direct to support elements of this service will be considered as a means of supporting wider service delivery in the future, but this will not provide any required medical or clinical advice to NI citizens.

Option 3 – Operate Contact Tracing Service at pilot phase staffing levels

The implementation of contact tracing in NI was based on an incremental approach which commenced on 27 April 2020 with a pilot / prototype phase led by the Public Health Agency. During this phase the necessary processes and systems were put in place, tested and refined using staff redeployed from other areas of Health and Social Care to meet initial start-up needs of the service.

The pilot (early) phase of the service operated on the basis of actively contacting a sample of those people who had a confirmed positive COVID-19 test result. The process is triggered by receipt of positive virology results to the centre and calls/contacts are of an outbound nature only – there is no function for citizens to contact the centre. From 18th May 2020 PHA has been operating on the basis of tracing the contacts of all people who have received a positive COVID-19 test result.

The pilot phase is no longer viable to meet current or future predicted service demands, particularly if the R rate increases from current level of circa 0.8 -1 to above 1, as this will result in an exponential rise in the number of positive cases and increased demand on the Contact Tracing Service.

Option 4- Upscaling of PHA Medical/Clinical Team to meet the anticipated demand for contact tracing services

Evolve the contact tracing service pilot/prototype using the lessons learned from the pilot phase through upscaling the current service model to meet predicted demands of a second and future waves of COVID-19 in NI. This option will also include a digital pathway where citizens will use apps and online platforms to check symptoms, book tests and begin the process of contact tracing. An additional element will involve an Advisory Service, operated through NI Direct, which will provide information, guidance and support to people who are unable to use the digital platforms to check symptoms, book tests or find advice on self-isolating. The Advisory Service will provide support to assist them to do this, or to do this on their behalf, which should assist in reducing volumes to second line medical professional contact tracing staff. Overall this option is founded upon existing and experienced embedded services and systems that require minimal testing prior to implementation.

Option 5 - Delivery of the service through HSC Trusts

This option has been discounted as it would be difficult and inefficient to establish the necessary operational and professional infrastructure across 5 HSC Trusts. In particular, it would be difficult to staff such a model appropriately and would be an inefficient use of scarce Health Protection expertise (to provide support to 5 separate delivery units). There is also an increased risk that there would be inconsistency in the quality of the service provided between/across operating units. It is not considered to be an option that would deliver best value in terms of either quality or cost.

Identified Option

Option 4 is identified as the preferred option based on predicted and modelled service requirements of subsequent waves of COVID-19 in NI. The analysis was premised and predicated on the timeliness and qualitative aspects of other options to mitigate costlier service demands on primary and secondary care services. The options were considered against mitigation criteria to reduce footfall and the ability to retain focus on the most severely impacted presentation to the HSC based on variable 'R' values. This option allows for scaling up and down of the service provided allowing a degree of flexibility in releasing or supplementing the team to mitigate increases or decreases in presentations. Option 4 also has the advantage of being based on the preceding pilot/prototype service model with the protocols for contact tracing already well established and can ensure that all lessons learned from the pilot phase are incorporated into the expanded service model as it develops. This "person led" model is unique to NI ensuring that citizens will be able to engage with the service in the confidence that it is resourced by professionally qualified skilled staff.

Section 2

Duration of the proposal

The additional Health Protection staffing infrastructure required to establish a contact tracing service that can deal with a minimum of **100** positive cases per day will initially be required for a minimum **12** month period and probably for **24** months or longer, depending on infection rates, or until a vaccine is available and widely deployed.

The additional dedicated Health Protection capacity will be required for a minimum of **2** years or until vaccine is available and deployed, to oversee actions required to manage COVID-19, such as on-going assessment and management of new outbreaks/clusters and to contribute to implementation of a large scale vaccination programme. Longer term, PHA will review the recurrent capacity required to ensure there is the necessary expertise, capacity and system wide resilience in place to manage future Health Protection emergencies that will inevitably arise. Any future proposal will be subject to analysis and presentation of supporting business case/cases.

Section 3

What would be the impact if this proposal was not taken forward?

1. Failure to establish an effective contact tracing function will increase the likelihood of sustained and enduring infection over many months, with the ensuing significant consequences for the HSC and obvious implications for society at large.
2. If the level of Health Protection expertise and capacity is not increased it will not be possible to establish a clinically led Contract Tracing Service that is capable of containing the spread of SARS-CoV-2 into the future.
3. Failure to establish the service, as soon as possible, will result in the infection rates increasing to unmanageable levels if /when public health restrictions are gradually relaxed.

