

OFFICIAL – SENSITIVE - CABINET

Cabinet will wish to note that these minutes, except those items in italics, will be published in week commencing 13th April 2020

**The Welsh Government
Minutes of a meeting of the Cabinet
4th March 2020
Coronavirus – COVID 19**

Present: Vaughan Gething AM (Chair)
Rebecca Evans AM
Lesley Griffiths AM
Julie James AM
Eluned Morgan AM
Kirsty Williams AM
Jeremy Miles AM
Jane Hutt AM

Hannah Blythyn AM
Julie Morgan AM
Dafydd Elis Thomas AM
Lee Waters AM

Shan Morgan, Permanent Secretary
Des Clifford, Director General Office of the First Minister
Carys Evans, Principal Private Secretary to the First Minister
Will Whiteley, Head of Cabinet Division
Frank Atherton, Chief Medical Officer
Reg Kilpatrick, Director Local Government
Toby Mason, Head of Strategic Communications
Jane Runeckles, Special Adviser
Madeleine Brindley, Special Adviser
Alex Bevan, Special Adviser
Sara Faye, Special Adviser
Paul Griffiths, Special Adviser
Andrew Johnson, Special Adviser
Clare Jenkins, Special Adviser
Name Redacted Special Adviser
Tom Woodward, Special Adviser
Christopher W Morgan, Head of Cabinet Secretariat
Name Redacted Cabinet Secretariat
Andrew Goodall, Director General Health
Andrew Slade, Director General ESNR
Sioned Evans, Director Business and Regions
Chrishan Kamalan Deputy Director Coronavirus

Apologies Rt. Hon. Mark Drakeford AM
Ken Skates AM

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- 2.4 Unlike seasonal flu, it was doubtful that the spring would bring about any improvements. The current emphasis was on containment and research phases, but planning for delay and mitigation was already in motion. This would allow the NHS more time to prepare for the escalation of infection.
- 2.5 Unfortunately, there would be sometime before a vaccine could be developed and there was no specific proven antiviral medication. Therefore, it was important to consider the implications beyond the NHS.
- 2.6 *Modelling by the Scientific Advisory Group for Emergencies suggested that under the reasonable worst case scenario, 80% of the population would be infected. Of these, 80% would have mild symptoms and the remaining 20% were likely to be hospitalised. That would equate to around 160,000 people in Wales requiring some form of hospitalisation, of these 133,000 would require oxygen and 14,000 would require ventilator support. The same modelling suggested somewhere in the region of 25,000 deaths.*
- 2.7 *In terms of timescale, an increase in cases was expected over the coming weeks, with significant escalation in April and possibly intensification into May and June before the number of new infections started to drop. However, given the summer travel season and the spread of the virus across the world, multiple peaks could not be ruled out.*
- 2.8 *Ministers noted that the spread of the virus would put added pressure on the NHS and the number of potential admissions would equate to a quarter of annual hospitalisations. Health Boards were being mobilised, with the potential to create extra beds by utilising community based facilities, but this would have an impact on staff numbers, particularly if some were required to self-isolate.*
- 2.9 *A proportionate response was required, and at the moment there was a need to avoid cancelling routine operations and outpatient clinics to help prevent panic amongst the general population.*
- 2.10 *It was important to share information continuously across the four nations, increase innovation and consider how to care for infected people in the community. There was a need to seek the support of the Third Sector to assist the health professionals, where possible.*
- 2.11 *Cross-border arrangements would need to be in place, particularly in Powys, to help support patients.*
- 2.12 *There were concerns about the economic impact on sporting and cultural events, such as the Urdd Eisteddfod and the Hay Festival, and it was noted that the science behind the spread of the virus would have to drive decisions on whether they went ahead.*