# COVID-19: AN UPDATE REPORT

## INTRODUCTION

This report summarises the approach that has been taken by the Public Health team in response to the COVID-19 pandemic, in partnership with other staff in the PHA and HSCB, since the establishment of GOLD/SILVER/BRONZE management structures on 22 January 2020.

The report also provides a proposed high level approach to responding to the next phase of the pandemic by the public health cell that reports to SILVER command, in the context of the pandemic in Northern Ireland.

## WHERE WE HAVE COME FROM

In January 2020, during the containment phase of what has now become the evolving pandemic, the necessary infrastructure required to support HSC Silver was established: this encompassed a range of Silver sub-groups which at the outset encompassed health protection, surge, PPE, social/community care and Human Resources. This infra-structure has evolved over time.

The output from these groups, in terms of ensuring initial preparedness, enabled an effective response to the initial cases of COVID-19, including:

- Implementing mechanisms to safely provide testing for symptomatic individuals
- Establishing a system for contact tracing, provision of advice on self-isolation and active and passive monitoring systems for high and low risk contacts
- Liaison with 4-Nations Public Health groups to share emerging knowledge and ensure consistency in response
- Provision of public health advice to both professionals and the public
- Working with the Regional Virology Laboratory to establish local testing capacity
- Scoping hospital capacity to assess and treat initial Covid-19 cases
- Liaison with NHS England on access to High Consequence Infectious Disease Unit advice & admission
- Securing cross-Trust agreement on management and transport of the first cases

*January-March 2020*

The first confirmed case of COVID19 in Northern Ireland was on the 26th February 2020. Robust contact tracing efforts, led by the Health Protection Division, supported by Directorate staff redeployed from Service Development, Screening and Health Improvement, were established. Cases over the subsequent 8/9 day period, were travel-related, but evidence of potential secondary/community spread became apparent over the weekend of the 7-8th March, with eight confirmed cases. The EOC flexed its capacity in terms of staffing and hours of operation during the containment phase to meet demand, and public health trainees and consultants doubled out-of

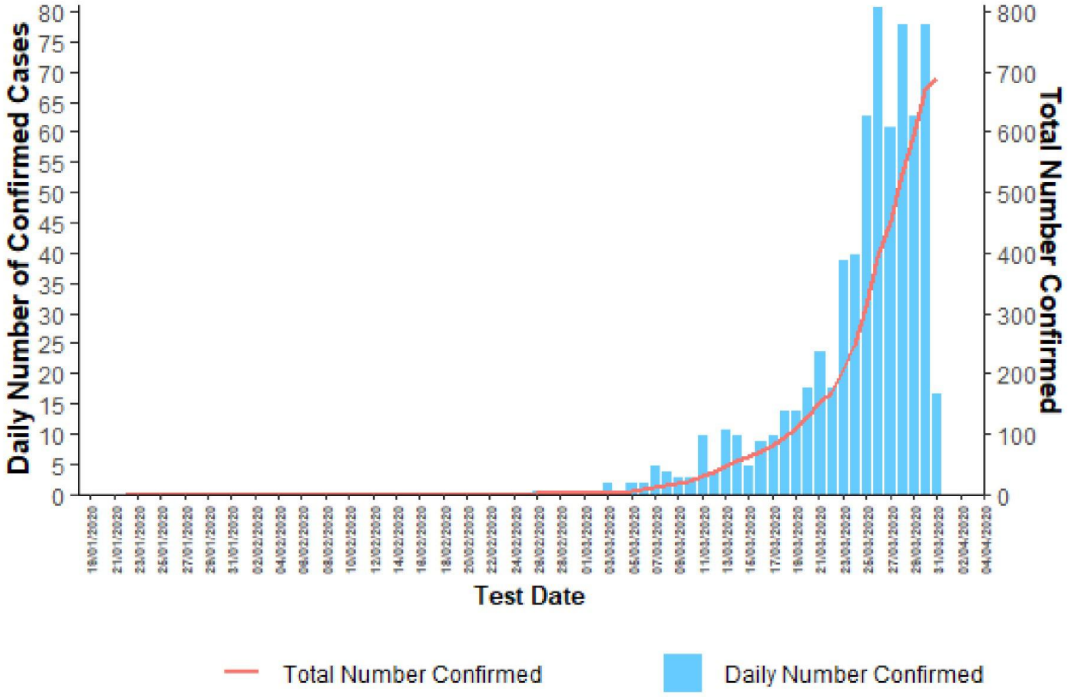
hours rota cover to ensure a 24/7 response for a large number of professional enquiries. These arrangements were maintained until the weekend of the 16th March, when the national level decision to move to the delay phase of the pandemic was made.

