

COVID 19 – Core Group meeting:- Wednesday 20th May 2020 (08:30)
Caerdydd 1 & 2 / Skype VMR meeting

Present -

Ministers: First Minister; Rebecca Evans; Vaughan Gething; Kirsty Williams; Julie James; Lesley Griffiths; Ken Skates; Eluned Morgan; Jane Hutt; Hannah Blythyn; Julie Morgan; Lee Waters; and Dafydd Elis Thomas.

Local Government: Cllr. Andrew Morgan – Leader, WLGA.

BAME COVID-19 Advisory Group: Judge Ray Singh and Prof. Keshav Singhal

WCVA: Ruth Marks

Opposition party leaders: Paul Davies MS; Adam Price MS.

Officials: Permanent Secretary; Andrew Goodall; Frank Atherton; Reg Kilpatrick; Albert Heaney; Huw Morris; Carys Evans; Toby Mason; Chrisan Kamalan; Will Whiteley; Jo Trott; Christopher Morgan; Name Redacted Jonathan Scourfield.

Special Advisers: Jane Runeckles; Ian Butler; Sara Faye; Clare Jenkins; Gareth Williams; Tom Woodward.

NHS and Public Health Update

1. The CMO focused on the regional variations of the spread of the virus across Wales, as the largest number of new reported cases now appeared to be in the Hywel Dda Health Board area. This could reflect the fact that testing in North Wales had increased. ~~Nevertheless, the~~ The highest number of cases were within the Rhondda Cynon Taf and Merthyr Tydfil Local Authority areas.
2. Across the whole of Wales the number of cases was reported to be 398 in every 100,000 of the population and the death rate was 37 in every 100,000. It was agreed that officials would share the latest epidemiological research with the Group.
3. Infection and community transmission rates were continuing to reduce, which demonstrated the ~~success of the Government's lockdown policies~~ impact of the lockdown and people's compliance with the rules. ~~However, these~~ Maintaining these improvements ~~were subject to~~ would depend upon individuals continuing to follow social distancing rules. As reported previously, it was important to recognise the hidden harms arising from the restrictions. Despite the increased use by the public, the advice on the use of non-medical face coverings had not changed. ~~The Group recognised the need to understand the hidden harms of the restrictions.~~
4. Infection rates in hospital settings were still higher than in the community but they had stabilised in care homes. The ONS reported that care home fatalities in Wales from the virus were below that of the other three nations and it was suggested that this could be explained by early interventions and the rigorous and robust infection controls.
5. It was reported the Technical Advisory Cell was considering whether it was possible to provide a more detailed regional breakdown of infection rates in Wales. SAGE was considering a number of different modelling techniques, including dynamic causal modelling. It was noted that further thought was being given to treatment

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pathways. ~~It was agreed that officials~~ Officials would produce a note on the modelling techniques used by SAGE.

6. ~~In more general terms, it was noted that the~~ The First Minister noted that he was in regular contact with his Scottish and Northern Irish counterparts and the Mayor of London, to seek a common approach where practicable and to share best practice in combatting the pandemic.
7. It was reported that there would be more messaging about the difference in the regulations and travel restrictions between England and Wales in advance of the Bank Holiday weekend.
8. The Chief Executive of the NHS reported that all Health Boards were continuing to report Green/ level 1 as an indicator of capacity and response.
9. Around 40% of acute hospital beds were currently unoccupied and available for use. There were 888 confirmed or suspected COVID-19 patients in NHS beds across Wales, which would require longer than usual hospitalisation. This compared to around 1500 patients at the peak of the virus.
10. There were 384 invasive ventilated beds in Wales and around 53% were unoccupied and available. Of the 162 in use, 64 were occupied by patients with COVID-19 symptoms and 98 had non related illnesses demonstrating that some admissions were returning to normality.
11. It was reported that the number of patients occupying invasive ventilated beds in Aneurin Bevan had reduced from 80% at the peak to 17% currently.
12. There would be a need to consider the data on critical care admissions related to the virus, as in Wales, below 10% of those requiring hospitalisation resulted in the need for such enhanced support.
13. The Health Boards had submitted their operational frameworks, which were being considered. Once confirmed, these frameworks would enable the NHS to reinstate a wider range of services.
14. There would be a need for extra staff to help deliver test trace and protect. It was reported that PPE stocks were increasing, there were more local suppliers and Wales was helping other UK Nations deal with shortages.