4. Consequentially, the progress made in containing COVID-19 over the past number of weeks will be lost and restrictions will have to be re-imposed. This will have significant immediate and longer term impacts on society in Northern Ireland both socially and economically.

A detailed Risk analysis is attached at Appendix A.6.

Section 4

What alternative mitigating actions have been explored before committing to this solution:

The potential alternative mitigating actions, i.e. those deemed to be effective to address the current COVID-19 pandemic, are complementary: the absence of one element, if contact tracing were not to be established, markedly reduces the overall response.

Alternative options to deliver a contact tracing service have been considered under section 4 and rejected as they will not deliver the scale and quality of service required.

Public service messaging / communication and other services involvement have been considered but due to limited professional expertise these would have limited impact on public behaviours.

In due course, app-based technologies may prove to be an essential and integral element of the overall contact tracing approach. As appropriate, these technologies can be encompassed within the proposed service delivery model. However, it is unlikely that a digital solution can replace the need for a traditional, manual contact tracing service.

As demonstrated by the ineffectiveness of COVID (Rt), it is important that full functionality is established, i.e. partial functionality, with limited contact tracing capacity, will inevitably fail, leading to widespread community spread of SARS-CoV-2.

The current situation is unprecedented. We urgently need to expand the Health Protection capacity to provide the clinical input to support the delivery of the 'Test, Trace and Protect' strategy. An effective contact tracing service cannot be established without the additional staff being in place.

Currently Health Protection staff are being temporarily redeployed and used in the short-term to provide a limited contact tracing service, however as these staff return to normal work in the near future it is not sustainable to use the current staff resources.

The only alternative to establishing a comprehensive contact tracing service is to apply very stringent lockdown measures for a prolonged period of time in order to minimise infection rates and use existing Health Protection staff to target isolated outbreaks. This approach would have unacceptable implications for the social and economic wellbeing of our society.

Section 5

Why this needs an urgent response and what would be the impact on the proposal if this was delayed?

With the outlined high risk and associated impact on the HSC and wider society, the provision of a robust contact tracing function is time critical. Data modelling would suggest an exponential rise in the number of cases requiring contact tracing with variations in the Rt rate above 1. With the relaxation of social distancing measures and in preparation of a second wave and/or dense population clusters, outbreaks are inevitable over the remaining months of 2020, with this risk being sustained for a considerable period thereafter (potentially years). It is therefore vital that an effective service is established, particularly ahead of the oncoming winter months, when other circulating viruses will severely compound the complexity and scale of the infection with potentially dire consequences for the population (in terms of morbidity and mortality).

The establishment of a contact tracing service that achieves the overall objectives of the Test, Trace and Protect strategy is a central element in the NI Executive's roadmap to recovery. It will not be possible to relax public health restrictions until there is an ability to effectively contain the spread of future cases and disrupt the chains of transmission. The establishment of the additional specialist Health Protection capacity is critical to the Contract Tracing Service being operational and needs to be recruited urgently.

Delay in establishing the necessary Health Protection staffing infrastructure required to support a large scale Contact Tracing Service would potentially have significant negative reputational implications for PHA, DoH and the NI Executive in terms of the region's ability to effectively address the SARS-COV-2 virus.

Section 6

Is additional funding required? Or will costs be met from within existing baseline?

If additional funding is required explain why, and set out key assumptions including timeframe for expenditure e.g. 3 months, 6 months. Provide forecast profile in table below. If costs are to be met from within existing baseline explain how e.g. payment is an advance, and set out key assumptions and timeframe.

Organisation	Key Deliverable	Resource or Capital	2020/21 £,000	2021/22 £,000
PHA	Development of a Contact Tracing Service and Health Protection professional capacity for NI to address COVID pandemic	Resource	£5,046 (FYE)	£5,070 (FYE)
	Pro rata for 20/21 – 9 months		£4,852	
	Includes accommodation costs		122	147

Service Model for Initial / Interim Contact Tracing Service

The PHA Contact Tracing Service model will operate on two levels with Professionals including Nurses and Environmental Health Officers and trained contact tracers dealing with the majority of cases; and Health Protection Consultants to help manage those cases where contacts are complex.

The initial proposal is based on establishing a professionally lead Contact Tracing Service that will **ultimately** operate 7 days per week from 8:00 a.m. – 9:00 p.m. every day and will have the capacity to manage **100** cases per day. Current Service provision is 7.5 hrs per day 7 days a week.

