HSC Leadership Centre

RAPID REVIEW OF THE EPIDEMIOLOGICAL FUNCTION WITHIN THE PUBLIC HEALTH DEPARTMENT OF THE PUBLIC HEALTH AGENCY WITH A SPECIFIC FOCUS ON CONTRACT TRACING

July 2020

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1. SCOPE OF THE RAPID REVIEW

1.1 This rapid review was commissioned by the Public Health Agency (PHA) in June 2020. Professor Hugo Van Woerden, Director of Public Health and Medical Director within the PHA is the main point of contact for the rapid review.

1.2 This rapid review is to focus on the epidemiological function within the Public Health Department of the Public Health Agency.

- The primary focus is on contact tracing within health protection.
- There is a need for a plan that links internal needs to strategic objectives and also reaches out to academic resources that can help complement internal capacity.
- There is a need to consider links to BSO and the Department of Health.

2. GENERAL BACKGROUND

2.1 The Public Health Agency (PHA), like the health and social care board was established under the terms of the Health and Social Care (Reform) Act (Northern-Ireland) 2009.

2.2 The functions of the PHA are set out under Article 13 of the 2009 Act. They are:

<u>Health Improvement</u>

2.2.1 Developing and providing, or securing the provision of, programmes and initiatives designed to secure the improvement of the health and social well-being of, and reduce health inequalities between, people in Northern Ireland; and

2.2.2 Health promotion, including in particular enabling people in Northern Ireland to increase control over and improve their health and social wellbeing.

Health protection

2.2.3 The health protection functions are the protection of the community (or any part of the community) against:

(a) communicable disease, in particular by the prevention or control of such disease; and

(b) other dangers to health and social well-being, including dangers arising on environmental or public health grounds or arising out of emergencies.

2.3 For the purpose of the exercise of these functions the legislation states that the PHA may:

(a) engage in or commission research;

(b) obtain and analyse data and other information;

(c) provide laboratory and other technical and clinical services;

(d) provide training in relation to matters in respect of which the PHA has functions;

(e) make available to any other body such persons, materials and facilities as it thinks appropriate; and

(f) provide information, advice and assistance.

2.4 The legislation also states that in the exercise of its functions the PHA must:

(a) co-operate with other bodies which exercise functions relating to health improvement or health protection; and

(b) in particular, provide the Department, the Health and Social Care Board and Local Commissioning Groups with such information, advice and assistance as they may reasonably require in connection with the exercise of their functions.

2.5 The PHA website describes the four main functions of the PHA as

- health and social wellbeing improvement;
- health protection;
- public health support to commissioning and policy development;

- HSC research and development.

2.6 The current PHA management team structure is shown at Annex A. The management structure illustrates how the role of the PHA and how it delivers its functions has evolved since 2009. In particular, the PHA has developed a stronger remit in relation to the quality and safety of services. The structure diagram also illustrates how the role of PHA inter-relates with that of the Health and Social Care Board.

2.7 The analytical resource, including Epidemiology, is currently dispersed across different directorates within the PHA. Analytical support for service development is provided from within the Health and Social Care Board. Both the agency and the Board have data sharing arrangements in place with the Business Service Organisation (BSO) and the Northern Ireland Statistics and Research Agency (NISRA). Both organisations also commission research from academia and from other sources.

3. METHODOLOGY

3.1 This has been a rapid review. The methodology adopted has been to review a wide range of documentation supplied by the PHA and to interview a selection of staff within the organisation. As part of the review, both Departmental and BSO staff have also been spoken to. Feedback on progress and findings has been given to the Director of Public Health and the Chief Executive.

4. THE COVID-19 CHALLENGE

4.1 The COVID-19 pandemic has posed huge challenges for Health Protection arrangements across the globe. Northern Ireland has faced the same challenges. The staff within the PHA who have provided information to this rapid review, have largely been working continuously for the past three months without respite. They have done so in response to a set of circumstances, unprecedented in modern times. The pandemic has placed a huge strain on the

PHA's resources and on teams and individuals. This situation is likely to continue for the foreseeable future.

4.2 The PHA and other health and social care bodies have been required to respond, in real time, to a high volume and a wide range of complex questions and issues, in order to support the wider health system's ability to respond quickly to how the pandemic has unfolded.

4.3 In some instances the answers to these complex questions requires expert input and advice, targeted research and/or scrutiny and analysis of data from a variety of sources to understand how the pandemic has impacted on the population as a whole and specific populations within it.

4.4 In these circumstances there is always going to be a tension between the desire to get things completely right and the desire to get things done quickly. The PHA, as the organisation in which a considerable body of the knowledge and expertise is held, has been pivotal and will continue to be pivotal, to both informing the decisions (getting it right) and ensuring that the response is timely.

5. ROLES AND RESPONSIBILITIES WITHIN THE PUBLIC HEALTH AGENCY

5.1 Managing Public Money (NI) describes the roles and responsibilities of the Chairs, Boards and Chief Executives of Arms-Length Bodies. It specifically outlines the responsibilities of a Chief Executive as the accounting officer within an arms-length body. It describes the relationship between the accounting officer of an arms-length body and the accounting officer of the sponsoring Department and also the relationship between an arms- length body as a whole and its sponsor.

5.2 Relevant extracts from Managing Public Money (NI) are shown at Annex I. In simple terms, the Agency Board sets the strategic direction In line with the Minister's and Department's requirements and the Chief Executive is operationally responsible for delivering on the Agency's objectives. In addition to their responsibilities to the Agency Board, the Chief Executive is personally accountable as accounting officer to the DoH permanent secretary who discharges the accounting officer role on behalf of the Department and the entire health and social care system.

5.3 The Agency Chief Executive is supported in discharging her role by the Agency Management Team (AMT). In her role, she is personally responsible and accountable for the efficient use of resources within the agency. A requirement for approval of the Chief Executive's decisions and proposals before they can be presented to the Board of the organisation (or anyone else) by the Senior Management team, is neither a normal nor appropriate restriction to be placed on the Chief Executive of any HSC body. Chief Executives must be free to decide for themselves who to involve in discussions about operational matters and from whom they seek advice both within their own management team and from external sources. It would be neither practical nor efficient to require discussion by all members of the management team of issues which primarily affect only some parts of the Agency's business. In the normal course of events the Chief Executive will work closely with this team. These are not normal times. It is inevitable that the Chief Executive will have less opportunity to discuss issues with her entire team, than might normally be the case.

5.4 In response to the COVID-19 pandemic, the Department has put in place emergency planning structures based on the Gold, Silver, Bronze model. This was necessary in order to ensure a coordinated whole system approach within Northern Ireland. However, the need to put in place these structures does not, in any way, dilute the residual responsibilities of the Agency Board or its Chief Executive. What it does do, is introduce a new context and set of parameters within which these responsibilities are discharged. Governance arrangements

are not set aside in these circumstances. Rather, they need to adapt to and accommodate the exceptional circumstances within which the agency has been operating.

5.5 The Board and the Chief Executive are still required to discharge their respective roles in relation to business planning, managing its resources, adopting a risk-based approach and operating effective systems of management and governance. This includes reflecting risks identified in the response to the pandemic on the agency's risk register and taking steps to mitigate these risks. In simple terms, the Board and Chief Executive remain responsible and accountable for how well the agency, its teams and staff, deliver on the agency's responsibilities and contribution to the HSC response to the pandemic.

5.6 In the longer term the role of the agency, the Agency Board and the Chief Executive are likely to be scrutinised as part of some form of public inquiry. In the short to medium term, their roles will still be assessed as part of arm's-length body's accountability arrangements. The Chief Executive, for example, will need to reflect on the Agency's role and the challenges to effective governance presented by the pandemic in both her mid-year assurance statement and the Agency's end year accounts and final report. The Agency Board will, as is normal, be assessed in terms of how it has discharged its responsibilities and supported the Chief Executive and the team who report to her in discharging theirs.

5.7 It requires a significant level of skill to be able to continue to discharge these responsibilities in a situation where key decisions are being made outside of the Agency itself. It is understandable, in the context of how events unfolded, that the agency as an organisation (like everyone else involved) will, to some extent, have been swept along by events. There is currently a lull in proceedings which the agency needs to take advantage of in order to ensure that effective systems of governance are in place alongside management

structures and plans which embrace both Covid-19 work and efforts to return to normal business operations.

5.8 The individual within the PHA who carries a significant level of personal responsibility, alongside the Chief Executive, in delivering the Agency's response to the pandemic is the Director of Public Health. The role of the Director of Public Health is underpinned by the provisions of the Public Health Act (Northern Ireland) 1967 Act 1967.

6. STAFFING AND RESOURCES

6.1 The three organisations which have been pivotal in managing the response to the pandemic at a strategic level are the Department itself, the Health and Social Care Board and the PHA. Operationally, the response has been delivered by HSC Trusts, Primary Care, Independent and third Sector providers and the PHA. In the response to the Covid-19 pandemic the PHA is the main organisation which plays a pivotal role both at a strategic decision-making level and operationally on the ground.

6.2 In the context of this pandemic, the PHA has had to make immediate decisions to redeploy staff and to pause normal business. As we continue to exit lockdown the PHA faces three main challenges:

- The need to restart normal business;
- The need to continue to respond to the ongoing pandemic; and
- the need to learn from what has happened to date in order to improve the PHA and the whole system's current and future response to the pandemic.

6.3 The Chief Executive is a recent appointee, new to the Public Health Agency. The Director of Public Health is also a recent appointment and is new to Northern Ireland. Both are highly experienced. The Chief Executive has more

than 30 years experience working in the Health and Social Care sector and has substantial experience of working as a Chief Executive within the health and social care system. The Director of Public Health has worked in this arena in Great Britain for a similar period.

