Llywodraeth Cymru
Welsh Government

NHS WALES GIG CYMRU

Minutes, Coronavirus Planning and Response Group meeting

Friday 06th March 2020 – 09:00-10:30 – ECC(W) Conference Room, CP2

Attendees

Samia Saeed-Edmonds (SSE)	Welsh Government
David Goulding (DG)	Welsh Government
Jean White (JW)	Welsh Government
Andrew Sallows	Welsh Government
NR	Welsh Government
Rob Orford (RO)	Welsh Government
NR	Welsh Government
Gill Richardson (GR)	Welsh Government
NR	Welsh Government
Mark Walker	Welsh Government
NR	Welsh Government
	Welsh Government
Christopher Williams (CW)	Welsh Government
NR	Welsh Government
Claire Nelson	WHSSC
Fiona Kinghorn (FK)	CVUHB
Huw Williams	CVUHB
Keith Reid (KR)	SBUHB
Lisa Miller (LM)	Velindre
Laurie Thomas (LT)	Velindre
Jayne Elias	HIW
Michelle Sell	NWIS
Kath McGrath	CTMUHB
Caroline Bird	CVUHB
Mark Roscrow (MR)	NWSSF
Neil Frow	NWSSP
Chris Sims	WAST
Liam Taylor	ABUHB
Jonny Currie	PHW/WG
Sarah Aitken (SA)	ABUHB
Quentin Sandifer (QS)	PHW
Chris Williams	PHW
NR	Welsh Government

Teleconference

Ros Jervis (RJ)	Hywel Dda UHB
Sam Hussell	Hywel Dda UHB

Emma Binns (EB)	Betsi Cadwaladr UHB
Andrew Francis	Cwm Tag Morgannwg UHB
Wendy Warren (WW)	Aneurin Bevan UHB
Stuart Bourne (SB)	Powys Teaching tHB
Karen Jones	Swansea Bay UHB
Ali Bullman (AB)	Powys County Council

1. Welcome & Introductions

1.1 Samia (SSE) welcomed everyone to the meeting and asked that everyone introduce themselves.

SSE notified the group that Andrew Goodall has taken a leadership role on Covid-19. He has been in contact with NHS WalesChief Executives and a series of national conference calls has been established. A letter was issued to Chief Executives yesterday setting out the immediate actions that need to be taken.

Action 1 – circulate AG letter (COMPLETE)

2. Minutes & Actions from previous meeting

The minutes from the previous meeting were noted and agreed with minor amendments made to attendance. It was noted that a recent LRF table top exercise took place on 03 Match. The exercise was well attended and provided insightful learning for the members involved. A further exercise is planned for LRFs led by WG and supported by PHW to consider the Reasonable Worst Case scenario.

Action 2 – Circulate details of the Exercise when known

Action 3 – BCU to share learning from the UHB's table top exercise

3. Confirmation of Membership and Terms of Reference

The terms of reference for the Group were agreed.These will be kept under regular review.

4. Risk Assessment and Planning Assumptions update

RO and QS updated the Group on the current numbers of UK positive cases and the testing that is being undertaken. It was confirmed that the seven Welsh Health Boards are currently dealing with potential cases. We were informed that

meetings are being held with local authorities to raise awareness of the risk assessment and to discuss the escalating situation.

The meeting discussed the strain on services of maintaining and developing community assessment of Covid-19 to be extended to 24/7 coverage and whether laboratories would be able to process the demand associated with this shift. QS confirmed that PHW is developing provision to enable 24 hour testing and are maintaining the 24 hour target between receiving a sample and obtaining the subsequent result. It was also that there is current issue around the time taken to receive samples and that actions would need to be taken to remove this bottleneck.

There is a limit on the amount of samples that can be tested and this is currently running at 60% capacity and could reach its maximum limit in the upcoming weeks. Provisions are being put in place to expand laboratory capacity.

It was suggested that self-testing could help alleviate pressures and noted that discussion were ongoing regarding this option.

