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Dear Michael

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

Thank you for your letter of 17 February regarding the coronavirus 19 disease (COVID-19) and for the helpful discussion at the joint meeting last week.

I wish to take this opportunity to assure you that Board and Public Health Agency officers are committed to ensuring all steps are taken, consistent with best available evidence, to contain the infection and, in the eventuality that the infection spreads, to manage arrangements to mitigate further spread and minimise harm to the population of Northern Ireland.

I will respond to each of the specific matters you have raised.

Command and Control

I can confirm that robust command and control arrangements are in place at the HSC Silver level, consistent with a Level 4 Joint Response, including director level representation from the Board, PHA and BSO. The structure of HSC Silver and its subgroups is provided at Appendix A. These arrangements are kept under constant review and will be updated to take account of emerging issues.

There is a daily teleconference with HSC Trusts and a daily call with Gold including representation from BSO.

Capacity within the PHA

I agree with your perspective on how we should maximise resources and we will continue to monitor this carefully. You may wish to note that at the joint SMT/AMT meeting on 18 February, it was agreed that, as needed, staff across both organisations would be redeployed as deemed appropriate by HSC Silver, to assist and support efforts to contain COVID-19 and mitigate its impact in Northern Ireland.

Surge Planning

As discussed when we met recently, surge planning is underway and a Surge Planning Subgroup reports into HSC Silver. The subgroup is engaging closely with Trusts and primarily, at this juncture, it is focusing on patients' assessment and treatment pathways from primary care to admission and discharge. This includes an assessment of the impact of a surge on primary, secondary and community care. In addition it will liaise with other groups that have been established by HSC Silver to address human resource, PPE/equipment, and social care issues. Meetings of the Surge Planning Subgroup take place twice a week, with one meeting to include Trust representation. This facilitates substantive discussion and cooperation on the surge planning measures.

We have been assured by Trusts with regards to the following:

- There is appropriate guidance for the public at entrances and in patient areas including Emergency Departments, Minor Injury Units and Urgent Care Centres, in line with Public Health England/ Public Health Agency guidance;
- Trust Pandemic Plans are being updated in response to the COVID-19. These will be shared with the Surge Planning Subgroup by 25 February;
- Confirmation that arrangements regarding management of a suspected case of COVID-19 have been tested; and,
- Confirmation that all clinical specialty leads have had a Trust briefing and been made aware of Trust-wide surge planning in place.

All Trusts are being asked to complete a self-assessment on preparedness, similar to that used in assessing preparedness in 2009. These will be shared with the Surge Planning Subgroup by 28 February.

With regards to primary care, General Practitioners are being asked to confirm their business continuity pandemic arrangements with HSCB Integrated Care Directorate.

The Surge Planning Subgroup will invite Trusts, NIBTS and Integrated Care colleagues to a walkthrough (tentatively planned for 5 March) at which actions and learning can be shared; escalation measures can be discussed and agreed to ensure regional consistency; and, any further necessary work can be identified. At the workshop we would welcome your leadership and would be grateful if you were able to attend and provide a short introductory address. You, and other DoH colleagues, would, of course, be welcome to attend the whole event.

One of the challenges impacting on surge planning is that there are not yet clear assumptions from WHO or PHE in regard to numbers expected to be infected, hospital and critical care admissions, and fatality rates. The surge subgroup will therefore initially draw on assumptions as set out in the *2013 Northern Ireland Health and Social Care Influenza Pandemic Preparedness and Response Guidance* and will modify those assumptions as more definitive information becomes available.

As we progress the surge planning we will, as you have suggested, ensure there is a focus on optimum utilisation of current infrastructure in addition to exploration of Trusts' ability to bring forward the utilisation of facilities due to be commissioned soon.

PPE and Fit Testing

A regional PPE subgroup has been established. Its purpose is to review the current national guidance available for COVID-19; to advise on the required PPE for managing a suspected / confirmed case of COVID-19, taking into account the various healthcare settings and the tasks to be performed; and, to ensure consistency in relation to the use of COVID-19 PPE regionally. This group meets weekly at this stage of the response and these arrangements will be kept under review and will be updated to reflect emerging issues.

The PPE Subgroup would welcome the opportunity to meet with the CMO and can accommodate this in the coming days.

Management of First COVID-19 Case

I can assure you that all relevant staff across the HSC are familiar with the pathway for managing the first case(s) of COVID-19.

At an early stage a decision was taken across the UK to designate COVID-19 as a High Consequence Infectious Disease, the implication of which was that cases would be managed within a HCID unit. It was established, following a query from colleagues in Public Health Wales, that a confirmed positive case of COVID-19 in any of the devolved nations would be transferred to a HCID unit in England. To date all nine of the UK confirmed cases have been in England. It is possible that this position will change as more cases emerge but, to date, the default position is to transfer to England.

In the eventuality that a person cannot be transferred to a HCID unit in England, Belfast Trust has agreed to admit that individual, to be accommodated in Ward 7A if over the age of 16 and in RBHSC if under 16 (subject to clinical decision making). The Trust has advised that Ward 7A has six negative pressure isolation rooms. The room with the highest specification was being kept available to facilitate a COVID-19 admission should that be needed. Similarly, the Trust has advised that in the RBHSC, an isolation room has been identified as the appropriate location for admission. Board and PHA officers were invited to visit Belfast Trust on Thursday 20 February to see the facilities, to meet staff, and to discuss any relevant matters or concerns there may be regarding the admission arrangements.

Unfortunately the admission of a patient to Ward 7A with a potentially very serious illness may impact on the capacity of staff and facilities within the unit to accommodate COVID-19 cases but this will become clearer within the next 24 hours. Nonetheless Belfast Trust has agreed that admission to the Trust remains the contingency for admission if transfer to England is not possible. This recent admission has also meant that the scheduled visit to the Trust has been postponed. We will not therefore be in a position to provide you with a detailed assessment of the facilities in Belfast Trust until the visit can be rescheduled.

We have been advised by Belfast Trust that the arrangements within the Trust are appropriate for the management of the first few cases of COVID-19. The

surge planning subgroup is undertaking a more substantial piece of work to establish the total number of single rooms, including those with negative pressure, across all hospital sites to ensure that the appropriate capacity is in place in the event that there are a significant number of admissions. It is anticipated that this task will be completed early next week.

I hope this provides the information needed at this time. Given this is a rapidly changing position, ongoing updates will be provided, and in this regard the daily HSC Silver SITREP and Gold meeting will be used to advise on any emerging issues and the HSC response.

Your ongoing support is greatly appreciated throughout this juncture.

Yours sincerely

Personal Data

Valerie Watts
Chief Executive

Appendix A

HSC Silver Structure