The team will operate from a single centre in Ballymena.

Based on experience from the pilot that has been in operation from 25th April 2020, the model is based on each case having 10 contacts and taking 2 hours of call time, on average, to manage.

Based on the scenario of 100 cases a day. Each case and associated contacts will require 200 hours of service provision daily. The number of contact tracers required to manage 100 cases per day= $200/7.5 = 26.66$ wte plus an additional 6.4 wte (figure takes account of 24% headroom). The total number of WTE to manage 100 cases per day= 33.06wte.

The teams will need to have appropriate clinical leadership, as well as managerial and administration support. This is currently assessed at:

Clinical Leads

8 clinical leads based on 2 per 6 hour shift. At full capacity there will be 14 shifts per week, meaning 28 shifts to be worked. With each clinical lead working 5 days/week this would suggest a minimum of 6 staff, with an additional 2 as contingency for leave/sickness.

Team Managers (Band 7)

This role will be:-

- Oversight of contact tracing process;
- Manage the team of contact tracers; and
- Liaise with the MDT of Consultants, IPC team, Surveillance and ICT colleagues to assist in the follow up and control of outbreaks.

Similarly to the clinical leads, 2 team managers will be required for each shift, meaning a total of 8 are required for resilience.

Administrative support is also required at 2 people staff per shift, meaning 8 people in total to include some provision for resilience,

Operational Approach

In order to have a sustainable basis for the service for at least the next 12 months or until a vaccine is available and widely deployed we require a semi-permanent team of staff with the requisite skills to undertake the tracing role. These skills have been evaluated as an AFC B6 (as per job matching) role suitable for nurses, AHPS or Environmental Health Officers. In order to trace 100 cases per day at 2 hours per case

and associated contacts, a core cohort of 33wte tracers will be required. Given the potential for the number of positive cases to increase quickly, a flexible model to allow for increased/decreased demand is critical.

If the R rate rises in accordance with advised modelling scenarios then additional staff capacity will be required to deal with a potential 500 contact tracing cases daily.

In the event that the number of index cases increases substantially due to an increase in the “R value” (or the numbers of contacts increase so that it takes longer to complete each case) it is our intention to supplement the permanent staff employed in the service with staff currently employed through Trust banks or by re-employing the cohort of HSC trained staff who supported the early pilot/prototype phase of service development. We are unable to predict the scale or timing of such additional support as this depends on the transmission rates of the disease. We are therefore seeking approval for additional spend as necessary as well as funding for the additional staff to deliver the contact tracing service. We propose to use a bank to allow flex of service provision at short notice.

The Tier two staff must be supported by medical staff who will undertake the complex contact tracing cases and provide clinical leadership and advice. However, should the numbers of cases become very high in accordance with suggested data modelling and exponential rates in symptomatic cases if R rates rise beyond 1, then we may also seek approval to employ locum medical staff to support the delivery of service.

In the event that the number of index cases or contacts falls substantially in the first year of operation, PHA can either utilise the staff in other parts of our organisation, in particular in work related to immunisation as we prepare for a large scale immunisation campaign with an anticipated COVID-19 vaccine, or return staff back to respective roles if agreed by their substantive employer. We will employ a small cohort of core staff initially to support the contact tracing centre and rotate these staff to ensure a breadth of skills, if/as required.

Funding

Costs for Contact Tracing Service Model based on 100 cases per day

Staff	wte	Cost per wte	Total cost (FYE) £k
Clinical Leads	8	127,671	1,021,368
Contact Tracers (band 6)	33	44,997	1,484,901
Team Managers (band 7)	8	55,864	446,912
Admin Support (band 3)	8	27,710	221,680
Sub total	55		3,174,861
Additional costs for overtime / unsocial hrs (20%)			771,565
10% Overhead cost for accommodation / IT / corporate support (£385,782 less identified accommodation costs)			203,848
Accommodation costs 20/21 Resource			122,384
Additional HP Staff (table below)			772,960

Total Annual Cost			5,045,618
Pro Rata for 20/21 based on a straight 9 month period *			4,852,378

*Assumes all staffing costs are additional and not part of existing baseline budgets

DETAIL

- Staffing costs are gross costs based on the mid-point of the payscale.
- Staff are to be recruited on the basis of a one-year fixed term contract with the opportunity to extend. Secondments will also be considered.
- A 10% overhead has been added to the budget to meet wider costs such as securing suitable accommodation to facilitate the additional staff (taking account of social distancing requirements), training and travel requirements and addressing additional demands that will be placed on supporting functions such as corporate communications.

