

**From the Chief Medical Officer  
Dr Michael McBride**



**BY EMAIL**

Ms Valerie Watts

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Date: 17 February 2020

Dear Valerie

**FOLLOW UP FROM MEETING WITH SENIOR MANAGEMENT TEAM  
REGARDING CORONAVIRUS 19 DISEASE (COVID-19)**

I would like to thank you and your colleagues from across the PHA, HSCB and BSO for making yourselves available and at such short notice on the 11 February. Overall we had a very productive discussion and as I said at the meeting I am now writing to set out some of the priorities and expectations following the meeting.

**Command and Control; Silver JREP**

It was very helpful to have an outline of the command and control arrangements for this incident as they relate to the Silver Joint Response Emergency Plan. My understanding is that this incident is now seen as requiring a Level 4 Joint Response and the appropriate command and control structures have been put in place which are consistent with this.

It would be helpful to have a clear understanding of the current arrangements and how the three organisations are currently linking together within the context of this response as well as which individuals are in the key positions within the command and control structures from the three organisations at the Silver level. Regular Gold/Silver calls currently take place daily between the Department and the HSCB and PHA. It would be helpful if BSO were also represented in those calls.

**I would appreciate if the current arrangements could be communicated to me by COP Wednesday 19 February.**

**Capacity within the PHA**

I welcomed Adrian's outline of the plans for sustainability within the Health Protection arm of the PHA. Irrespective of the eventual impact as has been discussed, the response to the Coronavirus both globally and within Northern Ireland is likely to last

several months at least. I am acutely aware of the work of NR and his team, therefore the plan to deploy resources from elsewhere within the Consultant cadre and the utilisation of other professionals from within the organisation is very welcome. This will be particularly important within the current containment phase when we are likely to be faced with challenging scenarios particularly in respect of contact tracing. However, continued sustainability of the PHA response will have to be given further consideration if we move from the containment phase into mitigation as is possible over the next few months. Colleagues in the HSCB will have an essential role in planning for and managing the mitigation phase.

### **Surge Planning**

This aspect of the response to this incident is of prime importance and I was encouraged that surge planning has been instigated by the HSCB as described by NR. While more robust modelling of the potential impact of COVID-19 will take some time, from a pragmatic point of view as well as what would be considered to be 'best fit' within the current scenario this planning would be most appropriately modelled around pre-existing plans for Pandemic Influenza. In terms of the overarching framework, this would best be provided by the extant *2013 Northern Ireland Health and Social Care Influenza Pandemic Preparedness and Response Guidance*.

COVID-19 is likely to reach a peak within the next few months, hence an integrated approach to the management of the expected demands on health services is required. From the point of view of reassurance for the Department, I would like to see detailed worked up integrated surge plans from community and primary care through to acute care including those areas where there will be particular demands such as critical care. It is important to be as flexible and innovative as possible in these circumstances so we need to think about what facilities we currently have in place as well as options for how we may be able to repurpose existing facilities as well as those that will be coming on line soon. Linked to this are the staffing requirements including the need to upskill staff who may for example have to provide respiratory support outside of the environments of HDU and ICU.

**To summarise I would like to be reassured of the details and scope of current planning to date as well as an expected timeframe for completion with detailed plans available by 13 March at the latest. I would like to have the opportunity to attend a surge planning meeting at the earliest opportunity to lend support to the process as well as ascertaining where the Department can further assist the process.**

### **PPE and Fit Testing**

I am aware that this is an issue which continues to be raised by Silver at the regular Gold/Silver meetings and was discussed at our meeting on 11 February. The instigation of a Regional PPE Group led by NR will be extremely helpful and will build on previous work which focussed on Trust based PPE requirements.

However, this will continue to be a complex and challenging piece of work as there are a number of elements further complicated by manufacturing and supply chain issues which are unique to this particular situation.

I am well aware that there are areas of responsibility which fall within the remit of the Department such as the maintenance and access to the emergency stockpile. Linked to this issue is that of fit testing for the equipment and we will of course endeavour to facilitate the work of this group as appropriate. Nevertheless; I require assurance that this piece of work is progressing.

**It would be helpful to have a more detailed overview of the terms of reference of the group as well as membership and I would wish to suggest that a meeting is held as a matter of urgency with key stakeholders as early as next week which I could attend.**

### **Management of the first case of COVID-19 and subsequent cases**

In term of immediate priorities; this is probably the most pressing. So far there are nine positive cases of COVID-19 in the UK. All of these are being managed in the appropriate HCID facilities in England. It is still our intention that the first NI case would be transferred to such a facility in England. However, it needs to be understood that the Department has put all the necessary arrangements in place to initiate the transfer of a patient using the MAC(A) protocol as a contingency only.

However, this cannot be guaranteed and is subject to the appropriate clearances, capacity by the military at that time as well as capacity within the HCID facilities in England. In parallel to this it is vital for PHA and HSCB to have a pathway in place for a patient testing positive for the virus to be cared for in an appropriate setting until such time as transfer is possible or for longer if this is not possible for reasons of logistics, the clinical condition of the patient or indeed lack of availability in the HCID units in England.

This pathway should be available now and would dovetail with the arrangements circulated previously in respect of the protocol for instigating a conference call with the HCID physician's network, PHE, NHS England and the treating physician for a first case of COVID-19 in Northern Ireland.

Moreover, I would like to be reassured that we are confident we can manage patients with COVID-19 in Northern Ireland if required and an assessment has been made of the number of negative pressure facilities throughout Northern Ireland, isolation facilities and the overall readiness of the Regional Infectious Disease Unit in Ward 7A in the BHSCT for receiving patients. I understand there has been significant progress in this area over the last few days and I would wish to thank all of those involved. In particular, I note securing arrangements with BHSCT as outlined in Miriam and Stephen's letter of 14 February.

**I now require details of the proposed patient pathway and assessment of current facilities by close of play Wednesday 19 February at the latest.**

## **Assistance from the Department**

I would also like to again provide reassurance that I and colleagues within the Department will aim to provide all the necessary support at this challenging time which will include managing expectations around some corporate functions as well as facilitating access to the necessary resources as and when appropriate. Once again I would like to thank you and your colleagues for all of the work in dealing with this incident and I appreciate this is likely to continue for some time.

Yours sincerely

**Personal Data**

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Dr Adrian Mairs  
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**NR**  
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