COVID-19

Public Health Command Team

Standard Operational Procedure

Version 1 January 2021

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Contents Page

Paragraph	Title	Page
1.0	Section 1	3
1.1	Purpose	3
1.2	Aim, Objectives and Scope	3
1.2.1	Aim	3
1.2.2	Objectives	3
1.3	Scope	4
1.4	Principles of the COVID-19 Public Health Command Team Standard Operational Procedure	4
1.5	Health Protection: Legal Policy and Context	5
1.6	Governance	
2	Roles and Responsibilities	6
2.1	The PHA COVID-19 Command Team	6
2.2	Chair of the Public Health COVID-19 Command Team (Director of Public Health (Interim)	7
2.3	Responsibility of Service Leads	7
	Section 2: Appendices	9
	Appendix 1: Agenda 3rd Wave Planning Board	10
	Appendix 2: Weekly Service Report Template	11
	Appendix 3: COVID 19 Third Wave Planning Board	12
	Appendix 4: PH COVID-19 Command Team Agenda	14
	Appendix 5: PH COVID-19 Command Team Reporting Template	15
	Appendix 6: Command Team ToR	16
	Appendix 7: PHMT COVID-19 Action Log	18
	Appendix 8: PHMT COVID-19 Risk Register	19
	Appendix 9: PHA-IIMARCH Briefing for PHA COVID-19 Management Team	20-23
	Appendix 10: PHA COVID 19 Meetings	24-33

Section 1:

1.1 Purpose

This document sets out how the Public Health Directorate (PHA) will co-ordinate and lead the public health response for COVID-19 (wave 3).

The overarching aim of this document is to outline the operational procedures for the Public Health COVID -19 Command Team (referred to hereafter as the Command Team).The document will also reflect how the PHA will work with partner organisations and support local and regional decision making. In addition, the Command Team will maintain oversight of the public health response which includes arrangements for;

- The management of outbreaks in health care and education settings
- High-risk communities and locations
- Local testing
- Contact tracing in complex settings
- Regional vaccination programme
- Data integration
- Vulnerable people in diverse communities
- Joint working with partner organisations
- Communications

1.2 Aim, Objectives and Scope

1.2.1 Aim

The aim of the COVID-19 Public Health Command Team Standard Operational Procedure is to set out the PH arrangements for command, control and communications for the Public Health Directorate. These arrangements should complement and support arrangements in place in place to control general transmission of the virus, manage localised outbreaks and address particular acute associated impacts (consequence management).

1.2.2 Objectives

The objectives of the COVID-19 Public Health Command Team Standard Operational Procedure are;

- To define the roles and responsibilities of the Command Team.
- To outline procedures for co-ordination of the response across the Directorate.
- To define the communications and reporting arrangements for the Public Health Directorate and with partner organisations.
- To lead on recovery for Public Health

1.3 Scope

This document has been developed to reflect existing PHA emergency plans and established ways of responding to emergencies, together with tried and tested public health and disease management approaches.

In terms of consequence management, it is not intended that all impacts and consequences associated with COVID-19 will be addressed by the Command Team. This document should be read in conjunction with the following documents;

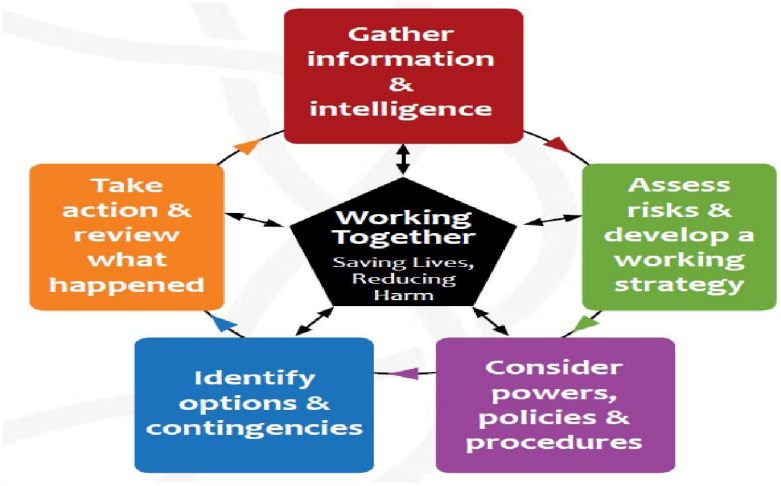
- The PHA; HSCB; BSO Joint Response Emergency Plan
- NI Infectious Disease Incident/ Outbreak Plan
- COVID-19 Management Framework

Terms of reference for the Command Team can be seen in Appendix 6 of this document.

