

minutes

Title of Meeting Contact Tracing Service Steering Group

Date 1 June 2020 at 1.00pm

Venue Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

Dr Elizabeth Mitchell	- Chair
Dr Brid Farrell	- Public Health Agency (<i>via video link</i>)
Mr Alistair Finlay	- Queen's University (<i>via video link</i>)
Mrs Olive MacLeod	- Public Health Agency
Mr Seamus McAleavey	- NICVA (<i>via video link</i>)
Mr Damian McAlister	- Ulster University (<i>via video link</i>)
Ms Vivian McConvey	- Patient Client Council (<i>via video link</i>)
Mrs Paula Smyth	- Business Services Organisation
Professor Hugo van Woerden	- Public Health Agency
Name Redacted	- Public Health Agency (<i>via video link</i>)

In Attendance

Name Redacted	- Department of Health (<i>via telephone link</i>)
Name Redacted	- Public Health Agency
Name Redacted	- Public Health Agency
Name Redacted	- Department of Health
Name Redacted	- Department of Health
Mr Eddie Ritson	- Public Health Agency (<i>via video link</i>)
Name Redacted	- Public Health Agency
Mr Edmond McClean	- Public Health Agency
Name Redacted	- Public Health Agency
Name Redacted	- Public Health Agency

Apologies

Dr Gillian Armstrong	- Department of Health
Name Redacted	- Executive Hub
Name Redacted	- Public Health Agency
Name Redacted	- Department of Health
Name Redacted	- Directorate of Legal Services, BSO
Mr Dan West	- Department of Health
Mr Stephen Wilson	- Public Health Agency

Please note that the order of the minutes reflects the order of the discussion

1 Item 1 – Introductions

- 1.1 Dr Mitchell welcomed everyone to the meeting. Apologies were noted from Dr Gillian Armstrong, **Name Redacted**, **Name Redacted** Mr Dan West and Mr Stephen Wilson.

- 1.2 Dr Mitchell welcomed Dr Evelyn Collins from the Equality Commission to the meeting.

2 Item 2 – Discussion on Equality with Dr Evelyn Collins, Chief Executive, Equality Commission

- 2.1 Dr Collins thanked the Steering Group for the invitation to attend today's meeting. She noted that these are extraordinary times with extraordinary measures having to be put in place, but at the same time the Equality Commission has concerns about the equality impacts of some of the virus, its spread and/or its treatment.. She appreciated that the Test, Trace and Protect Strategy published on 27 May 2020 referenced human rights and equalities considerations being at the heart of the approach.
- 2.2 Dr Collins reminded members that the Section 75 duties have been in place for over 20 years, they were established by the Northern Ireland Act 1998, and they place a statutory duty on public bodies to have due regard to the need to promote equality of opportunity in their decision making and to pay regard to the desirability of promoting good relations. The Commission was encouraging leadership of the effective implementation of the duties across the public sector. She noted the speed with which the Northern Ireland Executive has had to react in these circumstances and that the Commission appreciates that this has meant that normal processes have not been adhered to. That said, the Commission had been highlighting that the existing equality framework can help public bodies with their planning and policy development and to ensure they take equality considerations into account, to ensure their policies are evidence-based. She said that there is a recognition that COVID-19 affects older people more, affects BME groups more, affects poor people more, although the latter was not a ground listed in s75 but exacerbated existing inequalities, so it is important to ensure that equality considerations are at the forefront of decision making.
- 2.3 Dr Collins stated that, even though there is an urgency in getting things completed, public bodies should still ensure that there is a focus on equality. Screening of policies was recommended as a tool to help public bodies consider the equality implications, and this should start at the earliest opportunity, with a written record taken of considerations. She added that screening needs to be supported by good data, and that the Commission has recently produced a guide, with NISRA, signposting data sources which may be helpful.. She said that for this contact tracing programme an EQIA may be necessary, but she understood that a full 12-week consultation may not be possible.
- 2.4 Dr Collins said that, when considering screening for the potential equality