6.4 The Chief Executive is well respected and has good working relationships with Chief Executives and senior management across the entire system including Health and Social Care Trusts and the Department itself. The Director of Public Health brings the added benefit of experience of having worked in other devolved administrations and a pre-existing relationship with those jurisdictions. In the context of the response to this pandemic they are a very valuable resource within the Agency. To get the maximum benefit from these individuals, through its structures and arrangements, they both need to be provided with an appropriate level of support.

6.5 The agency faces a number of challenges (pre Covid-19) in relation to its staffing structure and its ability to recruit and retain staff. Across the whole organisation, there are a number of temporary posts, short-term and time limited secondments, vacancies and staff temporarily promoted into their current positions. At one point in time in the recent past there was a significant risk that the number of health protection consultants employed in the agency, below assistant director level, would fall to as little as three staff. A significant amount of work is required in order to recruit permanent staff into all of these posts.

6.6 During the pandemic, some staff have been seconded to work directly to the Department and a significant number of staff have been redeployed or redirected to work on new areas in order to support the response to the pandemic. These changes were not and could not have been anticipated in the agency's business plan.

6.7 The staffing structure of the agency will need to be reviewed in the context of the abolition of the health and social care board. There is, in any case, a need to undertake a review of staffing and of roles and responsibilities within the Agency. This is reflected in the proposals for a significant number of additional posts that have recently been developed by the different business areas within the agency (see below).

6.8 The agency also needs to reflect on the job descriptions for those staff involved in information, analysis and surveillance. The agency is heavily dependent on Intelligence, information, data, analysis for the discharge of all of its functions in relation to Public Health. These staff are currently located in different business areas within the agency. Currently, some of this support is provided by staff within the Health and Social Care Board. In particular, there is a need to develop standard job descriptions for these posts and to look at the overall management arrangements within the agency for all of this resource.

6.9 The Department has supplemented its resource by re-employing staff who have retired and bringing in expertise from outside of the Department. There is some limited evidence that the PHA has to date been able to do the same thing e.g. through the Leadership Centre. The agency has been successful in recruiting additional staff to work under the duty room structure as part of the track and trace system. The Agency has been able to secure epidemiology support from the Department for Agriculture, Environment and Rural Affairs (DAERA) and an approach has been made to the Food Standards Agency to see if some of their resource could be accessed by the Agency.

6.10 The PHA staff seconded to the DoH are working in areas which might normally have been expected to fall directly to the responsibility of the PHA e.g. testing. The PHA is currently in the process of recruiting additional staff to work within the health surveillance team and has secured approval of a job description for an Assistant Director (Epidemiology) who will report directly to the Director of

Public Health. The PHA has also been successful in recruiting a pool of staff to work as part of the contact tracing system in relation to Covid-19.

6.11 The PHA team has already undertaken work to identify the rationale for the requirement for more resources to enable the organisation to respond effectively to wider public health agenda including the pandemic. The factors they have identified are:

- COVID-19: extreme pressure fell upon a relatively small team
- The pandemic demonstrated the need for a strong public health service, with the capacity to ramp up provision, at large scale, at short notice
- Without reserve capacity, we risk not being able to meet complex and enduring challenges
- Screening/Service Development are struggling to meet demands to restart services and support Transformation
- The intensity /complexity of work has increased over the last 5 years
- Poor data infrastructure (Apollo not fit for purpose)
- NI has lower per capita public health staffing compared to Scotland/Wales (FPH survey)

6.12 The PHA team has also sought to highlight the specific areas in which there is a need to apply additional resources (Annex B) and to quantify the resource (Annex C). The proposal for additional staffing is for more than 40 additional staff. A separate 'Health Protection Forward Look' paper contains proposals for more than 60 additional posts. Proposals for additional staffing on this scale indicates that there is a need to look at the overall resourcing and structure of the PHA. It would be extremely difficult to support bids of this scale in a business case without an in-depth look at how existing resources are being utilized. There is also a difficulty in that it is not yet clear what impact the decision to abolish the Health and Social Care Board will have on the functions of the PHA going forward.

6.13 PHA staff have been working, without respite, for three to four months, very often on a 7 day week basis. That position is not sustainable in any

organisation in the long term. The normal business of the organisation has had to be re-prioritised or set aside in favour of deploying resources towards meeting the Covid-19 challenge. PHA management anticipate and understand that at some point in the future, the need to return fully to normal business, will once again become a focus for external scrutiny. They are aware that any long delay in progressing much of this work will have potentially huge implications for the health and well-being of the Northern Ireland population.

6.14 There has been no significant deployment of additional staff into PHA (outside of contact tracing) to meet these challenges although it is understood that the DoH will respond favourably to any business case for additional resources. The PHA is faced with immediate challenges for which it needs immediate additional resources. There is a need to focus on developing proposals for these additional resources and to secure agreement from the Department for a further longer-term review of the whole resourcing of the PHA.

6.15 The proposals for additional staffing now, need to be proportionate and to take account of whether or not appropriately qualified staff are potentially available and can be recruited. In some instances, and in the current circumstances, this may involve securing additional staffing resource 'at risk' and in advance of a full business case being prepared and approved. This would not normally be acceptable in terms of good governance, but these are not normal circumstances. If this proves necessary, this approach will need to be appropriately documented within the PHA's risk register and reported appropriately as part of normal governance arrangements.

7. COVID-19 PLANNING AND MANAGEMENT STRUCTURE

7.1 In response to the pandemic, Gold/Silver/Bronze type management structure was established regionally by the DoH with a direct line of accountability to the Minister. These arrangements are normally put in place in response to a major incident which would not be expected to last for more than a short period of

time, possibly a few days, or possibly a week or two in exceptional circumstances. Essentially this model was used to provide a template for a command structure to coordinate and manage the response to the COVID-19 pandemic. It is a variation on the theme.

7.2 Under these arrangements the Gold group, led by the Department, established the strategic direction and made the strategic decisions in relation to the response to the pandemic. The Silver group was jointly led by the health and social care board and the public health Agency. Under these arrangements the role of the silver group is to lead tactical implementation identifying a set of actions that are to be delivered by 'Bronze'. This group was jointly operated by the health and social care board and the Public Health Agency.

7.3 In place of a bronze structure, the Department established a project oversight group reporting to 'silver' with the responsibility of managing a wide range of work being taken forward by seven separate 'portfolio' groups. The actual delivery and implementation of tasks to enable the system to respond to Covid-19 largely fell to these groups. The PHA and its staff played a substantial role within the 'Silver' group, the Project Oversight Group and the individual portfolio groups.

7.4 At this point in the pandemic, these structures are less relevant (although they have not been formally stood down). There is a need for new structures to take manage and co-ordinate the health and social care response into the next phase. The key priority of a new management structure will be **clusters and outbreaks in different environmental settings and geographic areas,** with a particular focus on 6 elements:

1. Continued avoidance & prevention;
2. Anticipation/preparedness;
3. Surveillance & early identification;

4. Coordination of Response & Suppress;

5. Recovery;

6. Resuming business as usual

7.5 The Chief Executive of the PHA and the Director of Public Health have decided that there is a need to set up a **COVID-19 Second Wave Planning Board** to oversee these areas. Whilst they believe that many of the components of planning for the second wave are in place, there is a need for an internal group that pulls this together more effectively. The system may have only have a few weeks at most before it must respond to a rising number of clusters that turns into a second wave and PHA needs to use that time to plan.

7.6 The first meeting of the Board took place on Thursday 16 July. The full membership and terms of reference for this group have yet to be agreed and signed off.

7.7 The agency also has in place a business continuity plan based on a Plan-Do-Check-Act model. This plan is designed to help the agency respond to major incidents and includes a road map to return to business as usual. As with the Gold/Silver/Bronze structures, the business continuity plan is more fitted to support a response to an incident which will last for a short period of time. Nevertheless, the arrangements described in the plan offer a template or checklist which the 2nd wave planning board could look to, in order to identify the arrangements which need to be in place to support their work and to support a planned and managed return to business as usual. These include:

- the establishment of a team to specifically respond to the incident;
- the allocation of resources within the Agency to the response to the incident;
- clearly identified and allocated roles and responsibilities;
- a management structure to oversee the Agency's response to the incident;
- an emphasis on providing regular reports and updates through this management structure to management and to the Agency Board; and
- an understanding of the need both to take a planned and managed approach both to the incident and to returning to normal business.

7.8 Within the Business Continuity Plan one of the roles of the Chief Executive is to keep the PHA Board and DoH informed of progress at frequencies to be agreed appropriate to the nature of the interruption and to Chair the Incident Management Team.

7.9 The Public Health Agency, Health and Social Care Board and Business Services Organisation have in place a Joint Response Emergency Plan which is based on the Gold, Silver, Bronze structure. Communicable disease outbreaks and epidemics are covered by the arrangements set out in the plan. The Agency also has an Infectious Disease/Incident Outbreak Plan. The joint plan envisages specific structures, allocation of roles and responsibilities and specific resources and structures to support the delivery of a joint response.

7.10 Whilst it is clear that many aspects of the arrangements for which the Public Health Agency are responsible were put in place, it is not clear or obvious that an infrastructure was established or operated within the Agency to ensure a an overall corporate approach, corporate oversight of its role or corporate decision making within the joint response to Covid-19.

8. VIEWS OF PHA STAFF

8.1 Public Health Agency staff have been heavily involved in the response to the COVID-19 pandemic from the outset. Individuals and teams have made significant contributions. They have demonstrated their commitment amongst other things, by their willingness to work almost continuously for a period of three to four months on a seven day a week basis. Their contribution should be acknowledged and respected.