1.4 Principles of the COVID-19 Public Health Command Team Standard Operational Procedure

To ensure the command procedures effective in continuing to deliver the public health response for the prevention and management of the transmission of COVID-19, the Public Health Directorate procedures for command, control and co-ordination will be aligned to the Joint Decision Making Model (JESIP).

Figure 1: Joint Decision Model:



Adhering to this model will support a standardised approach to communications and decision making for the Public Health Directorate. In addition, this approach will ensure that the following four principles will be adopted;

- Be rooted in public health systems and leadership
- Adopt a whole system approach

- Be delivered through an efficient and locally effective and responsive system including being informed by timely access to data and intelligence
- Be sufficiently resourced

1.5 Health Protection: Legal Policy and Context

The legal context for managing outbreaks of communicable disease which present a risk to the health of the public requiring urgent investigation and management sits with:

- The NI Public Health Agency under the NI Public Health Act (1967)
- Director of Public Health under the Health and Social Care (Reform) Act (Northern Ireland) 2009
- The Chief Environmental Health officers under the Public Health (control of Disease) Act 1967
- Government Departments Other responders' specific responsibilities to respond to major incidents as part of the NI Civil Contingencies Framework 2011
- The NI Health Protection Coronavirus Regulations 2020

The NI Public Health Agency Health Protection Service is mandated to fulfil the Secretary of States' duty to protect the public's health from infectious disease, working with Health and Social Care (HSC), Local Government and other partners. This includes providing surveillance; specialist services, such as diagnostic and reference microbiology;

1.6 Governance Structure

2.0 Roles and Responsibilities

2.1 The PHA COVID-19 Command Team

The Command responsibility for co-ordinating and leading the PHA Public Health Directorate's response forCOVID-19. Core membership of the Command Team includes the following:

- Director Public Health (Interim) (Chair)
- Director for Contact Tracing
- Assistant Director Service Development
- Assistant Director Health Protection

The specific responsibilities of the Command Team include;

- To lead the Public Health Directorate COVID-19 response across all Directorate Services.
- To maintain oversight of the COVID-19 response, ensuring actions are completed in a timely, effective and co-ordinated manner supported by robust response , monitoring and reporting arrangements.
- To make the case for resource requirements necessary to undertake the development of services to support the ongoing response.
- To identify particular issues requiring policy decisions by the Agency Management Team (AMT).
- To lead on the Public Health Communications strategy for COVID-19 including engagement with partner organisations.

2.2 Chair of the Public Health COVID-19 Command Team (Director of Public Health (Interim)).

The key responsibilities of the Chair are to:

- Ensure the aims of the Team are achieved
- Ensure that adequate resources are made available to the Team to fulfil its commitments.
- Provide weekly progress reports to the PHA AMT and Joint Agency Management Team (AMT) and HSCB Senior Management Team (SMT).

2.3 Responsibility of Service Leads

Service leads as identified in section 1.5 (Governance Structures) are responsible for reporting on priority issues for their defined service areas as follows;

- Issues of concern today (operational- urgent action required)
- Issues of concern over the next 7 days (tactical- forward planning and response)
- Issues of concern over the next 28 days (Strategic – horizon scanning and forward planning)
- Identification of interface issues with other services (internal and external)

Where necessary, service leads are responsible for drawing up action plans and reporting against actions as part of the review of the action log. The Command Team Manager will follow up on specific actions as advised by the Chair with Service leads.

2.4 Public Health Command Team Co-ordinator (Senior Manager)

The Senior Manager has responsibility for the overall management of the Command Team from the preparation of papers to the completion of the COVID-19 evaluation for the team. He/She will work with the Chair and co-ordinate all communications and follow up on actions with the Service Leads for each area. Each Service Lead will provide ongoing reports on progress against planning for their area of responsibility. The primary point of contact for the Public Health Management Team Co-ordinator will be the Chair of the Public Health COVID-19 Management Team

The Command Team Co-ordinator will be supported by members of the PHA COVID-19 Command Team and will have the following key responsibilities: -

- To maintain oversight of all service areas reporting as led by the Service Leads.
- To co-ordinate agreed communication and reporting mechanisms.
    - To work with the Chair and identify issues for escalation to the Agency Management Team.
    - To follow up on actions with Service Leads as identified by the Command Team
    - To identify cross cutting issues that require engagement with partner organisations and Government Departments.