DG asked who is responsible for deciding when to end testing. QS said he thought that would be the four CMO's decision through SAGE, however further clarification was needed on how this process would work. QS added that the current containment phase is likely be replaced with delay protocols.

ACTION 4 – Clarity on decision to end testing needed

SSE closed item by thanking members for their contributions and ongoing support.

5. Public Health Wales Operations update

GR opened up the item by alerting members to the sensitivity of the emerging evidence and data and noted that it was not for wider circulation.

The emerging picture In Iran and Italy paint a bleak picture with fatalities rising sharply. Currently over 18,000 tested within the UK and prevention measures such as enhanced flight monitoring have been implemented.

In terms of mitigation strategies, it was suggested that self-isolation, with particular pertinence to older demographics was crucial. It was mentioned that surveillance protocols would be an integral aspect of the approach.

CW explained that the model predicts an epidemic that will peak around 10-12 weeks after it has begun. The reasonable worst case scenario model predicts an infection rate of 80% across Wales with a hospitalisation rate of 30%. The fatality rate associated with such projections stood at around 1%.

CW continued to explain that in a worst case scenario situation it's estimated that 50,000 beds will be needed to satisfy demand at peak rates. This would see over 6,000 hospitalisations per day.

Recent conversations between organisations in Wales suggests that current bed capacity stands at around 10,500. With regards to ICU capacity this stood at around 130, with worst case scenario projections suggesting that a capacity of over 5,000 would be needed to meet the demand.

CW stressed the importance of social isolation in reducing this burden. Calculations suggested that this may reduce numbers by a third, bringing the estimated peak capacity demand to a more comparable figure when compared to current system capacity.

CW continued to explain that NHS Wales will soon take measures to delay and flatten peak demand. As previously iterated this will be achieved through the promotion of self-isolation and social distancing in upcoming months.

GR questioned whether this modelling could be done for each specific Health Board. CW clarified that this would be possible if necessary.

GR noted a request had been made at last week's meeting for NHs organisations to share patient pathways. To date these have only been received from Swansea Bay. Organisations are asked to test these against the self-assessment tool that has been developed.

ACTION 5 – Arrange for patient pathway sharing platform (IN PROGRESS)

FA noted that C&VUHB has created a pathway however this needed to be sharpened before circulation. She questioned whether these should be sent immediately or when they had been fully revised by colleagues.

In response GR advised that organisations complete their self-assessments in the first instance and then share with members.

ACTION 6 – Re-circulate pathway reminder (COMPLETED?)

Action – Patient pathways self-assessment to be completed by NHS organisations.

GR stressed the importance of Health Boards completing and sending their individual pathways. It was noted that SBUHB had shared positive site specific pathways that could be helpful to other organisations. Additionally, questions were raised on where these pathways could be stored and shared.

CW closed this item by stressing the importance of testing patients with symptoms as soon as they arrived at hospital to ensure they were appropriately contained.

6. Organisations update

SSE opened the item by asking Health Boards with acute facilities to confirm whether they had isolation facilities ready immediately and in preparedness for the increase in Covid-19 cases. The 6 Health Boards with acute sites responded notifying SSE that they had provisions in place and were prepared in this regard. Powys also explained its approach to preparing infectious disease facilities. It was confirmed that these facilities across health boards are an all Wales resource.FK asked Health Boards whether they had a negative pressure suite (site) and they confirmed that is the position.

DG emphasised the need to have mutual aid arrangements between Health Boards that can be implemented. He confirmed that high level mutual aid agreement had been signed off by Andrew Goodall's CEO's Group. NR said mutual aid is going to be important and .it was agreed to circulate the mutual aid agreement to the Group.

ACTION 7 – Circulate agreement

JW expressed her concerns in relation to NHS workforce and questioned whether the impact Covid-19 may yield upon staff has been considered within the worst case planning projections. She also informed members of conversations with the Nursing and Midwifery Council relating to legislative powers to quickly mobilise retired staff. Although current legislation doesn't allow for this there is work ongoing to ensure this is amended to enable immediate mobilisation.