8.2 Public health agency staff continue to be heavily involved in all aspects of the programme. They have specific responsibilities for the development of a variety of new arrangements and for providing advice and information to colleagues within the agency, to the Department and to other stakeholders. They continue

to be involved and will remain involved in the response to the pandemic for the foreseeable future.

8.3 They are simultaneously focused on the need for themselves, their teams and the agency as a whole to return to "normal business" in the interests of the health and well-being of the population of Northern Ireland. In other words, despite the stresses and strains of the last three to four months public health agency staff remain focused on the big picture. They are also very aware of the limitations of the available resource within the agency and the need to secure additional resources in order to continue to respond to the pandemic and to resume critical public health functions.

8.4 There is a general consensus amongst public health agency staff that the role the agency has played over the past three months shows that its Health Protection function is fit for purpose. In the context of a pandemic in which several hundred people have died and where a number of new arrangements and systems have had to be developed and built within a very short time frame, this judgement is premature. This is not a criticism of public health agency staff or a judgement on how the Agency or any part of the Agency has performed.

8.5 It is inevitable based on what has happened over the past three months that a systematic review will identify learning, improvements, things which worked well and other things which did not work as well as anticipated. This applies to every part of the system including the Department of Health and other health and social care bodies in Northern Ireland. The same will also apply to national arrangements and to international arrangements. The response to COVID-19 would be unique if this were not the case. It is simply too early to arrive at an overall judgement.

8.6 Conversations with staff highlighted a number of issues which also need to be addressed. In particular, a number of staff felt that the arrangements which

were put in place to manage the response to the pandemic, and in particular the role of the Department represented a criticism of the public health agency , its work and its staff. Factors which they highlighted included:

- public health agency staff being removed to work directly for the Department;
- a perceived micro management of the work of individuals and teams within the public health agency by departmental staff;
- information requests from the Department at a level of detail which was not appropriate;
- a feeling that the Department was at times second guessing the views and advice of public health agency staff; and
- repeated and duplicated requests for information addressed to different PHA staff received from multiple different staff in the Department.

8.7 Despite this, public health agency staff reported good working relationships between themselves personally and their counterparts in the Department with whom they normally deal.

8.8 Some public health agency staff raised the issue of internal communication within the agency. They felt that there was a lack of information shared with public health agency staff by management about why these structures had been established and how things were supposed to work.

9. RELATIONSHIP WITH DOH

9.1 The Gold/Silver/Bronze management structures to respond to the pandemic were established on 22 January 2020. Under these structures the PHA and HSCB would jointly be responsible for the 'silver' strand of the response. A PHA paper dated 1 April 2020, to the Chief Medical Officer, sets out the details of the silver response to the pandemic, described and presented in five phases.

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

9.2 The paper describes the expertise within PHA and the effectiveness of its response to that date. It is worth summarising what happened subsequent to the circulation of this paper:

a) The Department took control of the development of new testing arrangements, effectively moving this work under 'Gold';

b) The Department moved responsibility for providing reports on the numbers of daily deaths to the Information and Analysis Directorate within DoH, with input from PHA;

c) The Department brought in a former Deputy Chief Medical Officer to oversee the management of the development of a contact tracing system;

d) The Department appointed a new interim Chief Executive from outside of the Public Health Agency; and

e) The Department took on direct responsibility for data modelling and the calculation of the 'R' value, effectively also moving this work under 'Gold'.

9.3 PHA staff are still heavily involved in these areas of work, either working directly to the Department or working within a management structure which is

directly overseen by the Department. This is a recognition of the expertise of staff within the Agency.

9.4 The PHA board and its management team are well aware of the difficulties and tensions which arose specifically around the reporting of daily death figures. It seems clear from a recent feedback session, from this rapid review to the PHA board, that there are individuals who attend PHA Board meetings who still cannot grasp why it was so important to the Minister and the Department to have exact and reliable figures about the number of daily deaths. This was and is, a matter of public confidence and a measure of the competence of the system to respond to the pandemic.

9.5 Discussion with Departmental officials indicates that there is a concern about the ability of the Agency to understand the Department's requirement for information including the required frequency of reporting during the pandemic. The Department's current area of focus is largely on the contact tracing system, the need for regular reporting on contact tracing activity and specifically:

a) the need for PHA staff to provide expert analysis, assessments and advice based on whatever data is included in these reports. The DoH has already been very specific in outlining what its requirement is from the PHA in terms of the content and frequency of reports on contact tracing etc.; and

b) the need to ensure that effective arrangements are in place to deal with outbreaks and clusters.

9.6 The Department has asked that the frequency of the monthly Covid report be changed to become a weekly report. They also want the Agency to provide expert analysis, assessments and advice about what has happened and is happening in Hospitals and Nursing homes in order to inform decisions about the current and future response to the pandemic. It is entirely appropriate that

the DoH should look to the PHA for this input as the expertise is situated within the Agency.

9.7 There are a number of factors which have affected the response of the agency to the pandemic and which are not necessarily all unique to Northern Ireland :

- The scale of the challenge posed by the pandemic and the sheer volume of tasks to be undertaken is unprecedented;
- The staffing capacity and other resources available within the PHA to meet the challenge;
- The speed with which knowledge and understanding of COVID-19 was developing and evolving on an almost daily basis, impacting on thinking, analysis and decision making; and
- An interim Chief Executive and Director of Public Health, both new to the agency, starting work in the middle of the pandemic.

9.8 There is an understandable sensitivity within the agency about any suggestion of unhappiness within the Department about any aspect of its work. Whilst the Agency may wish to clarify this with the Department, it would be extremely unproductive to become totally consumed with dealing with this issue. The immediate need is to ensure that there are arrangements in place which would strengthen and manage the interface between the Agency and the Department within the pandemic structures to ensure that the agency can deliver on its responsibilities. This would be to the benefit of both the Department and the Agency itself. It would specifically be to the benefit of Agency staff who individually and in teams have been working continuously and doing their best throughout the pandemic.

10. RELATIONSHIP WITH QUB – (EPIDEMIOLOGICAL FUNCTION) AND BSO (HUMAN RESOURCES AND HONEST BROKER)

10.1 Public health agency has a long established relationship with Queen's University of Belfast. In the context of the pandemic, the Director of Public

Health in the agency has indicated that there have been ongoing discussions between the agency and Queen's University about the role which university staff and the University as an organisation could play in supporting the work of the agency in responding to the pandemic.

10.2 The Director of Public Health reports that input at an academic level has been significant, (and helpful). However, the gap which the Agency needs to address is in the more 'applied' space. The need is for more flexible generic skills rather than narrow in-depth skills.

10.3 The agency has one jointly funded post with The Queen's University of Belfast. The University pays 50% of the cost of the post. Under this arrangement, the post-holder is expected to spend half of their time teaching, undertaking research and supervising postgraduate students. In reality, the post-holder has been spending their whole time working for the Agency with limited opportunities to undertake the roles described by the University. Whilst this is understandable in the context of the pandemic, there are long term benefits for the agency in pursuing arrangements such as this with the University. Plans for returning to normal business should address the need to ring-fence the time this post holder should be dedicating to their role within the University.

Business Services Organisation

10.4 The BSO Provides a Human Resources service to the entire Health and Social Care system, Including the public health agency. The staff structure diagrams for each of the business areas within the Agency highlights a significant Number of vacancies, temporary posts and staff temporarily promoted into different positions. There can be long delays in the development of job descriptions, grading of posts and recruitment into posts within the health and social care sector.

Field Epidemiology Training Programme (FETP)

10.5 The Field Epidemiology Training Programme is part of a European wide programme which offers a two year placement for staff to develop their skills and

qualifications in Epidemiology. The Public Health Agency currently hosts one of these placements. Up until now, individuals participating in this programme have routinely been placed in another jurisdiction. The disadvantage of this approach is that makes it less likely that those individuals will remain in the jurisdiction where they have their placement after they complete their time on the programme.

10.6 The current trainee placed in the Public Health Agency will complete his placement in a few month's time. A change in the programme means that the next trainee to be placed in the agency is a current agency employee. This is an excellent initiative which should be encouraged. The length of time for this placement is two years. The Agency, as part of any review of its structures, should give careful consideration as to how it ensures that there are employment and progression opportunities for participants on this programme when they complete their placement. The potential to employ and retained these trainees when they have completed their training is an opportunity for the Agency to expand its capacity in Epidemiology.

11. BENEFITS OF PROGRAMME AND PROJECT MANAGEMENT

11.1 Programme and project management is particularly beneficial in assisting an organisation to achieve its strategic goals. Its particular strength is in ensuring that multiple strands of work or projects can be effectively managed by the organisation towards cohesively delivering on these strategic goals.

11.2 Programme and project management provides a framework within which an organisation can:

- identify priority areas of work required to deliver on the strategic objectives and taking account of the clearly identified benefits of the programme. It is particularly effective in delivering on a 'change' agenda;
- utilise widely recognised tools, methods, effective measurement and management of benefits, based on a plan which sets realistic objectives to be delivered within realistic timescales;

- manage its resources effectively, allocating resources appropriately to projects based on a programme plan which takes account of the priority of each project; the need for, development of and approval of business cases; an assessment of the benefits of each project; and which reflects the interdependence of projects with each other, in particular the timing and sequence in which each project needs to be delivered. This includes the ability to reallocate resources between projects based on changing circumstances and changing priorities;
- support effective governance, facilitating a system of reporting which supports senior management and board level oversight of the programme/projects and decision making about the delivery of each project allocation of resources Including responding to changes in priorities, problems, issues and external factors in order to ensure the delivery of the overall programme. This can include taking decisions to re sequence, re prioritise, slow down, speed up, suspend or stop projects within the programme;
- strengthen accountability arrangements by allocating clearly defined roles and responsibilities within the programme and each project including allocation of leadership responsibility for the programme and each project.
- support business as usual, either as a parallel business or by incorporating business as usual into the programme management structure. This can avoid unplanned, unexpected and not managed impacts of a programme/project on business as usual;
- support the identification of risk and the implementation of measures to mitigate and manage risks to the delivery of the organisations strategic objectives;
- support the identification of “lessons learned” during the lifetime of the programme and as part of post programme evaluation; and
- support arrangements for effective communication both within the organisation and with external stakeholders about the programme structure, its implications, how to participate, aims and objectives and progress.