2.5 Administrative Support

Administrative support for the Public Health Command Team will be provided by the Public Health Administrative Team.
The Administrative Support is responsible for;

- Recording the meeting log.
- Co-ordinating all correspondence for the Command Team.
- File weekly reports in shared file for members.

- Manage SharePoint file for the Public Health COVID Management Team

2.6 Meetings

The Chair will provide a weekly report to PHA Chief Executive reflecting;

- Key issues for noting.
- Forward look- priorities for the next 7/14 and 28 days.
- Areas of risk for consideration for inclusion in the PHA Corporate Risk Register
- The communication plan.

2.7 Meeting 'Battle Rhythm' and Directorate Reporting

The two key meetings which take place every Thursday and are essential for gaining situational awareness of the public health COVID-19 response are as follows;

Meeting 1- The Third Wave Planning Board

The Third Wave Planning Board (chaired by the Assistant Director for Service Development). This group meets every Thursday at 10am. The purpose of this meeting is for members to report on key activities and identify priorities for action over the following 7, 14 and 28 days. Members are required to submit a weekly report in advance of this meeting. Report to reflect;

- Brief summary of the evidence base for increased risk posed by COVID 19 in end second wave/start of third wave.
- Mitigating actions that are available and options for delivering locally
- Actions for the next seven days.

Note: Where necessary, members are expected to develop an action plan for all issues identified and execute within the agreed timeframe. Feedback on actions to be completed and update submitted in report for the following 3rd Wave Planning Board meeting.

Please refer to appendix 3 for Terms of Reference for the Third Wave Planning Board

See 3rd Wave Planning Board agenda and template for reporting in Appendix 1 and 2

Meeting 2 -the Public COVID-19 Health Command Team

Member Directors and Assistant Directors are required to report by exception at the weekly Public Health COVID-19 Command Team meeting as follows;

- Issues of concern as identified at the Third Wave Planning Board meeting.
- Identification of cross cutting issues and interface with other services (internal and external to the PHA)
- Issues for escalation the PHA Chief Executive Officer via the Chair.

See template for reporting in Appendix 2

Terms of Reference for the 3rd Wave Planning Board can be seen in appendix 3 of this document.

In addition to the above meetings a number of key meetings are supported by the Public Health Directorate. Please refer to appendix 10.

Section 2

Appendices

Appendix 1: Agenda 3rd Wave Planning Board

AGENDA

Apologies:

STRATEGIC OVERVIEW

Surveillance/outbreaks/clusters overview

Epi Trends

Surveillance/epi update

INVESTIGATION

Testing

Contact Tracing Service

RESPONSE

Communication

Acute Duty Room

Care Homes

Education Cell (incl. Higher Education)

Nosocomial Support Cell

Surge-secondary care/7 day forecast

Health Improvement

Vaccination (incl. non Covid)

Behaviours

IPC

Delayed discharge

Emergency Planning

OTHER

R&D

Screening

Other non-COVID

Appendix 2: Service Report for 3rd Wave Planning Board (to be completed by service leads)

SUBJECT AREA:

Please restrict your update at the meeting to TWO minutes to allow time for discussion. Reference material can be added as an appendix if necessary

1. Position today

2. Emerging trends / themes

3. Issues & Concerns - for escalation

4. Implications for other cells – **MOST IMPORTANT**

5. Objectives for week ahead – 1 sentence, ie. any upcoming change / trend anticipated

6. Plan for next month – 1 sentence, ie. if longer term strategic consideration/change required

Appendix 3: COVID 19 Second Wave Planning Board -Terms of Reference

Chair: Hugo Van Woerden and Brid Farrell

Frequency of meetings: Weekly on Thursdays at 10am via ZOOM.