Local Government Update

15. Cllr Morgan informed the Group that none of the Local Authorities were reporting any major issues.

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16. Some Community Recycling Centres had re-opened and the plan was for all facilities to be operational after the Bank Holiday weekend.
17. There would be ~~a need for~~ further discussions between Local Authorities and the Government on plans to re-open schools, to consider a range of practical issues including the as a number of teachers and support staff who were shielding. It was noted that the shielding period would be extended to the end of June in Wales. Beyond that, it was hoped that the four nations could take a common approach to any further extensions.
18. The financial impact of the pandemic on Local Authorities was still a concern and there would be a need for discussions with the UK Government on how it intended to pay for the new testing regime.
19. Local Authorities had already established some pilot areas to begin test trace and protect in Wales and would utilise existing environmental health systems to help deliver the programme. It was recognised that implementing a pilot system learning from the pilots would help create a stable, longer term approach to testing. In Wales, given their experience with delivering other tracing programmes, such as food poisoning outbreaks, Local Authorities would be asked to recruit and train the additional staff required to deliver the strategy.

Contingencies / Resilience update

20. The Director of Local Government informed the Group that the Strategic Coordinating Groups were reporting a relatively stable situation at present. Work was also focusing on recovery and this would be discussed at the next meeting of the Partnership Council in June.
21. It was reported that the Welsh Government was represented on the Joint Biosecurity Centre, which the UK Government had established to bring together expertise and analysis to inform decisions on tackling COVID-19.

Update from the BAME COVID-19 Advisory Group

22. The First Minister welcomed Judge Ray Singh and Professor Keshav Singhal to the group and invited them to provide an update on the work of the BAME COVID-19 Advisory Group.
23. Judge Singh advised members that the advisory group had been formed to consider the impact of COVID 19 on people from BAME backgrounds. Evidence suggested that the virus had a disproportionate impact on BAME groups, with greater adverse health outcomes.
24. The group had been working with stakeholders representing BAME communities, expert advisers from within Wales and across the UK, including Public Health

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England, together with international colleagues to share information and approaches to consider and address the issue.

25. The group's terms of reference included providing advice to the Welsh Government on: any effective measures that could be put in place to quantify and evaluate risks; any avoidable harms and effective risk assessment measures; and possible interventions and system remedies.
26. The group had established two sub-groups. One to consider the socio-economic and social impacts of Covid-19 in BAME populations and the second was a BAME Covid-19 Scientific Subgroup, headed by Professor Singhal.
27. The Professor informed the group that a Self-Assessed Risk Assessment Tool had been developed to help people working in the NHS and Social Care in Wales identify whether they were at higher risk of developing more serious symptoms if they came into contact with the Covid-19 virus.
28. Individuals would need to use the tool to check their risk and help them understand the implications, and then with management, Trades Unions or an advocate, identify and implement the necessary actions. There was also important advice for shielded and vulnerable people.
29. It was noted that the tool considered a number of BAME specific risks, such as type two diabetes. A draft of the tool had already been shared with NHS staff to begin mitigating risks and some thought was being given to whether it could be adapted for other work place settings.
30. It was agreed that the self-assessment tool and the terms of reference of the socio-economic and social impacts sub-group should be shared with members.
31. The First Minister, on behalf of the Government, thanked Judge Singh, Professor Singhal and all members of the BAME advisory group for their valuable work. The Judge thanked Dr Heather Payne for her support.

CABINET SECRETARIAT
May 2020

Item 1 - Public Health Update – **Frank Atherton, Chief Medical Officer**

- Officials to circulate an update on the latest epidemiological research.
- Officials to share a note on the modelling techniques used by SAGE – **Rob Orford**

Item 5 – Update from the BAME COVID-19 Advisory Group - Judge Ray Singh and Prof Singhal

- Officials to circulate a note on the work of the BAME Advisory Group, which includes the Self-Assessed Risk Assessment Tool and an overview of the Socio-Economic sub-group work - **Heather Payne**