12. ANALYSIS

12.1 The COVID-19 pandemic has created a very difficult set of circumstances within which health and social care systems have had to operate for the past number of months. It is too early to assess how well the whole system or any part of the system has performed in response to the pandemic. Objectively, it is difficult to suggest in circumstances in which several hundred Northern Ireland residents have died, that the systems we have in place to respond to such an outbreak have proved to be fit for purpose. It is also too early to suggest, faced with this pandemic, that the system could have responded any better. It is never too early, however, to learn lessons from the experience to date in order to try to improve how we respond to the pandemic as we move into the next phase of the pandemic.

12.2 It is clear that a large number of people across the health and social care system, including in the PHA, have been working extremely hard to ensure that the response to the pandemic is as good as it can be. Substantial new systems and arrangements have been developed and put into operation in a remarkably short period of time. It is also clear that the response to the pandemic has required:

- the setting aside of normal working arrangements including the requirement for seven day week working;
- changes to roles and responsibilities for organisations, teams and individuals; and
- changes to management and governance arrangements with normal arrangements being set aside in order to facilitate a speedy response and to deploy resources as and when required.

Whilst there may be an overwhelming justification for why many of these changes have been necessary, they have affected the role of Agency staff, Agency management and the Agency board.

12.3 There have clearly been difficulties in the interface between the Department and the Public Health Agency. This rapid review has been commissioned by the Public Health Agency in order to assist the agency and planning its response to the next stage of the pandemic. it is not the role of the reviewer to determine who is at fault for any issues which have arisen or to allocate or apportion blame and responsibility within the PHA or between the PHA and the Department. At this stage in the pandemic this reviewer can think of nothing which would be less productive to spend time on.

12.4 If this had been a 'normal' major incident the Agency would have invoked its Business Continuity Plan. Under the plan it would have established a specific infrastructure and allocated ring-fenced resources (including administrative support) to deal with the incident and to make a planned return to normal business. Under the Joint Emergency Response Plan, both joint arrangements and Public Health Agency specific structures, resources, roles and responsibilities are all clearly described.

12.5 **The main finding of this rapid review is that within the public health agency the absence of COVID-19 related infrastructure and a dedicated resources undermines the ability of the agency to manage and deliver its response corporately to the pandemic**. There is not currently a sufficient resource in the agency to do all of the things which need to be done at this time.

12.6 The Agency does not currently, in the context of the pandemic, have in place a management and information structure which will support the Chief Executive and Director of Public Health in particular to manage and prioritise what work gets done; to deliver on the Department's requirements; to make decisions about the allocation and re-allocation of resources within the Agency; or to prioritise bids for additional resources which can be secured now. This in turn has a negative impact on the ability of the Chief Executive and the Director of Public Health to keep both the Agency Board and the DoH informed. This also

is at least a partial explanation of some of the tension which has existed at times between the Agency and the Department.

12.7 In terms of the immediate and future response to the pandemic, plans to support the return to business as usual and work to identify current and future resource needs there are plenty of pieces of the 'jigsaw 'in place within the Agency. However, there is a need to fit these pieces together to be able to see the whole picture and to see what pieces may be missing.

12.8 As an organisation the agency has no single point of contact where all of the information requests, being received in relation to COVID-19 and all of the responses and information, being provided by the agency, are recorded. Anecdotally there is evidence supported by specific examples of multiple requests been received for the same information from different parts of the Department directed to different people within the Agency. This is the sort of thing which happens in an emergency. The absence of infrastructure within the Agency around the handling of these requests means it is not possible to quantify how frequently this happened or what impact this had on the business of the Agency (if you were so minded to spend time on this).

12.9 This reviewer's experience is that the absence of an effective central infrastructure to deal with volumes of requests for information will result in:

- inefficiency;
- duplication of effort;
- inconsistencies in information provided in response to requests (which may or may not be explainable);
- additional requests for information due to inconsistencies, lack of explanation or lack of detail in the information initially provided;
- an inability of the organisation to understand what the information need is and why it arises in order to shape and influence the information which is being asked for (even when the knowledge and expertise sits with them);

- an inability to develop and amend standard reports to include information which is routinely being asked for as ad hoc requests;
- a negative impact on staff making and handling such requests and on the relationship between staff and organisations;
- opportunity cost for the organisation with resources being diverted to handling ad hoc requests which could be better used elsewhere;

12.10 The Agency has a variety of staff involved in intelligence, analysis, data and statistics. These staff are spread across different business areas. A variety of different IT systems and software tools are in use in different business areas. This is a potentially limiting factor for the Agency in circumstances where there may be a need to redeploy staff across business areas.

12.11 The Agency needs to be in a position to lead on Covid-19 related work and in particular to anticipate, advise on and plan for the actions which need to be taken to in the long-term as well as in response to outbreaks and clusters. This includes anticipating, understanding and responding to the needs of the Minister and the DoH for information and regular reports.

13. RECOMMENDATIONS

13.1 The following recommendations are grouped according the following priorities:

Priority: Immediate

Recommendation 1: The Agency should establish a formal programme to manage both its work in relation to the Covid-19 pandemic and progress towards a return to business as usual.

Recommendation 2: The Agency should establish a dedicated Covid-19 team bringing together staff from the surveillance team and the Health Intelligence Team, including dedicated administrative support.

Recommendation 3: The Agency should recruit an Assistant Director of Epidemiology to provide direct support to the Director of Public Health. On a day to day basis the postholder should be part of the Covid-19 Team.

Recommendation 4: The Agency should establish an office of the Chief Executive to manage and record all requests for information being received by the PHA, both Covid-19 and non Covid-19 related.

Recommendation 5: The Agency should approach the Department of Health to establish if the Department would be able to loan a small team of statisticans (2-3 staff) and 1-2 policy staff with training in programme management who could become part of the Coid-19 team.

Recommendation 6: The Agency should commission a rapid review to establish which parts of:

a) the Public Health Agency Business Continuity Plan; and
b) the Public Health Agency specific arrangements, described in the Joint Emergency Response Plan,

have been implemented/followed as part of the response to Covid-19 and also which parts have not been implemented/followed. This will support the Agency in establishing an effective internal infrastructure, making decisions and developing its plans for responding to the next stage of the pandemic. It will also support the Chief Executive, the Director of Public health and the Agency Board to discharge their respective responsibilities.

In the context of any future public inquiry the Agency should expect that an inquiry is likely to benchmark the Agency's actions against the content of these plans. The Rapid Review should include a timeline of decisions made to in line with key elements of these plans (e.g. when the Business Continuity Plan as activated), dates of meetings of groups established in line with the content of these plans and details of decisions not to implement parts of either plan.

Priority: **Desirable**

Recommendation 7: The Agency should as an interim measure bring the management of both the Health Intelligence Team and the Surveillance Team under a single Assistant director.

Recommendation 8: The Agency should commission a capacity study to look specifically at both the Surveillance Team and the Health Intelligence Team with a view to developing standard job descriptions for these staff. This should form the basis of a strategy to develop these staff.

Recommendations 9: The Agency should take steps to update the key pages on the PHA website to show the current management structure and members of the management team down to assistant director level.

Recommendation 10: The Agency should undertake an audit of software and IT systems in use with a view to developing a corporate IT strategy.