Membership: Olive McLeod; Hugo Van Woerden; Janice Bailie; Stephen Bergin; Colette Rogers; Maurice Meehan; Seamus Mullen; Fiona Teague; Rodney Morton; Edmond McClean; Briege Quinn; Mary Carey; Aideen Keaney; Gerry Waldron; Marie Roulston; Philip Veal; Jennifer Lamont; Stephen Wilson; Brenda Bradley

Final Terms of Reference

Aim: To minimise the impact of COVID 19 on the N. Ireland population in the second wave of the pandemic through the organised efforts of the PHA and HSCB.

Objectives:

1. Ensure the PHA and HSCB can respond quickly to new issues as they emerge from September 2020 onwards.

2. Ensure effective timely communication of messages about the second wave that are understood by key stakeholders and hard to reach groups.

3. Partner with and mobilise our independent sector, community, voluntary and statutory partners to develop local action plans to mitigate and address the adverse impacts of COVID 19 (as seen in the first wave of the pandemic).

4. Identify high risk groups needing additional support as in the first wave to include inequalities, age, deprivation, housing, co-morbidities, geography, ethnicity and occupation. Also to consider the potential combined impact of increase in falls and ill health in people with multimorbidity during Winter months.

5. Support high uptake of influenza vaccine from September/October 2020 onwards through co-operation with the Flu group in PHA.

6. Support cluster/outbreak recognition and response is delivered in a timely way by the contact tracing service.

7. To support the surveillance function in PHA to allow early identification of trends in COVID 19 and Influenza outbreaks including clusters.

8. Co-ordinate regional action to support the delivery of high quality infection control and protection (including PPE) arrangements across all HSC services

9. Advise a process for PH Advice a process for local "lockdown" including triggers and thresholds for this to happen including early warning systems as they evolve.

10. Ensure key stakeholders in PHA/HSCB are aware of the work being carried out by other regional groups e.g. Testing, "Test, track and protect", healthcare acquired infections (HCAIS or nosocomial infections), care home preparation, CMO FLU group, CNO surge group, restart program board.

11. Liaison (understanding and early engagement) with other Government Departments as required to ensure an effective co-ordinated response to COVID 19.

12. Map out existing regional groups working on aspects of COVID 19.

13. Support local participation into research on COVID 19 in N Ireland.

Not included in Scope:
This group will not consider services in primary and secondary care e.g. Bed/ICU capacity, backlog non COVID work, workforce management e.g. staff absences.

Method of Working of the group:
Second wave of pandemic is a new scenario for PHA to deal with. The work of this group will inform a PHA and HSCB action plan for dealing with the second wave and kept under regular review.

This group will report monthly to AMT/SMT.

12th August 2020

Appendix 4: PH COVID-19 Command Team Agenda

	Item	Item Lead
1.	**Attendance and apologies**	Chair
2.	**Action log and risk register**	Chair
3.	**Business cases to be approved (cover sheet only)**	Division Lead
4.	**Emerging Issues/Horizon Scanning** • Outstanding issues from 2nd wave planning (as per Chair's report)	Chair
5.	**Update of PHA SitRep** • Summary of issues for reporting at AMT	Chair
6.	**Allocate responsibility for agreed actions**	Chair
7.	**Confirm date and time of next meeting and required attendees**	Chair

Appendix 5: PH COVID-19 Command Team Reporting Template- to be completed by all members for their respective areas.

		TODAY	7 DAYS – next week	28 DAYS – next month
HIGHER LEVEL DIRECTION				
1 up and 2 up – their intent/issues	(DPH/ADs)	**Operational**	**Tactical**	**Strategic**
MONITORING				
Epi Trends	(Stephen/Gerry/Lynsey)			
INVESTIGATION				
Testing	(Brid)			
Contact Tracing Service	(Liz)			
RESPONSE				
Communication				
Acute Duty room	(Gerry)			
Care Homes	(Heather)			
Education Cell (incl. Higher Education)	(Joanne)			
Nosocomial Support Cell	(Liz/Stephen)			
Surge-secondary care/community care	(Brid)			
Behaviour changes				
Health Improvement	(HI leads)			
Vaccination (incl. non Covid)	(David – Jillian)			
OTHER				
IPC	(Briege)			
R&D	(Janice)			
Screening	(Tracy)			
Other non-COVID				

Injects - '6 liner' format – prior to meeting

1. Position today
2. Emerging trends / themes
3. Issues & Concerns - for escalation
4. Implications for other cells – **MOST IMPORTANT**
5. Objectives for week ahead – 1 sentence, ie. any upcoming change / trend anticipated
6. Plan for next month – 1 sentence, ie. if longer term strategic consideration/change required

Appendix 6- Command Team ToR

Draft ToR- Public Health COVID 19 Command Team

Chair: Dr. Stephen Bergin

Frequency of meetings: Weekly on Thursdays at 11am via ZOOM.

