Exercise: Ministerial Table Top Exercise Novel Coronavirus Outbreak

CABINET OFFICE BRIEFING ROOMS

Ministerial Table Top Exercise Novel Coronavirus Outbreak

Meeting on Wednesday, 12th February 2020

I&S

I&S **at 16:45**

PRESENT

The Rt Hon Matt Hancock
Secretary of State for Health and Social Care
In the CHAIR

The Rt Hon Andrew Stephenson
Minister of State
for Foreign and Commonwealth Office

The Rt Hon James Heappey
Parliamentary Under Secretary of State
For Ministry of Defence

The Rt Hon Oliver Dowden
Paymaster General and Minister for
Cabinet Office

The Rt Hon George Freeman
Minister of State
for Department of Transport

The Rt Hon Lucy Frazer,
Minister of State
For Ministry of Justice

The Rt Hon Jo Churchill
Parliamentary Under Secretary of State
for Department Of Health and Social Care

The Rt Hon Kit Malthouse
Minister of State
for the Home Office

The Rt Hon Nick Gibb
Minister of State
for Department of Education

Lord Zac Goldsmith
Minister of State
for Department of Food and Rural Affairs

The Rt Hon Robin Walker
Parliamentary Under Secretary Of State
For Northern Ireland Office

The Rt Hon Luke Hall
Parliamentary Under Secretary of State for
Ministry of Housing, Communities and Local
Government

The Rt Hon Mims Davies
Parliamentary Under Secretary of State

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For Department of Work and Pensions

The Rt Hon Helen Whately
Parliamentary Under Secretary of State
For Department of Culture, Media and Sport

The Rt Hon Nadim Zahawi
Parliamentary Under Secretary of State
for Business, Energy And Industrial Strategy

DIALLED IN

Joe Fitzpatrick MSP
Scottish Government

Robin Swann MLA
Northern Ireland Executive

Vaughan Gething AM
Welsh Government

OFFICIALS

NR
HMT

Katharine Hammond
Civil Contingencies Secretariat

Claire Swinson
DHSC

NR
DHSC

Natasha Grant
Civil Contingencies Secretariat

Yvonne Doyle
PHE

Simon Stevens
NHSE

Emma Moore
Border Force

Keith Willet
NHSE

Max Blain
DHSC Comms

NR
No 10

Ben Warner
No 10

Patrick Vallance
Government Chief Scientific Advisor

NR
SO

Jonathan Van Tam
Deputy Chief Medical Officer

Daragh McElroy
CO

Paul Cosford
PHE

EXERCISE EXERCISE EXERCISE

OFFICIALS DIALLED IN

Frank Atherton
Welsh Government CMO

Catherine Calderwood
Scottish Government CMO

SECRETARIAT

NR

NR

NR

NR

NR

The Cabinet Office circulated the following papers to inform the Committee's discussion:

- Exercise Nimbus Briefing
- Exercise Nimbus Scene Setting
- Exercise Nimbus CRIP (27)

Exercise Introduction

1. The CHAIR welcomed all to the meeting and invited CIVIL CONTINGENCIES SECRETARIAT (CCS) to provide some context to the exercise. CCS outlined the objectives of the exercise as outlined in the Briefing.
2. CCS invited PUBLIC HEALTH ENGLAND (PHE), to provide an introduction to the exercise. PHE outlined the C3 structure and went on to emphasise that this scenario was drawn from the real reasonable worst case scenario pandemic influenza plans.

EXERCISE START

Item 1: Current Situation Update

1. The CHAIR opened by inviting the DEPUTY CHIEF MEDICAL OFFICER (DCMO) to provide an update on the current situation. DCMO outlined he would not repeat what was in the CRIP but emphasised that there are 2 to 3 million infections in the United Kingdom. It was estimated that there could be as many as 1.6 million further cases in the

week. Including those who had been infected in previous weeks and had not yet recovered, the total stood at roughly 2.4 million cases.

2. DCMO outlined that there had been roughly 8,500 fatalities since the beginning of the outbreak.
3. DCMO emphasised that the week beginning 13th Maymay be the peak week and 7.3 million new cases would arise in that week, not including those who had not yet recovered from previous weeks. The expectation was that over the course of the pandemic there would be 33.5 million clinical cases.