implications of the contact tracing strategy, she asked if there were potentially barriers at the start of the process, i.e. do people know how to get a test, and would this include people for whom English is not their first language, and also how to reach blind, vulnerable and disabled people. Furthermore, if there is a call centre element, she asked if there will be assistance for people with hearing impairments. She also noted that there are concerns from deaf people who lip read about being able to communicate if people are facing face masks. She raised the issue of accessibility of any information to those who may be required to self-isolate, was this clear enough for everyone? The Commission understood that letters to those who were required to shield were up to 8 pages long. In terms of staff training, she sought clarity that staff would understand issues on communication with a wide range of groups. She noted that there will be a need for PHA to monitor the profile of those using the service and those being contacted, this would provide valuable information going forward. In respect of support and advice to employees and employers, the Commission had a role in providing guidance for employers and employees on equality matters generally, and would be happy to provide information about the strategy and its implications in the employment setting. Finally, she noted that the Commission understood a digital proximity app is in development, and this may need a separate screening exercise. ,

- 2.5 **NR** updated members on progress with the equality screening, which had now commenced. He wanted to seek advice on what was reasonable and proportionate in the circumstances of a policy which began as a pilot while the group is trying to respond to an emergency situation, but at the same time the programme may be in place for up to 18 months. He advised that the first part of the programme has already been implemented, and now it is being scaled up so the first part of the screening is being carried out, but that in 6/12 months' time the programme may be different. Dr Collins advised that the equality duties are continuing duties and she suggested that the data obtained from the pilot would be helpful in screening/assessing the equality impacts of the policy going forward. Indeed, at each iteration there will be learning.
- 2.6 **NR** explained that one element of the programme will be a call centre and there has been discussion to ensure that this service is available for those who are deaf. Dr Collins said that people with disabilities are anxious and reiterated that the learning from each stage will be important.
- 2.7 **Name Redacted** said that he found Dr Collins' contribution to the meeting to be very helpful and that when considering the public health response, it is very important to be mindful about health inequalities or else there will be blind spots. He noted that dealing with health inequalities is at the forefront of the Programme for Government. Ms McConvey added that given the digital aspects of this programme, the success of it will depend on public involvement, engagement and trust. She welcomed the suggestion of using the data coming out of the pilot. She said that the public engagement must be clear and simple for all groups.
- 2.8 Dr Mitchell said that she would hope to see mass media coverage regarding the programme and had been talking to The Executive Office about a

communications strategy for the programme. She advised that there is a planned series of engagement events and that in addition to meeting with the Equality Commission, the group also hopes to meet with the Older People's Commissioner and the Children's Commissioner.

- 2.9 [Name Redacted] from the Equality Commission said that she would be very happy to speak to [NR] and provide advice with regard to the completion of the equality screening. She noted that during the pandemic a lot of organisations have been working together in doing screenings.
- 2.10 Dr Mitchell explained that although there is a proximity app, a call centre is being established for those who may not feel comfortable in the use of an app or a digital platform. Dr Collins noted that there are privacy implications.
- 2.11 Dr Collins thanked the group for the opportunity to attend the meeting and reiterated the offer of support and advice from the Commission going forward.
- 2.12 Dr Mitchell thanked Dr Collins and said that the beginning to end of the contact tracing service should be looked at for equality implications, including the support and referring people on when self-isolating; that monitoring would be very important as recommended; and that highlighting the equality issues had been very helpful.

3 Item 3 – Minutes of 29 May meeting

- 3.1 The minutes of the previous meeting, held on 29 May, were approved.

4 Item 4 – Updates on actions from previous meetings

- 4.1 It was noted that all of the actions from the previous meeting had been completed.
- 4.2 Mr McAlister raised a concern about not being able to recruit staff for the centre if it is based in Ballymena. Mrs Smyth said that it is hoped that in the longer term staff would be able to work remotely, but she was optimistic that the required number of staff could be recruited.
- 4.3 Dr Mitchell asked [NR] for an update on accommodation. [NR] advised that the business case shared with the Steering Group was submitted to DoH AEMB on Friday. AEMB have responded with a number of queries, including seeking Land and Property Services (LPS) assurance on value for money, and requiring a quotation for IT work not just a provisional estimate. She advised that she has spoken to LPS, and hoped to get a positive response by the end of the day. [NR] expressed concern about the level of detail that was being requested by DoH AEMB under the current circumstances, and that this will delay progression of the accommodation. Dr Mitchell agreed to raise the issue with Dr McBride, to see if consideration and approval of the business case could be expedited.
- 4.4 [NR] advised that [NR] DOF Estates Manager (County Hall landlord)

has asked for confirmation regarding the Steering Group's intentions, so that work on the license can progress in parallel. Members confirmed their approval that the vacant space on 1st floor in County Hall Ballymena should be taken for the Contact Tracing service, and agreed to the stated rent and associated running costs (as set out in the business case circulated with the papers). [NR] agreed to respond to [NR] accordingly, with the caveat that this is dependent on approval of the business case. She added that a floor plan has been prepared, and enabling IT works are being taken forward.