SSE noted that she was currently considering what sub-structures were needed within the group as not all aspects of Covid-19 could possibly be addressed by members of this group alone. She also informed members of the conversation taking place on 10 March with HEIW that was to consider social care aspects within planning and response strategies.

QS explained that a worst case scenario circumstance would require the NHS to make serious ethical choices. Organisations will have to ask themselves what needs to be prioritised to minimise damage. He mentioned that he was particularly concerned that current ITU capability is less than thirty times what may be required in the worst case scenario. It was confirmed there is a UK Morals and Ethics Group considering the implications and Heather Payne is on it

NS informed members of an emergency bill that is being put forward by the UK Government in the next few weeks and is set to be sent for royal ascent by 31 March. Additionally, regulations are currently being amended to include Covid-19 as a notifiable disease. This will make it a criminal offence to fail to notify.

SSE notified members that due to current system constraints on capacity it may be necessary for Health Boards to share their Covid-19 facilities and provide system flow in this regard. She asked for clarification on whether this was achievable and Health Board's provided assurances that they would commit to this.

AB noted that he was involved in weekly meetings with social service departments and that they were looking at putting together a framework. She also stressed the importance of working collaboratively with fostering organisations and other key stakeholders.

SA expressed her concerns in relation to communication with staff and the public. She noted that lessons had been learnt around this and that the group should be more proactive in communicating.

EB mentioned that their Health Emergency Control Centre would be operational by Monday 09 March. Additionally, a mobile unit is also to be setup by this date also.

FK informed the group that a Community Testing setup as to be completed by Monday 09 March. In addition to this she noted that 40 beds could be added to support system pressures. Support from other Health Boards would be crucial in this process. Further questions were raised around how we protect vulnerable demographics of society such as asylum seekers and the homeless population.

CTUHB re-iterated SA concerns on communication and highlighted the importance of utilising communications to manage public concern in the upcoming months.

RJ shared the groups concerns on current communications and noted that strong engagement is crucially important. She also informed members that a CTU had been in operation for over a week with a second potentially becoming operational by 06 March. It was also questioned whether it may be helpful to establish a national steer for Covid-19 in the upcoming weeks.

ACTION 8 – Consider national steer

KR highlighted the importance of ensuring that Primary Care services had sufficient guidance on Covid-19. It was also noted that building links to social care would be an integral part of developing the guidance needed.

SB re-iterated KR's comments and noted that it would be helpful to have a statement around Primary Care Services in relation to Covid-19.

ACTION 9 – Provide statement on Primary Care

WAST expressed their concern around communication between organisations. WAST notified the group that they had not been included within certain communications and therefore had missed out on important information on Covid-19 cases in Wales. It was also noted that their pandemic internal protocols had been escalated this week.

LM NR shared concerns relating to their lack of community testing facilities and questioned whether they could rely on other Health Boards to provide the necessary support when appropriate. Members agreed that they would provide support if needed.

SSE asked for confirmation that NHS health teams in prisons are included within health board continuity plans. The relevant health boards confirmed that this is the case.

7. Updates from Sub-Groups

Countermeasures Group

DG highlighted the importance of using available stock strategically as current stock is very limited and needed to be prioritised to front line staff dealing with potentially infected people. He confirmed that England is going to issue PPE to GPs and that this would also be considered by the Group. MR confirmed the need to conserve stock and said that other areas of health supplies are coming under pressure such as swabs for testing and some countries were beginning to curtail exports on key supplies

8. Communcations

NR said that she understood the issues with communications and that the WG communication team would endeavour to strengthen communication channels across Wales relating to Covid-19 in upcoming months. She also mentioned that she would be happy to receive further feedback from organisations going forward.

9. A.O.B None

10. Next Meeting

Friday 13th March, 9.30 – 11.00, Mezzanine Floor Conference Room.