In tandem, and in addition to support for the EOC until mid-March, the Directorate's Service Development staff were also working with senior HSCB colleagues, including commissioning, primary care, pharmacy and social care, in preparation for a service surge. This includes:

- Joint working with the HSCB to assess Trust and NIBTS pandemic readiness
- Joint working with the Regional Virology Laboratory and the Microbiology Forum of the Pathology Network to significantly expand testing capacity
- Assessment and coordination of critical care escalation plans via CCaNNI and NISTAR
- Coordination and clinical engagement on regional proposals for ventilators, non-invasive ventilators and associated equipment
- Joint working with HSCB on diagnostic and treatment capacity, including CT and oxygen supply
- Coordination and clinical engagement on a complex proposal to coalesce inpatient paediatric services onto 3 sites, aiming to release bed capacity for adults in DGHs as well as increasing the age range of patients eligible for admission to PICU
- Membership of regional project team tasked with standardising the approach to cancer service provision during surge
- Engagement with formal and informal clinical networks to agree speciality-specific clinical priorities during surge

*Appendices to this paper, from page 8 onwards, capture individual actions within the discrete divisional teams of the directorate.*

## 2. Surveillance of Laboratory Confirmed COVID-19 Cases




The need to develop additional COVID19 testing capacity has been, and continues to be, a priority: directorate PH leads are working with all Trusts to enhance capacity.

Additional capacity will be essential in terms of both patient and health care worker testing requirements over the weeks ahead (this, together with PPE supply, are crucial in terms of ensuring confidence among professional staff, and therefore an effective HSC response to COVID19).

Taking a longer term view, significantly enhanced testing capacity will be an essential component of the public health response to COVID19 during the potentially long period until an effective community based vaccination programme can be established. Enhanced testing capacity will also be essential in terms of facilitating an early alert ('sentinel') system in the event of a *secondary pandemic wave* and/or to address community based clusters – see below.

In summary, the Public Health directorate has been instrumental during this initial phase of the pandemic, i.e. establishing effective HSC 'Incident Management' (IM) infrastructure, and leadership of that process to, in turn, advance collective HSC preparedness, providing health protection measures (case and contact tracing) and guidance (virology and testing guidance).

**Key outputs - Jan-March**

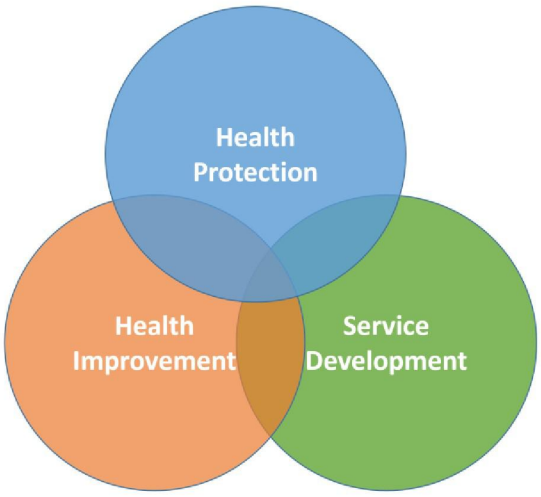
1. Effective HSC 'Incident Management' infrastructure
2. Leadership of the IM and Silver
3. Advance collective HSC preparedness
4. Providing Health Protection measures - case and contact tracing
5. Providing Health Protection guidance - virology and testing guidance

## WHERE WE ARE NOW - WHERE WE PLAN TO GO

As of the end of March, with evidence of increasing numbers of COVID19 cases and likelihood of 'peak pressure' upon HSC systems over the coming days and weeks (and through April), it is important that the directorate (in partnership with other PHA directorates and the HSCB) take stock of the *inevitable phases* of the pandemic that lie ahead, i.e. rapid community spread and peak surge, and thereafter the need to foster community resilience and recovery, etc. We know that these phases are imminent and this knowledge therefore guides and dictates the associated actions required, specifically that we must develop plans ready to roll out as the ensuing phases arrive.

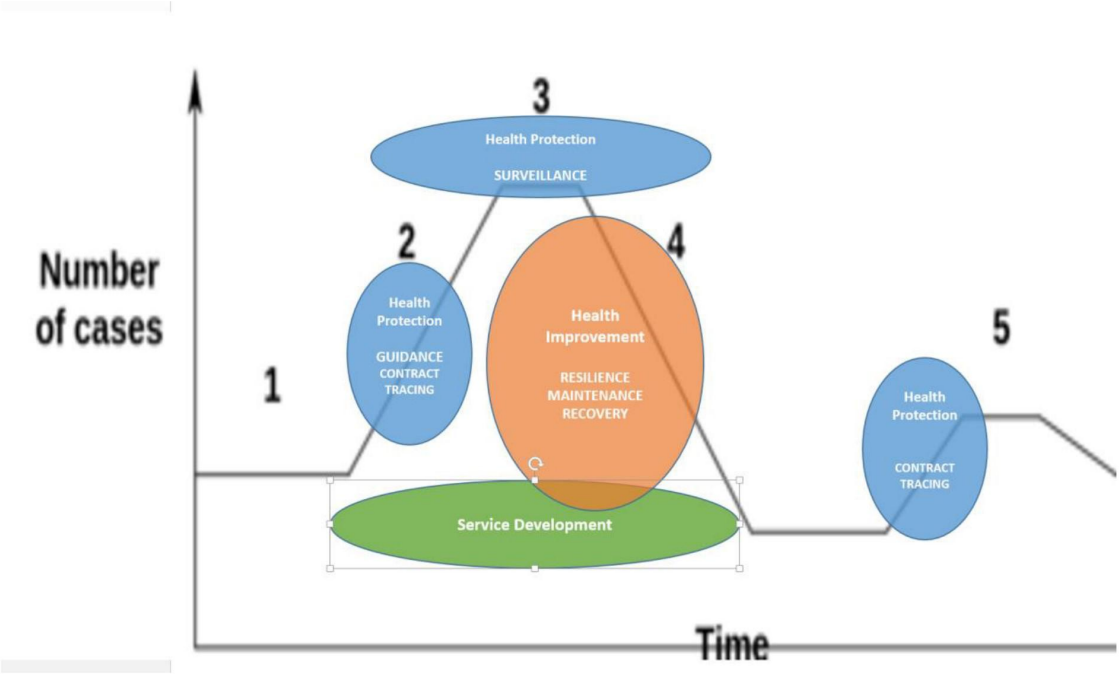
In this respect, the inherent functionality of the individual divisions of the directorate, are 'tried and tested', and will provide a valuable contribution to the HSC response and wider societal welfare/wellbeing (working with other agencies and sectors) over the short-to-medium term.