Item 2: Caring for the sick

4. The CHAIR invited DEPARTMENT FOR HEALTH AND SOCIAL CARE (DHSC) to provide an update on what the concerns of the public are. DHSC said the key concern was the ability of hospitals to provide treatment. NATIONAL HEALTH SERVICE ENGLAND (NHSE) followed by outlining measures hospitals had taken to free bed spaces. He outlined that non-elective surgery had been stopped and individuals discharged where possible. There were 30,000 beds available. He emphasised that the absence rate of staff was twice that of the rest of the population which had led to delays in discharging.
5. NHSE outlined that there was a limited number of intensive care beds. Respiratory issues caused by the virus may cause admission to intensive care units. The criteria for admission is that they need oxygen or the individual has secondary infection which requires treatment.
6. NHSE outlined that the number of intensive care beds has been increased from 3,500 to 4,500. However, it could be increased to 7,500 if doctors were given permission to prioritise care. This would mean, for example, stopping dialysis and urgent elective surgery. NHSE estimates this would lead to an increase of 8,000 deaths a week.
7. NHSE emphasised that staff would need permission to triage by resource and said although this was a difficult decision for the committee to make, it is an extension of what the NHS does every day. He emphasised that triaging by resource would be done on the likelihood of survival for all patients, not just those infected with coronavirus.
8. The CHAIR asked what were the key decisions to make and NHSE clarified that the committee needed to decide whether to expand the intensive care capacity at the consequence of stopping treatment to others and following that decision, that doctors' regulations are updated to reflect treating by likelihood of survival by years of life left.
9. MINISTRY OF JUSTICE (MOJ) asked if we treat people with the virus do we reduce the likelihood of an extreme peak. DCMO responded that you cannot get it again once you have caught it but this does not change the number of people left to get it. The only way to prevent an extreme peak is to stop people interacting with each other.
10. BEIS asked if other assets were available to the government, for example oxygen installation and DCMO said although there may have been benefit to doing this a number of weeks ago, it was too late to do this now.
11. CO emphasised that taking someone out of intensive care was different to not admitting them in the first place. NHSE responded by saying that there would be competition for beds between new patients and old patients.
12. FCO enquired as to whether patients could be treated at home but DHSE said it was more complicated and decisions needed to be made by clinicians and ambulance services. However, they also noted that staff were a limiting factor here as they were more likely to get ill.

13. The CHAIR asked GCSA what the impact on human behaviour was. GCSA commented that there are many people who turn up to hospital who are not ill. These people need to be rapidly triaged and sent home. There are others who are scared to go to hospital in case they catch the virus, but are still ill. NHSE said that people will be turned away if they have not called 111 first.
14. SCOTTISH GOVERNMENT (SG) outlined that they had activated their response and were thinking about the same issues. There had been good collaboration across CMOs. They emphasised that everyone had to be clear about priorities before decisions were made.
15. WELSH GOVERNMENT (WG) said they had issued guidance promoting self help and were working on strengthening communications with the public.
16. NORTHERN IRELAND EXECUTIVE (NIE) highlighted they had a lag in available staff. As a result, community, social and primary care services were struggling. They had an eye on oxygen supplies as they had 4 days left but the logistical supply chain was a concern as all supplies came through the Republic of Ireland.
17. The CHAIR turned to DHSC to provide an update on social care. DHSC commented that three providers were at risk of failure and others cannot meet their contractual obligations. Lower level NHS work is stepping down, such as occupational health, and triaging has moved to calls and skypes. However, this process is relying on volunteers, family and carers to make decisions about individuals. DHSC questioned whether some statutory duties can be suspended as well as additional funding to help private sectors that are struggling.
18. MINISTRY FOR HOUSING, COMMUNITIES AND LOCAL GOVERNMENT (MHCLG) commented that mutual aid across LRFs is being used to mitigate pressure on certain areas. The financial pressure is extreme and there needs to be a streamlined process to help local authorities.
19. HER MAJESTY'S TREASURY (HMT) assessed that there would be 2.1% fall in GDP with the current rate of absenteeism. They also noted that making financial requests after April made the process much quicker.
20. DEPARTMENT FOR WORK AND PENSIONS questioned how deaths would be managed and emphasised this was a moral maze that had to be managed well.
21. DEPARTMENT FOR TRANSPORT asked for clarification on the instruction they needed to issue and DHSC clarified that they needed to agree medical experts should be empowered to make changes to the current treatment processes and this was drawn from pandemic flu principles.
22. HO noted that consideration needed to be given to public disorder as a result of these decisions. Schools closing would mean less police able to work on top of those who were absent due to illness. Other crimes would get less attention and there would be a need to protect staff at hospitals if they were making these decisions.
23. The CHAIR questioned whether if this decision was not taken, whether it would happen anyway. DCMO responded that medical professionals would need the support of HMG in making these decisions.
24. The CHAIR noted that there was a need for the moral and ethical steering group to contribute.
25. MoJ added that the government needed to consider legal challenges as a result of this advice, and if it came from HMG it would protect workers in the long-term.
26. DEPARTMENT FOR ENVIRONMENT, FOOD AND RURAL AFFAIRS (DEFRA) enquired whether politicians empowering NEPP to makes these decisions would be sufficient.