Potential Cost of Contact Tracing Service based on 500 Cases per week.

As outlined earlier, if the R rate rises in accordance with Prof Ian Young's modelling then additional staff capacity will be required to deal with a potential scenario of 500 contact tracing cases daily. The additional costs for establishing a service that is managing 500 cases per week, based on each case taking 2 hours of staffing time to manage is set out below.

Additional Requirement for 500 Cases for day	wte	Cost per wte	Total cost (FYE)
Staffing			
Clinical Leads	8	127,671	1,021,368
Contact Tracers (band 6)	133	44,997	5,984,601
Admin Support (band 3)	8	27,710	221,680
Head of CTC Centre (Band 8B)	1	80,188	80,188
CTC manager (Band 8A x2)	2	67,076	134,152
Sub total	152		7,441,989
Additional costs for overtime / unsocial hrs (20%)			1,445,530
Additional Accommodation costs per annum*			218,000
Total Revenue Cost per Annum			9,105,519
Capital			
152 Laptops +licence costs @ 1850 each			281,200
100 desks/chairs @£200 per station			20,000
150 headsets @ £80			12,000
100 deskphones@£120			12,000
Call monitoring system			200,000
ICT Infrastructure costs			120,000
Capital Cost			645,200

It is important to highlight that the costs outlined in this business case are based on the assumption that the Contract Tracing Service is of a particular scale for a set period of time and that all staffing costs identified are additional to existing established baselines.

Given the uncertainty as to how the levels of infection will change over the coming weeks and months, it is going to be very difficult to predict the precise numbers of staff required to operate the service at various points in time. Given issues with recruitment and the need to retain maximum flexibility, it will also be necessary to use staff already employed in HSC, who can be re-deployed at short notice to support the service. On this basis, it should be highlighted that it will be difficult to predict the additional in-year costs that will be required to deliver the service. A more detailed assessment of actual in-year costs required to support the service will need to be kept under close review by PHA and DoH to ensure the appropriate scale of funding required is allocated.

Accommodation (The lease business case was approved by Permanent Secretary and DoF on 5 June)

The initial accommodation requirement is to appropriately facilitate staff required to run a contact tracing service, (working 7 days per week), plus additional core Health Protection staff. However, it is recognised that there is a need to secure an accommodation solution that can be flexed up to facilitate a larger number of specialist contact tracing staff required to manage the service should demand increase. The costs for this business case have been adjusted to allow for flexible scale of accommodation to be secured.

Depending on the accommodation solution secured, it may also be necessary for the accommodation to be modified to suit the needs of the service. Any significant refurbishment costs will be in addition to costs included in this business case.

Accommodation Analysis Extract

Option 3: County Hall, Ballymena	Yr 0	Yr 1	Yr 2	Yr 3
	10 months	21/22	22/23	6 months
Revenue Costs				
(A) Total Revenue Costs	£122,384	£146,861	£146,861	£73,431
Capital Costs				
(B) Capital Costs	£59,550	0	0	0
(C) Total Annual Costs (A + B)	£181,934	£146,861	£146,861	£73,431
(D) Discount Factor (3.5% p.a.)	1	0.9662	0.9335	0.9019
(E) Discounted Cash Flows (C * D)	£181,934.17	£141,897.10	£137,094.74	£66,226.97
(F) NPC (Total of E)	£527,153			

The accommodation business case is attached at **Appendix A.7**

If demand increases above 100 cases per day it will be necessary to incrementally increase the number of contact tracers available. Based on the above figures, 5-6 contact tracers will be required to manage an additional 10 cases per day. The need for additional admin support would also need to be kept under review if numbers escalate significantly.

Costs for securing additional accommodation for 80-90 workstations in County Hall to facilitate the potential expansion of the service are provided below.