- 4.5 [NR] also addressed the issue of information governance, reminding members that given the nature of the sensitive personal data involved in the contact tracing service, it is critical that information governance issues are considered and addressed at an early stage by the clinical, operational and digital leads. Dr Mitchel asked Mrs MacLeod and Professor Van Woerden to ensure that their staff were fully engaged in taking forward the necessary information governance documents (including DPIAs, DAAs and PNs). [NR] [NR] confirmed that she and her staff would provide necessary support and guidance.

5 Item 5 – Project management and support

Risk Register

- 5.1 [NR] advised that the risk register has been updated and he moved onto the issues log to pick up particular matters.

Issues Log

- 5.2 [NR] noted that an analytics paper had been prepared for today's meeting (Issue 1c). He said that with regard to project approvals (Issue 1d), further information was being sought for the strategic context section of the business case.
- 5.3 Within the communications work (issue 1e), [NR] said that the main queries emanating from the engagement were around the app and seeking more detail about the actual contact tracing itself. He asked about the work that Big Motive had been doing. Mr Ritson suggested that they should be invited to a future meeting. Dr Mitchell suggested that this could be on the agenda for Friday's meeting given that the Group is due to consider the report on the pilot programme at Wednesday's meeting. Mr Ritson agreed to contact them to confirm this.

Action: ER to contact Big Motive

- 5.4 Dr Mitchell said that she would be keen to see the advertising work being done in relation to contact tracing and she said that the Department of Health is liaising with the Executive on this. Mrs MacLeod advised that there had been a meeting this morning where there had been discussion on the concerns about contact tracing and thinking proactively about events where large numbers of people could potentially gather and for the need to reinforce some of the

messages around social distancing etc. [NR] suggested that for this campaign there was a need to consider having a well-respected figure at the front of the campaign.

- 5.5 Mrs Smyth raised a concern about whether there had been engagement with Trusts regarding contact tracing of the workforce and the impact this could have on capacity. Dr Mitchell advised that while health protection was carrying out non-work contacts, the HSC would be following up on its own health workplace contacts. Professor van Woerden added that it would up to the Trusts to do this as there would be established infection prevention controls for these types of circumstances, but that the Public Health Agency would provide advice as required so as not to breach normal protocols. It was agreed that Dr Mitchell would raise this with the Chief Medical Officer, Mrs MacLeod would speak to Mrs Watts to raise this with HSC Trust Chief Executives, and Mrs Smyth would raise it with Directors of Human Resources.

Action: LM to speak to CMO

Action: OMacL to speak to VW and HSC Trust Chief Executives

Action: PS to speak to Directors of Human Resources

6 Item 6 – Department of Health update

- 6.1 There was no Department of Health update.

7 Item 7 – Pilot / Transition Update

Metrics

- 7.1 [Name Redacted] joined the meeting for this item. He informed members that over the last 24 hours a total of 11 new cases had been added to the database, with 15 calls made to cases and 23 to contacts from those cases. Over the last week, he outlined that 207 cases had been added to the database, with 176 phone contacts made to those 207 and 302 phone calls made to contacts. He advised that Northern Ireland's success rate in this regard is higher than that of England.
- 7.2 Dr Mitchell asked if the first contact with the tracing centre takes place within 48 hours of a positive test outcome. [Name Redacted] said that he did not have this information, but he suggested that it was highly likely. Mrs MacLeod noted that at this moment it is not easy to obtain this type of information, but that once the new system is up and running, it will be possible. Dr Mitchell said that it would be useful to have an update in advance of the oversight board meeting she is due to attend tomorrow.
- 7.3 Mrs MacLeod advised members that further work is needed to look at how the centre will need to flex up and down as some days only 2 staff may be required, but on other days it could be 9 staff. She suggested that staff may be put on an "on call" rota.