The three main divisions of the directorate (as per schematic below), with high calibre and experienced practitioners, should essentially 'do what they always do' and are very capable of. However, during recent weeks, understandably, feelings of *panic and urgency* may have distracted the 'main effort'.




Within the directorate, it is now time to signal a return to 'Business As Usual', albeit within the context of the new, and temporary environment, this is now in-situ, ie. COVID-19.

In terms of planning ahead, divisional impact can be represented by the following '**battle plan**' – with 5 phases (and the 3 divisional teams/efforts inserted as actions over time):




The anticipated, and predictable, phases are set out above and explored below – summarised within the following table, with descriptive text thereafter.

| | DESCRIPTION | ACTIONS REQUIRED |
|---|---|---|
| **PHASE 1**<br>January<br>February | Preparedness<br>Containment | *This phase has passed* |
| **PHASE 2**<br>March | Community spread | This is the active phase<br>**WE MUST PLAN FOR PHASES - 3, 4 & 5** |
| **PHASE 3**<br>April-May | 'Peak Surge'<br>Develop Resilience | This is imminent<br>Resilience plans must now be prepared |
| **PHASE 4**<br>May-Sept | Recovery | Recovery plans must now be prepared<br>Public Health Communications - RECOVERY |
| **PHASE 5**<br>June-Dec | **Resilient** | Sentinel warning system developed,<br>Surveillance continues (passive community testing),<br>Robust contact tracing<br>Health-related communications with the public – maintain VIGILANCE |

## DURING PHASE 3

**Peak Surge**: the input of the Service Development division has a key enabling function to ensure the maximum operational effectiveness of the wider HSC response. This include facilitating best practice and efficient use of potentially limited resources within secondary care, e.g. identifying regional and liaison with national network approaches (sharing best practice, identifying end-to-end care pathways, guidance from clinical networks, etc.).

Public Health consultants within the service development of the directorate are leading on work regionally to enhance surge capacity and clinical management of cases regionally. This is particularly important towards ensuring that available HSC capacity is used appropriately, prioritised effectively and, in due course, deployed ethically.

Evidence based and subject matter expertise will be a key component of our endeavour over the coming months. This will not just be in clinical management terms but also population and predictive modelling.

## DURING PHASES 3 & 4

**Resilience and Recovery**: The directorate's Health Improvement division has a long track record of helping people and communities during very testing times; these approaches now need to be re-visited and scaled up for the necessary COVID19 response, particularly within a cross-government and multi-sectoral approach (including the community and voluntary sectors).

The consequences of the pandemic, for society, will be multi-faceted and potentially very severe for some vulnerable groups (e.g. the elderly, those who are homeless and socio-economically disadvantaged). The impact will not only be material but with potentially emotional and in some cases with even psychological consequences.

The Health Improvement division, using tried/tested means will adapt to the consequences of COVID upon the population. They, including colleagues within Trust HI teams, will work in partnership with other government agencies and also the community/voluntary sectors. Community based action, undertaken at scale, will be necessary – particularly as incomes deteriorate and/other sequelae kick-in, such as within the housing/rental sectors. While much of this is predictable, there will no doubt be other unforeseen consequences, which have yet to realise/consider.

**Surveillance, Case Finding, Secondary (2nd wave) Prevention:** The Health Protection division have the key population / public health protection role over coming months. Given this crucial role, it is important that their efforts are supported in full; this means being the priority function to sustain and resource over the coming months (there being a correlation between their effectiveness and the dynamics/shape of the epidemic curve). This, in turn has significant implications for capacity and scale within the secondary care sector, intensive care provision, etc.

Over the coming weeks/months, active surveillance mechanisms will improve given significantly higher COVID testing capacity. This will be a key element of the overall public health response to the pandemic. In due course, enhanced testing, with active

surveillance and population monitoring, can potentially provide a near 'real-time' population sentinel (warning) system regarding an imminent secondary wave and/or dense population clusters. This raises the need to develop (now) contingent plans for targeted contact tracing: a dedicated team/teams, to undertake intensive contact tracing measures and that can be established at short notice ('on call' 7/7 capacity).

In parallel, to such contact tracing, pro-active and targeted public health messaging (through appropriate communication platforms, social messaging, Apps, etc.) would clearly be essential: these have the capacity to target specific population groups/cohorts, including geographically (ie. in the event of a cluster).