27. NHSE expressed concern about indemnity. The General Medical Council would need to be assured about potential consequences.
28. HOME OFFICE noted the social consequences of these decisions, effectively rendering it into a 'survival of the fittest' situation. Where the effects are more acute, there could potentially be social unrest and resources would therefore need to be optimised.
29. DEPARTMENT FOR EDUCATION enquired whether enough has been done to stop or reduce hospitalisation.
30. NHSE responded by noting that supportive medical treatments would change the course of the virus.
31. SG noted the need to hear from the Morality and Ethics Advisory Group (MEAG) to gauge public opinion and inform comms strategy.
32. WG noted the need to provide public guidance. There are significant socio-economic explanations, including what to do with body storage and disposal.
33. NIE agreed and stated the need for a decision framework informed by clinical advice and the MEAG.
34. DEPARTMENT FOR DIGITAL, CULTURE, MEDIA AND SPORT (DCMS) noted that saving lives responds on effective triaging.
35. With collective agreement, the CHAIR stated that clinicians, as part of NEPP, should be empowered to make decisions. This should then be delivered as a 4 nations policy.

Item 3: Staff Absences and Impacts on Essential Services

36. The CHAIR noted that there is a projected 55% staff absence in the healthcare sector and 49% staff absence in the Government.
37. A comms plan targeting the fear of catching the disease is required.
38. DEPARTMENT FOR TRANSPORT (DFT) enquired about contingency plans around aviation and travel and postponement of critical maintenance work. There are transport sector experts that will be difficult to replace.
39. DFE noted that whilst some schools will be closed, some schools will stay open. Potential actions include obtaining extra funding will be required from HMT, DBS may need to be fast-tracked, retired teachers will be encouraged to return to work, creche facilities will be opened and the teacher to students ratio will be reduced.
40. HER MAJESTY'S PRISON AND PROBATION SERVICE (HMPPS) that staff absence would be 30% in the prisons. 75% of prisoners take medications and administering this will be difficult, as will meals and association. There will be increased attacks on staff as a result of the prison regime being on lockdown.
41. The CHAIR noted that a future COBR meeting would discuss key workers and the prioritisation of hospital treatment.
42. HO noted the possibility of stickers.
43. DEFRA noted a 40% staff absence, but both food and water are resilient.
44. DWP reported 50% staff absences, mainly affecting Job Centres. There is however ability to move around staff working with the Health and Safety Executive.
45. DWP noted the impacts on funeral and bereavement payments.
46. DFT suggested exploring using military personnel to drive trains.
47. The CHAIR summarised this item, noting the need for clear comms advice to staff, the possibility of fast tracking the DBS process and childcare provisions for prioritised key workers.

Item 4: Communications

48. The CHAIR noted that the objective of this item is to agree on a cross-Whitehall communications plan.
49. THE NATIONAL SECURITY COMMS (NSC) noted that DHSC and PHE will lead on comms handling. Departments need to engage staff and stakeholder in following advice.
50. MHCLG and the DAs noted the need to engage community leaders to support this.
51. NSC outlined the comms strategy:
    a. REACT
    b. REASSURE
    c. DIFFUSE

52. Each dept will lead on one aspect or all 3.
53. DHSC Comms estimated that it will take one month to get all the messaging out.
54. DCMS noted that the BBC has key role to play as a public service broadcaster.
55. SG and NIE noted that they have their own comms and processes, but recommend an overall unified comms strategy to ensure public trust.
56. WG agreed, citing a need for a consistent framework.
57. DHSC and GO-SCI reiterated the importance of transparency in the comms by integrating data from WHO into the comms strategy.
58. The CHAIR reiterates that the comms strategy must be open 4 nations approach that is transparent and centred around protecting life. The NCS suggested comms strategy is deemed unconvincing by the CHAIR and requires improvement.