HSC Public Health Agency

Covid-19 Contact Tracing Pilot Northern Ireland

Pilot Report

June 2020

Executive summary

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Covid-19 Contact Tracing Pilot Northern Ireland

Pilot Report

June 2020

Executive summary

In March 2020 work began to establish a contact tracing service to fulfil one of the five criteria required for lifting lockdown. The programme commenced with a pilot to test implementation and contact tracing processes in preparation for the establishment of a national contact tracing service for Northern Ireland (NI). The National Contact Tracing Service would:

Reduce spread of infection and save lives by rapidly identifying and closing down chains of transmission of COVID-19 through the operation of a national, rapid, large scale system of contact tracing using staff from outside of the health protection function that could be trained and working to a protocol.

The expected outputs from the pilot were defined and subject to post pilot review:

- A Project Initiation Document (PID) was produced and approved by the project sponsor.
- A contact tracing service for health protection emergency response commencing on the 27th of April and based on a staged implementation framework, work plan and communications plan was achieved. The pilot delivered a fully functioning contact tracing service which met the CMO target of 100% of all cases and contacts phoned within 24 hours of receipt of a positive laboratory result where the contact tracing centre had access to case phone numbers and where cases and contacts answered their phone. In the final week 19th May to 25th May 212 cases were contacted and 216 contacts were contacted by a team of 5-7 tracers daily.
- The recruitment of a pool of candidates to lead and support contact tracing was achieved and provided the basis for the substantive contact tracing service going forward.
- A training and induction package was developed with 96 contact tracers trained in the pilot phase. The programme was developed into an e-learning package.
- Digital support for person led contact tracing was partially achieved. The MS Dynamics 365 database provided a sound basis for call handling, queue management and basic reporting. Further work with Epi-Info is underway to enhance the surveillance capability and support cluster identification.
- Documented and shared processes and outcomes of the service is supported through this report, the Pilot evaluation report and the daily action list (see Appendix).

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Key learning points

1. *Recruitment*

- It was important to manage expectations in the call for volunteers. The contact tracing service required trained personnel and functioned well with staff who were familiar with discussing sensitive issues, respected confidentiality and understood when to refer complex issues. The focus was on staffing a service with a core group rather than a large number of people undertaking infrequent shifts.
- Appropriately skilled redeployed staff were recruited ahead of new employment of external to ensure best value for public spending.
- The sharing of pre-agreed job descriptions from other areas of the NHS enabled the pilot to move rapidly on recruitment.

2. *Training*

- It was important to engage with the Republic of Ireland (ROI) and the Devolved Administrations (DAs) to ensure training kept pace with changes in guidance and policy.
- The contact tracers trained in the early phase required updates as the guidance changed. Given the speed of change updated processes and newly identified issues were provided as posters in the CTC and discussed each day in the pre-call briefing.

3. *Data management*

- The development of systems for data capture in a pandemic requires specialist skills in understanding not only the technological aspects of database development but the translation of this into the specific needs for epidemiological surveillance.

4. *Facilities*

- Access to facilities was secured rapidly as a result of well-rehearsed emergency planning processes.

5. *Rota*

- The number of contact tracers trained was sufficient to ensure that a 7 day week service could be maintained, with the staff numbers on each shift stepped up or down according to demand.

6. *Communications*

- Every opportunity was taken to engage with the media to ensure the public became aware of the contact tracing programme and the personal and societal benefits from responding to advice to self-isolate.

Recommendations

1. *Recruitment*

- The Contact Tracing Service should employ staff familiar with managing sensitive clinical information, with an ability to recognise a complex situations and the confidence to escalate these for investigation.
- A core team of contact tracers with appropriate skills will ensure that knowledge is maintained and a greater understanding of how to identify and respond to clusters is developed.

2. *Training*

- A generic online training package such as the John Hopkins contact tracing programme[1] would ensure that the basic training material was maintained. This should be supplemented with local mandatory governance training and buddying with contact tracers before new recruits start making calls.
- The training should be overseen by a dedicated trainer and should include a Q&A session with a contact tracing service clinical lead.

3. *Data management*

- PHA should consider employing dedicated IT support to develop and maintain the necessary databases for contact tracing.

4. *Facilities*

- Dedicated facilities are required which allow for social distancing, are accessible to contact tracers, are fitted out for IT access and are secure.
- The IT requirements should be assessed and delivered to meet the needs the service.
- The selection of a suitable facility should consider the welfare needs of staff, including access to parking and provision of security staff in hours and out of hours as necessary.

5. *Rota*

- The management of shift rotas is a complex task when staff are temporary and engaged in other employment. The service will be more robust when a dedicated team of contact tracing staff are employed.

6. *Governance*

- The appointment of a governance lead is essential. This person will be responsible for the oversight and management of all data protection related issues for example, completion of the Data Protection Impact Assessment, data mapping and completion of any Data Access Agreements.

[1] https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing

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Acknowledgements

This report cannot do justice to the outstanding level of support and commitment from hundreds of people across public services working to ensure NI had a fully implemented manual contact tracing service. The pilot was set up and running within 10 days of initiation and for the subsequent 4 weeks with the patience and dedication of colleagues, a solution focussed approach resulted in seemingly insurmountable problems being resolved. Thanks to the dedication and professionalism on occasions when systems failed to deliver and communications might have been clearer, the pilot reached a successful conclusion.

Glossary

CMO	Chief Medical Officer
CTC	Contact Tracing Centre
DAs	Devolved Administrations
DPIA	Data Protection Information Assessment
ECR	Electronic Care Record
EOC	Emergency Operating Cell
HPT	Health Protection Team
IMT	Incident Management Team
MS	Microsoft
NI	Northern Ireland
PHA	Public Health Agency
PHE	Public Health England
PID	Project Initiation Document
ROI	Republic of Ireland
RQIA	Regulation and Quality Improvement Authority
WHO	World Health Organisation
WN-CoV	Wuhan Novel Coronavirus

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Covid-19 Contact Tracing Pilot Northern Ireland

Pilot Report

June 2020

1.0 Introduction

In March 2020 work began to establish a contact tracing service to fulfil one of the five criteria required for lifting lockdown[2]. A pilot, based on international guidance[3] and drawing on local expertise was established to develop a new and previously untested approach to mass contact tracing.

2.0 Background

2.1 Early alerts

In early January 2020 Public Health Agency (PHA) were invited to join a Public Health England (PHE) led Incident Management Team (IMT) to consider the risk within the UK from an ongoing situation in Wuhan, China in which a cluster of pneumonia of unknown aetiology was being reported. At that time the infection was referred to as Wuhan Novel Coronavirus (WN-CoV). By the 7th January the World Health Organisation (WHO) had issued an alert and details were disseminated to NI Trusts and Integrated Care Services.

2.2 Case definition

On 12th January the WHO reported on the first death and provided a case definition:

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[2] Criteria for lifting Lockdown:

- Hospitals in the state must be able to safely treat all patients requiring hospitalisation, without resorting to crisis standards of care.
- The region needs to be able to at least test everyone who has symptoms.
- The region is able to conduct monitoring of confirmed cases and contacts.
- There must be a sustained reduction in cases for at least 14 days.

[3] https://www.ecdc.europa.eu/sites/default/files/documents/Public-health-management-persons-contact-novel-coronavirus-cases-2020-03-31.pdf

Consider WN-CoV in anyone who presents with:

- severe acute respiratory infection requiring admission to hospital with clinical or radiological evidence of pneumonia or acute respiratory distress syndrome

OR

- fever or history of fever (>=38C) and acute respiratory infection (sudden onset of respiratory infection with at least one of: shortness of breath, cough or sore throat)

AND

- has travelled to Wuhan City in the 14 days before the onset of illness
  OR
- has been in contact with confirmed cases of WN-CoV

Advice was provided on the Gov.uk site[4] on infection control, investigation and contact tracing.

2.3 PHA HPT Response

The PHA immediately activated the HPT Outbreak Control Plan, commenced case investigation and contact tracing, contributed to UK surveillance, alerted ports and internal travel operators, engaged with the media on public messaging, contributed to and localised UK guidance, collaborated in UK/ROI IMTs and guidance groups, activated internal emergency response procedures through Silver and Gold and all members of the HPT staffed the Emergency Operations Cell on a rota basis with support from PHA colleagues.

2.4 Change to legislation

An important development was the publication of the The Public Health Notifiable Diseases Order (Northern Ireland) 2020[5] (28th February 2020) which ensured suspected and confirmed cases of Covid-19 were notified to the Director of Public Health.

2.5 Containment to delay

As the virus spread across Asia and into Europe the case definition evolved to the point where it became difficult to identify cases on the basis of symptoms and recent travel, or contact with someone who had recently travelled. By the 7-8th March there was evidence of community spread in NI. Testing capacity for this previously unknown virus was evolving, so confirmation of infection was limited to priority groups. By the time an announcement was made that the UK and the ROI were moving from containment to delay (12th March) the PHA had identified 34

[4] https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases/investigation-and-initial-clinical-management-of-possible-cases-of-wuhan-novel-coronavirus-wn-cov-infection

[5] http://www.legislation.gov.uk/nisr/2020/23/made
http://www.legislation.gov.uk/nisr/2020/23/pdfs/nisrem_20200023_en.pdf

individual cases with 291 contacts requiring active follow-up (daily reporting on symptoms) and 121 passive contacts who required information on symptoms to be alert to.[6]

2.6 Increase in testing

The HPT immediately commenced intensive work on guideline development and dissemination, media messaging and preparation for resumption of contact tracing. At the same time testing capability was being scaled up and an Expert Testing Group was established. To reduce infection in more vulnerable groups in Care Homes enhance testing and monitoring protocols were established.[7]

2.7 Development of Phase 2 contact tracing

In preparation for developing a Contact Tracing Centre (CTC) research was undertaken into guidance and learning from contact tracing for Covid-19 across the globe and discussions on contact tracing were initiated with UK and ROI agencies. By 1st April PHA had provided an outline of the contact tracing process[8] and on 13th April a proposal for NI Phase 2 Forward Planning contact tracing service was approved.[9] The aim of the contact tracing service would be to identify clusters and outbreaks and implement actions to prevent further spread. The contact tracing service would ensure the scare resource in the core specialist health protection service would be protected in order to respond to complex situations.

3. Pilot Project Initiation

3.1 Project Initiation Document (Appendix 1)

The Pilot was established with three Chairs – Ms Mary Carey (Emergency Planning Officer), Dr Gillian Armstrong (Senior Clinical Medical Officer) and Dr Jackie Hyland (Locum Health Protection Consultant). A Project Initiation Document (PID) was prepared by Ms Sinead Smyth (Project Lead) and approved by the Project Sponsor (Dr Michael Mc Bride, Chief Medical Officer CMO). The PID set out the project timetable, risks and expected outputs and was circulated widely for noting.

[6] Data courtesy of Dr Patrick McAleavey
[7] The work carried out by the named leads was supported extensively by staff members across all areas of health protection and the wider PHA.
[8] COVID-19 An Update Report 1/04/2020
[9] Proposal for NI Phase 2 Forward Planning 13/04/2020

3.2 Purpose of the Pilot

The purpose of the pilot was to implement and test contact tracing processes in preparation for the establishment of the national contact tracing service for NI. The National Contact Tracing Service would:

Reduce spread of infection and save lives by rapidly identifying and closing down chains of transmission of COVID-19 through the operation of a national, rapid, large scale system of contact tracing using staff from outside of the health protection function that could be trained and working to a protocol.

3.2 Outputs

The expected outputs from the pilot were:

- A Project Initiation Document (PID)
- A contact tracing service for health protection emergency response commencing on the 27th April and based on a staged implementation framework, work plan and communications plan.
- The recruitment of a pool of candidates to lead and support contact tracing
- A training and induction package
- Digital support for person led contact tracing
- Documented and shared process and outcomes of the service.

3.3 Pilot project oversight and reporting

The Pilot reported to the Contact Steering Group Co-chaired by Dr Liz Mitchell and Mr Alistair Finlay. Health Protection oversight was provided by Dr Gerry Waldron (Associate Director Health Protection) and PHA lead was Mrs Olive McLeod (Chief Executive, PHA).

4. Pilot Workstreams

4.1 The work of the Pilot was undertaken within 5 workstreams with governance input to each. Coordination was provided through the daily 30 minute midday teleconference.

- Recruitment
- Training
- Database
- Facilities
- Rota
- Governance

4.2 Inter-dependencies

The pilot linked with the following groups where appropriate:

- Internal: NI Expert Testing Group, PHA Care Home testing and monitoring group, PHA Surveillance, Contact Tracing Steering Group, PHA/HSCB Silver, DoH Digital Group
- External: UK Contact Tracing Group, 4 Nations Contact Tracing Group, UK PHE IMT guidance, ROI contact tracing service.

5. Recruitment (Appendix 2)

Leads: Ms Linda Thompson, Ms Mary Carey, Ms Paula Smyth

5.1 The number of staff required for the CTC was modelled on the evidence from contact tracing before lockdown supported by reports from the ROI on the numbers of contacts per case. These details are reflected in the PID.

5.2 Approaches from NI Universities and Environmental Services were being made prior to the establishment of the pilot so a process was developed to capture volunteer offers and draft job descriptions. Memorandums of Understanding were reviewed and volunteer availability proposed. Progress with external offers required additional work and as such could not be completed in time for the pilot launch on 27th April. Therefore the pilot focussed on securing support from PHA, Leadership Centre and Regulation and Quality Improvement Authority (RQIA) redeployed staff. The work to secure a larger pool of volunteers continued and included proposals for student nurse attachments within the CTC.

5.3 With the establishment of the Contact Tracing Steering Group (CTSG) in the second week of the pilot, a recruitment sub-group led on the further development of job descriptions and recruitment for the pilot and the subsequent substantive service.

Key points

- It was important to manage expectations in the call for volunteers. The contact tracing service required trained personnel and functioned well with staff who were familiar with discussing sensitive issues, respected confidentiality and understood when to refer complex issues. The focus was on staffing a service with a core group rather than a large number of people undertaking infrequent shifts.
- Appropriately skilled redeployed staff were recruited ahead of new employment of external to ensure best value for public spending.
- The sharing of pre-agreed job descriptions from other areas of the NHS enabled the pilot to move rapidly on recruitment.

Recommendations

- The Contact Tracing Service should employ staff familiar with managing sensitive clinical information, with an ability to recognise a complex situations and the confidence to escalate these for investigation.
- A core team of contact tracers with appropriate skills will ensure that knowledge is maintained and a greater understanding of how to identify and respond to clusters is developed.

6.0 Training

Leads: Dr. Diarmuid O'Donovan, Dr. Peter Sheridan, Dr. Bronagh Clarke, Dr Anna McKeever, Mr Paul Comac, Ms Mary Carey, Mr Thomas Swann

6.1 Before the pilot commenced approaches had been made to colleagues in the ROI seeking advice on their contact tracing process. They kindly offered to share their contact tracing manuals and training scripts. These formed the basis of the training scripts and materials in the pilot once they were adapted in line with NI guidance.

6.2 The training team prepared presentations and handouts and worked with the database developers to align the scripts with the data input fields. The UK guidance continued to change rapidly so the training material required frequent updates.

6.3 The training was originally undertaken by the pilot leads covering information governance, contact tracing and data input but time commitments in overseeing the pilot development meant that dedicated trainers were sought to take forward the daily training programme for new recruits. Following feedback from initial sessions training was expanded to include a buddying session so new recruits could see how more experienced contact tracers managed calls.

6.4 The programme was further developed to produce an e-learning programme in collaboration with the Leadership Centre.

Key points

- It was important to engage with ROI and the Devolved Administrations (DAs) to ensure training kept pace with guidance and changes in policy.
- In the pilot phase the recruits trained in the early phase required updates as the guidance changed. Given the speed of change the updated processes and newly identified issues were provided as posters in the CTC and discussed each day in the pre-call briefing.

Recommendations

- A generic online training package such as the John Hopkins contact tracing programme[10] would ensure that the basic training material was maintained. This should be supplemented with the mandatory governance training and buddying with contact tracers before new recruits start making calls.
- The training should be overseen by a dedicated trainer and should include a Q&A session with a contact tracing service clinical lead.

7. Data management (Appendix 3)

Lead: Eddie Ritson, Dan West, Joy Beaumont, Pat Davies, David Bryce, Paddy Carville, Austin Tanney (Kaenos), Colum Walsh (University of Ulster, UU), Sarah-Jayne Thursby (UU)

7.1 Data collection in outbreaks is essential to ensure tracking of cases and contact management, identification of clusters in time, place and person and to support surveillance. In small outbreaks the health protection database HPZone is adequate to fulfil this purpose. However in larger outbreaks it is essential to be able to link a large number of contacts to cases and identify commonalities. A number of epidemiological/outbreak management databases have been developed for health protection but none have been shown to fulfil the three essential criteria for – CTC queue management, collection of data for record management and access to information for surveillance.