Membership: Stephen Bergin, Liz Mitchell, Gerry Waldron, Brid Farrell

Draft Terms of Reference

Aim: To coordinate the Public Health directorate's response to the COVID pandemic.

Objectives:

1. To lead the Public Health Directorate COVID-19 response and ensure the PHA Public Health Directorate can respond quickly to new issues as they emerge from December 2020 onwards.

2. To maintain oversight of the Public Health COVID-19 response, identifying and addressing issues that require immediate, medium and long term action and response.

3. To identify potential inter-dependencies, connections and associations between the various directorate response cells to therefore ensure a more joined up and coordinated response across and between cells.

4. To identify issues for escalation to the Agency Management Team and Joint Agency Management Team and Senior Management Team as necessary.

5. Responsible for ensuring actions are completed in a timely, effective and co-ordinated manner supported by robust response, monitoring and reporting arrangements.

6. To make the case for resource requirements necessary to undertake the development of services to support the ongoing response.

7. To lead on the Public Health Communications strategy for COVID-19 including engagement with partner organisations.

8. Ensure lines of communication with existing regional groups working on aspects of COVID 19.

Not included in Scope:

This group will not consider services in primary and secondary care e.g. Bed/ICU capacity, backlog non COVID work, workforce management e.g. staff absences.

Method of Working of the group:

Third wave of pandemic is a new scenario for PHA to deal with. This group will maintain oversight of the PHA Public Health Directorate action plan for dealing with the Third wave.

This group will report to PHA Chief Executive (Interim)

Date: 22.12.20

Appendix 7: PHMT COVID-19 Action Log

Date:
Attendees:
In Attendance:

Date	Action No	Action Agreed	Person Responsible	Status

Date:
Attendees:
In Attendance:

Date	Action No	Action Agreed	Person Responsible	Status

Appendix 8: PHMT COVID-19 Risk I

Public Health Management _COVID 19 _RISK REGISTER

Risk Categories

- A- Strategic
- B- Funding, Legal and Related Issue
- C- Resources
- D- Planning
- E- Operational

RAG Rating:

- **Red = Significant Impacts that will not improve without significant intervention.**
  Option- Collaborate- requires AMT/SMT Intervention
- **Amber = Service experiencing moderate impact. Services reduced but functioning; or impacts are being felt but wider consequences are not yet fully understood, or issues have been identified by the service that could create major impact. Action is required to mitigate priority risks.**
  Option: Treat, Tolerate or Collaborate- must be articulated in the SitRep
- **Green = Service is functioning within acceptable limits.**
  Option: Treat, Tolerate or Collaborate- must be articulated in the SitRep

Risk Category	Risk Description, Cause & Consequences	P	I	Automated Priority Rating (RAG)	Risk Owner	Mitigation Actions	Comment	Status (Open / Closed)

PROBABILITY	IMPACT			
		LOW	MEDIUM	HIGH
	LOW	GREEN	GREEN	AMBER

	MEDIUM	GREEN	AMBER	RED
	HIGH	AMBER	RED	BLACK

Appendix 9: PHA-IIMARCH Briefing for PHA COVID-19 Management Team. To be completed by EP Manager after each meeting and submitted to the DPH (interim). Where agreed with the DPH, information to be recorded on the PHA SitRep

All Services are asked to complete a SitRep preparing a brief. When using IIMARCH, it is helpful to consider the following:

- Brevity is important - if it is not relevant, leave it out
- Communicate using unambiguous language free from jargon and in terms people will understand
- Check that others understand and explain if necessary
- Consider whether an agreed information assessment tool or framework has been used

	Service Area	
Element	**Key questions and considerations**	**Action**
I	**Information** **What, where, when, how, how many, so what, what might?** Timeline and history (over past 7 days), key facts reported using : • Position Today • Data/ Trend analysis • Factual information	
I	**Intent** **Why are we here, what are we trying to achieve?** **Strategic aim and objectives, service strategy:** What are the key risks? Issues and Concerns for escalation. Options? **Implications for other services/ cross cutting themes** Define	