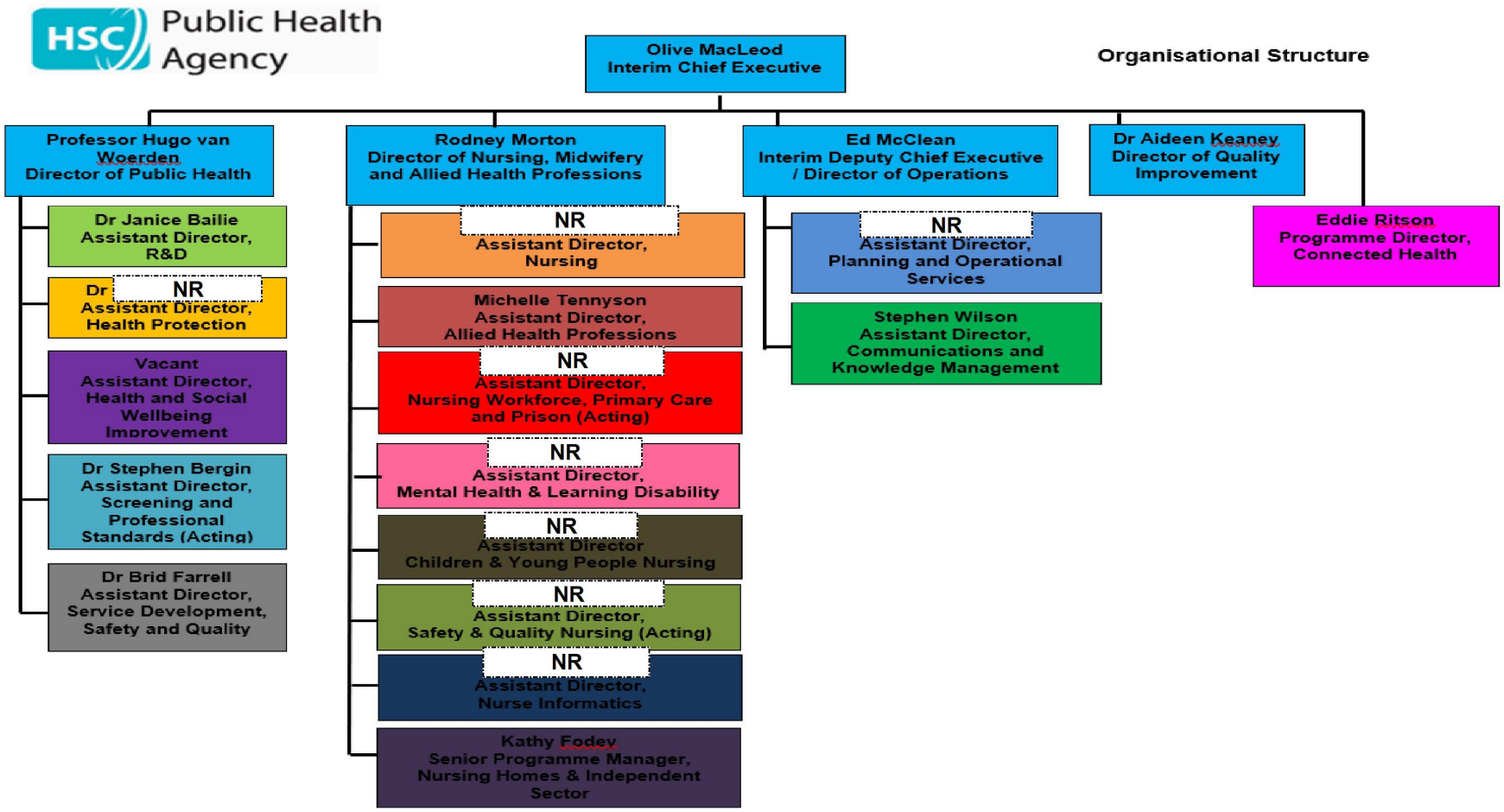
Recommendation 11: The Agency should develop a PHA policy on the role and use of intelligence. This policy should place the use of intelligence at the heart of everything which the PHA does. The policy needs to be underpinned by a strategy which ensures that operationally an intelligence-led approach is consistently at the heart of everything that the PHA does.

Recommendation 12: The Agency should undertake a review of the future direction of PHA's online presence. The PHA needs clarity on the extent to which its online presence will be through NI DIRECT and the future role of its own website. The review should look at the current resource including the future of currently unfunded posts working on NI Direct content.

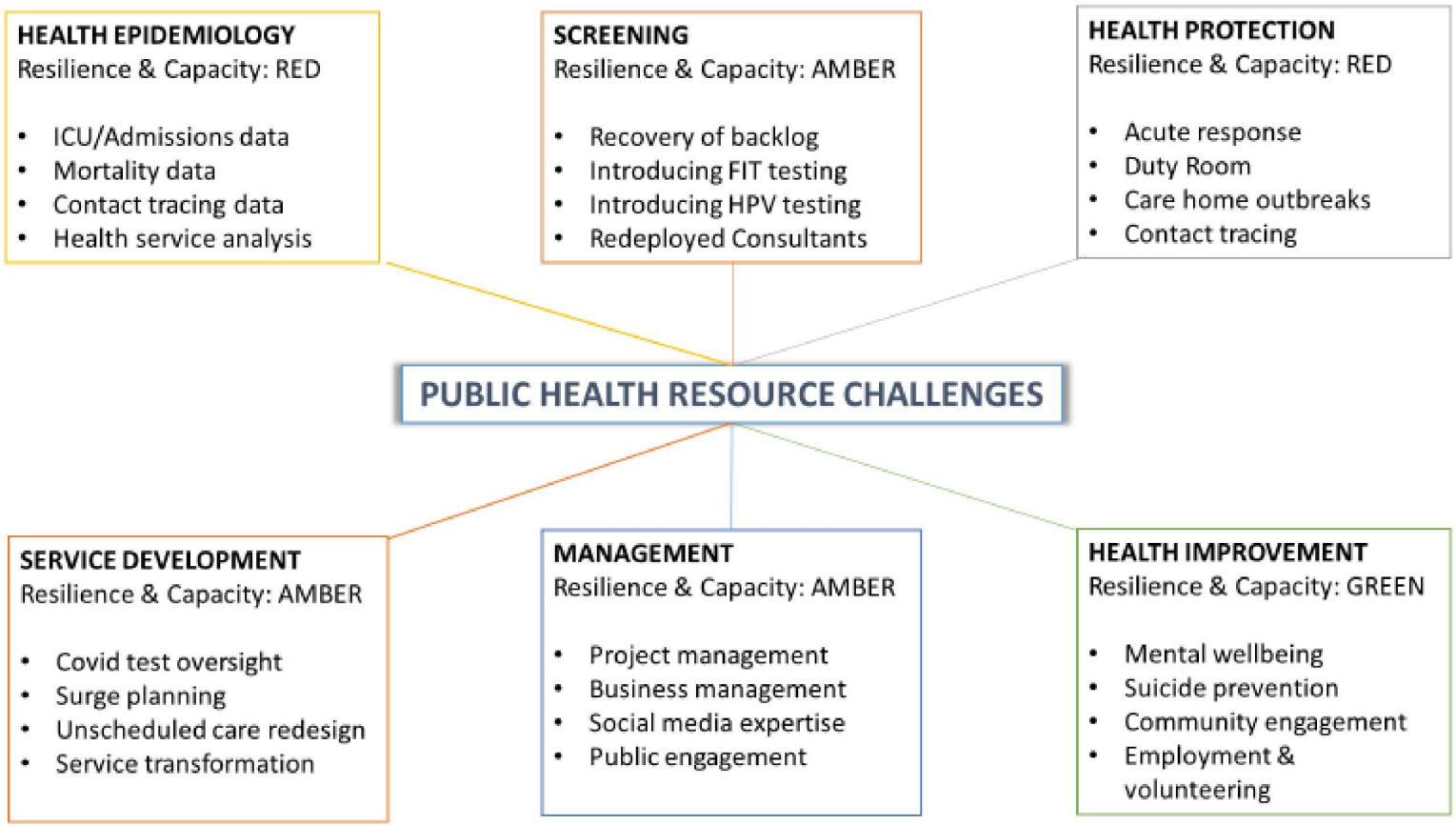
Recommendation 13: The Agency should undertake a review of the arrangements for joint appointments with a view to ensuring that joint appointees whose contracts require them to work part of their time with Queens University Belfast have ring fenced and protected time to do so.

