

## Scientific and Technical Advisory Cell (STAC) TERMS OF REFERENCE

### 1. Purpose

- 1.1 The Scientific and Technical Advisory Cell (STAC) provides a common source of health, scientific and technical advice to Government and Gold Commanders during emergencies.
- 1.2 STAC provides a safe space to debate live issues and ensures that advice is provided in a timely and co-ordinated way, based on best available information. This helps ensure that policy/operational advice and decisions made during emergencies are informed by health, scientific and technical expertise.
- 1.3 Decision makers will assess a range of advice and evidence presented to them, including that from STAC, combined with their own experience and judgement to make decisions during emergencies.

### 2. Activating STAC

- 2.1 STAC can be activated to support cross-government responses to and/or recoveries from emergencies. It is possible that STAC advice will be required in some but not all phases of response and recovery. The Director of Public Health (DPH), who is designated in law as a Medical Officer of Health (MOH), or their deputy, may activate the STAC in situations where there is potential for risk or harm to the health of the public.
- 2.2 STAC would normally deactivate once there was no longer a need for scientific advice to inform cross-government decisions on emergency response or recovery. During periods of de-escalation it may not be necessary for STAC to meet, but members may be kept on alert in case the situation changes.

### 3. Responsibilities

- 3.1 STAC ensures that coordinated, timely health, scientific and technical expertise is made available to inform government advisers and decision makers during emergencies. Advice may be required from STAC on a wide spectrum of topics and disciplines.
- 3.2 Advice provided by STAC will draw on a range of research, analysis, assessment and evaluation techniques, including scientific, social and operational research and both quantitative (e.g. statistics) and qualitative (non-numeric) analysis techniques. Methods used may include: analyse, review or model existing data; assess, review or validate existing research; and where previous research is limited or non-existent, commission new research.
- 3.3 The responsibilities of STAC will evolve as the emergency develops and vary by the nature of the incident. Its responsibilities may also evolve with the transition from the response to the recovery phase.

## 4. Membership

4.1 STAC should comprise relevant subject experts according to the type of emergency incident (e.g. Environmental Health, Consultant Microbiologist, Meteorological Officer, Official Analyst, Jersey Water). Potential members may include experts and analysts from across the public service and may also include external members, including researchers and experts from other jurisdictions, professional institutions or private and voluntary sector organisations. Members will lead on their areas of specialism, for example, through tabling research and analysis for wider consideration or through specialist sub-groups.

4.2 Membership is determined by Public Health and may need to be supplemented or adapted according to the circumstances of the emergency and will need to be kept under review throughout the emergency.

4.3 STAC representatives may be invited to attend decision making forums in order to explain health, scientific and technical issues. Representatives should be able to present and explain the full range of STAC views, including from specialities that are not their own, and the personal views of members are not advanced in isolation. At meetings of the Emergencies Council and similar fora, the Chair and/or DPH/MOH would usually be the STAC representative, accompanied by other specialists where necessary. The Chair and/or DPH/MOH should ensure that Gold Commanders are kept informed regarding STAC activities.

4.4 The current membership of STAC was convened to provide advice in relation to the coronavirus disease (COVID-19) pandemic. Updated membership is as below:

- Professor Peter Bradley, Director of Public Health (Chair)
- Dr Ivan Muscat MBE, Consultant in Communicable Disease Control (Vice Chair)
- Dr Adrian Noon, Associate Medical Director for Primary Prevention and Intervention
- Dr Graham Root, Independent Advisor - Epidemiology and Public Health (co-opted lay member)
- Stewart Petrie, Environmental Health Consultant
- Alex Khaldi, Interim Director of Public Health Policy
- Ian Cope, Interim Director of Statistics and Analytics
- Marguerite Clarke, Head of Public Health Intelligence
- Dr Clare Newman, Public Health Principal Officer
- Becky Sherrington, Senior Nurse Adviser in Public Health
- Dr Matt Doyle, Clinical Lead Primary Care.

4.5 The Chair of STAC may invite others to attend a meeting where their expertise is required. During the COVID-19 pandemic, this may include: Medical Director; Managing Director for Jersey General Hospital; Chief Nurse; Associate Medical Directors; Directors General with responsibility for health and social services, children and education, economy,

justice and home affairs; Chief Economic Advisor; Director of Communications; behavioural science advisors.

4.6 Executive support: Public Health.

4.7 Secretariat support: States Greffe.

## 5. Conduct of business

5.1 The Chair determines the frequency of STAC meetings, but the cell will usually meet in person at least weekly during the initial response phase of an emergency, adjusting the frequency as required. The quorum of the meeting is at least one-third of its members or as otherwise determined by the Chair.

5.2 The Chair will determine the agenda for each meeting. Requests for items to be considered by STAC will be submitted to the Chair. Items may be identified in anticipation of future problems, needs or changes where proactive advice will need to be prepared. The Chair may request papers, analysis and/or the attendance of subject-matter leads in order to support the discussion of specific items.

5.3 Any conflicts of interest, both personal and professional, must be declared and recorded at the STAC meeting when they arise. The participation of persons with declared conflicts will be determined by the Chair. Participation may be curtailed if, in the judgment of the Chair, a potential exists for the perception of undue influence that may undermine trust in the integrity of the process.

5.4 STAC sub-groups may be established where discrete pieces of work are necessary. Sub-groups will provide timely reports to STAC. A Chair for each sub-group will be appointed with the responsibility of coordinating the discrete work and reporting back to STAC.

5.5 The following standing sub-group was convened in May 2020 to support the provision of STAC advice in relation to COVID-19 cases:

- COVID-19 Analytical Cell, Chaired by Public Health, to undertake real-time analysis of new cases of infection and consider how best to respond to any clusters of infections and/or emerging transmission chains. Sub-group to include members from Environmental Health, Infection Control and Public Health.

5.6 Other ad hoc sub-groups/expert groups may be convened by STAC to address specific aspects of the COVID-19 pandemic, which may include variants of concern/under investigation, behavioural science, modelling and projections, children and education.

5.7 The States Greffe ensure that minutes are recorded. These should be cleared by STAC members for technical accuracy. Advice from STAC should be recorded.

5.8 The STAC executive support acts as the information manager for all STAC products, storing, circulating and publishing them as and when appropriate. Non-disclosure

agreements may be required in relation to commercial or official documents. Advice is published as soon as it is reasonably practicable to do so, whilst upholding the safe space to debate live issues. It is likely that the policy development, security and/or personal information FOI exemptions may apply and this may mean that some information needs to be redacted or omitted before any publication. The timing of any publication will also need to be considered, with the most appropriate timing often being after the emergency is over.

*Updated 10 September 2021*