**Public Health Communications Plan (Recovery and Vigilance)**
Aligned to all upcoming phases, the value of strong public health messaging, across diverse platforms cannot be under-estimated. In general, this should not be reactive, but pre-planned and pro-active as we enter and move through pandemic phases. The value of targeted messaging has been shown as a key tool for populations to endure previous pandemics

## CONCLUSION

We are in a rapidly changing context and there is a need to keep the strategic approach under review. However, the overarching approach outlined above, should provide an approach for the public health team.

This report will be updated for 01.05.20.

Report prepared by

Stephen Bergin,
NR
Brid Farrell
Brendan Bonner
Janice Bailie
Hugo Van Woerden

# APPENDIX 1: Directorate divisional team's work

## Health Protection

PHA's Health Protection Service is currently in business continuity mode. The Health Protection cell is the service operating in this mode. Primary responsibility is to manage through the Duty Room and the Health Protection out of hours on call rota:

- Immediate/Urgent Health Protection response in respect of COVID 19;
- All other acute response issues e.g. TB, meningococcal disease, GI outbreaks.

The Health Protection Surveillance team will support these activities. Current priority is production of the Daily COVID-19 bulletin.

FIXED INTERNAL MEETINGS

During remote working, the HP Consultants teleconference each weekday at 09.05;
Daily briefing for all HP staff takes place at 09.30;
End of Day/Handover teleconference at 16.30, primarily for staff populating the on-call rota that evening/over weekend.

Three rotas have been initiated for Consultant Staff all running Thurs to Wed (subsequent week):

1. Duty Room – as per normal business
2. Covid 19 Incident Lead –participates in IMT and link with Silver/Gold
3. Guidance Lead – Rapid response and assessment of PHE derived guidance. Link with guidance cell and CROC teleconferences.

Additionally a consultant is identified to work with Surveillance team and liaison with other parts of HP team.

Actions below comprise project work currently in train and/or completed. However majority of HP activity is in responding to the acute issues whether COVID related or otherwise.

**Emergency Planning – MARY**

| Key areas COVID 19 | lead | Action points OPEN | Action Points closed |
|---|---|---|---|
| **EOC** | MC | Lead on the implementation and maintain lead oversight of the EOC for Health Protection and contact tracing. Activated 23rd January 2020 and transition to HSCB led EOC on the 18th March in preparation for the co-ordination of information and the maintenance situational awareness for surge. Health Protection EOC was operational from 9am-9pm Monday – Sunday. Role included;<br><br>• Expansion of EOC to meet the demands of contact tracing, review, development and dissemination of guidance, communications- internal and external, media, surveillance, service requirements and development of direct lines of communication with HSC Bronze, Silver and Gold HSC Silver and Bronze.<br><br>Development of operational plan for HSCB led EOC. | Closed and continuing to provide support to the HSCB lead EOC |
| **EOC - Rota** | MC | Lead responsibility for ensuring the implementation of robust rotas and staffing for the Health Protection EOC. Oversight of 11 professional rotas and training of staff. | Closed- now HSCB lead with support from PHA HP |
| **EOC - HR** | MC | Lead officer on the development and implementation rota system for EOC, including T&Cs for staff in adherence to AfC. | Issues remain regarding payments for senior nurses remain outstanding. issue now being taken forward by Briege Quinn with CNO |
| **Port Health** | MC | Regional Port Health lead. Co-ordinated the dissemination of guidance and communications for ports and airports. On -site inspection of display of public communication at airports and oversight of process for the management of self-presenters as part of the containment phase. Chaired teleconference with NI Regional Port Health Forum and Translink. NI representative on PHE Airports and Maritime group for COVID-19 | ongoing |

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| **Universities** | MC/ PV | Joint lead and single point of contact for Universities. Chaired teleconferences and disseminated information as required. | ongoing |
| **Excess Deaths** | MC | Health Protection on NI Excess Deaths working group. | ongoing |
| **Strategic Co-ordinating Centre** | MC | HP/PH representative on regional SCC. Group stood up on the 24th March. Daily teleconference. | ongoing |
| **Strategic leadership and collaborative working** | MC | Lead with wider PH team and multi-agency partner organisations on the establishment of a Regional Recovery Group for COVID-19. Regional launch and implementation of *Emotional Health and Wellbeing Strategy following a Critical Trauma Event (CTE).* **Completion of impact analysis- STEEPLE (social, environmental, economic, environmental, political, legal, ethical)** | Forward look and recovery management |
| **Health Protection** | MC | Lead with PHA HP on development of operational plan for next phase of contact tracing and health protection response. | Forward look and recovery management |
| **Cross Border working** | MC | Maintain lines of communication with RoI Health Protection EP as part of forward look, including Port Health. | Next steps |
| **Governance** | MC | Consolidate current planning in to PHA; HSCB; BSO JREP for CIOVID-19 | Next steps |
| **Communications** | MC | Work with PHA Communications team on communications strategy for recovery as part of wider public health initiative. | Next steps |
| **Legalisation** | MC | Development of joint SOP with PSNI following development of NI regulations for the 2020 NI Corona Virus Bill | Next steps |
| **Resilience** | GW/ MC | Work with the AD HP and wider HP team and maintain oversight of contingency planning and resilience for the team and HP service. | ongoing |
| **Guidance** | MC/ HP consultants | Review all relevant HP guidance with reference to PH and multi-agency partner organisations. | ongoing |
| **Emergency Planning** | MC | Maintain direct lines of communication and consider relationship with Local Government, and First Responders as response moves to surge. | Next steps |
| **Finance** | MC | Development of business case for fit for purpose EOC | Next steps |