	Service Area	
Element	**Key questions and considerations**	**Action**
	What is required for an effective response?	
M	**Method** **How are we going to do it?** Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency plans: Key roles and responsibilities;	
A	**Administration** **What is required for effective, efficient and safe implementation?** Identification of key tasks, decisions and resources: • Communication plan (including meetings / teleconferences / briefings) • Communication Briefings • Meetings with clear 'action' plan / outcomes • Clarity of roles / responsibilities • Identify risks / contingencies - risk log	

	Service Area	
Element	**Key questions and considerations**	**Action**
R	**Risk assessment** **What are the relevant risks, and what measures are required to mitigate them?** Dynamic risk assessment to consider:	
C	**Communications** **Identify Communication requirements** • Internal Communication Strategy (PHA/HSCB/ BSO) • External Communications Strategy - managing the media / FOI / AQs	
H	**Humanitarian issues** **What humanitarian assistance and human rights issues arise or may arise from this event and the response to it?** Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights Consideration to be given to : • Vulnerable Groups	

	Service Area	
Element	**Key questions and considerations**	**Action**
	• Additional resources • Legal and financial implications of any contingency plans	
Forward Look **(Summary)**	**<u>Service Priorities</u>** **<u>Next 7 days</u>** **<u>Next Month</u>**	

Appendix 10 Key Meetings

COVID 19 Meetings

Name	Meeting	Date and Time	Chair & Organisation	TOR
Paul Cavanagh	1)COVID 19 2nd wave Planning group	Thursday every week @ 10am	Dr Brid Farrell PHA	
Brenda Bradley	1)Pharmacy Services COVID Surge-planning group	Thursday every week @ 8am	Dr Joe Brogan HSCB	Trust Pharmacy Services Surge Group No TOR but a Standing Agenda
	2)COVID 19 2nd wave Planning group	Thursday every week @ 10am	Dr Brid Farrell PHA	
Nicola Armstrong	1) Behaviour Change Group	Wednesday 3pm – 4.30pm	D NR HSC R&D Division	
	2) COVID 19 2nd wave Planning group	Thursday 10am-11am	Dr Brid Farrell, PHA	
	3) SPI-B	Tuesday 2pm- 3.30pm	Dr James Rubin, King's College London	
	4) CT Programme Board	Monday 1pm-2pm	Dr Liz Mitchell, Director, PHA	
	5) 4-Nations behavioural science for public health, health and wellbeing	Thursday 4pm-5pm	Dr NR, Health England; Head of Research & Academic Partnerships at JBC	

Gerry Waldron	1)COVID 19 2nd wave Planning group	Thursday every week @ 10am	Dr Brid Farrell PHA	
	2)Cross-Border Catch up call	Every Monday, Wednesday and Friday 2-2:30pm	Dr Gerry Waldron PHA	
	3)North/South Health Protection Committee	Every few weeks - Times Differ each time	Dr Gerry Waldron / Dr Lorraine Doherty	
Rodney Morton	Covid Huddle AMT	Every Monday @ 8.30	Dr Brid Farrell PHA	
	PHA/CNO/Trust Huddle on Covid	Every Monday @ 13.15 to 14.00	Dr Rodney Morton PHA	
	IPC Cell	Every Wednesday @10-11.30	Dr Rodney Morton PHA	
	Covid 19 Vaccine Meeting	Every Wednesday @ 14.00 – 15.30	**NR**	
	Covid 19 2nd Wave Planning Board	Every Thursday @ 10-11.30	Dr Brid Farrell PHA	
	Covid 19 Directors of Adult/Older People Meeting	Every Friday @14.15 – 15.45	Marie Roulston PHA	
	PHA/CNO/Trust Huddle on Covid	Every Friday @ 13.15 to 14.00	Dr Rodney Morton PHA	