NPC Calculation:						
Option 3: County Hall, Ballymena	Yr 0	Yr 1	Yr 2	Yr 3	Yr 4	Yr 5
	6 months	21/22	22/23	6 months		
Revenue Costs						
(A) Total Revenue Costs	£108,861	£217,722	£217,722	£108,861		
Capital Costs						
(B) Capital Costs	£166,965	0	0			
(c) Total Annual Costs (A + B)	£275,826	£217,722	£217,722	£108,861		
(D) Discount Factor (3.5% p.a.)	1.0000	0.9662	0.9335	0.9019	0.8714	0.8409
(E) Discounted Cash Flows (C * D)	£275,826	£210,360	£203,246	£98,187		
(F) NPC (Total of E)	£787,619					

Additional Health Protection Infrastructure

As noted above there is a need to build the core Health Protection Team capacity and infrastructure to deal with the on-going impacts of managing COVID-19 and ensure there is wider system resilience to adequately plan and manage all aspects of the public health response to the pandemic. These staff will support contact tracing in specialist settings such as care homes or educational settings or where detailed investigation is needed e.g. site visits. They will also provide additional specialist capacity to ensure there are robust analysis and reporting systems in place. Funding is sought for the following posts to be established, initially on a 2 year basis. Posts are to be offered on a one-year fixed term contract with the opportunity to extend for a further year, secondments will also be considered.

Staffing Posts Required	Band	Standard Cost 2020-21			Total Cost
		£	WTE		£
Medical staff	HP Consultant	127,671	1		127,671
Nursing staff	Band 8a	62,424	1		62,424
Nursing staff	Band 7	55,864	1		55,864
Nursing staff	Band 6	44,997	5		224,985
Admin staff	Band 3	27,710	1		27,710
Business manager	Band 7	55,864	1		55,864
Scientist	Band 6	44,997	1		44,997
Programmer	Band 6	44,997	1		44,997
Analyst	Band 5	36,292	2		72,584
Project manager	Band 7	55,864	1		55,864

Total			15		772,960
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Posts have been evaluated using the existing mechanism via BSO.

Section 7

When approval for the proposed expenditure is needed by, with reference to when the funds need to be committed by and the contractual arrangements for committing them

(NB Legal obligations in relation to procurement still apply, and even if the award of a contract without competition is justified, its scope must be limited to that which is strictly necessary to overcome the immediate requirement)

Approval for the funding is required immediately to allow recruitment to progress and the additional staffing capacity to be established as soon as possible.

The PHA is working with the Project Steering Group and other stakeholders to ensure that processes and SOPs are in place to recruit, appoint and train staff who will assume roles in the contact tracing cells.

Section 8

What longer term financial implications the commitment has, and how these will be funded?

Based on the experience of managing this pandemic, it is recognised that there is a need to expand the capacity of the existing Health Protection Service in PHA, to effectively manage the longer terms implications of COVID-19 and also ensure that there is sufficient expertise and system-wide resilience to effectively manage future outbreaks that will inevitably arise.

DoH will need to plan for an agreed element of the funding requested to be allocated on a recurrent basis after the initial 24 month period requested, to sustain the delivery of this service and the level of demand will be reviewed in future to reflect service need going forward.

Due to the changes introduced to the service delivery model throughout the 2020/21 period it is expected that an updated Business Case reflecting the future requirements for the Service will be completed for the 2021/22 period.

Section 9

Legal

Any legal risks arising from the proposed spending and confirmation that these have been considered by DLS including, where necessary, the risk that the ALB/Department may be acting outside its existing powers.

Legal colleagues have confirmed that they have no concerns relating to the proposed expenditure. This expenditure is for the recruitment by PHA of Health Protection professional and support staff. This vital Health Protection activity falls squarely within the core statutory functions of the PHA under the Health and Social Care (Reform) Act NI 2009. Accordingly, there is no doubt that the PHA is acting within its existing statutory powers.

Section 10

Recommendation/Decision Required and Timescale for Approval?

I recommend proceeding as soon as possible on the basis that the Chief Medical Officer has identified this service (Test, Trace and Protect) as one of the most important aspects of Northern Ireland's response to the current COVID-19 pandemic.

Section 11 – Declaration

Requestor:

Olive MacLeod

Date:

08.06.2020 Revised [DATE]

Personal Data

The above proposal is judged the best course of action to mitigate:

Please strike through any which do not apply.

- (a) High priority operational risk(s) in relation to COVID 19 resilience;
- (b) The financial implications have been reviewed by HSCB Finance;
- (c) This activity will be resourced from within the existing budget; or
- (d) This activity requires additional COVID-19 funding; and
- (e) Is recommended to DoH for approval.