7.2 In the initial stages of the pilot Microsoft (MS) Dynamics 365 was identified as a suitable contact tracing database for call handling and with some development it might capture data to support cluster identification. MS Dynamics was also the database used in the ROI for their contact tracing programme.

7.3 The database was designed to capture the information elicited from a sequence of questions in a contact tracing call. Additional work was required to update the database as the scripts were adjusted in line with changing national guidance.

7.4 Consideration was given to automatic downloading of laboratory results and demographic data including phone number on to the CTC database. However securing links between the laboratory reporting system and the MS Dynamic platform proved problematic. Security permission was sought for a temporary fix in which the Electronic Care Record (ECR) could be accessed for phone numbers. Laboratory results and case details were then sent to the CTC manager to enter onto the MS Dynamics database.

7.5 A dashboard was developed which enabled daily tracking of calls open and calls completed. This provided reporting on speed and completeness of the contact tracing process. However it

[10] https://www.coursera.org/learn/covid-19-contact-tracing?edocomorp=covid-19-contact-tracing

was not possible to identify commonalities in terms of time, place and person to allow for cluster identification. As a result a temporary arrangement was made within the CTC to record place of work or social context on a whiteboard. This ensured that the lead clinician could detect clusters at an early stage and take action to escalate for further investigation.

Key points

- The development of systems for data capture in a pandemic requires specialist skills in understanding not only the technological aspects of database development but the translation of this into the specific needs for epidemiological surveillance.

Recommendations

- PHA should consider employing dedicated IT support to develop and maintain the necessary databases for contact tracing.

8. Facilities

Lead: Mary Carey, Sinead Smyth, Maggie McNally

8.1 Options for establishing a physical centre or supporting remote working for contact tracing were initially considered. It was decided that as a new service it was essential that the contact tracers had direct and immediate access to on site advice to support the management of complex calls, particularly those that had not been anticipated in the training programme. There were also some concerns about clinical governance with the management of clinically sensitive data in the home setting for remote contact tracing.

8.2 A dedicated building in Belfast was originally identified as a facility that would support working with social distancing and that was suitably equipped for IT access. However there were problems around accessing furniture and there were some questions around H&S assessments so the room previously set up as the Covid-19 Emergency Operating Cell (EOC) was released to the CTC as an interim measure.

Key points

- Access to facilities was secured rapidly as a result of well-rehearsed emergency planning processes.

Recommendations

- Dedicated facilities are required which allow for social distancing, are accessible to contact tracers, are fitted out for IT access and are secure.
- The IT requirements should be assessed and delivered to meet the needs the service.

- The selection of a suitable facility should consider the welfare needs of staff, including access to parking and provision of security staff in hours and out of hours as necessary.

9. Rota (Appendix 5)

Lead: Jim Crawford

9.1 Considerable work was required to oversee the rota for training and then ensure trained contact tracers were provided with sessions relatively soon after training.

9.2 The rota had to accommodate changing availability of staff as they gradually returned from redeployment into their substantive posts.

9.3 The number of results the CTC received each day could be unpredictable and staff occasionally had to call off from their shift so there were frequent calls for additional staffing at the last minute. On every occasion contact tracers stepped up to the call and there were sufficient staff to ensure that all cases and contact calls were completed within 24 hours of the receipt of results.

Key points

- The number of contact tracers trained was sufficient to ensure that a 7 day week service could be maintained, with the staff numbers on each shift stepped up or down according to demand.

Recommendations

- The management of shift rotas is a complex task where the staff are temporary and engaged in other employment. The service will be more robust when a dedicated team of contact tracing staff are employed.

10. Governance

Lead: Rosemary Taylor, Karen Braithwaite

10.1 It was important from the start to ensure that there were appropriate governance processes for all aspects of the pilot. A clinical governance protocol (Appendix 6) and a Data Protection Information Assessment (DPIA) (Appendix 7) were produced to cover training and IT governance.

10.2 Every member of the contact training programme was required to undertake information governance training within 6 months of starting in the CTC.

Recommendations

- The appointment of a governance lead is essential. This person will be responsible for the oversight and management of all data protection related issues for example, completion of the Data Protection Impact Assessment, data mapping and completion of any Data Access Agreements.

11. Communications

Lead: PHA Corporate Affairs

11.1 As the pilot was developed the interest in contact tracing increased. This provided an opportunity not only to provide proactive messaging on the PHA website but also to respond to interest from local and national media.

Key points

- Every opportunity was taken to engage with the media to ensure the public became aware of the contact tracing programme and the benefits from responding to advice to self-isolate.

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12. Results from the pilot

- A Project Initiation Document (PID) was produced and approved by the project sponsor.

- A contact tracing service for health protection emergency response commencing on the 27th of April and based on a staged implementation framework, work plan and communications plan was achieved. The pilot delivered a fully functioning contact tracing service which met the CMO target of 100% of all cases and contacts phoned within 24 hours of receipt of a positive laboratory result where the contact tracing centre had access to case phone numbers and where cases and contacts answered their phone. In the final week 19th May to 25th May 212 cases were contacted and 216 contacts were contacted by a team of 5-7 tracers daily.

- The recruitment of a pool of candidates to lead and support contact tracing was achieved and provided the basis for the substantive contact tracing service going forward.

- A training and induction package was developed with 76 contact tracers trained in the pilot phase. The programme was developed into an e-learning package.

- Digital support for person led contact tracing was partially achieved. The MS Dynamics 365 database provided a sound basis for call handling, queue management and basis reporting. Further work with Epi-Info is underway to enhance the surveillance capability and support cluster identification.

- Documented and shared process and outcomes of the service is supported through this report, the Pilot evaluation report and the daily action list (Appendix 8).

13. Next steps

The services established in the pilot provided the basis for an interim contact tracing service and longer term enhanced contact tracing health protection team. During the pilot a business case was developed for the next steps in recruitment, securing facilities and enhancement of the data management systems. This work is being overseen by the Contact Tracing Steering Group.

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Appendix 1

Project Title: Phase 1 – Initial set up of Covid 19 Contact Management Program to save lives through slowing the progress of COVID-19 in Northern Ireland

Project Initiation Document

Start date 15/04/2020 End date 27/04/20

Contents

5.0 *Purpose*

The purpose of this document is to provide a basis for authorising the project. It has two objectives:

- To ensure Phase 1 of the Contact Tracing program has clear deliverables and timescales;
- To inform the project manager and project board of areas requiring decisions.

1.1Background

The UK Coronavirus Action Plan published on 3rd March 2020 was developed to build on existing pandemic flu plans and lessons learned from previous outbreaks. The development of the plan was informed by the international situation, the advice of organisations such as WHO, surveillance, data modelling based on the best available evidence and the recommendations of our expert bodies including the Scientific Advisory Group for Emergencies (SAGE), and the 4 CMOs.

The plan is based on 3 phases: contain, delay and mitigate. The most appropriate public health actions are dependent on which phase of the outbreak we are in.

On the 12th March 2020 the UK government announced we were moving out of the contain phase in to the delay phase, in recognition of the fact that community transmission was occurring across the UK. The delay phase is intended to slow the spread of the outbreak, lowering the peak impact and pushing it away from the winter season. This has become known as 'flattening the curve'.

Many of the actions that people can take themselves – especially washing hands more; and the catch it, bin it, kill it strategy for those with coughs and sneezes – also help in delaying the peak of the infection. The delay phase also includes social distancing measures, including the stay at home guidance announced on the 23rd March 2020.

As we progress towards the peak it is important to consider how the public health response will be required to adapt. At some point, yet to be determined, and as informed by the modelling and advice of SAGE, social distancing measures will incrementally have to be relaxed. https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/european-roadmap-lifting-coronavirus-containment-measures_en

As we progress towards reducing social isolation – anticipating a substantial increase in the number of cases identified as COVID-19 positive, the PHA Health Protection Service is developing a national rapid, large scale system operating in three steps:

- **Step 1 / Case:** Identify contacts and advise on social isolation.
- **Step 2 / Contacts:** Identify links to case, seek testing if symptomatic and advise on social isolation.

- **Step 3 / Control**: Identify clusters and take action to prevent further spread (see process map in Appendix 1).

This system will be supported by a Phase 2 project plan and an 18-24 month forward plan encompassing a phased approach to establish a substantive service to deal with the demands of the contact management programme and business continuity arrangements for Public Health and the Health Protection Service.

2.0 Rationale –Report to AMT 8/4/2020)

The key rationale for introducing phase 2 contact tracing is to identify positive cases of COVID 19, prevent population spread and protection of the vulnerable. Contact tracing at this stage of the response requires significant resource to sustain the service seven days per week over an eighteen month to two year timescale. Timescales and scale of the response will be determined by surveillance information and public health intelligence.
The service will be required to deliver contract tracing across a number of regional locations (contact tracing hubs). The key focus of each hub is to;

- Identify all those who were in contact with the infected person (high risk, low risk).
- Initiating communication with the individual to inform them of their contact status
- Providing the individual with information about the virus including symptoms to look out for
- Advising on what actions to take if symptoms developed
- Advising on how to prevent onward spread of the disease.
- Advising for high risk contacts on self-isolation

2.1 Key learning from contact tracing during containment

- The contact tracing process in the containment phase was heavily reliant on health protection team for contacting primary contacts and supervising non-health protection professionals in follow up of secondary contacts, 7 days per week, from 9am-9pm (Mon-Fri) and 9am-6pm (weekends).
- Current systems using HP Zone are unstainable to support wider population contact tracing. Alternative models to collect data, communicate with the public and convey advice are required.
- Identification and training of suitably experienced non-health protection professionals to support contact tracing should be considered.
- The role of the surveillance team is essential in any contact tracing model. This team currently has limited capacity due to existing commitments in supporting the COVID- 19 response.

2.2 Model Response

Building on learning for the first contract tracing exercise it has been agreed to initially approach the following groups to support the short-term PHA health protection emergency response on the delivery of a regional contact tracing model;

- Environmental Health Officers
- Health Care Students (medical, nursing, allied health, dental)
- Other professionals

These staff will complete training and will work to a specific protocol.
The above identified groups could support the initial emergency response over a 4-6 week timeframe (Phase 1). Phase 2 of this project will require a service development plan to reflect the recruitment of staff to continue the delivery of the contact tracing service and build resilience for the current health protection service.

The rationale for this approach is to develop a regional process to allow the health protection service to be freed up to focus on and respond to complex public health issues, making best use of scarce and critical public health expertise, while maintaining lead oversight of the emergency response (short and long term) During the initial stages, it is proposed that routine contact tracing therefore is done by a regional, multi-disciplinary team in a location in Belfast. The service offered will initially be based in Belfast and have the ability to flex up to support delivery of a service 12 hours a day 7 days a week.

2.3 Forward Planning- Health Protection Service- service development and resilience

The Health Protection Service has a lead role in protecting the population of Northern Ireland from infectious and environmental hazards through a range of core functions including:

- response to adverse health protection incidents,
- surveillance and monitoring,
- operational support and advice,
- education, training and research.

The service makes a direct contribution to public health, scientific knowledge and emergency planning operational decisions and response at regional, national and international level. In addition, the Health Protection Service supports the work of DOH in Health Protection through advice on strategic direction and informing Health Protection Policy.

In light of the current COVID-19 pandemic which is set to continue for as yet, and undefined period of time, maintenance of the acute response is a key priority of the Health Protection Service. This is reflected in PHA's Business Continuity Plan where both the Duty room and the On Call service are recognised as vital aspects of PHA business which cannot be allowed to cease functioning.

Acute response is the key component of the Health Protection service which is predominantly but not exclusively linked to activities in the HP Duty Room. The Duty Room Team operates Monday–Friday, 9am-5pm except on public holidays. At all other times the out-of-hours (OOH)

Health Protection On-Call service. Thus at all times a rapid response to all urgent and emergency health protection issues is available.

Acute response also covers the actions taken in respect of incidents and outbreaks (communicable disease, environmental hazards, major incidents) which may originate through notification to the Duty Room but require a more intensive and/or sustained response outside it. This usually requires several Health Protection staff responding to the incident at very short notice.

Immunisation

Immunisation and vaccination accounts for the vast majority of the Health Protection programme budget (97%). During 2018/19, the overall budget for immunisation programmes from the PHA was just under £16 million, with £9 million for the Seasonal Influenza Programme.

Immunisation and Vaccination policy, strategic direction and recurrent funding are provided by the Department of Health (DOH) with decisions based on recommendations from the United Kingdom Joint Committee of Vaccinations and Immunisations (JCVI). The Public Health Agency (PHA), Health and Social Care Board (HSCB) and Health and Social Care Trusts (HSCTs) each have their own responsibilities for delivering vaccination programmes, for which they are accountable.

Surveillance

Health Protection surveillance is the continuous process of collection, analysis and interpretation of data related to communicable disease and environmental hazards, and the subsequent dissemination of this information to policy makers, healthcare and other professionals.

Surveillance produces timely information for action. The control of communicable disease involves not only doctors and nurses, but individuals from a wide variety of backgrounds, eg farmers, vets, water engineers, environmental health officers, and those working in the food industry.

Health Protection surveillance requires the systematic collection of data. This is accomplished mainly by making use of data generated locally and collected centrally, eg the reporting by medical microbiologists of laboratory-confirmed infections.

The Health Protection surveillance function is currently structured in four teams covering:

1) Gastrointestinal and respiratory diseases;
2) Blood borne viruses, sexually transmitted infections, vaccine coverage and vaccine preventable diseases;
3) Surgical site infections;
4) Health care associated infections and antimicrobial resistance.

Proactive Health Protection

This term is used to cover all Health Protection activity not encompassed by the above three categories (Acute response, immunisation, surveillance). This is the work that takes a lower priority to acute response as it can be deferred until the workload associated with acute response lessens. However with staff shortages and acute service pressures, there is a risk that vital work in this area will be severely delayed or even cancelled.

This work can include the following:

- Participation in regional, national and International groups,
- Developing and updating plans, protocols and guidance
- Research
- Conducting and participating in educational events
- Raising public awareness of health protection issues

All Consultant, Nursing and Surveillance staff have specific proactive lead areas such as:

- Respiratory infections
- Gastrointestinal disease
- Tuberculosis and Zoonosis
- Emergency Preparedness
- Environmental Hazards
- Blood Borne Viruses and Sexually Transmitted Infections
- Antimicrobial Resistance and Healthcare Associated Infections

Work at this level is important in the preventative and early alert and response aspects of Health Protection. It can be argued that a reduced ability to focus on these areas will ultimately increase the workload associated with acute response.

COVID-10 has highlighted the fragility of the PHA health protection services, based on the limited number of professional staff available to continue the delivery of the core services while simultaneously maintaining core services. To ensure the delivery of a service that is equipped and resourced to meet the demands for the provision of robust service for population health and to meet its statutory requirements for population health, a separate steering group will be established to lead on the development of a separate regional contact tracing programme for COVID-19.

3.0 Aim and objectives

The aim of the project is to,

To reduce spread of infection and save lives by rapidly identifying and closing down chains of transmission of COVID-19 by:

- Setting up a national, rapid, large scale system of contact tracing using staff from outside of the health protection function that could be trained and working to a protocol.

The objectives of this service (long and short term) are to;

- risk assess- and assessment of the level of risk based on exposure.
- risk manage-identification of required interventions to manage the risk.
- Communications- vital part of public health incidents. Communications will be delivered based on who needs to be informed, co-ordination of public communications, the provision of advice and guidance and direct communications with health care providers as determined by the nature of the incident and risk to population health.

4.0 Scope

The project will support the development of a regional contact tracing service for COVID-19 in the immediate (emergency response (4-6 weeks) and long term (18-24 months). The initial set up of a contact tracing service will be Belfast based with a view to extending the service out to a number of hubs based in pre-identified HSC facilities in NI. It will follow PHA health protection outbreak management process ,systems and support to undertake extensive contact tracing.

In scope

- Rapid identification community clusters.
- Establishment of regional contact tracing service for COVID-19 as part of service development for the NI health protection service

Out of scope

- Population testing for COVID-19- this is being addressed by another work stream

Phase 2 of the project will consider longer term operational plans, and digital contact tracing required to establish a contact tracing service to manage the pandemic response until vaccine are available. It is anticipated that this will take 18 months or longer. A formal Steering Group is being established to oversee this work

5.0 Proposed Project Outputs

- Project Initiation Document (PID)
- Contact tracing for health protection emergency response (commencing 27th A staged implementation framework, work plan and communication plan.
- Document and share the process and outcomes of the service.
- Recruitment of pool of candidates to lead and support contact tracing (emergency response)
- Training and induction package
- Digital support for person lead contact tracing

5.1 Proposed Benefits

There are multiple benefits to be realised by implementing a Contact Management Program including:

- A consistent regional approach and tool which will save lives through slowing the progress of COVID-19 in Northern Ireland

- Engagement with local councils and universities to support the recruitment of EHOs (under the existing MoU) and health care students to deliver contact tracing as part of the health protection emergency response for COVID-19.