14. ANNEXES

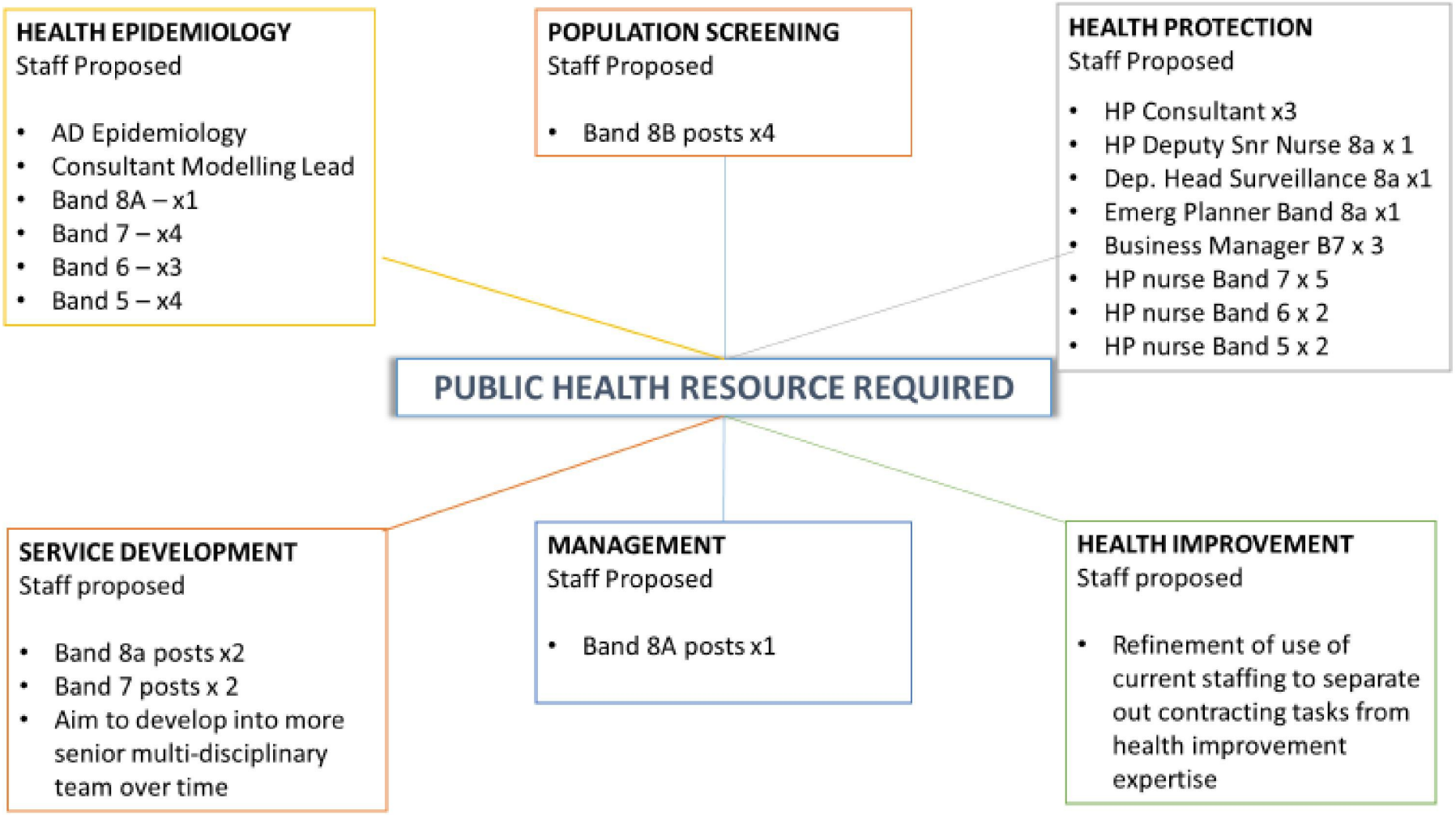
CURRENT PHA STRUCTURE **ANNEX A**



Public Health Resource Challenges **Annex B**

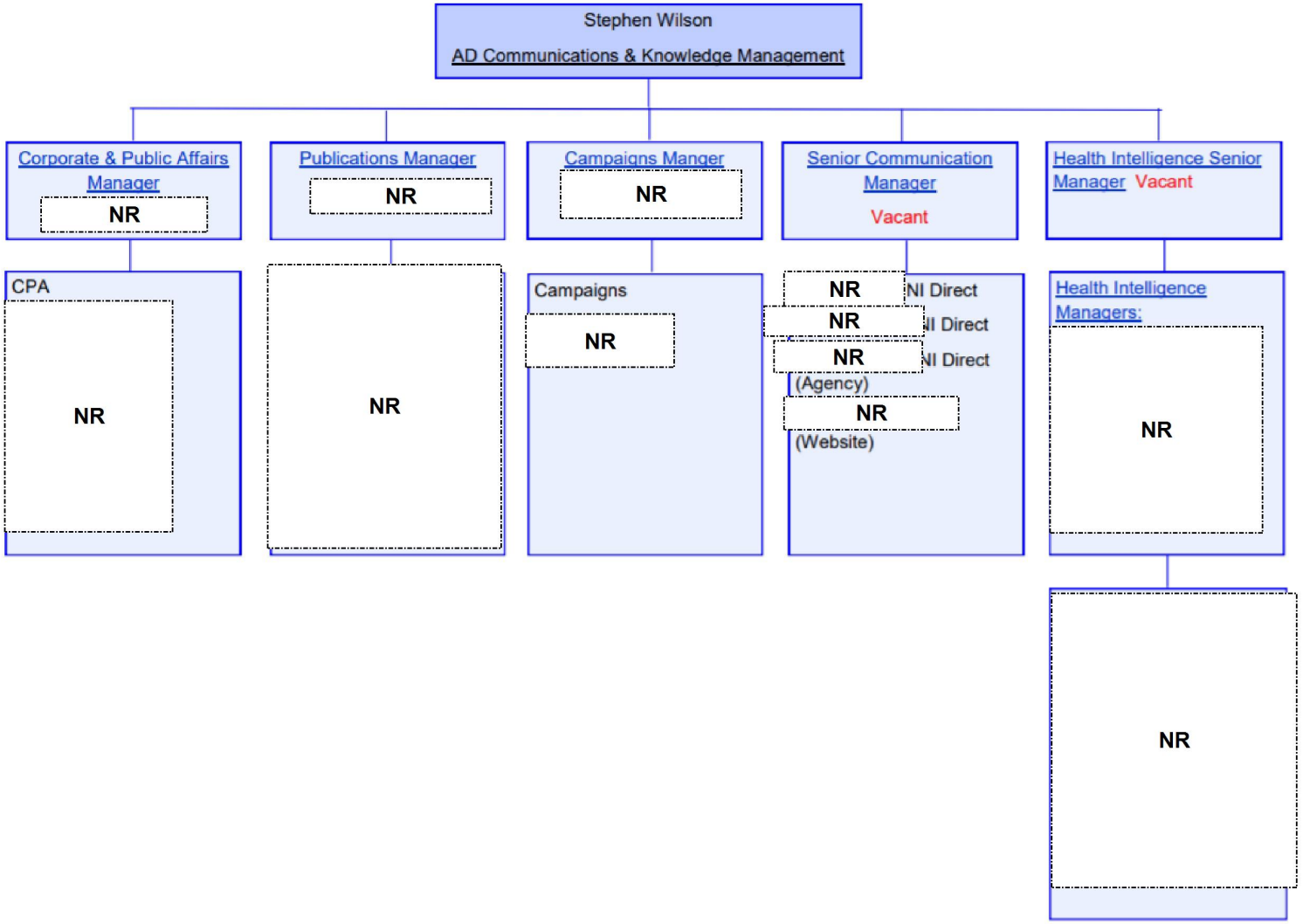


Public Health Resource Required **Annex C**


HEALTH EPIDEMIOLOGY
Staff Proposed
• AD Epidemiology
• Consultant Modelling Lead
• Band 8A – x1
• Band 7 – x4
• Band 6 – x3
• Band 5 – x4
POPULATION SCREENING
Staff Proposed
• Band 8B posts x4
HEALTH PROTECTION
Staff Proposed
• HP Consultant x3
• HP Deputy Snr Nurse 8a x 1
• Dep. Head Surveillance 8a x1
• Emerg Planner Band 8a x1
• Business Manager B7 x 3
• HP nurse Band 7 x 5
• HP nurse Band 6 x 2
• HP nurse Band 5 x 2
PUBLIC HEALTH RESOURCE REQUIRED
SERVICE DEVELOPMENT
Staff proposed
• Band 8a posts x2
• Band 7 posts x 2
• Aim to develop into more senior multi-disciplinary team over time
MANAGEMENT
Staff Proposed
• Band 8A posts x1
HEALTH IMPROVEMENT
Staff proposed
• Refinement of use of current staffing to separate out contracting tasks from health improvement expertise

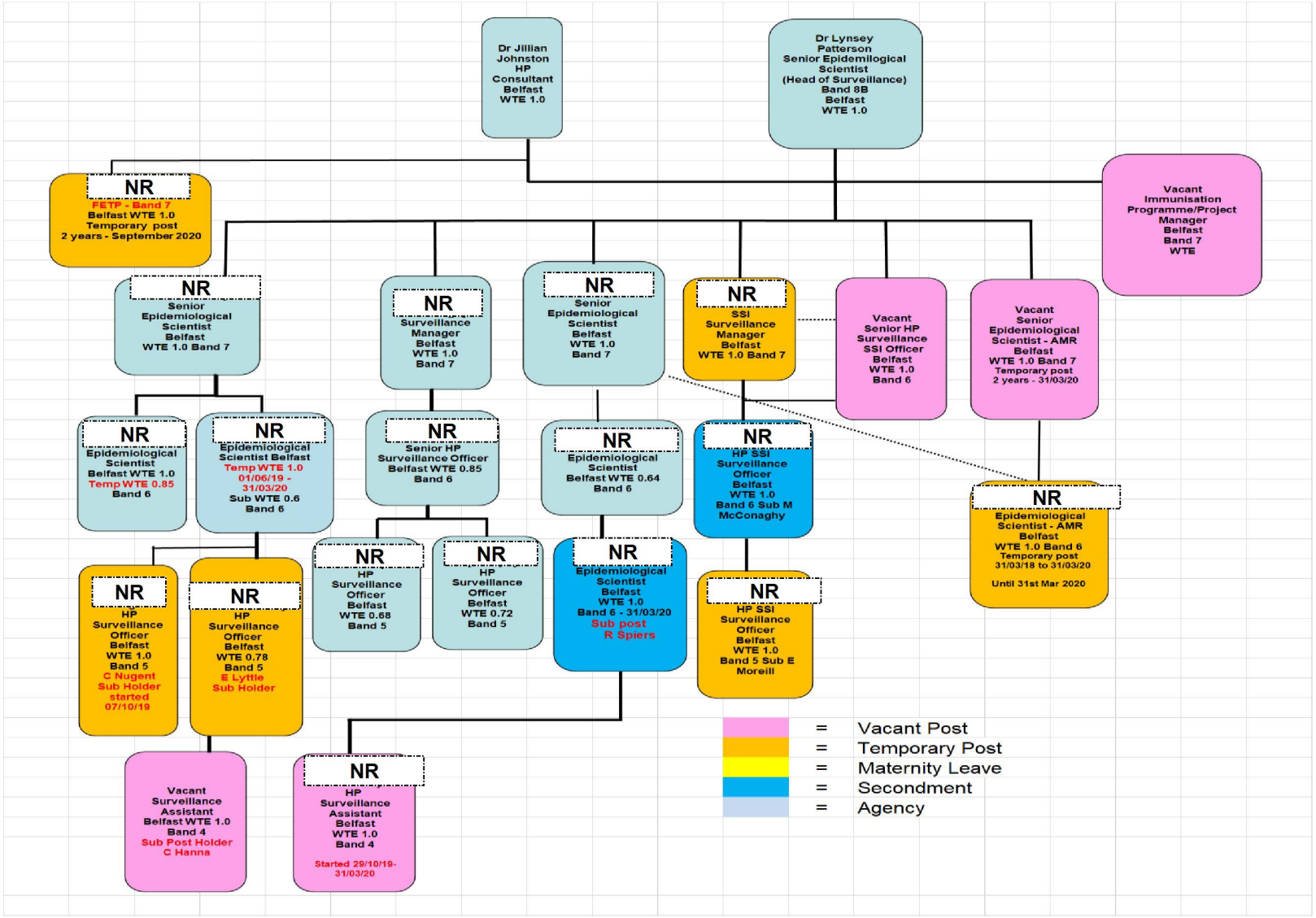
Health Intelligence and Comms Team Structure