TO BE COMPLETED BY DOH EOC APPROPRIATE CELL LEAD (IF THE CELL LEAD IS NOT THE REQUESTOR) – SECTIONS 12 AND 13

Section 12

Review

Set out your assessment of the proposal, provide any additional information relevant to the decision maker, including assessment of benefits and risks. Include legal advice where necessary, and advice from policy and professional colleagues as necessary.

CMO has confirmed that this programme is one of the most important elements of Northern Ireland's response to the current COVID-19 pandemic, the service must be fully resourced, resilient when established.

A number of funding requests are expected to come forward for approval:

- This current business case for a clinically-led contact tracing service whereby a team of trained contact tracers will work with citizens to identify and advise contacts on next steps. Staff will be appropriately skilled and are likely to be from a nursing, medical or environmental health background. A number of senior medical advisors will augment the team to provide specialist advice and deal with complex cases and clusters of the disease. Additionally, the service will require analytical, management and administrative support;
- A digital pathway where citizens will use apps and online platforms to check symptoms, book tests and begin the process of contact tracing;
- A call centre where call handlers will provide telephone information on symptoms, book tests, refer and signpost to support services for vulnerable citizens and potentially begin the process of contact tracing; and
- To further increase testing capacity across Northern Ireland.

Whilst normally one business case would be brought forward for the totality of Test, Trace and Protect, aligned to the agreed strategy, given the pace at which implementation is required it has been necessary to bring forward a number of separate business cases/requests as pandemic response requirements evolve at pace.

It should be noted that this request includes an additional accommodation requirement to provide for expansion of the physical space available to the Contact Tracing Service currently based on the second floor in County Hall, Ballymena. Further details are provided in the Accommodation section on page 12 above.

Section 13

Conclusion and Recommendations

I am happy to recommend this proposal as a necessary, proportionate and extremely important element of Northern Ireland's response to the current COVID-19 pandemic.

EOC CELL LEAD: *Insert name below.*

DATE: *Insert date below.*

Personal Data

MICHAEL McBRIDE

TO BE COMPLETED IN ALL CASES BY DOH FINANCE WHERE PROPOSAL HAS A FINANCIAL IMPLICATION – SECTION 14

Section 14

Review

Set out your assessment of the financial implications of the proposal eg departmental budget implications, and any governance concerns/ risks. Include legal advice where necessary.

In an ideal world a single business case would come forward for Test, Trace and Protect. We are in unprecedented times and thus multiple individual funding requests are coming forward, this is not without some risk in terms of how overall vfm is being assessed and there may, notwithstanding best efforts, be overlaps or gaps between funding requests.

The estimated costs associated with this funding request are **£4.9m** Resource in 2020/21 (including £122k for accommodation separately approved) with a cost requirement into 2021/22 of **£5.1m** (including £147k accommodation separately approved) some of which will be an inescapable recurrent commitment where 1 year contracts are offered and will likely require contract extensions. The use of some bank staff to flex resource up and down will help in managing both service demands and associated costs.

These estimated costs will need to be met from within available COVID-19 funding in 2020/21 which is not recurrent. It is unclear as to whether there will be COVID-19 funding in 2021/22 to avail of. If the budget outcome for the Department is not sufficient in 2021/22 to meet commitments the need for savings /cost reductions across HSC services and organisations cannot be ruled out.

As the service is already on the ground there will be an element of retrospective approval of this funding request.

FINANCE: *Insert name below.*

DATE: *Insert date below.*

Brigitte Worth

27/08/2020

TO BE COMPLETED BY THE DEPARTMENT'S ACCOUNTING OFFICER* – SECTION 15

Section 15

Approved by the Department's Accounting Officer	Signature	
	Date	
	Role	

***Where appropriate Deborah McNeilly, Deputy Secretary, Resource and Corporate Management Group may approve on behalf of the Accounting Officer, copying the Accounting Officer into any approvals provided.**

APPENDIX

A.1 CMO Letter



letter from CMO to
COVID-19 Contact Ti

A.2 COVID-19 Test, Trace and Protect Strategy



Test-Trace-Protect-S
upport-Strategy.pdf

A.3 NI Contact Tracing Service Scoping Document



CTP Scoping
Document.docx

A.4 Policy Direction for Northern Ireland COVID-19 Contact Tracing and



Policy direction for
Northern Ireland CC

Advisory Service

A.5 R rate data modelling by Prof Ian Young



COVID Contact
Tracing slides DoH 1

A.6 Test and Track Risk Analysis



risk analysis.doc

A.7 Accommodation Business Case



COVID 19 Contact
Tracing Accommoda