- Released time for the Public Health, Health Protection service to undertake high value public health expert activity including surveillance/enhanced surveillance and complex control activity.

- To enhance and build resilience for the existing PHA health protection service.

- Slows the progress of the COVID-19 pandemic in Northern Ireland and delay and lessen the impact on health service delivery capacity.

- Supports social and economic recovery

6.0 Project approach

The project will be managed using project management tools and processes.

The project will be lead by the PHA health protection service with representatives from the DoH. PHA staff and other key stakeholders as part of a small working group will lead the development of tools and supports, implementation plan and evaluation framework.

PHA will provide health protection expertise and leadership to coordinate planning, implementation and communication to appropriate stakeholders.

6.1 Initial Project Plan

See Appendix 2 for Gantt Chart

6.2 Key Risks and Mitigating measures – move-separate appendix

See Appendix 3

7.0 Reporting Structure and Working Method

Roles	Responsibilities
Dr Jackie Hyland Mary Carey Dr Gillian Armstrong (Project Board)	Provides overall strategic and operational oversight of project. Assumes accountability for the project. Overall responsible for success of project. Confirms and approves project scope. Approve Project Charter/Plan. • Resolves major issues arising from project. Approves major change requests. • Promotes project to appropriate stakeholders. Responsible for final sign-off of project.
Dr Jackie Hyland Mary Carey (Project Executives) Dr Gillian Armstrong	To provide direction on project planning to support the successful delivery of the Project; • advise on material changes to Project scope, budget or schedule; • Provide direction on strategic project issues, risks or barriers to successful completion of the Project; assist with resolving strategic level issues and risks; evaluation strategy and, use influence and authority to assist the project in achieving its outcomes
Working Group Dr Jackie Hyland Mary Carey Dr Gillian Armstrong Peter Sheridan Breige Quinn Eddie Ritison Jim Crawford PHA Admin support	• Responsible for developing and implementing all tasks and activities associated with the project including the development of tools and resources, communication plan, operational requirements, education strategy, quality improvement.

Eddie Ritson Dan West	• Development of contact tracing data centre and associated platforms to support contact tracing data recording from hubs.
Training cell Dr. Diarmuid O'Donovan Dr. Peter Sheridan Dr. Bronagh Clarke	• Development of contact tracing training and induction programme • Establishment of e-learning/ webinar training platform • Development of training evaluation.
Subject matter experts Eddie Ritison Diarmuid O Donovan Bronagh Clarke Dan West Jenny Mack Others as required	• Responsible for providing input and expertise on the development and to provide feedback and guidance on issues that arise during the development and implementation of the Service

Roles	Responsibilities
Project Lead Sinead Smyth	Responsible for project management including, change, risk and issue management. Ensures plan and stakeholder engagement is appropriate. Produces project status reports. Ensures project is completed on time according to specifications

Significant input from a range of stakeholders will be required to ensure project success

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Overview and basis of the modelling

Basis for modelling:

1. There are an average of 100 cases per day seven days per week (see attached). The numbers are based on hospital and HCW testing. The numbers will increase when testing is expanded to clusters (care homes, community, etc)

2. From ROI information during social distancing one case gives rise to three contacts. Outwith social distancing (before this was in place) one case gives rise to 10 contacts.

3. During social distancing one person can contact trace 5 cases and 15 contacts per 8 hour shift – some require more time and some less. This depends on the data capture system being very simple.

4. The contact tracers will require skills in interviewing cases, health protection risk assessment (e.g. when to refer on for clinical assessment) and data input.

5. The service will run 7 days per week 09 00 – 21 00.

6. Each shift will require 20 contact tracers.

7. The contact tracing will be undertaken by teams geographically located. It is assumed there will be 4 teams across NI. 50% of the cases are in Belfast so the team structure will be allocated proportionally.

8. Each team will need contact tracers, admin, team manager, health protection professional, surveillance officer as a minimum.

A. Belfast – 10 contact tracers, 2 admin, 1 team manager, 2 health professionals, 1 surveillance officer
B. 3 other teams – 10 contact tracers, 3 admin, 3 team managers, 3 health professionals, 3 surveillance officers
C. Total 38 people per shift across NI in the initial phase. This will need to be increase as social distancing is lifted.

9. Each shift lasts 12 hours –two 6 hour shifts for most of the staff = 76 people per day 7 days per week. The staff capacity should be greater than this to allow for 2 break days per week.

10. All these figures will have to be doubled or tripled depending on how well the lifting of social distancing is managed.

11. Key to this process are linked data systems to allow for case notification, case and contact details recording, surveillance and reporting.

Recruitment of suitable candidates

- Conversations have been had with CIEH, Resilience Forum and local authorities about using suitably trained and qualified Environmental Health officers to work as contract tracers to start 27th April.
- The Academic Consortium is sourcing clinical student support. Existing MOUs are being reviewed to cover contractual and governance issues. A database of volunteers has been set up to support the contact tracing service rota.
- A rota manager has been identified.

Requirements:
Agreements from Heads of Service in Environmental Services for release of staff to undertake contact tracing.
Recruitment of clinical students to undertake contact tracing.
Identification of contact tracing hub administrative staff, manager, surveillance staff and health protection support.

Contact tracing algorithm and training group

- A working group has been established to create training materials and algorithm for the service. This is being under taken by Peter Sheridan, Diarmuid O Donovan and Bronagh Clarke. The group will work with ROI to and build on the ROI contact tracing scripts and training material. This group will carry out training of tracers to proposed to commence on April 24TH

Requirements:
Engagement with ROI to agree sharing of material and databases.
Development of a training programme, web based and delivered by 25th April.

Facilities

- Approximately fifty percent of the cases have been diagnosed in the Belfast area so the first contact tracing hub will be based in Belfast with a view to establishing 3-4 hubs across the rest of NI over the following weeks. The preferred model is for the contact tracing team to work from the hub but in some instances remote working may be an option. Issues to be considered include access to equipment, security of data and

support for staff. Social distancing measures will be addressed. Options include ehealth offices in the short term and perhaps space in the Titanic Quarter.

- Facilities have been scoped regionally for longer term premises.

Requirements:
Secure facilities that are accessible, allow for social distancing, have phone and IT access.

IT facilities, - computers, software, phones, governance/security

- Dan West and Eddie Ritison are leading a working group to develop an appropriate IT solution so that data can be safely collected and shared. Options should include a capability for electronic transfer of data to ensure accurate, efficient and effective transfer and recoding of information. Models from health protection outbreaks, ROI contact tracing and international systems are being explored.

- Existing data sharing agreements are being sought to ensure compliance with GDPR

Requirements:
Phones, laptops/computers/terminals/printers. Simple, easy to use, secure, data collection system

Extra project and Admin support

- Additional support is being sought . This will be essential to the success of the first phase.

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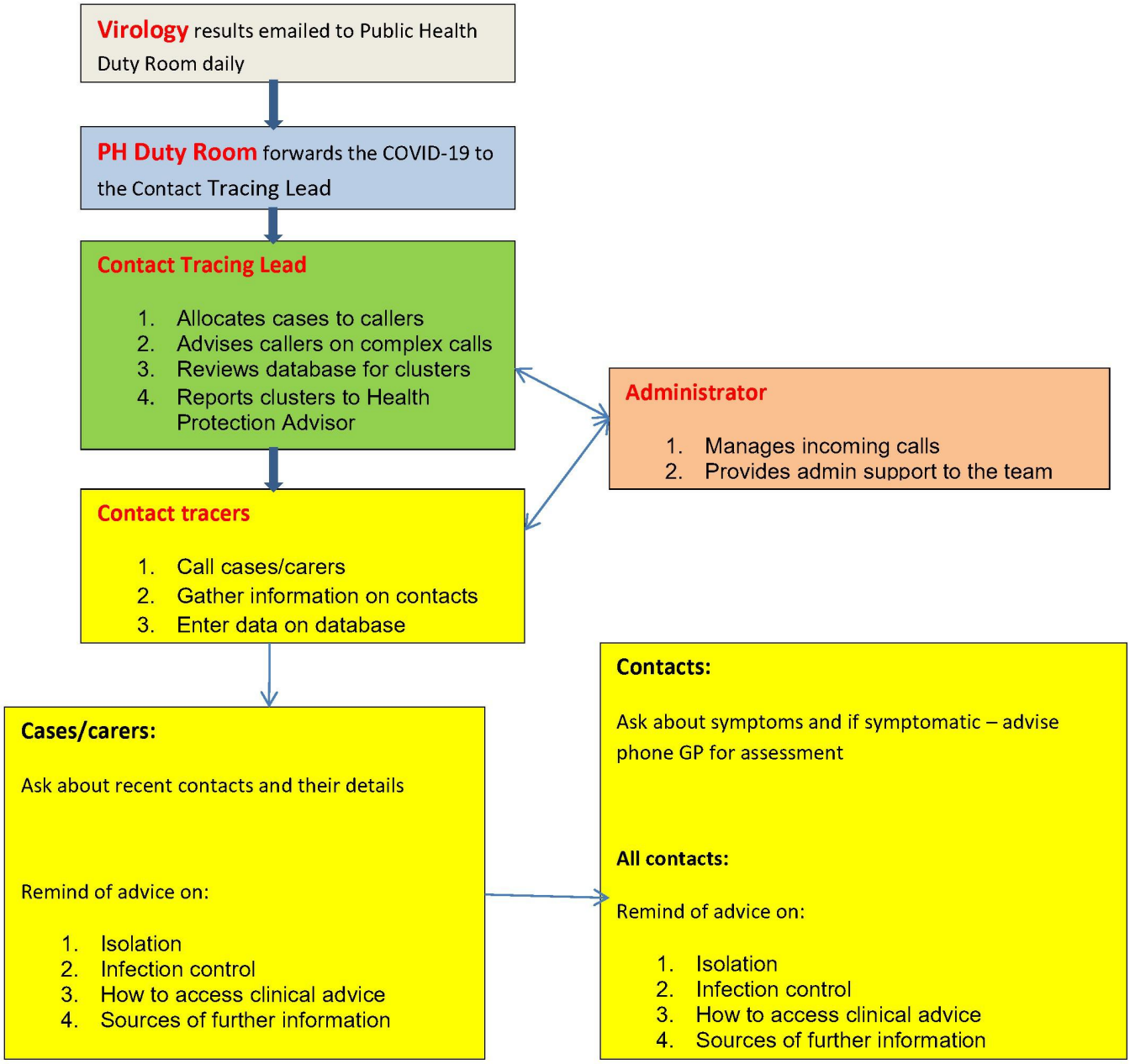
PID Appendix 1

Contact Tracing Process – Mitigation Phase 1



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Outline of Covid-19 contact tracing service

Additional info on staffing for substantive service

365 days per year – 2 sessions per day = 730 days

10 people per day = 7300 working days

Each person works 200 days per year

7300/200 = 35 substantive staff in post in 3 months

Health protection consultant x1

Call centre manager x 1

Surveillance x 1

HP Nurse call handlers x 5

Admin x1

IT x1

The key areas which need to be activated:

Week 1

27th April

Monday

- Negotiate high level substantive Project Management resource
- The best way to do this might be to get the PWC contact and pass this to them to pick up.

Tuesday - Thursday

- Establishment of a Project Team to address the rollout of the pilot. .
- The project team would have to address the areas listed in the attached Steering Group flow diagram.
- A purpose for each project is provided in the diagram. A brief PID would be required but these should be light on words and focussed on outcomes and timescales.

- Expansion of call centre capacity from 49 people in week 1 to 100 for week 2 and 300 for week 4

Friday

- Steering Group Membership and PIDs should be signed off on Friday.

Week 2-4

4th – 18th May

Project management Team to lead on:

- Expansion of call centre physical capacity:
- Recruitment of temporary staff for weeks 3-8
- Training package refined and training programme led and owned by training lead
- Database refined and developed to deal with increased capacity and surveillance needs
- Facilities identified and prepared for 300 staff across NI
- Governance, legal and financial awareness and management

Week 5

25th May

- Handover from pilot to Health Protection Forward Plan Contact Tracing Programme
- Job descriptions and recruitment for clinical call handlers, health protection consultants and surveillance staff

Week 8

15th June

Transfer from non-clinical call handlers to professional service

Week 12

13th July

Fully functioning contact tracing service

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PID Appendix 2

Key risks and mitigating measures for Phase 1 – Initial set up of COVID -19 Contact Management Program to save lives through slowing the progress of COVID-19 in Northern Ireland

Risk	Description of risk	Existing Controls	Likelihood	Severity / Consequence	Risk Rating
1.0 Project setup may exceed timeline.	The time lines are extremely tight (start date 27th April) and the project initiation could run over time due to delay in stakeholder contribution to project development in line with timelines.	Time lines and deadline for actions. Strong communication, issues raised quickly to reduce delay. Different stakeholders working on different strands.	2	3	
2.0 Recruitment of staff	One week recruitment exercise to identify EHOS and health care university students to fulfil the role of contact tracers.	Identification of staff from health protection and PHA nursing to cover 1st week commencing Monday 27th April.	3	2	
3.0 Premises	Identification of secure location in Belfast for delivery of the service (phase 1 emergency response)	BSO Encompass building being scoped as a matter of urgency. Confirmation required by COP on Monday 20th April.	2	3	
4.0 Equipment	Absence of ICT equipment and phones for start date.	As per point 2- contingency team identified who have access to corporate laptops and telephones.	2	2	
5.0 Absence of bespoke database for contact tracing	The short start up time line may impact of the ability for the development of a bespoke secure IT system which can be accessed simultaneously via multiple users and sites for contact tracing	Revert to legacy excel spreadsheet for management of outbreaks which will be uploaded on to a shared folder and data input manged by health protection administration.	3	2	
6.0 Training	Absence of training for recruited staff	Training cell established. Training programme and supporting e-learning/ webinar platform in place.	1	1	
7.0 Staff rotas (link to risk 2)	Rota manager appointed	Contingency rota developed for w/c 27th April.	1	1	

Risk	Description of risk	Existing Controls	Likelihood	Severity / Consequence	Risk Rating
8.0 Finance	Absence of funding for capital and non-capital spend	Project costs to be identified (phase 1 and 2) Business case for phase 2 contract tracing being developed. Cost coder for COVID-19 health protection response established.	2	2	

NOTE: There are also specific risk assessment forms for specific Health and Safety issues such as Substances Hazardous to Health (COSHH), Display Screen Equipment Self Assessment Form, Manual Handling Risk Assessment Form (which includes Patient and Load Handling) for particular clients or clinical issues.

Action Plan

Sources of Information / Persons Consulted	Further Action if necessary to control the Risk	Person/s responsible for Co-Ordinating implementation of the Action.	Recommended Timescales	Date Completed	Revised Risk Rating
Mary Carey , Senior Emergency Planner (Project Chair) Dr. Jackie Hyland, Consultant, Health Protection (Project Chair) Sinead Smyth (Project Manager)	Actions as outlined in contingency measures for each risk.		Final deadline Thursday 23rd April. Please refer to project plan for breakdown timescales.		