## Service Development

| Area | Lead | Issue/Area | Update | R.A.G |
|---|---|---|---|---|
| Critical Care | NR | Equipment | Work ongoing re: Procurement exercise. This is being led by Paul Cunningham via Surge Group. | OPEN |
| | | Oxygen | Work ongoing re: Oxygen supply. Regional group established with BOC, DOH, Estates & CCaNNI all involved. Aim is to establish all engineering works required and capacity needed for same. | OPEN |
| | | Staffing | NISTAR have highlighted staffing issues as an emerging problem. | OPEN |
| | | NICE guidance | AGE NI concerns re: use of frailty score in the NICE guidance. Communication needed for AGE NI? | OPEN |
| | | Trust expansion plans | Work ongoing re: Trust expansion plans, including physical areas, no. of ventilated patients and staff training with a view to feeding into surge plan regionally. | OPEN |
| Nephrology | NR | Dialysis | Staff absences may cause difficulty. Keep under review | OPEN |
| | | Cross-Trust working | Cross Trust working | OPEN |
| | | National guidance | National guidance on live donor transplant | CLOSED |
| | | Transport issues | Transport issues resolved. Family and alternative arrangements. | CLOSED |
| | | NICE guidance | NICE Covid guidance. Keep under review high level | CLOSED |
| Palliative Care | NR | Triage and referral | Decision making about triage and referral for care - perm secretary letter suggests much of this will be DoH led | OPEN |
| | | Community services | Work ongoing re: service continuity for district nursing / primary care re: pall care, given there will be increased demand for services due to more people dying at home | OPEN |
| | | | Work ongoing with palliative care teams to centralise resources. Trusts setting up own arrangements with their own Teams. Risks to this approach due to some small teams | OPEN |

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| **Cardiology/ General** | **NR** | BHSCT | BHSCT plans shared with other Trusts.<br>Regional meeting Fri 3/4 to discuss NHSE guidance & agree clinical prioritisation<br>pPCI expected to continue | **OPEN** |
| | | Repatriation | SHSCT yet to agree to repatriate PCCI Covid+ | **OPEN** |
| | | Neurosurgeons | Neurosurgeons linking with Dublin and NW England | **OPEN** |
| | | Outpatients | OP clinics that should not be stopped, see NHS guidance. | **OPEN** |
| | | PPE | Advance in PPE planning / modelling via Veronicas work with BSO (though not yet clear on supply) | **OPEN** |
| | | Use of CCG | Work ongoing with Trusts re: use of CCG to ED electronic referral pathway to give prior warning of COVID+ patient referral to hospital | **OPEN** |
| | | Bed space capacity | Work ongoing with Trusts re: assessment of maximum bed capacity. To then be cross-referenced with PMSI data on bed utilisation | **OPEN** |
| | | Equipment | Work ongoing re: procurement of additional equipment, i.e. Large ventilator supply notified from national order (196 ventilators, 224 NIV, 154 O2 concentrators, 644 monitoring equipment kits). | **OPEN** |
| | | Prioritisation | Work ongoing re: NHS England guidance on prioritisation. Surge group feel we need a NI view on this. | **OPEN** |
| **Oncology / Haematology** | **NR** | NICE guidance | Review NICE COVID guidance circulated to NICAN high level | **OPEN** |
| | | | Working with colleagues in NICAN in relation to planning / prioritisation for SACT for Haem / one inpatient and outpatient services preparing patient information, weekly telecall with cancer service managers, facilitating regional discussions regarding AOS pathways in and out of hours, helpline triage protocols, sharing of guidance | **OPEN** |
| | | | To ask CRGs to agree prioritisation for surgery by tumour site, radiotherapy plans | **OPEN** |
| | | Red flag surgery | Red flag elective surgery | **OPEN** |
| | | | SLN biopsy send away service to stop | **CLOSED** |
| | | FIT testing | Louise- guidance for FIT testing for some patients. May have some impact and will require wider discussion. meeting with screening to be arranged to discuss further | **OPEN** |

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| PPE | NR | | Meeting between RMs PPE/ICP group and Surge. Sharon Gallagher is leading on this in DoH | OPEN |
| Paediatrics | NR | | Community follow up | OPEN |
| | | Technology | Technology dependent children | OPEN |
| | | Vulnerable children | Who and how were 'vulnerable children' selected - letters in post today - Kiara Lloyd has written to Trusts. | CLOSED |
| | | Bed numbers | Reduced number of paeds units - paper due tomorrow | OPEN |
| Maternity | NR | RCHG guidance | RCHG guidance | OPEN |
| | | Website | Website to be established with key messaging | OPEN |
| | | | Meeting with head of MW and obstetricians next week | OPEN |
| Neonatology | NR | Paediatric post-mortems | Work ongoing re: development of guidance for post-mortem of COVID+ babies | OPEN |
| | | Paeds Pathology | Work ongoing re: paeds pathology services in light of expected pressures on mortuary | OPEN |
| | | ROP | Work ongoing re: ROP and contingency plans between BHSCT and WHSCT in event of RBHSC facilities becoming unavailable | OPEN |
| | | Neonatal policies | Work ongoing re: updating local neonatal policies in light of new national guidance | OPEN |
| | | Maternity Surge planning | Work ongoing re: planning for maternity surge preparedness | OPEN |
| | | Consolidating Neonatal units | Work ongoing re: consolidating NNUs onto fewer sites | OPEN |
| | | Breast feeding guidance | Breast feeding guidance for HSC now approved | CLOSED |
| Ophthalmology | NR | Time sensitive interventions | Cancelled, e.g. macular. Cross-ref with NN work | CLOSED |
| | | Diabetic Eye screening | Pregnant patients being prioritised. Service paused for new and surveillance patients. | CLOSED |