8 Item 8 – Phase 2 Update

Accommodation

- 8.1 This was covered under Item 4 above.

HR – Business Case

- 8.2 This was covered under Item 4 above.

Training

- 8.3 Dr Mitchell said that equality issues and data protection should be included as part of the training for staff working in the centre.

Analytics / Metrics

- 8.4 [NR] presented a paper outlining his observations on the contact tracing data. He appreciated that going forward there will be a demand to produce information at short notice, and he went through the six metrics which had previously been devised by [NR]. He said that there could be additional metrics used, such as the median call length, which are being used by Public Health England, so this would require consideration by PHA.

- 8.5 [NR] outlined other possible measures including the number of contacts who subsequently became cases, and the number of those who are successfully contacted and how long it takes people to become symptomatic after being advised to self-isolate. Furthermore, he said that it would be useful to measure the length of time after symptoms to the receipt of a swab in the laboratory.

- 8.6 Professor van Woerden said that it will be important to get an evaluation of the pilot. He said that the programme has a clinical public health component that should outline what the service needs as well as a digital element. [NR] said that Epi-Info can deliver on the six metrics that are currently being asked for. Mrs MacLeod asked why information is needed on call duration. [NR]

[NR] said that it is useful for modelling purposes.

- 8.7 [NR] advised that the R_t number is currently being worked out by Dr Ian Young's group, but he said that there needs to be clarity in terms of who is determining the R_t number and who it is being reported to. Professor van Woerden said that there is a need to join up different groups. Dr Mitchell advised that she was intending to join Professor Young's scientific group meeting on Thursday to discuss the contact tracing service and she proposed that [NR] also joined this meeting. [NR] suggested that when Epi-Info is up and running, PHA could work out its own R_t number. He said that there is a large amount of data that could be used to work out the R_t number, but there are many groups carrying out similar work and therefore duplication of effort. He said that the health protection team in PHA will be using data to identify clusters.

- 8.8 [NR] said that the SPI-M group have capacity to do modelling, but they do not have any particular interest at this moment in contact tracing. He added that the Joint Biosecurity Centre is looking at 1-7 day forward modelling, but he queried what level of detail this will involve, why they are doing, who it is for, and how useful will be.
- 8.9 [NR] said that any research carried out should have the appropriate approvals. Professor van Woerden agreed to speak to Dr Janice Bailie regarding this.
- 8.10 [NR] raised an issue around ongoing support for Epi-Info and development work going forward. He moved on to discuss the dataset and felt that the need to obtain extra information from individuals contacted may have a negative impact on responses. [NR] suggested that this would be an opportune time to see if equality is embedded into the new system. Professor van Woerden said that rather than ask for an individual's ethnicity this information could be gleaned from their native language or by running an algorithm on first names. Mrs MacLeod asked why this information is required. Dr Mitchell said that it can allow PHA to carry out monitoring as per the request of the Equality Commission. Ms McConvey suggested that to resolve this issue, PHA should take up the offer made by the Equality Commission earlier in the meeting to work with them.
- 8.11 [NR] said that clarity will be needed in terms of how clusters are reported. He said that PHA may be asked to produce data on where clusters are happening, but he was not sure how well this could be reported on. Mrs MacLeod said that clusters should be reported to the Duty Room. [NR] said that it could either be the Duty Room or RQIA for care homes.

9 Item 9 – Digital Update

- 9.1 There was no digital update.

10 Item 10 – Communications Update

- 10.1 There was no communications update.

11 Item 11 – Testing Update

- 11.1 There was no update on testing.

12 Item 12 – Any Other Business

- 12.1 Dr Mitchell outlined some key targets that should be achieved by the end of June:
- Contact tracing centre set up in County Hall
 - NI Direct service up and running
 - Issues around Epi-Info resolved
 - A Northern Ireland version of CTAS in operation

- Any NICS staff available for redeployment in analytics brought on board
- Equality Screening completed

13 Item 13 – Date of Next Meeting

- 13.1 The next meeting of the group will take place on Wednesday 3 June at 1pm in Linenhall Street.

DRAFT