

**OFFICIAL – SENSITIVE - CABINET**

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

**Item 1: Introduction and Chair's Items**

- 1.1 The Minister for Health and Social Services informed Cabinet that he had been asked by the First Minister to chair the meeting, which had been arranged to consider the latest risk assessments and Welsh Government preparations for the spread of the Coronavirus, COVID 19.
- 1.2 The situation was fast moving and it was essential that all Ministers were fully informed of developments. The four nation Coronavirus action plan, which outlined the response across the UK, had been published the previous day. This would help with the public information campaign.
- 1.3 *A Monday morning UK wide COBR meeting, chaired by the Prime Minister, and a Wednesday afternoon UK wide COBR, chaired by the UK Health Secretary, would be regular features of UK wide discussion and decision making between the 4 Governments. The First Minister would attend the Monday COBR and the Health Minister will continue to attend both COBR meetings. The frequency and attendance at these meetings may need to change as the position alters.*
- 1.4 *The UK Government was leading on a single piece of legislation, to provide emergency powers, that would cover the four nations. Officials were expecting further detailed policy instructions later that day, which would be shared with relevant Ministers and Departments. It would be important to ensure that the legislation reflected the needs of Wales. It was envisaged that the legislation would receive Royal Assent before Easter Recess.*
- 1.5 *It was recognised that the spread of the virus would have implications for every portfolio and Ministers would need to be assured that the necessary preparatory work was in hand. Officials would be updating business continuity plans and Ministers would need to give some thought to the prioritisation of work and decision making should they or staff become unwell or have to self-isolate.*

**Item 2. Latest risk assessment and advice: Chief Medical Officer**

- 2.1 The Minister for Health and Social Services invited the Chief Medical Officer to brief Cabinet on the latest risk assessment and advice.
- 2.2 There had been eight weeks since the first reported case in China. So far there had been over 87,000 cases world-wide, with just under 3,000 fatalities being reported in China. There were also serious outbreaks in South Korea, Iran and Northern Italy.
- 2.3 As of Tuesday, 51 cases had been identified in the UK, with more being reported overnight. Most of these were a result of people returning from infected areas, but two had contracted the virus from within the UK and more were expected. So far, there was only one reported case in Wales, *and the individual was being treated at a specialist centre in London.*

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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.*