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| | | Retinopathy of prematurity | Concerns re: logistics and transport issues. Trust is attempting to ring-fence staff for this service. | OPEN |
| | | Fairview site at Mater | All routine macular now cancelled. Process now agreed to identify and treat only urgent and emergency cases | CLOSED |
| | | National guidance | Royal College of Ophthalmology have issued guidance on areas that need to be continued. | CLOSED |
| | | Community optometry | Routine eye exams now paused. Telephone triage to identify urgent conditions such as sudden loss of vision | CLOSED |
| | | Cataract WLI | Those patients identified as having significant deterioration in vision need special consideration as exceptional cases, and Trusts need to escalate these patients for surgery | OPEN |
| | | Knowledge Mgt. Cell | At huddle meeting today. Knowledge mgt. cell meeting re: information flow and how to project manage this. | OPEN |
| Respiratory | NR | NHS England guidance | Work ongoing re: NHS England Community and secondary care respiratory guidance with view to issuing locally | OPEN |
| | | Clinical Advisory Cell | Christine attending clinical advisory cell - also proposing FH 24 online contraception module? | OPEN |
| Pathology / Radiology | NR | Post mortems | Work ongoing re: development of Regional 'End of Life' pathway strategy. Ward level to be included to ensure no blockages in issuing death certs/ releasing bodies. | OPEN |
| | | Mortuary capacity | Work ongoing to quantify additional mortuary capacity - need to clarify if information has already been pulled together regarding this | CLOSED |
| | | Lab testing | Work ongoing re: 4 nations approach to testing. | OPEN |
| | | Radiology | Work ongoing re: CT scanners and the need for level 3 clean between patients. | OPEN |
| Stroke | NR | TIA assessment | New model set up. CEA service paused. | CLOSED |
| | | Thrombectomy | This needs to be protected - may need certain criteria | OPEN |
| | | Post-discharge reviews | Now all happening remotely | CLOSED |
| | | ED closure impacts | DHH ED closure - all thrombolysis to be done in CAH. NIAS & BHSCT to explore option of taking possible LVOs to Belfast and some strokes to BHSCT if quicker | OPEN |

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| **Testing for HCWs** | **NR** | Private Tests | Sinead - Trying to set up private tests. Also those immune to Covid can donate plasma to be used to treat the sickest patients? Antibody testing. | **OPEN** |
| | | Hospital testing | Expert group meeting - expanding hospital capacity. Testing being ramped up | **OPEN** |
| **Paediatric diabetes** | **NR** | Remote support | Remote support to families / young people | **CLOSED** |
| | | Pumps warranty | Medtronic have extended warranty on pumps for 3/12 | **CLOSED** |

## Scientific And Technical Cell

The STAC sits within the Silver command structure and links into the work via the Emergency Operations Centre (EOC) Communications Cell and the Knowledge Management Cell. Among a number of key tasks, the STAC will respond to queries, external or internal, for which no other guidance currently exists or where evidence is either lacking or unclear. Therefore queries are only received by the STAC once they have already been filtered through the EOC Communications and Knowledge Management Cells.

The core STAC team has met daily since 16.3.20, and as not all members have remote access, the STAC has established and tested various means of connectivity which will allow continuity of contact and effort, should the entire team be outside of PHA office accommodation. The STAC has drawn up an action plan and query log and received the first queries on 20.3.20. A dedicated email address for receipt of queries has been put in place - ReplytoRD@hscni.net

Other activities of the STAC will complement this key task, including co-ordination of a number of groups focused on surveillance and modelling of COVID-19 in Northern Ireland, support for researchers where existing research is challenged or stood down completely by the COVID-19 pandemic, ensuring rapid ethics and governance approval for new COVID-19 research studies and development of a COVID-19 research funding call for Northern Ireland researchers. Attention will be paid to areas where opportunities exist to review or generate evidence de novo through innovative approaches in public health interventions.

To ensure that there is no overlap with or duplication of the work of other national groups, a link has been made into the Public Health England Science and Research Cell, which also has representation from the other Devolved Administrations. Dr Janice Bailie has joined this group by teleconference for the last two weeks. The PHE Science and Research Cell is gathering intelligence on identified research needs and priorities, ongoing research studies, research funding calls and evidence repositories

| Key areas COVID 19 | lead | Action points OPEN | Action Points closed |
|---|---|---|---|
| **Establish Scientific and Technical Cell (STAC)** | JB/CW/GJIY | Draft & agree Terms of Reference | Closed |
| | | Identify Core Membership | Closed |
| | | Identify and invite External Advisory Group | Closed |
| | | Maintain daily meetings schedule and SITREP reporting | Ongoing |
| | | Establish process for handling queries | Closed |
| | | Provide responses to queries | Open |
| | | Link to other cells via Knowledge Management Cell | Open |
| | | Link to PHE Science and Research Cell and other DA equivalents, join weekly telecall and ensure access to evidence repositories, lists of ongoing research studies and funding calls | Open |
| **Manage year end finance** | JB/AC/KR/EC/JO | Process claims, creditors and accruals on existing awards | Ongoing |
| | | Complete year-end reconciliation spreadsheet | Ongoing |
| | | Present year-end position to HSCB finance director | Open |
| **Manage current awards experiencing downturn due to COVID-19** | JB/PMs/Admin | Create statement for website regarding funding/recruitment position etc. | Closed |
| | | Update to above as required | Open |
| | | Ensure safety of patients on current studies | Open |