	IPC/Testing	Times Differ	Dr Rodney Morton PHA	
Marie Roulston	Directors Mental Health & Learning Disability	weekly every Thursday 3.30pm	Marie Roulston PHA	
	Directors Children's Services	weekly every Friday 1.00pm	Marie Roulston PHA	
	Directors Older People/Adults Services	weekly every Friday 2.15pm	Marie Roulston PHA	
	Covid Second Wave Planning Meeting	weekly every Thursday 10.00am	Brid Farrell PHA	
	Covid PHA AMT	every Monday at 8.30am	Various	
Heather Livingston	COVID-19 Vaccination programme - Implementation Group	Usually Wednesday 2pm	DOH **NR**	
	Vaccination and Immunisation Policy (VIP) Group	Usually 2nd Thursday each month	DOH Population Health Grade 7 (was Gerard Collins, new appointment awaited)	
Seamus Mullen	Second Wave Planning Board	Thursday's 10am	Brid Farrell PHA	
	Contact Tracing Board	Monday 1pm	Liz Mitchell PHA	
	Health Improvement Recovery Planning Group	Wednesday 10am	**NR** PHA	Terms of Reference for HI Recovery Grou

	Behaviour Change Group	Wednesday / 3pm *You go to alternate meetings / Colette R attends others*	Dr NR PHA / Research & Development Division	
	Covid 19 Emergencies Leadership Group (also called Covid Response Planning/ or VCS Emergencies response operations meetings))	Monthly	NR / Dept for Communities	
	COVID VCS Emergency Response - Derry City & Strabane District Council	16th Nov	NR / Director of Health & Community Derry City & Strabane District Council	
	Western Trust area Multi agency covid response group	Each Wednesday morning @ 9am	NR WHSCT	
	Young Peoples Health Messages re Covid	Fortnightly meetings	NR / PHA	
	Contact Tracing Programme Board	Monday PM Weekly	Liz Mitchell PHA	
	PHMT Covid Command	Thursday 11am weekly	Stephen Bergin PHA	
Janice Bailie	CIS NI Catch Up	Every Monday, 3.00pm	NISRA	
	Covid-19 Command Group Supply Cell	Every Tuesday, 9.00am	Cathy Harrison DOH	
	Ian Young's Modelling Group	Every Tuesday - 1.00pm	Ian Young DOH	

	Covid-19 Infection Survey - UK Study Leads Stakeholder Group	Every Wednesday, 2.00pm	NR ONS	
	COVID 19 Second Wave Planning Board	Every Thursday, 10.00am	Brid Farrell PHA	
	4 Nations behavioural science for public health, health and wellbeing	Every Thursday, 4.00pm	NR	
	COVID19 - Research & Science group meeting	Once a month		
	Laboratory-based community surveillance meeting	Once a month	Janice Bailie	
	Cross UK Working Call	Monthly	Dr Louise Wood	
	Recovery and Resilience Group	Every 2nd Wednesday, 9.00am	Dr Louise Wood	
Olive MacLeod	Command Group	Twice Weekly Monday and Thursday at 10am – 11am	Mr Richard Pengelly, Department of Health	
	Rebuilding Management Board Meetings	Weekly – Wednesday at 10am – 11am	Mr Richard Pengelly, Department of Health	
	Test, Trace, Protect Strategic Oversight Board*	Weekly -Tuesday at 12noon – 1.15pm	Dr Michael McBride, Department of Health	

	COVID-19 Vaccination Programme Board	Weekly – Thursday 4.30pm – 5.30pm	NR Department of Health	
	COVID Activity - Clusters and Outbreaks Weekly Update	Weekly – Wednesday 8.30am – 9.30am	COVID-19 Directorate , Department of Health	
	North/South Testing and Tracing	Every 2 weeks – Friday 2.30pm – 3.30pm	COVID-19 Directorate , Department of Health	
	Testing in Care Homes - T&F Group	Weekly – Friday 2.30pm – 3.30pm	Dr Lourda Geoghegan , Department of Health	
	Contract Tracing Programme Board Meeting	Monday – 1pm – 2pm Twice a month meetings Twice a month workshops (if required)	Dr Elizabeth Mitchell , PHA	
	Second Wave Programme Boar	Weekly – Thursday 10am – 11.30am	Dr Brid Farrell ,PHA	
	AMT Meeting	Weekly – Tuesday 2pm – 3.30pm	Mrs Olive MacLeod , PHA	
	Joint SMT/AMT Meeting	Weekly – Thursday 8.30am to 9am	Mrs Olive MacLeod / Ms Sharon Gallagher , PHA	
Brid Farrell	Covid AMT Huddle	Monday Mornings 8:30am	Various	
	Community Testing	Monday and Friday times differ	NR DHSC	