Annex D



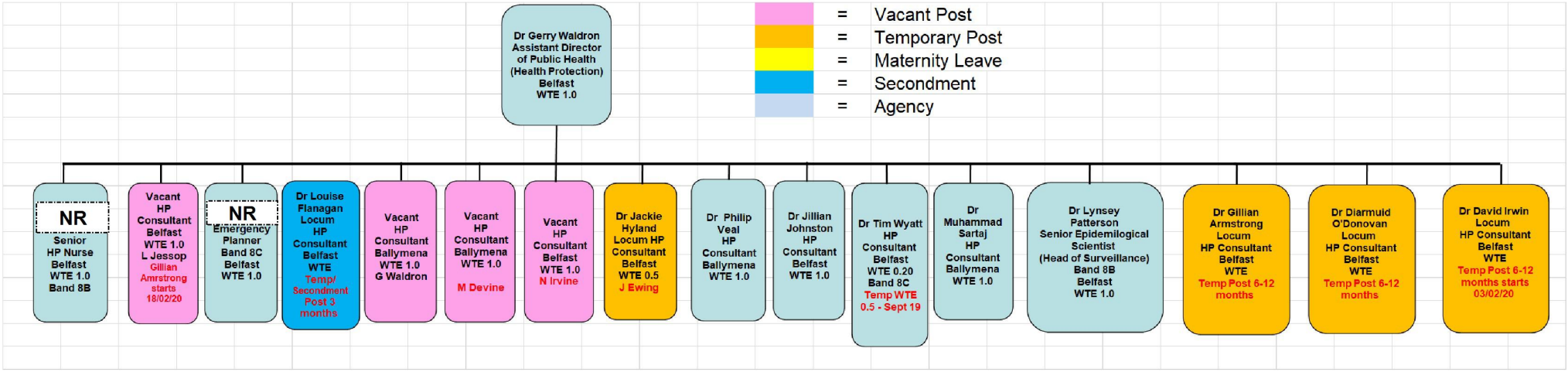
Surveillance Team Structure

Annex E

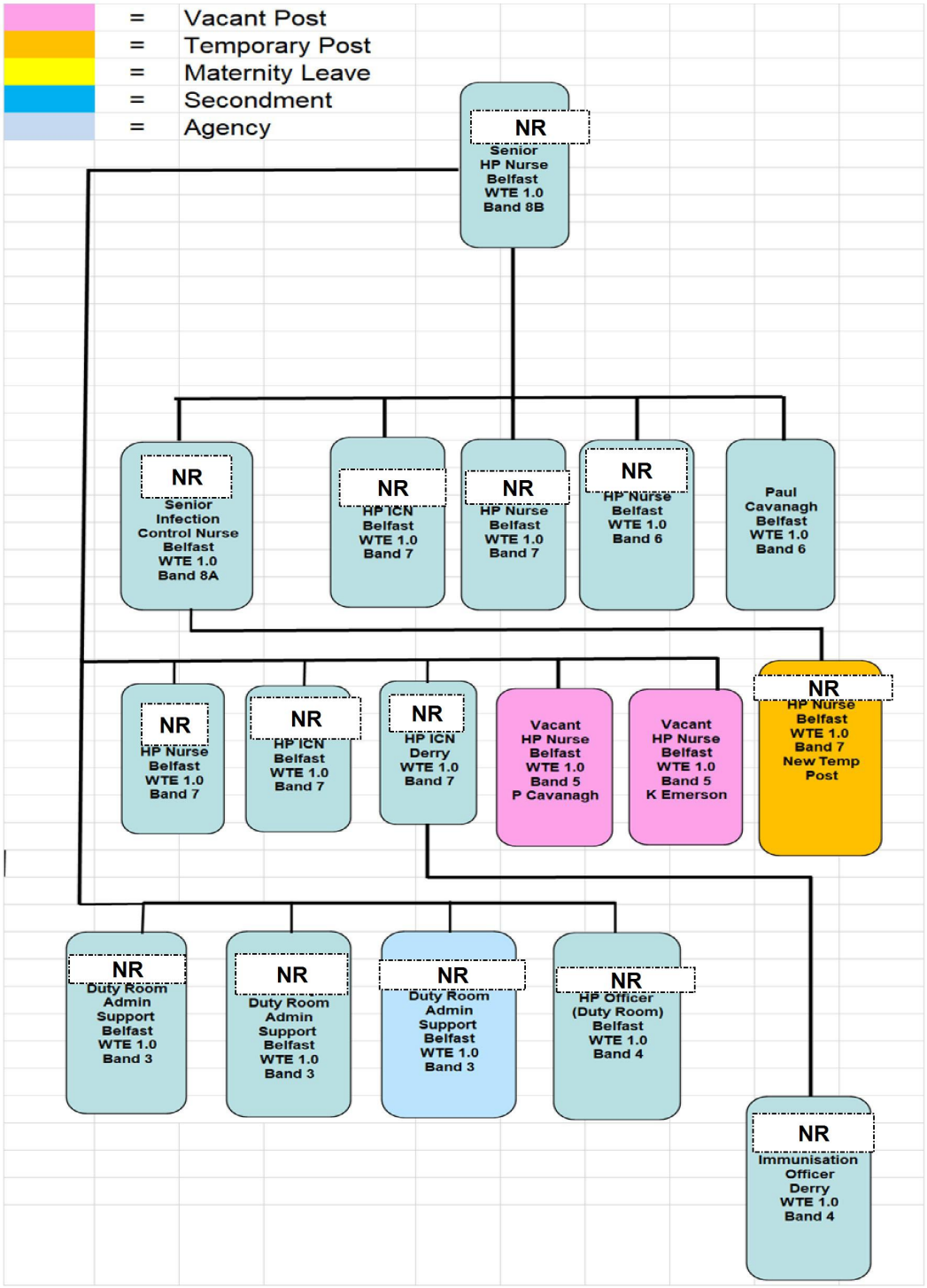


Health Protection Team Management Structure

Annex F

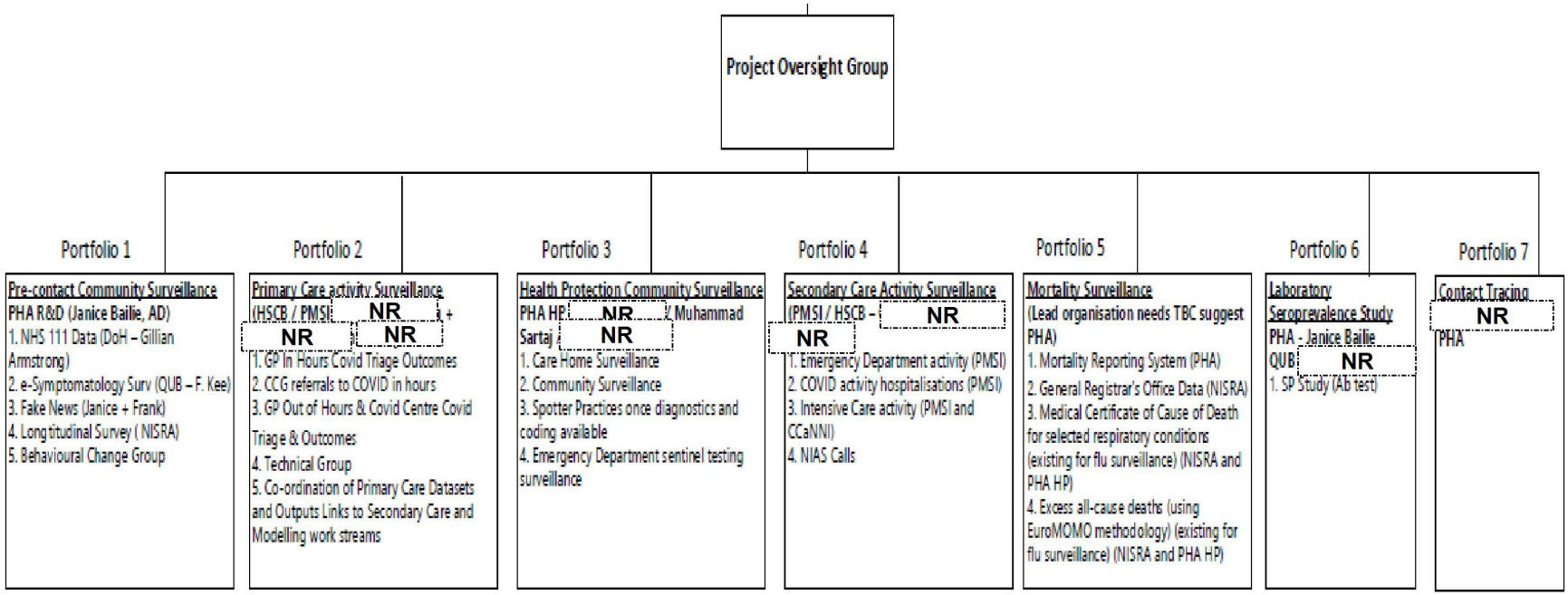


Duty Room Team Structure **Annex G**



Epidemiology Data Structure

Annex H



3.4.2 The Board must ensure that effective arrangements are in place to provide assurance on risk management, governance and internal control. The Board must set up an Audit Committee, which complies with the requirements of The Code of Conduct and Code of Accountability originally issued in November 1994, updated and reissued in July 2012. Circular HSS(PDD) 08/94 also set out detailed guidance on the establishment of audit committees. And any subsequent relevant guidance, is chaired by an independent non- executive, and comprising solely independent members, to provide independent advice on the effectiveness of the internal control and risk management systems.