KEY TO RISK RATING: Likelihood x Severity/Consequence = Risk Rating

Likelihood	Severity / Consequence	Risk Rating
1 Rare	1 Insignificant	**Low Risk (Green)**
2 Unlikely	2 Minor	**Medium Risk (Yellow)**
3 Possible	3 Moderate	**High Risk (Amber)**
4 Likely	4 Major	**Extreme Risk (Red)**
5 Almost Certain	5 Catastrophic	

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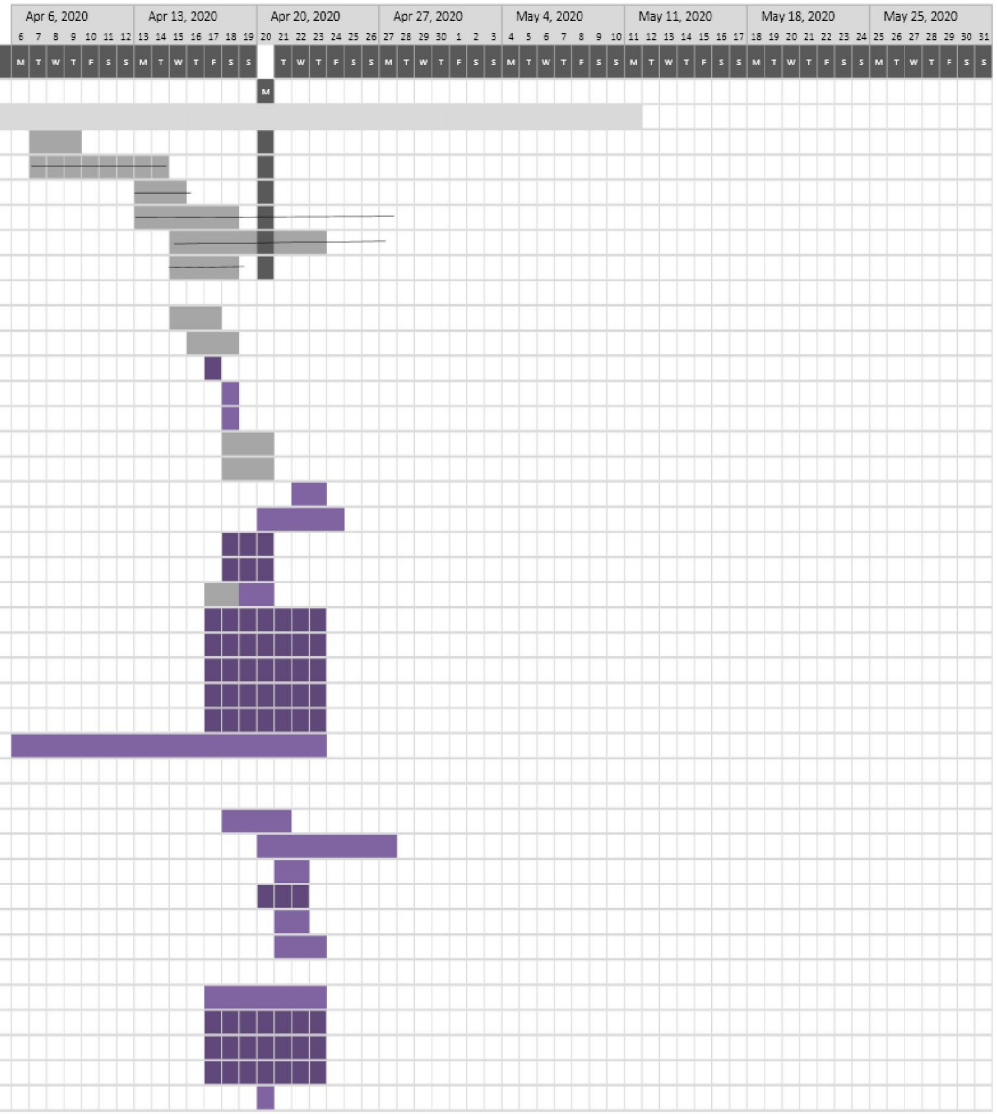
PID Appendix 3

Covid 19 Contact Mangement Ceter set up

Public Health Agency
Sinead Smyth

Project Start: Tue, 4/7/2020
Display Week: 1

TASK	ASSIGNED TO	PROGRESS	START	END
Project Developement				
Approval for program	JH MC	100%	4/7/20	4/9/20
Appointment of leads	JH MC	100%	4/720	4/14/20
Appointmennt of Pm Team	JH MC	100%	4/13/20	4/15/20
Admin Support - on site	JH MC	100%	4/13/20	4/18/20
Scope the project-see below	JH MC	100%	4/15/20	4/23/20
Project Initiation Document	JH MC	100%	4/15/20	4/18/20
Task1 Recruitment /PHA Emergency response. Phase 1				
1.1Candidate pool sourced EHO/ University/Other Prof	MC JH	100%	4/15/20	4/17/20
1.2 PHA, BSO, Board data base created		100%	4/16/20	4/18/20
1.3 MOU- Existing MOU with EHOS	MC	100%	4/17/20	
1.4 Job Description Created for HR	MC	80%	4/18/20	4/18/20
1.5 Formal proposal sent to EHNI	SS	80%	4/18/20	4/18/20
1.6 Contract created for University students	NE	100%	4/18/20	4/20/20
1.7 Establish back up team	JH	100%	4/18/20	4/20/20
1.8 Contract Agreed for EHO	tbc	0%	4/22/20	4/23/20
1.9 Recruitment Agency - undertake large scale recruitment	NE	0%	4/20/20	4/24/20
1.9 HR Guidance Nora Emmerson	NE	0%	4/18/20	4/20/20
Task 2 IT Platform				
2.1 Scope solution with Dan West and Eddie	DW ER	50%	4/17/20	4/20/20
2.2 Secuity Check with Network	DW ER	0%	4/17/20	4/23/20
2.3 Excel spread availbe for data capture	DW ER	0%	4/17/20	4/23/20
2.4 Cloud access	DW ER	0%	4/17/20	4/23/20
2.5 Remote accesss	DW ER	0%	4/17/20	4/23/20
2.6 GDPR advice- karen Brathwaite & Rosemary Taylor	DW ER	0%	4/17/20	4/23/20
2.8 Conact Alan regarding email, folder, IT access, telecline	MC	0%	4/20/17	4/23/20
2 .7 Testing of system/site	JH MC SS	0%	4/23/20	4/24/20
Task 3 Facilities- secure office/base				
3.1Immediate short term premise- Emcompass building	KB	0%	4/18/20	4/21/20
3.2 Longer term premise- Pauline Atkinson	PA	0%	4/20/20	4/27/20
3. 3 Building scoped for equipment needed	CC/SK	0%	4/21/20	4/22/20
4.4 Print off list of EOC plan	CC/SK	0%	20/0420	4/22/20
4.5- Room set up- all equipment	CC/SK	0%	4/21/20	4/22/20
4. 5 Contract and Funding to release buiding& equipment		0%	4/21/20	4/23/20
Task 4 Training materials and training				
4. 1 Adapt ROI Training Materials	DOD PS	0%	4/17/20	4/23/20
4.2Run Training	DOD PS	0%	4/17/20	4/23/20
4. 3 Develop protocol for call handling	DOD PS	0%	4/17/20	4/23/20
4.4 Manual for CT team	DOD PS	0%	4/17/20	4/23/20
4.5 Allocation of training Admin- Christine Thompson	PHA	0%	4/20/20	4/20/20



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Display Week: 1

TASK	ASSIGNED TO	PROGRESS	START	END
4.6 GDPR TRAINING- Rosemary Taylor	RT	0%	4/20/20	4/20/20
4.7 List of recruits given to training team	JC	0%	4/22/20	4/23/20
Task 5 Equipment - Laptops, IT, phones, printers				
5. 1 Check order - Whitboards etc stationary	JC	0%	4/20/20	4/20/20
5.2 10 Laptopd computer terminal Printers mobile	DB	0%	4/20/20	4/22/20
5.3 Landline- Public and private telephone number - id , spider phone	Alan	0%	4/20/20	4/22/20
5.4 Sound Boards	DB	0%	4/20/20	4/22/20
5.5 Head phones	DB	0%	4/20/20	4/23/20
5.6 SS To email David Bryce with order	SS	0%	4/20/20	4/23/20
Task 6 Data sharing from Labs				
6.2 Set up link with duty room notification & CT in & out of hours	MC	0%	4/20/20	4/23/20
6.3 Process map information flow - see Kyla	MC	0%	4/20/20	4/23/20
Task 7- Operational plans				
7.1 Create rotas- JIM Crawford	JC	100%	4/18/20	4/23/20
7.2 Induction packs printed- Jack Murray/sharon(share w) training)	JM	0%	4/20/20	4/23/20
7.4 Update EOC plan -Mary to contact Catherine	MC/CC/SK	0%	4/20/20	04/23/20
7.5 Admin staff allocated		0%	4/20/20	4/20/20
Task 8 - Finance and Costing				
8.1 IT Capital and non capital	DB	0%	4/20/20	4/24/20
8.- Allocate support- Business manager appointment		0%	4/20/20	4/24/20
8.2 Allocate a cost center		0%	4/20/20	4/24/20

Copy of Contact tracing workbook.xls›

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Appendix 2

To: **Contact Tracing Steering Group Members**

From: **Paula Smyth, Director of HR & Corporate Services, BSO**

Subject: **Update from Recruitment Work-stream**

Date: **21 May 2020**

Background:

The recruitment work-stream for the Contact Tracing Centre initially met on 12 May 20. The work-stream is chaired by Paula Smyth and members include representatives from BSO HR, PHA Nursing & Medical teams, PHA Contact Tracing Pilot and Trade Unions. The Terms of Reference were discussed and agreed at the initial meeting.

The group identified the recruitment of 20 x Clinical Contact Caseworkers & 4 x Clinical Leads as the immediate priority and a draft recruitment action plan was drawn up. An Options paper was written outlining existing pools of potential staff to help decide on interim staffing options, as well as the longer term recruitment plan.

Progress:

B6 (x 20) Clinical Contact Caseworkers

The Job description has been drafted, evaluated and advertised with applications closing on 04.06.20. The roles have been advertised as one year contracts, with the option to extend. A waiting list can also be created to recruit additional staff when required:

https://jobs.hscni.net/Job/9666/phaclinical-contact-case-worker-band-6

For interim arrangements (and in addition to the pilot staff who will continue to cover shifts) Trusts have been contacted to approach B6 staff from their Redeployment lists and Bank Lists. An initial 11 staff have been identified, and work is ongoing with the Trusts to maximise this potential pool of staff.

4x Clinical Leads

The Job description (Speciality Doctor) has been drafted, and HR are currently in the process of securing approvals from Speciality Advisor / BMA / DoH. Depending on when approval received, the advert will go live on either 22 or 26 May.

For interim arrangements PHA are currently shortlisting from a pool of 14 doctors who meet the proposed Clinical Lead specification and who had applied via the HSC Workforce Appeal.

Additional:

An Interim 8A Team Manager has been appointed for a month in the first instance to support with the set-up of the CTC and development of the centre. A Job Description will be developed to allow future recruitment to this role.

HSC Leadership Centre has commenced a review of the Pilot Contact Tracing Centre, and the learning from this review will inform the future work of the group.

Next Steps:

Week commencing 25 May, the group plans to consider the other roles in the proposed structure, agree Job Descriptions and progress recruitment plans.

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Appendix 3

Briefing Paper

This Briefing Paper has been designed to provide a brief overview of the IT System to be used for Contact Tracing service. To progress and coordinate the IT solution so that it will be fit for purpose on Monday 27th April and IT project lead with knowledge is urgently required.

Background

The solution being proposed for the Covid Contact Tracing system is based on Microsoft Dynamics 365 which is a case management system that will be customised with the appropriate structure, security and workflows to meet the needs of PHA as they expand the contact tracing programme.
It will be hosted in an isolated area of a Microsoft UK datacentre reserved for HSCNI
Design, implementation and initial support will be done by a partner Kainos
BSO ITS will be required for a small amount of set up initially

Action

The PM is required to manage the capture, ownership and delivery of all the tasks required to get this delivered on time for PHA, so far these are things such as:

- Request BSO host the Dynamics application in the HSCNI environment
- Create the necessary Dynamics instances so Kainos can build the solution
- Create necessary user accounts for Kainos
- Kainos meeting with PHA to understand fields and workflow (scripts) that the system needs to align to
- Kainos first build demo to PHA
- End user training
- IG sign off
- IT security sign off
- Kainos development of changes based on PHA feedback
- Kainos sign off for UAT testing
- PHA UAT sign off
- Go live plan

Conclusion

In conclusion, considering the need to move rapidly, and very tight deadlines good project management would significantly improve the deliverable for PHA.

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Appendix 4

Briefing Paper

This Briefing Paper has been designed to provide an overview of the Contact Management Service and facilities and equipment that is urgently required. This is to support Phase 1 which is the initial set up. There are plans to support the Service in the longer term.

Background

The UK Coronavirus Action Plan published on 3rd March 2020 was developed to build on existing pandemic flu plans and lessons learned from previous outbreaks.
The plan is based on 3 phases: contain, delay and mitigate. The most appropriate public health actions are dependent on which phase of the outbreak we are in.

As we progress towards reducing social isolation - anticipating a substantial increase in the number of cases identified as COVID-19 positive, the PHA Health Protection Service is developing a national rapid, large scale system operating in three steps:

- **Step 1 / Case:** Rapid notification to a person of a negative or positive of results and provision of advice
- **Step 2 / Contacts:** Rapid identification of contacts of confirmed cases of COVID-19
- **Step 3 / Control**: Rapid public health management of contacts of confirmed

Action

Rapid progress is being made to set up a Contact Management Service. It will follow an outbreak management process with rapid establishment of systems and support to undertake extensive contact tracing.

To reduce spread of infection, and save lives, The Public Health Agency urgently requires facilities and equipment the Contact Management Service.

Approximately 50 % of cases have been diagnosed in the Belfast area so the first contact tracing Hub will be in the Belfast area, with a view to establishing 3-4 hubs across the rest of NI over the following weeks. The preferred model is for the contact tracing team to work from the hub but in some instances remote working may be an option.

An office for the initial service is urgently required that has: landlines, IT access, desks,chairs, proper rest facilities, and meets health and safety requirements.

The size needs to fit 10 people and allow for social distancing. A site/facilities/ security person is also required to maintain the building and open and close etc

The following Equipment is immediately required:

10 x Laptops
1 Printer

10 Telephones
10 Headsets
Soundboards
Stationary
Landlines

IT support is required to set up the equipment and internet access. The aim is to have the office set up on 23/04/2020 to allow time for any issues to be resolved

As the service develops there may be other requirements.

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Appendix 5

Forward Planning Contact Tracing

Phase 1 - Pilot

Clinical Governance arrangements

Purpose of the pilot

Phase 1 is to rapidly establish a telephone based contact tracing service to commence on **Monday 27th April 2020**, and will operate 7 days a week. There will be a 4 week period of piloting and intensive development, prior to upscaling the operation further. Work is being taken forward by 5 subgroups: IT, recruitment, facilities, training, and governance.

Contact tracing process

- identifying all those who were in contact with the infected person over the infectious period
- telephoning the contacts to make them aware that they may be at increased risk
- providing them with information about the disease, including symptoms to look out for
- advising them on what actions to take if symptoms develop
- advice on how to prevent onward spread of the disease.
- advice for high risk contacts on self-isolation
- monitoring for symptoms and arrange testing if required

Clinical Governance Lead

The Clinical Governance Lead for the pilot is the Assoc. Director of Health Protection

Contact Centre Staff

The new cadre of contact tracers, call centre managers and admin staff will be selected for relevant experience. They will be given face to face training on scripts and supporting materials, and how to log information they capture. Initially there will be intensive support and training from experienced public health professionals, with ongoing monitoring and support when required. Any complex cases or situations will be passed to experienced PHA Health Protection Consultants for their input.

Selection of staff

Job descriptions have been adapted from existing approved job descriptions for volunteers in HSC Trusts. The job descriptions are reviewed and approved by HSC Human Resources Department. Staff will be required to have the appropriate employment checks and have signed confidentiality agreements.

Scripts and training

The call handling scripts are adapted from the material produced and reviewed in ROI. These have been tested and updated from learning in ROI since contact tracing began in February 2020.
The script review and training material is being led by PHA Health Protection Consultants who are GMC registered.

Public Health Agency

Appendix 6

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DATA PROTECTION IMPACT ASSESSMENT TEMPLATE REPORT

DPIA Ref no. *(Information Governance to provide)*	
Project Name	
Covid-19 Contact Tracing Centre	
Business Area	
HSCNI	
Information Asset Owner	**Project Manager**
Public Health Agency	NR

Note: Please delete all guidance notes in italics from your final report

Please refer to Steps 1-8 outlined in the DPIA Guidance Notes before completing this template.

Step 1: Identify the need for a DPIA
Give a short overview of the project. You will have to provide more detail in sections below so it can be kept very brief. The establishment of a contract management programme for Northern Ireland that will entail contact with people who have tested positive for COVID 19 (or their proxies), to identify those they have been in contact with, so that they can subsequently be contacted and given appropriate advice. (Early identification and management of clusters based on active surveillance supported by mapping.) A key aspect of the programme is the development and implementation of a new IT system to record the data and assist in the management of the programme. Phase 1 of the programme commences on Monday 27 April, using internal PHA staff and HSCNI staff as 'contact tracers' for a pilot phase. The programme will be developed and expanded over the coming weeks. This DPIA applies to the phase 1 pilot and is a live document, but will be built on and further developed as the Phase 2 programme is established. This pilot service is changing and adapting and the DPIA is updated accordingly.
Purpose
Describe the project and what it is meant to achieve. It may be helpful to refer to other documents, such as a project proposal. (Information contained in the screening exercise a helpful starting point). Contact tracing is an established protection response in the management and control of communicable diseases. The rationale of introducing contact tracing is to slow the spread of the COVID-19 pandemic in Northern Ireland and to lessen the impact on Health and Social Care services, through preventing community transmission of COVID-19 when social distancing measures are relaxed is to identify positive cases of COVID 19, prevent spread and protection of the vulnerable. Contact tracing involves • Identify all those who were in contact with the infected person (high risk, low risk).

- Initiating communication with the individual to inform them of their contact status
- Providing the individual with information about the virus including symptoms to look out for
- Advising on what actions to take if symptoms developed
- Advising on how to prevent onward spread of the disease.
- Advising for high risk contacts on self-isolation

Need for a DPIA

Describe how the project will impact on privacy and why a DPIA was undertaken. Identify if there are any limitations to the DPIA. For example, no arrangement in place to cover the use of personal information by third party.

The contact tracing scheme relates to persons who have been diagnosed with Covid-19- call takers then obtain telephone numbers to contact this person's "circle of contacts" and gather information about them pertaining to their date of birth, living conditions and work conditions.