	Serial Testing – Evaluation working group	Daily 12-12:30PM		
	Expert advisory group on Covid 19 testing	Tuesday and Fridays	Brid Farrell PHA	
	COVID 19 Digital TTP Steering group	Wednesday 9-10:30am	NR	
	Covid 19 2nd wave planning group	Thursday 10-11am	Brid Farrell PHA	
	PH Directorate Covid Command group	Thursday 11-12MD	Stephen Bergin	
	Testing in Care Homes - T&F Group	Friday 2:30-3:30pm	Lourda Geoghegan, DOH	
	Asymptomatic LFD testing		NR DHSC	
Liz Mitchell	Contract Tracing Programme Board Meeting	Monday – 1pm – 2pm Twice a month meetings Twice a month workshops (if required)	Dr Elizabeth Mitchell , PHA	
	North/South Testing and Tracing	Every 2 weeks – Friday 2.30pm – 3.30pm	COVID-19 Directorate , Department of Health	
	COVID Activity - Clusters and Outbreaks Weekly Update	Weekly – Wednesday 8.30am – 9.30am	COVID-19 Directorate , Department of Health	

	Second Wave Programme Board	Weekly – Thursday 10am – 11.30am	Brid Farrell, PHA	
	Test, Trace, Protect Strategic Oversight Board	Weekly -Tuesday at 12noon – 1.15pm	Dr Michael McBride, Department of Health	
Stephen Bergin	Covid AMT Huddle	Monday Mornings 8:30am	Various	
	Contract Tracing Programme Board Meeting	Monday – 1pm – 2pm Twice a month meetings Twice a month workshops (if required)	Dr Elizabeth Mitchell , PHA	
	Covid 19 Strategic Intelligence Group (SIG)	Monday 12-1PM	Prof Ian Young, DOH	
	COVID Activity - Clusters and Outbreaks Weekly Update Meeting	Wednesday	COVID-19 Directorate , Department of Health	
	COVID 19 Digital TTP Steering group	Wednesday 9-10:30am	**NR** PHA	
	COVID-19 Directors of Adult/Older Peoples Services	Friday 2:15 – 3:45 PM	Marie Roulston , PHA	
	Test, Trace, Protect Strategic Oversight Board	Tuesday 12-1:15pm	COVID-19 Directorate , Department of Health	
Tracy Owen	Covid 19 2nd wave planning	Thursday 10-11am	Brid Farrell , PHA	

	PH Directorate Covid 19 Command group	Thursday 11-12MD	Stephen Bergin , PHA	
Jordana Nolan	Covid 19 2nd wave planning	Every Thursday 10-11am	Dr Brid Farrell, PHA	
	Nightingale Project Board Meeting	Every 2nd Tuesday 3pm – 4:30pm	**Name Redacted** NHSCT	
	Gold Command	Every Monday and Thursday 10am – 11am	Dr Richard Pengelly, DOH	
	Cancer Reset Call	Every Friday 2pm – 3:30pm	**NR** HSCB	
Trudy Brown	Covid 19 2nd wave planning group	Every Thursday 10-11am	Brid Farrell, PHA	
	Mass testing Sit REp	Daily @9am	DHSC Mark Hewlett	
	Care Homes	bi weekly Friday afternoon	Deputy CMO, DOH	
Mary Carey	Covid 19 2nd wave planning group	Weekly- Thursday 10-11am	Brid Farrell, PHA	
	NI Emergency Preparedness Group	Weekly – Friday 9am	TEO	

	Emergency Planning – 4 Nations Public Health	Bi-weekly –Wednesday 10am	Public Health Wales	
	EU Exit- Non Legislative Framework- 4 Nations Public Health	Bi Weekly-Friday-10am	Andrew Jones, Public Health Wales	
	NI PHA and RoI Port Health Meeting	Bi Weekly-Wednesday 11am	NR	
	NI Port Health meeting	Bi Weekly- Wednesday 12MD	NR	
	NI Universities and Higher Education Group	Weekly- Monday 3pm	NR	
	Return to Cruise Ship Operations	Bi Weekly- Thursday 2pm	NR Belfast Harbour Offices	
	DFT- PHE Industry Briefing (Maritime and aviation)	Bi Weekly-Thursday 4:30pm	DFT/ PHE	
	NI Travel Regulations Group	Weekly- Friday 11am	DoH- Elaine Colgan/ Bryan Dooley	