3.4.3 The Board has corporate responsibility for ensuring that the PHA fulfils the aims and objectives set by DoH and approved by the Minister, and for promoting the efficient, economic and effective use of staff and other resources by the PHA. To this end, and in pursuit of its wider corporate responsibilities, the Board shall:

• establish the overall strategic direction of the PHA within the policy and resources framework determined by the sponsor Minister and Department;

• constructively challenge the PHA's executive team in their planning, target setting and delivery of performance;

• ensure that the sponsor Department is kept informed of any changes which are likely to impact on the strategic direction of the PHA or on the attainability of its targets, and determine the steps needed to deal with such changes;

• ensure that any statutory or administrative requirements for the use of public funds are complied with; that the Board operates within the limits of its statutory authority and any delegated authority agreed with the sponsor Department, and in accordance with any other conditions relating to the use of public funds; and that, in reaching decisions, the Board takes into account all relevant guidance issued by DoF and the sponsor Department;

• ensure that the Board receives and reviews regular financial information concerning the management of the PHA; is informed in a timely manner about any concerns about the activities of the PHA; and provides positive assurance to the sponsor Department that appropriate action has been taken on such concerns;

• demonstrate high standards of corporate governance at all times, including using the independent audit committee, (see paragraph 4.7) to help the Board to address the key financial and other risks facing the PHA; and

• appoint with the Minister's approval, or with the sponsor Department's approval, a Chief Executive to the PHA and, in consultation with the sponsor Department, set

performance objectives and remuneration terms linked to these objectives for the Chief Executive, which give due weight to the proper management and use of public monies.

3.5.2 The Chairman is accountable to the Minister of the sponsor Department. The Chairman shall ensure that the PHA's policies and actions support the wider strategic policies of the Minister; and that the PHA's affairs are conducted with probity. The Chairman shares with other Board members the corporate responsibilities set out in paragraph 3.4.2, and in particular for ensuring that the PHA fulfils the aims and objectives set by the sponsor Department and approved by the Minister.

3.5.3 The Chairman has a particular leadership responsibility on the following matters:

- formulating the Board's strategy;
- ensuring that the Board, in reaching decisions, takes proper account of guidance provided by the Minister or the sponsor Department;
- promoting the efficient, economic and effective use of staff and other resources;
- encouraging and delivering high standards of regularity and propriety;
- representing the views of the Board to the general public; and
- ensuring that the Board meets at regular intervals throughout the year and that the minutes of meetings accurately record the decisions taken and, where appropriate, the views of individual Board Members. Meetings must be open to the public, the public should be advised of meetings thought the press and the minutes must be placed on the PHA website after formal approval.

3.6.1 The Chief Executive of the PHA is designated as the PHA's Accounting Officer by the Departmental Accounting Officer of the sponsor Department.

3.6.2 The Chief Executive, as the PHA's Accounting Officer, is personally responsible for safeguarding the public funds for which he/she has charge; for ensuring propriety and regularity in the handling of those public funds; and for the day-to-day operations and management of the PHA. In addition, he/she should ensure that the PHA as a whole is run on the basis of the standards (in terms of governance, decision-making and financial management) set out in Box 3.1 to MPMNI. In addition, the Chief Executive must, within three months of appointment, attend the training course 'An Introduction to Public Accountability for Accounting Officers'.

3.6.3 As Accounting Officer, the Chief Executive shall exercise the following responsibilities in particular:

on planning and monitoring

• establish, with approval of the sponsor Department, the PHA's corporate and business plans in support of the Department's wider strategic aims, the NICS Outcomes Delivery plan and current draft PfG objectives and targets;

• inform the sponsor Department of the PHA's progress in helping to achieve the Department's policy objectives and in demonstrating how resources are being used to achieve those objectives;

• ensure that timely forecasts and monitoring information on performance and finance are provided to the sponsor Department; that the sponsor Department is notified promptly if overspends or underspends are likely and that corrective action is taken.

• that any significant problems, whether financial or otherwise, and whether detected by internal audit or by other means, are notified to the sponsor Department in a timely fashion;

on advising the Board

• advise the Board on the discharge of its responsibilities as set out in this document, in the founding legislation and in any other relevant instructions and guidance that may be issued from time to time by DoF or the sponsor Department;

• advise the Board on the PHA's performance compared with its aims and objectives;

• ensure that financial considerations are taken fully into account by the Board at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed appropriately;

• take action in line with Section 3.8 of MPMNI if the Board, or its Chairman, is contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness;

on managing risk and resources

• ensure that a system of risk management is maintained to inform decisions on financial and operational planning and to assist in achieving objectives and targets;

• ensure that an effective system of programme and project management and contract management is maintained;

• ensure compliance with the Northern Ireland Public Procurement Policy;

• ensure that all public funds made available to the PHA are used for the purpose intended by the Assembly, and that such monies, together with the PHA's assets, equipment and staff, are used economically, efficiently and effectively;

• ensure that adequate internal management and financial controls are maintained by the PHA, including effective measures against fraud and theft;

• maintain a comprehensive system of internal delegated authorities that are notified to all staff, together with a system for regularly reviewing compliance with these delegations;

• ensure that effective personnel management policies are maintained;

on accounting for the PHA's activities

• sign the accounts and be responsible for ensuring that proper records are kept relating to the accounts and that the accounts are properly prepared and presented in accordance with any directions issued by the Minister, the sponsor Department, or DoF;

• sign a Statement of Accounting Officer's responsibilities, for inclusion in the annual report and accounts;

• sign a Governance Statement regarding the PHA's system of internal control, for inclusion in the annual report and accounts, that details significant internal control divergences;

• sign a mid-year assurance statement on the condition of the PHA's system of internal control;

• ensure that effective procedures for handling complaints about the PHA are established and made widely known within the PHA;

• act in accordance with the terms of this document and with the instructions and relevant guidance in MPMNI and other instructions and guidance issued from time to time by the sponsor Department and DoF - in particular, Chapter 3 of MPMNI and the Treasury document Regularity and Propriety and Value for Money (a copy of which the Chief Executive shall receive on appointment). Section IX of the Financial Memorandum refers to other key guidance;

• give evidence, normally with the Accounting Officer of the sponsor Department, if summoned before the Public Accounts Committee on the use and stewardship of public funds by the PHA;

• ensure that an Equality Scheme is in place, reviewed and equality impact assessed as required by the Equality Commission and TEO;

• ensure that Lifetime Opportunities is taken into account; and

• ensure that the requirements of the Data Protection Act 2018 and the Freedom of Information Act 2000 are complied with. • ensuring that a business continuity plan is developed and maintained; • ensuring that effective procedures for handling adverse incidents are established and made widely known within the PHA; • Copies of adverse inspection reports are shared with the Department • Ensuring an acceptance and

provision of Gifts and Hospitality Policy is in place that set out the principles and requirements under which gifts and hospitality can be received and in turn when such offers can be made. • Ensuring that the requirements of relevant statutes, court rulings, and Departmental directions are fully complied with.

Responsibilities

DoH (NI)

In relation to responding to emergencies the DoH (NI) is responsible for leading and co-ordinating the health response when an emergency has been categorised as serious or catastrophic **and requires a cross-departmental or cross-governmental response**. In such scenarios the Department will be supported by PHA, HSCB and BSO. The severity and complexity of an emergency will dictate the level of involvement of the Department in the health response to it. If required the DoH (NI) will activate its emergency response facility, the Regional Health Command Centre (RHCC) and its Emergency Response Plan.

Public Health Agency (PHA)

The three core functions of the PHA are health protection, health improvement and commissioning support to the Health and Social Care Board. The statutory health protection function of the Director of Public Health (DPH) include emergency preparedness, the development of Public Health emergency plans and support to Trusts and other HSC and non-HSC organisations as required. In adherence to the Performance Management Framework (22 June 2017),the PHA will provide professional advice to the Department with regards performance (and financial) management, and support to Trusts within an overall cycle of continuous engagement and improvement on any given service or care area.

This JREP should also be read in conjunction with the PHA's Outbreak Plan that will be used in the event of a complex/major communicable disease outbreak. The Outbreak Plan is linked in Appendix J on Page 198.

Health and Social Care Board (HSCB)

The three core functions of the HSCB are finance; commissioning; and performance management and service improvement. The HSCB and PHA will work closely in reviewing performance in those areas for which the PHA is the lead organisation (such as health protection, including emergency preparedness) and any escalation of performance risks in these areas will be jointly agreed by HSCB and PHA. HSCB will also work with DOH (NI) and the PHA to secure funding and resources required to deliver health protection services to required standards including emergency preparedness and response. Where business cases are required the HSCB will work with PHA and DOH (NI) to develop these.

Business Services Organisation (BSO)

Through provision of its business support functions, such as procurement, logistics and human resources, across the HSC sector, the BSO will contribute to an integrated approach to ensuring an effective emergency response.

HSC Trusts

Trusts are to ensure compliance with contractual arrangements and DoH (NI) emergency preparedness guidance by developing comprehensive, robust and flexible emergency preparedness plans to address a range of emergency situations. In addition, when an incident is confined to one Trust, that Trust should lead the health response, drawing on support from PHA and HSCB as required. As a minimum, the Trust should keep the PHA informed of the progress and conclusion of its response to the incident.