This information is recorded on a database and further contacts can then be reached, if it appears that these contacts are at risk. All people at risk are given health advice or referred to an information website, for assistance on next steps to take.

The contact tracing service will involve the collection, storing and control of private and sensitive personal data. Given the potential risks of breaching our obligations under GDPR 2018, a DPIA was deemed compulsory before this project commenced. This DPIA describes the processing operations, and identifies risks and appropriate mitigation of risks.

If a contact tracer contacts a person who has been diagnosed with Covid-19 or a person within their circle has reduced capacity a next of kin with a legitimate right to deal with this person's daily life, or perhaps someone with a Power of Attorney in relation to this individual will be contacted on behalf of the person.

If there is no-one as set out above; it is recognised that this is very much currently an emergency situation and all information is going toward preventing the spread of the virus and many more deaths. The information gathered is closely contained on a secured data base and only specific info is required.

It is then incumbent on the staff to find the closest person available to the person lacking capacity, to illicit the information as quickly as possible.

As there is no time to make an application to court for an Order granting the Contact Service to seek the info from another close source or contact the Official Solicitor in this situation, as there is only a small window of opportunity to gather this info and make the relevant contacts, to then require persons within the circle who are at risk or who have been exposed to the virus, to take the necessary precautions

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Lawful Basis for Processing

In this section, set out your lawful basis for processing.

Article 6(e) of the GDPR where the process is necessary for performing a public task in the public interest and that task or function has a clear basis in law. In this case the PHA is a body formed under statute required to carry out certain functions one of which is to protect the community against communicable disease and other dangers to health and social well being including arising from environmental, public health grounds or out of emergencies. This clearly covers the task which PHA is carrying out with the contact tracing.
Article 9(2)(h) and (i) which both permit the processing of special category data, which health data falls within, on the grounds of the provision of health and social care (h) and for reasons of public interest in the area of public health (i). In both these cases the processing must be carried out by or under the responsibility of a health professional or by someone else who in the circumstances owes a legal duty of confidentiality

Step 2: Describe the processing

Describe the nature of the processing:

How will you collect, use, store and delete data? What is the source of the data? Will you be sharing data with anyone? You might find it useful to refer to a flow diagram or other way of describing data flows. What types of processing identified as likely high risk are involved?

Data comes from the Covid 19 testing program including attending one of the centres and home testing.

Virology positive COVID-19 results from Belfast Labs (currently includes SEHSCT patients too) are sent to PHA on a daily basis via secure automated file transfer. Remaining labs, NHSCT, SHSCT and WHSCT, positive COVID-19 results are sent directly to PHA (named individual) and the contents are encrypted and password protected. All of this information is from within the HSCNI network. Virology positive results from the National Testing Centre (Randox) are emailed (password protected) daily to the PH Duty room and the Lead Clinician forwards to the CTC administrator for uploading on to the CTC database.

The minimum amount of data necessary is collected and stored. Please see flow diagram attached for more information

The Contact Tracing Service :
Clinical Lead Contact Tracing Centre

1. Forwards the COVID-19 list to the Contact Tracing Manager
2. Advises on clinical complex issues
3. Leads on cluster management

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Contact Tracing Centre Manager- Senior PHA staff

1. Allocates cases to callers
2. Advises callers on non-clinical complex calls
3. Reviews database for clusters
4. Refers clusters and complex calls to Health Protection Consultant

Contact tracers- HSCNI staff

1. Call cases/carers
2. Gather information on contacts3.
3. Enter data on database

Admin Support – HSCNI staff

1. Manages incoming calls
2. Provides admin support to the team

Currently the data received from the Regional Lab does not include contact numbers. An authorised contact tracing staff member will access a read only view from NIECR for patients that positive COVID-19 results have been received for. This authorised user will add the required (Contact number, GP details) data to a secure contact tracing database. This data will then be accessible for the contact tracing staff member to carry out contact tracing.
This is an interim solution and a complete data extract from BSO data centre will replace the need to access via NIECR.
No other staff from the contact tracing service can access this system. Only a minimum data set can be viewed by authorised staff member. There is an existing MOU in place and a DAA has been completed to support this.

A Section 255 letter (Section 255 of the Health and Social Care Act 2012) has been put in place between PHA and NHS Digital to allow the dissemination of information required for Covid-19 purposes. Specifically, NHS Digital has been requested to collect, analyse and disseminate to the PHA and BSO, the information required to deliver the COVID-19 Testing Service. This includes NHS Digital sending patient identifiable information in records that communicate the results of Covid-19 tests. This information is made available to the Contact Tracing Centre for the purposes of contact tracing

Data flow is

1) Daily file of results sent from NHS Digital to HSC Mesh mailbox via N3

2) File manually narrowed down to just positive (and presumptive positive) test results and also to just the fields required by the contact centre (for example we do not share national insurance number with the contact tracing team as it has no use in the context of contact tracing). The minimum data set sent to the contact tracing team are:

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Unique Test Reference Number

Collection Location (i.e. National Test Site/Home Test etc.)

First Name

Last Name

Email

Phone Number

Gender

Date Of Birth

Country

Sample Collection Date

AddressLine1

AddressLine2

City

Postcode

Combined Result

3) Contact tracing positive test results file encrypted and sent to nominated PHA mailbox (PHA.DutyRoom@hscni.net)

4) Password for encrypted file shared with a single nominated PHA contact

This is an interim solution until the test results are placed in a data store and extracted from there.

A DAA has been agreed to allow Occupational health leads within HSCNI to share details of staff that have tested positive for Covid -19. This information is shared with Health Protection Consultant.

Data may also be provided in the future from port health- appropriate data sharing agreements will be in place to support this.

Once all the contact details have been secured they are added onto the Live Contact Tracing Dynamics (going forward this will be replaced by Epi Info and the DPIA will be updated accordingly) system by a nominated trained person..

The Dynamics 365 system will be hosted in the isolated cloud storage solution provided by Microsoft. This environment will contain three different instances

1. Development
2. Testing
3. Live (also known as production)

Access to these areas are restricted and only those enabled by BSO ITS can gain access.

Development instance will only be accessible by the authorised and named Kainos (3rd party developer) accounts and used for development reasons.

Testing instance will be accessible to Kainos accounts and authorised and named HSCNI accounts belonging to staff assigned to COVID-19 tracing centre. The main use for this system is testing enhancement and training purposes.

The Live instance is only accessible by the authorised and named HSCNI accounts belonging to staff assigned to COVID-19 tracing centre. This instance contains the live data and is the only instance that does.

There will be no real data used in the development and testing stage.

Only computers located within the Contact Tracing Service can be used to access the data. The Staff working within the pilot contact tracing service are staff who have contracts with HSCNI.

The full contact tracing data flow is attached to this Report

The personal data will only be held for as long as necessary in line in line with our Retention and Disposal Schedule and specific guidance issued by the Department of Health in Northern Ireland (Good Management, Good Records)

Aggregated data analysis will be carried out.

Aggregated anonymised data may be kept for longer.

Describe the scope of the processing:

What is the nature of the data, and does it include special category or criminal offence data? How much data will you be collecting and using? How often? How long will you keep it? How many individuals are affected? What geographical area does it cover?

The data collected and held by the contact tracing service will relate to individuals

who have tested positive for COVID 19 in NI., and those they are able to identify as having been in contact with them during the period of infection. If an individual has been in contact with someone outside of Northern Ireland this information will be passed onto the relevant authorities under current data sharing agreements. The individual will be advised of this transfer if data.

The data collected onto the system will include personal data and special category data. It may relate to children as well as adults.

Data collected from infected person - call 1:

- Name of person
- Date of Birth- if below 16 parents/guardian **name** and **number** recorded
- If person is not proficient in English someone who they would like included in conversations details is recorded- **name, number, relationship**
- If person is not well enough to speak **Name and number** of close family member recorded
- Address and post code
- If they live in a care home or hospital or shared accommodation
- That were recently tested for Covid19 (or novel Coronavirus) and have been told the result

Date of first symptoms

- Isolation start date
- if admitted to hospital and if yes record admission date and name of hospital
- If they are a Healthcare worker and role

Details recorded about each close contact:

- Name
- Phone Number
- Date of contact
- Type of contact
- Any places you have been and don't know the name of the others there
- Whether you know if any of your close contacts work in healthcare

Details recorded for Close contact - call 2

- Name
- If person is not proficient in English someone who they would like included in conversations details is recorded- **name, number, relationship**
- Date of Birth- if below 16 record parents/guardian name and number
- If they work in a Health care setting –
- Address and postcode

Describe the context of the processing:

What is the nature of your relationship with the individuals? How much control will they have? Would they expect you to use their data in this way? Do they include children or other vulnerable groups? Are there prior concerns over this type of processing or security flaws? Is it novel in any way? What is the current state of

technology in this area? Are there any current issues of public concern that you should factor in? Are you signed up to any approved code of conduct or certification scheme (once any have been approved)?

The data is being collected in line with the national, regional and local arrangements to respond to the COVID 19 pandemic. The establishment of contact tracing has been announced publically by the Minister of Health (NI) and subsequent PHA press releases, providing public awareness around the purpose and need for this programme.

The source data will come from the Covid 19 testing programme, including from patients tested during a hospital in-patient stay, as a Care Home resident as part of care home outbreak management, epidemiological studies, home testing, or attending one of the testing centres established through the national testing programme.

Privacy notices – either covering routine hospital activities or for the national testing programme – will advise that data will be used both for direct patient care and for secondary purposes, in this instance for public health (communicable disease control) purposes.

Data will also be collected from the individuals' who have tested positive (or their proxies) on the individuals they have been in contact with during their period of infection. The data collected on these contacts will be minimum necessary to allow these people to be contacted (or where the contact is a child or a vulnerable adult, their representative).

Data will be held on both adults and children.

The data will be held for the purpose of tracing and contacting individuals who have been in contact with someone who has tested positive for COVID 19, and for the secondary purpose of mapping and analysis to assist in surveillance and management of clusters.

While the PHA has experience in contact tracing for certain communicable diseases/outbreaks, the contact tracing proposed for COVID 19 is of a much larger scale and longer duration. However, PHA health protection expertise and knowledge will be central to the development and management of this programme. Alongside this PHA is working with Digital Health NI and BSO ITS, to bring in expert technical knowledge and advice in respect of the IT system development, implementation and management.

Microsoft are responsible for, within the Microsoft Dynamic 365 environment, software upgrades, security patching and updates; these are published via MS Office 365 portal that BSO ITS have access to.

Microsoft will implement and maintain appropriate technical and organizational

measures to protect Customer Data and Personal Data against accidental or unlawful destruction, loss, alteration, unauthorized disclosure of, or access to, personal data transmitted, stored or otherwise processed. Those measures shall be set forth in a Microsoft Security Policy attached. Microsoft make that policy available to Customer, along with descriptions of the security controls in place for the Online Service and other information reasonably requested by Customer regarding Microsoft security practices and policies.
In addition, those measures shall comply with the requirements set forth in ISO 27001, ISO 27002, and ISO 27018

Describe the purposes of the processing:

What do you want to achieve? What is the intended effect on individuals? What are the benefits of the processing – for you, and more broadly?

The primary aims of this project is the containment of Covid-19 through rigorous tracing and interviewing processes, for the benefit of individuals contacted and the wider public health in Northern Ireland.

Step 3: Consultation process

Set out your key stakeholders and their role in the project. This information may have been gathered for the screening exercise.

- DOH – Steering group setting the overall strategy for contact tracing
- PHA – Delivering the contact tracing service
- DHCNI – Commission the digital services to support the delivery of the service
- HSCB- GP Data
- HSC Trusts- Suppliers of source data
- BSO including ITS and corporate services – Supplier of commissioned services and advice as required
- BSO DLS- Legal advice
- Kainos - Supplier of commissioned services and advice as required
- Microsoft - Supplier of commissioned services and advice as required
- Big Motive – Commissioned to map end:end test & trace processes
- HSC Trusts- suppliers of source data

HSE- Specialist Advice

Public Health England- Advice

NHSX- Specialist knowledge on digital solutions

Consultation

Explain how you consulted with stakeholders and the extent of any consultation.

As this contract tracing programme is being established urgently as a central element in the management and containment of COVID 19, and as directed by the Department of Health (NI), it has not been possible to consult with the public. However, PHA and its partners have taken all reasonable steps , including discussions with and between the various stakeholders listed above, liaising with and taking the learning from the RoI HSE contact tracing programme (including using the same electronic contact tracing system as the HSE, adapted to meet the particular requirements of NI), as well as UK colleagues.

Step 4: Assess necessity and proportionality

Describe compliance and proportionality measures. Does the processing actually achieve your purpose? Is there another way to achieve the same outcome? How will you prevent function creep? How will you ensure data quality and data minimisation? What information will you give individuals? How will you help to support their rights? What measures do you take to ensure processors comply? How do you safeguard any transfers, including international transfers?

The lawful basis for collecting this information is set out in section 1
To ensure data minimisation only essential data will be collected and held as described previously.

Details of the individual who tested positive will not be provided to contacts.

Detailed scripts are being provided for call handlers, and others working in the contact tracing service to provide the necessary information to contacts without divulging confidential data about the individual.

Call handlers and others working in the Contact Tracing centre will be trained in the use of the IT system. Only computers located with the contact tracing service can be used to access the data so the risk of downloading and removing large amounts of data are minimal.
In the pilot service only HSCNI Employees are employed and are bound by the existing controls and policies in place for patient data access.

All staff in contract tracing service are trained and aware of their responsibilities under Data Protection Legislation and adhere to the Data Protection Principles. These principles are also printed out and kept beside them as a point of reference. There will always be extra support in the room from an experienced health protection consultant and a team manager.

All staff working within contact tracing service must to show their pass to access the room. They also must sign in and out of the room. Only computers located with the contact tracing service can be used to access the data. There is no unaccompanied public access to any part of the premises where the data is held.

Step 5 Identify and assess risks			
Describe source of risk and nature of potential impact on individuals. Include associated compliance and corporate risks as necessary.	**Likelihood of harm**	**Impact (consequence) of harm**	**Overall risk**
* *The below risks have been assessed in accordance with HSC's Regional Risk Matrix (2013)* Lack of clarity on the ownership and responsibility for management of the IT system	Medium	Moderate	Medium
Risk of inaccurate data (and potential contact with wrong people/missing correct people) through manual input of data into the Contact Tracing System	Possible	Major	High
Risk of data loss during import	Possible	Minor	Low
Risk from the data coming from Multiple sources	Possible	Minor	Low
The potential for a data breach given the nature of the data involved- Includes breach through human error and intention.	Possible	Major	High
Risk of cyber security breach	Possible	Major	High
Risk of inappropriate access to the data	Possible	Major	High

Child and Adult Safeguarding Privacy concerns, particularly regarding inappropriate access to current information on identity and location. Vulnerable people may be particularly concerned about the risks of identification or the disclosure of information. If there are inadequate disclosure controls, there is an increase in the likelihood of information being shared inappropriately	Possible	Major	High
Risk noncompliance with PHA data protection and information governance policies and procedures	Unlikely	Moderate	Medium

Step 6 Identify measures to reduce risk

Explain how you could address each risk identified in Step 5. Some risks might be eliminated altogether and others might be reduced. For others, you may be required to accept some level of risk. Evaluate the likely costs and benefits of each approach. Think about available resources, and the need to deliver a project which is still effective.