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| | | Provide advice and support to researchers<br><br>Maintain links with PIER (PPI) group<br><br>Manage ongoing commitments on EU-funded INTERREG and H2020 awards | Ongoing<br><br>Ongoing<br><br>Ongoing |
| **Identify opportunities for new COVID-19 related research** | All | Participate in UK-wide prioritisation of network-supported clinical trials<br><br>Fast-track ethics and governance for new COVID-19 research<br><br>Announcement of open call on website under existing schemes<br><br>Create COVID-19 specific funding call | Ongoing<br><br>Ongoing<br><br>Closed<br><br>Ongoing |
| **Convene relevant groups to support needs-led research relating to COVID-19** | IY, HVW, JB & PMs | Modelling Group led by IY<br><br>Surveillance Group led by HVW<br><br>Behaviour change Group led by Declan Bradley | Ongoing<br><br>Ongoing<br><br>Open |

**Health Improvement ('Community' Maintenance & Recovery)**

The Health Improvement (HI) staffing division, through appropriate re-tasking and delegation, has facilitated the wider directorate support across the Containment and Delay phases of the pandemic response.

Given the core focus of health protection staff, the direct input of the HI division has been instrumental in terms of transitioning the EOC from 'Health Protection' (leading on guidance, communications, response to public health queries and contact tracing) to a HSC Support Centre. This will be important for the next phase of addressing the COVID19 outbreak- surge response.

This has included supporting the development and roll out of a T4T programme to support the sustainability of tracing function into the future and enhanced awareness across the system of the challenges associated with COVID19. Work was done on redefining the role of the EOC, developing a more multi-disciplinary approach and restructuring functionality and resourcing with close alignment to supporting the Silver/Gold function.

The wider HI staffing division, from band 7 and above, have been deployed into directly supporting the operational management and delivery of the EOC as well as providing backup support on rota management and capacity. A key focus has been on supporting the EOC support cells of:

- Knowledge Management
- COVID General Business
- Business continuity planning
- Stakeholder Engagement/Partner Engagement

The Knowledge Management group has two work streams, the first will seek to review and streamline the flow of information / enquiries that come into PHA via email and others sources, direct it to an appropriate internal source and agree mechanism for response/ dissemination. The workstream, together with the PHA Communications team / subgroup, will ensure that appropriate information for the public and specific sectors is available. The group will undertake process mapping to identify existing internal information flows and develop new pathway(s) for such information within PHA. This relates to:

- information/ enquiries coming into PHA from external sources;
- updating of protocols/pathways/training for PHA staff

The second workstream involves the collation of national and local guidance and resources that already exist. This covers the identification of gaps in guidance/advice for the public/professionals – this is highlighted so that relevant guidance can be developed by the appropriate sub-group/organisation: complicated messages can be simplified for public consumption, including feeding into the Digital resilience FAQ App, logging information and ensuring responses to help identify how HSC access wider population through partner's communication channels.

The HI division have also redeployed staff to support COVID General Business: this cell will help ensure business continuity including contracts critical to supporting the COVID19 response, e.g. mental health provision and support to 'drug & alcohol' clients (that have ongoing needs and can be potentially facilitated in a different manner). This cell will review will service change is possible, e.g. posts that are dedicated to promoting wellbeing/building capacity and should now be re-focused on other tasks. The group will explore how we make best use of networks in each locality, such as DoC/ Local Councils are going to be focusing on direct supports such as food / money issues/ isolation, PHA/HSC should looking at other areas such as promoting better communication etc.

The third group of staff have been reallocated to Business continuity planning in particular to develop guidance around issues such as social distancing in each office and ensure implementation of guidance for daily updates, guidance for working from home, develop log for staff who are working from home and key areas such as:

- Staff health and Wellbeing:
- Leadership in the support of PHA/HSCB staff
- Development of a notice board for staff re concerns
- Communicating messages out to all staff
- Connectivity with councils/other stakeholders

The fourth area is Stakeholder Engagement/Partner Engagement, which is about establishing dialogue building trust, empowering communities, community planning linkage and encourage community engagement. The focus will be to capture local understanding of COVID19 and bring this back to Knowledge Exchange Group for response. Focus on the following:

- Fears
- Beliefs
- Concerns
- Perceptions

This group will work and providing clear guidance through community on understanding the disease, how to avoid risks and how to keep safe and protect individual, family and community wellbeing

The HI division has linked with the Regional Officer for the Local Government Civil Contingencies/Emergency Planning (Joan McCaffrey) building up well-established partnership working relationship and to enable work with all District Councils. Joan is leading on Local Governments support for the C&V sector and rather that PHA take a different route we have agreed to support her approach: the councils have their own workforce to call upon locally and Trusts are signed up to this approach.