Risk	Options to reduce or eliminate risk	Effect on risk	Residual risk	Measure approved
Lack of clarity on the ownership and responsibility for management of the IT system	Digital Health, BSO ITS, PHA Health Protection discussions to tease out and put appropriate arrangements in place Document has been created that sets out clear ownership and responsibility ensuring that all	Reduced		

	involved parties are clear on their respective responsibilities Written agreement between Microsoft, Digital health and PHA in consultation with DLS Agreement with Kainos covered through G cloud			
Risk of inaccurate data (and potential contact with wrong people/missing correct people) through manual input of data into the Contact Tracing System	Ways for automatic electronic transfer/upload being explored which if developed and implemented will ultimately remove this risk. Training of staff and procedures set out	Reduced	**low**	
Risk of inaccurate data from labs	Consultation with labs to agree a process on data recall			
Risk of data loss during transfer	Any import has a roll back process which ensures the data can be recalled			
Risk of results from multiple sources				

Risk of inaccurate information from contact	Rigorous training, procedures in place	Reduced	**low**	
The potential of a data breach given the nature of the data involved Through human error or intent	All involved in the contact tracing center required to complete the HSC information governance e learning module; Information Governance manager has provided data protection slides for incorporation and use in the training for call handlers; Information Governance manager has provided a data protection 'check list' for each work station. Risk and management of breach of confidentiality covered in training.	Reduced	**Medium**	

Cyber security	Microsoft complies with both international and industry-specific compliance standards and participates in rigorous third-party audits that verify security controls. As required by the GDPR, Microsoft implements and maintains appropriate technical and organizational security measures, including measures that meet the requirements of ISO 27001 and ISO 27018, to protect personal data it processes as a data processor or sub processor on its customers' behalf. Microsoft follows the EU Standard Contractual Clauses and US-EU and Swiss-US Privacy Shield Frameworks. Attached documents to support BOS	Reduced	**Low**	
	The Live instance is only accessible	Reduced	**Low**	

Risk of inappropriate access to the data	by the authorised and named HSCNI accounts belonging to staff assigned to COVID-19 tracing centre. User access is only granted by an authorised PHA staff member liaising with a named contact in BSO ITS and completing a registration form. This is fully documented in an audit trail. Each individual has a password and there is no sharing off passwords permitted Technical security protections incorporated in Microsoft system.			
Child and Adult Safeguarding Privacy concerns, particularly regarding inappropriate access to current information on identity and location. Vulnerable people may be particularly concerned about the risks of identification or the disclosure of information. If there are inadequate	If a person within their circle has reduced capacity a next of kin with a legitimate right to deal with this person's daily life, or perhaps someone with a Power of Attorney in relation to this individual will be contacted on behalf of the person Specific and	Reduced	Medium	

disclosure controls, there is an increase in the likelihood of information being shared inappropriately.	limited information gatherd Access to the system is controlled, only HSCNI employees have access who are bound by the existing controls and policies.			
Risk of noncompliance with PHA data protection and information governance policies and procedures	Development of DPIA to identify risks & put appropriate measures in place; Mandatory GDPR training Mandatory Information Governance Extensive training for all involved; Bound by HSCNI contracts	Reduced	Low	

STEP 7 Approval Process		
Ensure privacy solutions are approved at an appropriately senior level. In general, the DPIA will be signed off by the responsible Information Asset Owner. For larger scale projects, the Senior Information Risk Owner will be required to approve solutions and sign off the process. In this section, you should summarise the steps taken to reduce risks to privacy and record decisions taken to eliminate, mitigate or accept the identified risks.		
Item	**Name/date**	**Notes**
Measures approved by:		*Integrate actions back into project plan, with date and responsibility for completion*

		(see step 8)
Residual risks approved by:		*If accepting any residual high risk, ICO must be consulted before going ahead. Advice of DPO must be sought first.*
DPO/Information Governance advice provided:		*DPO/Information Governance to advise on compliance*

Step 8 Implementation		
What actions need to be taken forward as a result of the DPIA? Who is responsible for integrating DPIA outcomes back into the project plan and updating any project management paperwork? Who is responsible for implementing the solutions that have been approved and what is the timescale? Who is responsible for any privacy concerns that may arise in the future?		
Action to be taken	**Date for Completion**	**Responsible Owner**
Contact point for future privacy concerns		
SIGN OFF		
Senior Responsible Owner/Information Asset Owner		
Name:		**Date:**
Signed:		

Project Manager	
Name:	**Date:**
Signed:	
Director	
Name:	**Date:**
Signed:	

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Appendix 7

Action Log Opened: 16th April 2020

Action Log Closed:

Key:

Open/On-going	
Closed/Completed	

16/04/20 Contact Tracing T/Conf 3pm EHO's: Mary Carey (PHA), Jackie Hyland (PHA), Peter Sheridan (PHA), Sinead Smyth (PHA), Debbie Woods (CIEH) Wales, Kate Thompson (CIEH) Wales, Gary McFarlane (CIEH), Ally Whitlock (CIEH),

Overview/Background:

- Offer of support for contact tracing, project management team in NI to start Phase 1 of contact tracing to commence on the 27th April 2020 as a pilot followed by Phase 2 contact tracing.
- Possibly 4 x contact tracing units placed geographically across NI capturing case/cluster details via Labs and follow up on the contact tracing (approx - 100 cases per day).
- A training manual is currently being developed to delivering training for contact tracing. 9am-7pm hours of work in contact tracing cell (2 x shifts per day), 5 x call handlers required (64 x staff per day for a 7 days a week rota). Rotas to be developed 2 weeks in advance. Access NI checks for staff.
- EHO's NI have 400+ people on the register. Gary raised this request via the NI heads of EHO service meeting yesterday and discussed resources etc... there is an understanding of the significance of the work in contact tracing.

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
16/04/20	1	PHA to write to the EHO Resilience Forum and make a formal request for support from EHO's. In the letter reference the request was discussed at EHNI heads meeting on the 15th Apr 20. Gary also agreed to email the Heads of EHO's to make them aware of the request coming from the PHA.	PHA/ NR	
16/04/20	2	Volunteers from NI Gary McFarlane to identify working EHO's and make details available to the PHA. Retired EHO's may also be available.		
16/04/20	3	EHNI aware of current SLA's in place regarding Infectious Diseases with the PHA. Mary agreed to discuss with Dr Philip Veal and take forward. Mary agreed to send a copy of the PHA MOU with EHO's.	PHA NR	
16/04/20	4	PHA to look at temporary/honorary contracts for EHO's that assist/work for the PHA.	PHA	
16/04/20	5	CIEH offered technology to assist with webinar training for all EHO's via powerpoint etc...	CIEH	

17/04/20 Contact Tracing T/Conf 11:30am: Mary Carey (PHA), Jackie Hyland (PHA), Sinead Smyth (PHA), Brónach McCartney (PHA) and Damien McCathal

Overview/Background:

- Moving into the 2nd phase of contact tracing with the release of social lockdown
- Aggressive contact tracing
- Looking at the ROI model and working closely with them
- Engaging with EHO
- Using health students

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date;

				not completed)
17/04/20	**1**	Damien to send notice out to year 2 students and above	Damien	
17/04/20	**2**	Damien to work with head of schools to aid in selection of appropriate candidates.	Damien	
17/04/20	**3**	Jackie to send a model of the teams for Damien to bring to the head of schools	Jackie	
17/04/20	**4**	Mary to provide an outline summary of skills required for contact tracers	Mary	
17/04/20	**5**	Damien to contact BHSCT regarding the summer relief contracts and send to Mary. Mary will then take this to PHA and BSO HR	Mary/Damien	
17/04/20	**6**	Mary to include Damien in correspondence	Mary	

17/04/20 Contact Tracing T/Conf 12pm: Mary Carey (PHA), Jackie Hyland (PHA), Brónach McCartney (PHA), Gillian Armstrong (DoH), Briege Quinn (PHA), Eddie Ritson, Dan West.

Overview/Background:

- Moving into the 2nd phase of contact tracing with the release of social lockdown
- Aggressive contact tracing
- Looking at the ROI model and working closely with them
- Engaging with EHO
- Using health students
- Contact tracing team pilot to launch 27/04/2020

Date	**Action No**	**Action Agreed**	**Person Responsible**	**Status** (completed-with date; not completed)

17/04/20	**1**	Action list to be sent out from previous meetings	Jackie	
17/04/20	**2**	Terms of reference to be sent out	Mary/Jackie	
17/04/20	**3**	Dan West to talk with Jackie on Monday afternoon 2:30-4pm regarding contact tracing technology	Jackie/Dan	
17/04/20	**4**	Dan West to provide a demo of ROI case contact system	Dan	
17/04/20	**5**	Mary to contact Gary Loughran to investigate if the Encompass offices would be available to use as an initial base.	Mary/Dan	
17/04/20	**6**	Dan to update on app progress	Dan	

Catch up meeting to take place Tuesday 21/04/20 3pm

17/04/20 Contact Tracing T/Conf 2pm: Mary Carey (PHA), Jackie Hyland (PHA), Brónach McCartney (PHA), Sinéad Smyth (PHA), Fiona McClements, Joann McCaffrey, Jillian (ABC council), Damien Connolly

Overview/Background:

- Moving into the 2nd phase of contact tracing with the release of social lockdown
- Aggressive contact tracing
- Looking at the ROI model and working closely with them
- Engaging with EHO
- Using health students
- Contact tracing team pilot to launch 27/04/2020

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
17/04/20	**1**	Jackie to email Damien the modelling figures and skills description to support with recruitment , Damien to circulate	Jackie/Damien	

17/04/20	**2**	IT to investigate if the system used in the community hub data sharing system to see if this could be used for EHO, Jackie to discuss at meeting on Monday	Jackie/Dan West	
17/04/20	**4**	Create a proposal to send to local authority EHO – short proposal including IT capability Practicality issues included /logistics	SS	
17/04/20	**5**	Need to find out how payment will be made- shift allowance/overtime Terms and conditions, paid in line with organisation own organisation, HR to support	HR	
17/04/20	**6**	After proposal send a meeting to be set up with 11 councils to discuss the proposal- teleconference meeting with EHNI scheduled @3.30 invites to be sent	Damien	

20/04/20 Contact Tracing T/Conf 11am: Mary Carey, Brónach McCartney, Jim Crawford, Bronagh Clarke, Peter Sheridan, Norah Emerson, Diarmuid

Date	**Action No**	**Action Agreed**	**Person Responsible**	**Status** (completed-with date; not completed)
20/04/20	**1**	Daily meeting to discuss progress	ALL	
20/04/20	**2**	To get ROI material (contact centre and training script)	Peter Sheridan	
20/04/20	**3**	Robert Graham to be contacted regarding unlocking documents	Mary/Peter	
20/04/20	**4**	Peter and Bronagh to provide drafts by tomorrow evening	Peter/Bronagh	
20/04/20	**5**	Mary linking in with facilities, to give more detailed feedback tomorrow.	Mary	
20/04/20	**6**	Rotas to be created	Jim	
20/04/20	**7**	Jim to continuing working on contingency model, draft tomorrow evening.	Jim	

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20/04/20 Contact Tracing T/Conf 4:30pm: Mary Carey, Brónach McCartney, Jackie Hyland, Sinéad Smyth, Joyce Johnston (QUB), Damien McAlister (UU), Pascal McKeown (QUB), Allister Finley (QUB), Dara Weir, Deirdre McGuire, Shannon Caldwell, Cathy Robinson, Claire Briggs

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
20/04/20	1	Mary to ensure undergrad students don't exceed 15 hours a week due to exam period in June.	Mary	
20/04/20	2	Mary to provide information to Pascal and others regarding bands and hours	Mary	
20/04/20	3	Mary and Pascal to contact Catherine Shannon	Mary/Pascal	
20/04/20	4	Mary to have a chat with HR regarding selection and weekend hours	Mary	
20/04/20	5	Mary to get a copy of HSC relief volunteer list from BSO HR	Mary	
20/04/20	6	Job description to be sent out.	Mary	
20/04/20	7	Teleconference to take place later this week. Thursday 3pm	All	

21/04/20 Contact Tracing T/Conf 12pm: Mary Carey, Brónach McCartney, Jackie Hyland, Sinéad Smyth, Jim Crawford, Caroline McGlocklin, Peter Sheridan, Bronagh Clarke, Bill Harvey, Maggie McNally, Geraldine Doherty, Diarmuid O Donovon, Briege Quinn, Linda Thompson, Rosemary Taylor, Cormac (ITS)

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
21/04/20	1	ROI scripts to be unlocked	Mary	

21/04/20	**2**	HSC manual to be looked at regarding scripts.		
21/04/20	**3**	Mary to link in with Linda regarding taking over recruitment	Mary/Linda	
21/04/20	**4**	New facilities to be identified, another room in LHS to be made available. Bill to look at other alternatives and link with Patricia Crossan.	**NR**	
21/04/20	**5**	New IT system to be set up.		
21/04/20	**6**	Procurement and contract regarding new IT system to be discussed at 5:30pm call. IT issues raised to be looked at. Mary to forward call details to Cormac and Caroline.	Mary	
21/04/20	**7**	ITS to link in with Eddie Ritson.	ITS	
21/04/20	**8**	Privacy notice to be looked at by Rosemary.	Rosemary	
21/04/20	**9**	Sinéad to link in with Paul McCormick.	**NR**	
21/04/20	**10**	Mary to send rota templates to Linda.	Mary	

21/04/20 Contact Tracing T/Conf 2pm: Mary Carey, Brónach McCartney, Sinéad Smyth, Gillian Armstrong, Tony Bjourson, Diarmuid O'Donavon, Collum Walsh

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
21/04/20	**1**	Nigel Hart to be copied in for QUB.	Mary	
21/04/20	**2**	Mary to forward on contact details (Helen and Collum from UU and Pascal from QUB) to Linda Thompson as she will be taking over the recruitment.	Mary	

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22/04/20 Contact Tracing T/Conf 12pm: Mary Carey, Brónach McCartney, Jackie Hyland, Sinéad Smyth, Jim Crawford, Peter Sheridan, Bronagh Clarke, Bill Harvey, Diarmuid O Donovon, Briege Quinn, Linda Thompson, Rosemary Taylor

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
22/04/20	1	Jackie to chase up with PHE regarding guidelines for asymptomatic/symptomatic testing	Jackie	
22/04/20	2	Discussions to take place to make alignment as close as possible with NI and ROI	Jackie	
22/04/20	3	Mary to contact Linda this afternoon regarding recruitment after sending job descriptions	Mary	
22/04/20	4	Linda to look at redeployment list and select any appropriate candidates using the job description and link in with Jim regarding the rota	NR	
22/04/20	5	Jackie to copy Claire Bushner in emails to Eddie Ritson	Mary	
22/04/20	6	Level 2 conference rooms to be deep cleaned	NR	
22/04/20	7	Jim to share contact list and update distribution list accordingly	Jim	
22/04/20	8	Access to BSO kitchenettes and additional badges required for level 2 and kitchenettes	NR	
22/04/20	9	Karen Braithwaite to link in regarding training	Karen	

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23/04/20 Contact Tracing T/Conf 12pm: Mary Carey, Brónach McCartney, Jackie Hyland, Sinéad Smyth, Jim Crawford, Peter Sheridan, Bronagh Clarke, Bill Harvey, Briege Quinn, Linda Thompson, Rosemary Taylor, Eddie Ritson, Pat Davis, Karen Braithwaite

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
23/04/20	1	Communication to be sent out to people on rota for next week regarding training.	Jim	
23/04/20	2	Most up to date rota to be sent to Sinéad McCavigan	Jim	
23/04/20	3	Linda to continue working on job descriptions	Linda	
23/04/20	4	Live database demo to take place at 4pm	Eddie Ritson/ NR NR	
23/04/20	5	Rosemary to look at governance regarding new system	NR	
23/04/20	6	Sinéad Smyth and Rosemary to look at DPI	NR	

24/04/20 Contact Tracing T/Conf 12pm: Mary Carey, Brónach McCartney, Jackie Hyland, Jim Crawford, Bronagh Clarke, Bill Harvey, Rosemary Taylor, Eddie Ritson, Pat Davis, Karen Braithwaite, Diarmuid O'Donovan

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
24/04/20	1	To ensure proper business case is established and finance in place Mary to send invite to Rosemary and Eddie for meeting with Stephen Baille next week including, Microsoft, Kainos, Leadership Center to discuss contracts funding etc	NR	

24/04/20	**2**	Eddie Ritison asked if the IT element should be a separate element or should be part of the business case for the contact tracing or another business case be developed, - agreed part of the CT business case. Eddie to support with this	Eddie Ritison	
24/04/20	**3**	Discussion regarding contact tracing training on Monday morning, will not be ready for HSC platform so has to be on power point that can be delivered in house for short term	Bronagh/ Peter/ Diarmuid	
24/04/20	**4**	First training session to take place Monday morning		
24/04/20	**5**	A4 checklist on data protection to be prepared for each workstation, Karen to send to Sinead Smyth and Sinead to print off	Karen	
24/04/20	**6**	Rota to be organised for health protection lead	Jim	
24/04/20	**7**	Account synchronisations to ensure that staff can log on	BSO ITS/ **NR**	
24/04/20	**8**	Brief induction for external staff	**NR**	
24/04/20	**9**	Rosemary and Karen to examine current Privacy Notice to see if it can be amended in the short term to cover the pilot contact tracing and re-examine for the longer term service	Rosemary/ Karen	
24/04/20	**10**	Rosemary, Karen, Sinéad and Joy to work on DPIA to ensure that something is in place- meeting on Monday afternoon to discuss work that has been carried out	Rosemary, Karen and Sinéad	
24/04/20	**11**	Sinead and Joy to carry out data mapping exercise to send to Rosemary for review.	Sinead/Joy	

27/04/20 Contact Tracing T/Conf 12pm: Mary Carey, Brónach McCartney, Jackie Hyland, Jim Crawford, Bronagh Clarke, Bill Harvey, Rosemary Taylor, Eddie Ritson, Pat Davis, Briege Quinn, Linda Thompson, Sinéad Smyth, Peter Sheridan, Joy Beaumont

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)

27/04/20	**1**	Joy and Eddie Ritson working on contracts with Microsoft and Kainos. Joy to link in with Eddie	Joy/Eddie	
27/04/20	**2**	Karen linking in with Jim regarding EHOs getting access to training	**NR**	
27/04/20	**3**	Bill to get access to level 2 fixed on passes using list of those affected	**NR**	

28/04/20 Contact Tracing T/Conf 12pm: Mary Carey, Brónach McCartney, Jackie Hyland, Sinéad Smyth, Jim Crawford, Peter Sheridan, Bronagh Clarke, Diarmuid O'Donovan, Bill Harvey, Linda Thompson, Rosemary Taylor, Eddie Ritson, Pat Davis, Karen Braithwaite, Joy Beaumont, Maggie McNally

Date	**Action No**	**Action Agreed**	**Person Responsible**	**Status** (completed-with date; not completed)
28/04/20	**1**	Commercial arrangements to be picked up a longer term. Exploring two options on Kainos and will progress when clearer on the Covid center business case. This will discussed at meeting tomorrow with finance meeting . Rosemary expressed that there needs to be some sort of contract starts asap. MOU fill the gap, which hasn't been finalised- needs sorted as quickly as possible		
28/04/20	**2**	Screenshots/videos etc to be added to training script- Amin person to be sourced to support	Diarmuid/Bronagh	
28/04/20	**3**	Students are limited to 2 shifts per week as they cannot exceed 15hours due to the exam period. Rota to be looked at regarding consistency/ composition of teams each day.	Mary/Jim	
28/04/20	**4**	Linda to go back to the leadership centre for redeployment list to ensure that candidate have the right skills	**NR**	
28/04/20	**5**	Mary to link in with legal re EHOs. Mary to forward Linda the draft MOU	Mary	

28/04/20	**6**	Facilities to be expanded. 2 extra spaces required for contact tracing and training. Beeches IT training rooms to be looked into as a possibility.	NR	
28/04/20	**7**	Maggie to acquire 20 more desktops and phones once new facilities have been found.	NR	
28/04/20	**8**	Pat Davis to link in with with Joy regarding governance, service transmission, change control procedures- link with Eddie also	NR	
28/04/20	**9**	Linda and Rosemary to link in to check about confidentiality of the contracts.	Linda/ Rosemary	

29/04/20 Contact Tracing T/Conf 12pm: Mary Carey, Brónach McCartney, Jackie Hyland, Sinéad Smyth, Jim Crawford, Peter Sheridan, Diarmuid O'Donovan, Bill Harvey, Rosemary Taylor, Pat Davis, Joy Beaumont, Alison Giffiths, Pete Struthers

Date	**Action No**	**Action Agreed**	**Person Responsible**	**Status** (completed-with date; not completed)
29/04/20	**1**	Phones to be acquired for the rooms identified in the beeches. Phones to be reconfigured if necessary.	BSO ITS	
29/04/20	**2**	Bill to go to the new facilities and test the system on the desktops. To link in with IT if needed.	NR	
29/04/20	**3**	Same phone model in the EOC to be set up for the new facilities	BSO ITS	
29/04/20	**4**	Mary to link in with Jim this afternoon regarding the rota/ team model	Mary	
29/04/20	**5**	BSO to put together a proposal for a central data process.	NR	
29/04/20	**6**	Mary to forward process design meeting invite to Pat.	Mary	
29/04/20	**7**	Rosemary to continue looking at the DPIA	NR	

29/04/20	**8**	Contact tracing script to be revised again following training sessions. Training script to be uploaded online once finalised and will be updated continuously.	Diarmuid/Bronagh/Peter	
29/04/20	**9**	Diarmuid to send Joy a copy of the finalised script as they will inform the data flows for the DPI	Diarmuid	
29/04/20	**10**	Standalone email to be set up for contact tracing group	BSO ITS	
29/04/20	**11**	Pete from Microsoft to link in with Kainos regarding live system and forward to Mary and Jackie	**NR**	

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30/04/20 Contact Tracing T/Conf 12pm: Mary Carey, Jackie Hyland, Sinéad Smyth, Jim Crawford, Peter Sheridan, Diarmuid O'Donovan, Eddie Ritson, Briege Quinn, Pat Davis, Joy Beaumont, Pete Struthers

30/04/20	**1**	Mary to link in Sharon Kelly to discuss the facilities and discuss what it needed linked to action 1&2	Mary	
30/04/20	**2**	Mary to discuss further with Jim, Karen is following up with people that have not had Information Governance. Mary advised that new people coming on will not be added to the rota unless they have had their training. Mary to model this up with Jim. The system has to record both training for audit purposes.	Mary	
30/04/20	**3**	Requests to Maggie need to be sent as soon as possible, Mary will send list to Maggie this afternoon.	Mary	
30/04/20	**4**	Pat was suggested to pause the central data system until Big Motive put forward their suggestions	n/a	
30/04/20	**5**	Mary to send Big motive invite to Joy and Pat	Mary	
30/04/20	**6**	Joy to review and add to DPIA and send to Rosemary Taylor for review	Joy	
30/04/20	**7**	Scripts to be shared with Breige and Siobhan to support with student nurses CPD	Diarmuid	
30/04/20	**8**	Sharon sent email request for stand alone email to discuss with Mary this afternoon	Mary	
30/04/20	**9**	Pete to have brief call on security issues- make sure live data isn't put into uta system for tomorrow afternoon include Joy, Kainos. Pat- Pete to send out invite	Pete	
30/04/20	**10**	Breige asked if university students were on a placement an audit has to carried out. Breige to check up with Alison Griffiths. If it needs completed and audit needs to be carried out as soon as possible. Claire confirmed that it needs an educational audit. Denis Hagan and Declan Bradley may be contacts	Breige	
30/04/20	**11**	Jackie requested that the computers need cables to link up to two screens. Pat Davis asked for details. Mary to link in with Sharon and send details	Mary/Sharon	
30/04/20	**12**	Pat Davis requested change control procedure, and other official documents Sign off of work – Kainos needed between sign off Joy and Eddie to sign off. Record	Joy/ Eddie	

		that work has been completed Service transmission assurance to be sent to Pete Change control procedure- if changes are required they have to infrastructure there is a formal process which BSO requires to happen		
30/04/20	**13**	If something in the server or network, production environment has to be handled through formal change control Need data transfer so there will need to be changes made- needs integration work figured out Pete to work with Joy to organise sign off Look at service transmission assurance process	Joy / Eddie/Pat	
30/04/20	**14**	Jim to let people that they are not required over the weekend	Jim	
30/04/20	**15**	Issue with contractual agreements with Randox labs- legal block age . Is someone in DLS aware. Pat/ Melissa to link in with Claire and update the group. Letter was signed off	Pat	

01/05/20 Contact Tracing T/Conf 12pm: Mary Carey, Jackie Hyland, Sinéad Smyth, Jim Crawford, Peter Sheridan, Diarmuid O'Donovan, Pat Davis, Joy Beaumont, Pete Struthers

1/05/2020	**1**	Pat working with Joy to get sign of from Kainos- ownership of the system going forward- overlap. Pat to share slides from Kainos with group.	Pat/Joy	
1/05/2020	**2**	Hope for data from Randox testing and that it will be released into the system- big motive to support	Na	
1/05/2020	**3**	Contact tracing run mon-fri 9-5 , 8 people per shift LC tested and system works etc	Jim/Mary	

		Jim and Mary to discuss forward recruitment		
1/05/2020	**4**	Pat Davis questioned the CT needs access to the Randox results-MC answered that we will require them at some point in the future. JH confirmed that all the results are needed.	N/A	
1/05/2020	**5**	Bill Harvey asked moving forward when the building needs to be opened until 9 pm Mary said that we will let Bill Harvey and Patricia Crossan when its required to stay open until 9 pm	Mary	
1/05/2020	**6**	Jim to send rota out this afternoon	Jim	

04/05/20 Contact Tracing T/Conf 12pm: Mary Carey, Brónach McCartney, Jackie Hyland, Sinéad Smyth, Jim Crawford, Peter Sheridan, Diarmuid O'Donovan, Pat Davis, Joy Beaumont, Leslie Boyd, Karen Braithwaite, Linda Thompson, Bronagh Clarke.

Date	**Action No**	**Action Agreed**	**Person Responsible**	**Status** (completed-with date; not completed)
04/05/20	**1**	Question of consent to be identified as a confirmed case to be sent to Gerry	Diarmuid/Peter	
04/05/20	**2**	Four groups being brought in for phase 2. BSO redeployed group, Student nurses (to start training on 18th May), medical and environmental health students and Medical technicians. Linda to try and expedite that.	Linda	**Phase 2**
04/05/20	**3**	Mary to look at Phase 2 job descriptions.	Steering group	
04/05/20	**4**	Maggie McNally to send Mary a list of costs to go through the pilot business case.	**NR**	
04/05/20	**5**	2 new centres to start running from Monday **on hold for further review**		

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05/05/20 Contact Tracing T/Conf 12pm: Mary Carey, Brónach McCartney, Jim Crawford, Peter Sheridan, Pat Davis, Joy Beaumont, Karen Braithwaite, Linda Thompson, Bronagh Clarke, Eddie Ritson, Pete Struthers, Rosemary Taylor

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
05/05/20	**1**	Scripts to be aligned with training slides. Ensure DPIA reflects that consent is not required to initiate contact tracing for cases and contacts	Peter/Rosemary	
05/05/20	**2**	Meeting to be set up to discuss use and export of data for analysis. Requirement for data analysis to be included in DPIA	Mary	
05/05/20	**3**	List of new starts to be sent to Maggie for access and permissions. Maggie to be used as point of contact for BSO	For information	
05/05/20	**4**	Pete to call kainos and get new users access to the system	**NR**	
05/05/20	**5**	16 phones to be installed in leadership centre for contact tracing. Install and test required by Thursday 7th May, to go live by Monday 11th May	**NR**	
05/05/20	**6**	Pat Davis to be used as point of contact for all IT issues	**NR**	
05/05/20	**7**	Rosemary to share a draft of the DPIA with group	Rosemary	
05/05/20	**8**	Sample of dataset to be sent to Mary **Update 7/5/20: Joy Beaumont to follow up.**	Eddie	
05/05/20	**9**	Mary to set up telecom with Eddie, Pat, Joy and Jackie to look at access controls with Kainos and contact numbers	Mary	

06/05/20 Contact Tracing T/Conf 12pm: Mary Carey, Jackie Hyland, Brónach McCartney, Jim Crawford, Peter Sheridan, Pat Davis, Joy Beaumont, Karen Braithwaite, Linda Thompson, Bronagh Clarke, Rosemary Taylor, Anna McKeever, Diarmuid O'Donovan

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Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
06/05/20	**1**	Training slides (videos & recordings) to be sent to Susan Lewis to be put on leadership centre e learning platform	Peter/Bronagh/Diarmuid	
06/05/20	**2**	Current training format reviewed and changes to delivery agreed. Mary to progress with team.	Mary	
06/05/20	**3**	All contact tracers to confirm completion of their information governance awareness training (must be completed on the past year)	Jim/ /Mary	
06/05/20	**4**	Mary to link in with Linda this afternoon regarding the recruitment plan. Linda to provide names in advance to set up email log ins and permissions in advance, Sinéad McCavigan to be copied in for awareness.	Mary/Linda	
06/05/20	**5**	A sign off document of BSO completed work has been drawn up. Joy is to get HSCNI signatures and pass back to BSO as confirmation. Service Transition Document is currently being developed. Joy is leading on this with Kainos.	Joy	
06/05/20	**6**	Expenses for redeployed staff working in the contact tracing centre to be kept under review in the context of the reintegration of staff returning to work to be raised with the steering group	Jackie/ Mary	
06/05/20	**7**	Sinéad Smyth, Joy and Claire have a meeting scheduled for Thursday 7th May with Rosemary to review draft DPIA. Copy of the draft to be circulated to the group.	Rosemary	
06/05/20	**8**	Anna to be added to mailing list for this group.	**NR**	
06/05/20	**9**	Jackie will be attending the health committee tomorrow (7th May) to give an update on contact tracing	For information	
06/05/20	**10**	Discussion around process for follow up of contacts who cannot be contacted (calls not answered). Agreed to hold off as sending letters at this time. Process will be kept under review.	Jackie/ Mary	

07/05/20 Contact Tracing T/Conf 12:30pm: Mary Carey, Jackie Hyland, Brónach McCartney, Jim Crawford, Billy Harvey, Peter Sheridan, Pat Davis, Joy Beaumont, Karen Braithwaite, Linda Thompson, Bronagh Clarke, Rosemary Taylor, Anna McKeever, Diarmuid O'Donovan, Pete Struthers, Sinéad Smyth

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
07/05/20	**1**	New training programme schedule to start on Monday 11th May. Face to face training practical training then shadowing	Mary	
07/05/20	**2**	Diarmuid to explore with Kainos if virtual interview process using scripts and database could be developed for training purposes	Diarmuid	
07/05/20	**3**	Linda to forward new staff names to Sinead McCavigan for training rota who will link in with Maggie McNally to ensure full IT permissions are established. All staff must have email access and permissions to access the database prior to confirmation of training date and start date on the rota.	Linda/ Maggie McNally	
07/05/20	**4**	Joy to feedback data analysis into the DPIA. Mary to set up meeting to discuss data collation, analysis, and GDPR.	Joy/Mary	
07/05/20	**5**	Jackie to send information of what is being collected on the database to Pat	Jackie	
07/05/20	**6**	Joy to follow up with Eddie to send Mary the dataset sample	Joy	
07/05/20	**7**	Pat Davis and Pete Struthers to ensure representation from Kainos and BSO to attend the contact tracing centre daily until issue around staff access to the database system is resolved.	Pat/ Pete	
07/05/20	**8**	Mary to confirm staffing assumptions with Stephen Baille	Mary	

08/05/20 Contact Tracing T/Conf 12:00pm: Mary Carey, Jackie Hyland, Pat Davis, Diarmuid O'Donovan, Sinéad Smyth

08/05/20	1	All slides and scripts sent to Siobhan Donaldson to view from CPD point of view	Mary	
08/05/20	2	Guidance is changing for symptomatic health care workers need guidance will need to be updated in the training materials- Paul Comac to be made	Diarmuid	

		aware when carrying out face to face training over next week Video from Kainos may need to be changed –Diarmuid will review Sinead sent GDPR slides to Susan Lewis to add into e-learning training		
08/05/20	3	Building is open over the weekend	Mary	
08/05/20	4	Need documented for DPIA how results are getting to the call handlers- highlighted in meeting yesterday that this process is unclear and poses security risk. Pathways need to be clearly set out. Mary to forward Big Motive data flow to help with the DPIA	Mary/Sinead	
08/05/20	5	Mary to set up teleconference to discuss internal and external data flow	Mary	
08/05/20	6	Pat asked how we receive the Randox testing- Mary to link in with Trudy to discuss further. Pat suggested that it's important that we get this data as the national test center in England will be doing analysis and come back through NHS England Need to cover each layer of how the results come in – at minute its lab results and Occupational health are sending staff results and telephone numbers to HP consultant	Mary	
08/05/20	7	Mary requested clarification of roles and responsibilities of IT – number of streams that need to closed down and that an IT project manager needs to be present in the room to ensure log on and access-Jjoy and Eddie to	Joy/Eddie	

		support. Somebody needs to take responsibility for any IT issues in training and live system, Need to be floor walkers that know what is going and have connections with people that can sort and add to issue log. This log should be reviewed and looked at for common issues. Important from a governance Issues need to be fed from a single point of contact- control technical issues and to control if application is being used in the right way. Operating the way it should from a clinical point Mary has requested a floor walker from Monday throughout all the shift from Joy and Eddie Needs to be a person physically there to capture issues and can triage and see who responsibilities it is to fix. This is fundamental to success for pilot		
08/05/20	8	Pat asked what support there was for contract support- usually BSO are mandated by DOH to support with drawing up the contract. T and C and schedules necessary for expenditure etc people with experience should navigate Mary has delayed sign off until there is clarity and oversight and has informed Dan West , Hugo- this has been flagged up. Need clarity on who	Mary	**STEERING GROUP**

		is leading on oversight of contract.		
08/05/20	9	ECR access and permissions- Jackie asked how to register 3 people – Pat Davis said he will seek support with this from BSO ITS	Pat Davis	
08/05/20	10	Mary requested to see contracts from Kainos, Dan West and Hugo have been informed about concerns .	N/A	

11/05/20 Contact Tracing T/Conf 12:00pm: : Mary Carey, Jackie Hyland, Brónach McCartney, Jim Crawford, Billy Harvey, Peter Sheridan, Pat Davis, Joy Beaumont, Karen Braithwaite, Linda Thompson, Bronagh Clarke, Diarmuid O'Donovan, Pete Struthers, Sinéad Smyth

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
11/05/20	**1**	Joy to link in with Eddie regarding contract with the 3rd party provider for the pilot.	Joy	
11/05/20	**2**	ECR access, Randox results and results from local testing to be made available (electronic download). Mary and Jackie to provide names of PHA employees who will be authorised to access the system.	Mary/Jackie	
11/05/20	**3**	Job descriptions for transition phase to be pulled together today.	Mary	
11/05/20	**4**	Mary to link in with Jim 12th May regarding rota	Mary	

11/05/20 IT Meeting to discuss Data flow option and IT issues T/Conf 16.00 Mary Carey, Joy Beaumont, Eddie Ritison, Pat Davis, Stephen Porter, Sinead Smyth