PHA will ensure that we make the link between the regional direction and local approach. DAERA (Rural Dept) are also keen to take a similar approach as it will be underpinned by Department of Communities (lead for Local Government). The work we plan to address via the stakeholder engagement workgroup going will be the

channel for getting information out, in terms of addressing your circles this is moving the message out of PHA/HSC into communities.

Trusts and HSCB are proposing that when their capacity is down they will refer people to the C&V sector, however, that sector is also facing capacity issues and limited resource. Issues to consider include:

Community pharmacies: maintaining effective response regarding the dispensing of prescriptions; impact on smoking cessation services; impact on NSES and OST services for homeless.

HSC staff will provide practical information, advice and support to the NIHE as part of the NIHE's assessment of the needs of homeless people potentially affected by coronavirus.

Discharge planning - If patients are deemed, by a consultant, to be medically fit to leave hospital and there is a delay in sourcing new or additional home care, they may be discharged to await these elements of their care package. There could be a support role for our C&V contractors here to be discussed by COVID General Business Group - for example CLARE Programme, MEAP, etc.

Services will be prioritised for those most in need i.e. the vulnerable and those at risk of harm – outlines this for social care, but not the detail we know from the full plan which has alerted us to the possibility of psychological services being stood down by HSCT

The Belfast Trust provides healthcare in police custody suites in Belfast under a transformation project. The Board/PHA has been in contact with the Trust and the PSNI in respect of contingency/surge planning regarding this service. This could have implications for services funded by HI division.

| Key areas COVID 19 | lead | Action points OPEN | Action Points closed |
|---|---|---|---|
| **Transition of the EOC** | BB | Manage the transition of the EOC from primary purpose of a centre for the co-ordination of information and a communication hub for HSC Trusts and partner organisations. It will also provide up to date information and situational awareness on of the impact of the response across the HSC as well as co-ordinating communications across the sector for Bronze, Silver and Gold (operational, tactical and strategic command). | |
| **Populate the support cells and communication structures** | BB | Support Cells being populated, single point of contact established for them all.<br>Key contacts points for each cell to be identified, taking account of resilience and sustainability<br>New sub-cell for COVID19 routine business links created<br>Creating of a multi-disciplinary team covering Nursing, AHP, Social Work, Medical, Health Protection, ICP, Pharmacy established | Key contacts points for each cell to be identified, taking account of resilience and sustainability |
| **EOC Resilience** | BB | Fully functional ICT support and capacity management to address video conferencing, remote access etc to provide remote working<br>EOC Resilience Plan: short term use of Linenhall St but secondary site within Linenhall Street required | |
| **Communications on EOC** | BB | Clear Communications with Trusts, ICPs and NI BTS on revised role of ECO and processes<br>Communications etiquette drafted | |
| **Knowledge Management Cell** | CR/MM | Review/mapping of existing policy and guidelines from PHE in terms of determining applicability to NI<br>Review gaps in guidance<br>Develop information flows<br>Update protocols and pathways<br>Develop suitable resources to support wider stakeholders | TOR Drafted<br>Single point of contacted established<br>Multidisciplinary membership recruited |

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| | | Input to FAQ App<br>Identify opportunities for positive messaging | |
| **COVID Routine Business Cell** | DMcI | Categories existing contracts in terms of :<br>• Continue as is – i.e. in full as contacted (but note any changes )<br>• Continue partially – partial capacity available to give to other work (HLCs might fall into this as they are already using our resources to provide local community based support in response to Covid)<br>• Stand down in full – 100% capacity available to give to other work ( we then need to provide a way to connect them into the emergency support programmes or have a clearer idea of what we could be asking them to do)<br>• Stand down with no capacity ( staff are sick/unavailable)<br><br>Address emerging challenges and queries to business and support function | |
| **Critical C&V Service Needs** | SM/FT/MO | Review and address ongoing demand from service providers working with vulnerable groups on issues such as PPE especially for D&A services, homelessness. | Direction on alternatives to face to face interventions fo talking therapies |
| **Liaison with Local Government Partners** | FT | Linking in with the Regional Officer for the Local Government Civil Contingencies/Emergency Planning to explore how we can work with Local Government to support for the C&V sector<br>PHA will ensure that we make the link between the regional direction and local approach. ) | |
| **Wider Stakeholder Involvement** | FT/MM | As we move forward in the comings a key ware will be Stakeholder Engagement/Partner Engagement, which is about establishing dialogue building trust, empowering communities, | |

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| | | community planning linkage and encourage community engagement. The focus will be to capture local understanding of COVID19 and bring this back to Knowledge Exchange Group for response. Focus on areas such as fears, beliefs, concerns, perceptions etc. | |
| **Staff Health and Wellbeing** | SM/JC/AoN | Link across with HAP/Nursing in terms of cohesive support<br>Promote physical and emotional wellbeing action s to support staff<br>Support guidance on working from home and self-care<br>Retain contact with staff self-isolating | |
| **Direct Support for EOC** | BB | Review service need and capacity | Support the delivery of T4T on awareness raising and roles.<br><br>Redeploy staff to actively take on support role in EOC operations function in terms of Shift Manager and Admin |