11/05/20	1	Pat Davis offered to support access to ECR so that telephone numbers of the patients can accessed by contact tracing service. This will require authorisation from Dr. Margaret O'Brien . Will take 3/5 days to set up the process .Pat needs the complete e-mail address of the staff that requires access. Mary to send Pat Davis and Stephen Beattie staff list and numbers. Jackie to seek authorisation for accessing patient contact details on ECR from Dr. Margaret O'Brien.	Mary/ Jackie	
11/05/20	2	There is an MOU with every Trust regarding access to the ECR- needs clarification that this can be used for contact tracing. Mary to check.	Mary	
11/05/20	3	Group agreed ECR is the current short term solution – longer term solution to be scoped by steering Group.	N/A	
11/05/20	4	Big Motive report to be forwarded to group on Friday to Friday to inform solutions of how telephone numbers can be accessed by contact tracing service.	Joy	
11/05/20	5	Mary Carey requested clarification of IT roles and responsibilities, interface between PHA IT and BSO, expectations of deliverables and clarity of role of third parties in a written document for the pilot exercise.	Eddie/Joy/ Pat	
11/05/20	6	Mary requested that an IT issues log and IT risk register be created so that all the issues identified by the pilot are captured and dealt with. This will be used to ensure t that concerns are recorded and managed and learning can be shared with the Phase 2 Steering Group.	Eddie/Joy/ Pat	

		Going forward, IT Issues log to be discussed as an agenda at 12.00 meeting daily		
11/05/20	7	Mary requested an IT floor walker to be present in the contact tracing room to pick up and capture the IT issues on a daily basis. Eddie to come back with solutions to ensure that issues are recorded and managed and raised with Kainos as necessary.	Eddie	
11/05/20	8	Stephen Porter from BSO shared that they have access to some data from National Testing which includes phone numbers and is able to share with contact tracing service.	Stephen	
11/05/20	9	A secure way of sharing the data needs to be investigated- Stephen Porter to explore options of how to achieve this.	Stephen	
11/05/20	10	S255 letter has been signed by the PHA and DoH and forwarded to NHS Digital to allow sharing data - Eddie to share and Mary to check IG issues round this with respect to sharing the minimum data set for contact tracing. **complete** Meeting on Wednesday to check progress of obtaining the National Testing data	Eddie	
11/05/20	11	Joy to add to presentation that BSO are responsible for the provision of ECR access for contact number look ups	Joy	

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12/05/20 Contact Tracing T/Conf 12:00pm: : Mary Carey, Jackie Hyland, Bill Harvey, Peter Sheridan, Pat Davis, Joy Beaumont, Karen Braithwaite, Linda Thompson, Rosemary Taylor, Diarmuid O'Donovan, Pete Struthers, Sinéad Smyth, Brónach McCartney

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
12/05/20	**1**	Pat to provide estimated cost for Orion work	Pat	
12/05/20	**2**	Pat to email Mary a summary of what can be done for phase 2 in the interim and long-term. Eddie and Joy to be CC'd	Pat	
12/05/20	**3**	Training material could possibly be up online by early next week Diarmuid to update on progress tomorrow	Diarmuid	
12/05/20	**4**	Karen to source a copy of S255 letter	Karen	
12/05/20	**5**	Joy to send through a proposal and issue log	Joy	

13/05/20 Contact Tracing T/Conf 12:00pm: Mary Carey, Jackie Hyland, Bronagh Clarke, Bill Harvey, Peter Sheridan, Pat Davis, Joy Beaumont, Linda Thompson, Diarmuid O'Donovan, Jim Crawford, Anna McKeever, Lisa, Sinéad Smyth, Brónach McCartney

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
13/05/20	**1**	DHCNI Covid 19 related work stream mandate short term solutions agreed and signed off for funding complete. **COMPLETE** Long term solutions will be brought to the steering group today, Pat will bring forward any associated costs	Pat	**STEERING GROUP**
13/05/20	**2**	Joy and Sinéad are to review the data analysis in terms of clarification and how it will be mapped and reflected in the privacy notice. To be taken forward with colleagues in the governance group	Sinéad/Joy	

13/05/20	**3**	Report on interim and long term initiative from tomorrow onwards. Daily update on the number of cases traced		
13/05/20	**4**	Jim to send Joy the rota. Mary to send Joy the list of people volunteering for the contact tracing centre	Mary/Jim	

14/05/20 Contact Tracing T/Conf 12:30pm: Bronagh Clarke, Peter Sheridan, Bill Harvey, Pat Davis, Joy Beaumont, Linda Thompson, Diarmuid O'Donovan, Jim Crawford, Anna McKeever, Sinéad Smyth, Brónach McCartney

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
14/05/20	**1**	Issue log and dataflow to be sent out by close tomorrow	Sinéad	
14/05/20	**2**	Advance notice of 3 days to be given to Bill if evenings and weekends are to be worked in CTC	For info	
14/05/20	**3**	Bill and pat raised that it could take 3 months before IT is available in a new building for access work etc if it is a non hsc building	For info	
14/05/20	**4**	Pat to be contacted regarding proposed plans to use county hall, Joy to link in with Eddie for info regarding this **STEERING GROUP**	Joy	

15/05/20 Contact Tracing T/Conf 12:00pm: Mary Carey, Jackie Hyland, Bill Harvey, Pat Davis, Joy Beaumont, Karen Braithwaite, Diarmuid O'Donovan, Jim Crawford, Anna McKeever, Sinéad Smyth, Brónach McCartney, Briege Quinn

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
15/05/20	**1**	Joy to circulate ICT issues log to all members of group and send Big Motive report to inform DPIA. The issues log will include all the issues that Joy is aware off. There may be some in other areas that Joy does not know about . Joy to include Pat Davis and	Joy	

		the training team.		
15/05/20	**2**	Diarmuid to ask Stephen Cowan to maintain a log of IT issues happening on the CTC system . This is to ensure that Joy has an over view of all the issues that re occurring. Log to be forwarded to Joy on a daily basis highlighting which issues are complete and which are outstanding	Diarmuid/ Stephen	
15/05/20	**3**	Pat is going to put together a proposal for how the Phase 2 access to the ECR will be completed with anticipated and anticipated costs. This to be forwarded to Mary	Pat	**STEERING GROUP**
15/05/20	**4**	Draft DPIA to be circulated today and comments to be added and be back to Sinead by close on Monday	Sinéad	
15/05/2020	**5**	Joy to lead and link in with Dan West regarding clarification of the analysis of the data that is captured.	Joy/Eddie	
15/05.20	**6**	Breige highlighted that there is issue around communication around the rota	N/A	
15/05/20	**7**	For information- some issues around IT , Diarmuid informed that some phone numbers are not saving and that there was not sufficient space to add contact- this is to be added to the IT issues log by Stephen Cowan	n/a	

18/05/20 Contact Tracing T/Conf 12:00pm: Mary Carey, Jackie Hyland, Pat Davis, Joy Beaumont, Karen Braithwaite, Rosemary Taylor, Linda Thompson, Diarmuid O'Donovan, Jim Crawford, Anna McKeever, Sinéad Smyth, Brónach McCartney, Briege Quinn, Olive McLeod, Peter Sheridan

Date	**Action No**	**Action Agreed**	**Person Responsible**	**Status** (completed-with date; not completed)
18/05/20	**1**	A plan needs to be created about how training can be agile and updated quickly and effectively		
18/05/20	**2**	Joy to forward big motive URL to Sinéad and Rosemary **Joy to follow up**	Joy	

18/05/20	**3**	Joy to circulate the MOU with Microsoft and Kainos in relation to the contract and the pilot	Joy	
18/05/20	**4**	End of pilot report, each subgroup to provide a page report on key learning and key issues by May 29th to Sinead Smyth	ALL	
18/05/20	**5**	Joy to share the IT risk log, everyone to add their risks after the meeting each day. To be discussed as part of daily meetings.	ALL	
18/05/20	**6**	Diarmuid and Stephen to forward agreed changes in the UAT to Jackie and Mary for approval for the Kainos system	Diarmuid/Stephen	
18/05/20	**7**	Mary to link in with Jim about the rota going forward for next week. Jim to link in with Brian re nursing rota.	Mary/Jim	

19/05/20 Contact Tracing T/Conf 12:00pm: Mary Carey, Jackie Hyland, Pat Davis, Joy Beaumont, Karen Braithwaite, Linda Thompson, Jim Crawford, Sinéad Smyth, Brónach McCartney, Olive McLeod, Peter Sheridan, Jennifer Lamont, Bill Harvey, Eddie Ritson

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
19/05/20	**1**	Pat and Eddie to take forward IT support on call for weekends	Pat/Eddie	

20/05/20 Contact Tracing T/Conf 12:00pm: Mary Carey, Jackie Hyland, Bronagh Clarke, Pat Davis, Lisa Cromey, Lorna Holcroft, Linda Thompson, Sinéad Smyth, Brónach McCartney, Peter Sheridan, Rosemary Taylor, Bill Harvey, Briege Quinn, Anna McKeever

Date	Action No	Action Agreed	Person Responsible	Status (completed-with date; not completed)
20/05/20	**1**	DPIA will be recirculated once it is updated	Sinéad/Rosemary	

20/05/20	**2**	List of names of those on the rota that require training to be forwarded to Sinéad McCavigan	Briege Quinn	
20/05/20	**3**	Epi info form to be tested with some of the call handlers this afternoon. Media to visit call centre today.	For info	
20/05/20	**4**	Joy, Pat and Bill to send on call arrangements to Sinéad McCavigan	Pat/Bill/Joy	

21/05/20 Contact Tracing T/Conf 12:00pm: Mary Carey, Jackie Hyland, Jim Crawford, Bronagh Clarke, Pat Davis, Lisa Cromey, Lorna Holcroft, Linda Thompson, Sinéad Smyth, Brónach McCartney, Diarmuid O'Donovan, , Karen Braithwaite, Joy Beaumont, Briege Quinn, Anna McKeever

Date	**Action No**	**Action Agreed**	**Person Responsible**	**Status** (completed-with date; not completed)
21/05/20	**1**	Diarmuid to add in anyone that wants to join shared learning for training with ROI telecom	Diarmuid	
21/05/20	**2**	Jim and Mary to link in with Brian if nurses from Briege's nursing team are required for contact tracing	Jim/Mary	
21/05/20	**4**	Joy to provide draft business costs to Mary and Jackie	Joy	

HSC Public Health Agency

Appendix 8

Covid-19 Pilot timeline

Week	Actions
1-08/04	Move from delay to mitigation Contact tracing planning commenced Report to AMT proposing steering group Links established with ROI and CTC training and operation manuals shared
15-19/04	Outline proposal for CTC Establishing project management support CTC briefing paper Initial planning for Contact Tracing Service Development of CTC process TCs with Universities and CIEH to investigate offers of support Briefing to CMO Development of PID Contact with Universities and EH depts. Liaison with ROI for training materials Engagement with labs re reporting results Exploration of databases Draft rota template produced Governance advisor agreed Agree contents of training programme and explore delivery mechanisms Exploration of comms strategy
20-26/04	Sourcing increased pilot support for set up Meeting with digital cell for advice on CTC software Source equipment Review premises and establish room in Linenhall street Set up of room adhering to social distancing and hand hygiene Establishment of CTC rota Staffing from PHA nursing Liaison with agencies re CTC staffing Liaison with ROI for scripts and adaptation for NI Engagement with Expert Group re NI and ROI guidance Liaison with Leadership centre re online training Liaison with PHE re asymptomatic pos results Agreeing process for notification of pos results through CTC Review PHE guidance re contact tracing Development of MS Dynamics 365 from scripts Development of online link to database training Agreeing IT project leads Liaison with DoH Expert Group on contact tracing process Advising on staffing for NI CTC versus national modelling Preparation meetings for launch of pilot Developing modelling and process for CTC CT Steering Group initial meeting Arrangements for reporting lab results to CTC Initiate DPIA

	Job descriptions initial drafts Established cost centre Steering Group set up meeting Initiation daily Pilot project management meetings Media interviews Circulate process widely within PHA CMO meeting re Forward Planning arrangements CMO update report Pid final report – circulated widely including AMT, Silver and Gold, CMO Engaging with UK contact tracing group Engaging with ROI re processes
27/04-3/05	Care Home call process initiated Reviewing volunteer lists and recruitment needs Reviewing MOUs with EH services Engagement of retired drs Drafting job descriptions for contact tracing service Adjusting scripts in line with testing categories, cross border cases/contacts and feedback from initial training Online database module circulated Database support in training centre Addressing access issues Proposal for Moodle for on line training Preparing move for training from CTC to Leadership centre Engaging with expert testing group and Primary Care to source phone numbers Engagement with prison service Ensuring advice re contact tracing included in testing leaflet and privacy notice Initial exploration of databases with DoH Liaising with 4 nations on database Aligning lab min data with database design Engaging with lab test request form review group Updating database from feedback and guideline changes Seeking agreements across BSO and PHA IT services Epi-Info proposal UU Defining individual functions of contact tracing centre, NI Direct and app Comms plan drafted Media engagement on multiple platforms National reporting process proposed Input to Ministerial briefing Seeking additional support for Contact Tracing Pilot programme Aligning expert group modelling with in practice experience Approval for CTC attendance at Modelling expert group denied First calls to cases and contacts 29/04/2020 Business plan for Phase 2 initiated DPIA first draft Proposals for student nurse attachment and training Seeking advice on Chair for CTSG 4DAs weekly TC
4-10/05	Investigating phone number access – lab forms, ECR, Central database Interim protocol for HPZone GP and OccH phone numbers agreed

	Training for MS Dynamics online Adjusting training in line with feedback from contact tracers Addressing issues re contact tracer access to systems Aligning duties and sourcing staff to manage pilot, train and cover CTC Arranging rota with skilled and new Contact Tracers together Initial update posters for CTC Guidance re contact tracing on asymptomatic testing Initial arrangements for expanding testing to public Ensuring advice re contact tracing included in testing leaflet and privacy notice Setting up processes for managing complexities within calls received Agreeing Care Home process with Duty Room Sourcing legal advice on capacity of people receiving calls Exploration of options for contact tracing process with emphasis on rapid contact tracing prioritised over surveillance Exploring info required and support for surveillance Aligning modelling from scientists with application by experts Providing minimum dataset for database Investigating reporting process from MS Dynamics Training slides provided for DPIA Request for clarity on IT plan and costs Sourcing sign off on MS Dynamics 365 developments Developing job plans for service Supporting establishment of CTSG Initiate handover to Phase 2 lead PID distributed to CTSG Pilot represented on CTSG CMO letter on Contact Tracing Service policy direction Setting up minimum dataset reporting for DoH CTC modelling and staff requirements circulated widely Outline of staffing from pilot to interim to substantive service Business plan for substantive service drafted Contact Tracing Steering Group Project Plan developed Recruitment workstream established Sourcing info for modelling Media messages re contact tracing NI Health Committee session on contact tracing Engaging with UK CTC meetings Comparisons between England and NI approach addressed
11-17/05	Contact tracing results from previous 48 hours and from 24 hours going forward Sourcing phone numbers via ECR mandate National Test Centre result reporting commenced Addressing initial login issues Agreeing process with OcH for HCW results Agreeing process for Primary Care Providing CTC function data to DoH Agreeing data flow between systems DPIA report drafted Updates to MS Dynamics Initiating links with UU

	Job Descriptions being sourced Agreeing limited ECR look up function Establishing training materials on Moodle Update on guidance for asymptomatic results Agreeing definitions with HSCB Standards Team Business case for Substantive service being developed Aligning HPT expertise and experience with expert modelling on numbers Forming links for data analysis Agreeing on data for reporting Agreeing links between Duty Room and CTC Agreeing process with prisons Clarifying responsibilities between CTC, CTAS and app Advise Minister for the Economy on precautions for taxis services Reporting on pos results from meat processing plants Engagement with UK contact tracing leads Engagement with UK test track and trace group Update on progress to PHA HPT Engagement with media Initiating handover Phase 2 Initiating compilation of costings for pilot Initiation of pilot evaluation
18-24/05	Change in symptoms in case definition changed 97 recruited plus 4 consultant leads=101 63 trained 37 to be trained. Job descriptions for clinical leads Investigating MS Dynamics alternatives Engaging UU in epi-info assessment Sharepoint only accessible to HSCNI employees Providing initial data to DoH First arrival of results from national testing centre – 300+ going back 3 weeks Discussion with ROI re contact tracing programme Alignment between CTC and Trust contact tracing Engagement with UK Contact Tracing Group Engagement with Expert Testing group to report on CTC issues re multiple tests Reviewing training approach to keep material up to date Preparing online training Contact Tracing Protocol finalised CTC picking up clusters in meat processing NI Translation services contact details shared First CTC weekend working
25-31/05	30/05/20 218 cases reported in the previous 7 days Average 31 per day 295 calls were made to contacts 32 contacts were uncontactable (11%)