From:	Tracey Cooper (Public Health Wales - No. 2 Capital Quarter)
Sent:	08 March 2020 14:51
To:	Alex Howells (HEIW); Carol Shillabeer (Powys Teaching Health Board - Chief Executive); Jason Killens (Welsh Ambulance Service NHS Trust - 020); Judith Paget (Aneurin Bevan UHB - Executive Board); Len Richards (Cardiff and Vale UHB - Chief Executive); Sharon Hopkins (Cwm Taf LHB - Interim CEO); Simon Dean (BCUHB - Corporate Office); Steve Ham (Velindre - Chief Executive); Steve Moore (Chief Executive - Hywel Dda University Health Board); Tracey Cooper (Public Health Wales - No. 2 Capital Quarter); Tracy Myhill (Swansea Bay UHB - Corporate)
Subject:	Strictly Confidential: COVID-19
Attachments:	Presentation_MDs_COVID-19_Patient_Pathway_060320.pdf; Coronavirus_action_plan_-_a_guide_to_what_you_can_expect_across_the_UK.pdf

Dear all, I hope you're well in this interesting world. I wanted to take a moment and share my reflections on COVID-19 with you as fellow Chief Execs given that, as an organisation, we're probably living it a few steps ahead at the moment.

You may have seen that we confirmed two more cases this morning bringing the Welsh numbers to four and we anticipate a steady increase in the number of cases over the next few days – it feels as if we're a few days/week behind England but we will see our numbers speeding up for us. Every week that passes is a week lost for planning and being ready to implement significant service changes – and these in the context of around 20% less staff available to us when we get into the sustained community transmission phase. In advance of that, some of the 'delay' phase community interventions may come into effect which may generate changes to some of our service models. If you haven't already, it's worth reading the UK Government Coronavirus Action Plan (attached) that goes through these phases at a high level.

It feels different again going into this week and we have had to scale our organisation up another level to respond and anticipate the pace of cases in the coming days/week(s) – this is particularly given that the case definition changed again on Thursday, we commenced critical care surveillance for COVID-19 last week, we'll be starting surveillance in primary care next week and the case definition may change again early next week. If we detect a positive case in critical care then that generates a different level of concern again as to the extent that COVID-19 is already circulating. At the time of writing this email we already received a few critical care tests and they've been negative which is good.

This morning Samia circulated the presentation (attached) that Rob Orford will go through on the call tomorrow and, as you can see from it, we will have significant challenges to our services over a matter of weeks/month(s). I think this has already been shared with the Medical Directors Group and the Directors of Nursing Group. If you're following the coverage in relation to Italy, their cases have increased exponentially and have saturated their health services with a substantial demand for ventilated facilities which have outstripped all of their bed capacity in the most affected areas over a very short period of time. We cannot underestimate the impact that coronavirus will have on our services in the coming weeks/month(s) and the biggest challenge is that it is understandably unimaginable to consider such dramatic changes in such a short time given where we're at currently. However, we need to be in that space in planning and preparation to rapidly move through the phases well in advance of them arriving. Our opportunity is learning from other countries and each other and planning at least 2 – 3 steps ahead.

Things are changing rapidly. Already, we have moved from the recent UK and Wales discussions in relation to the high consequence infectious disease (HCID) units –which are now full in England, to currently where we can put confirmed positive patients in isolation facilities in health boards instead - and it's really good to see how most health boards can accommodate a few patients immediately. Those that can't we would ask to sort asap. We will however see isolation facilities being full and then we'll be spilling into general bed capacity quite quickly when the cases increase and we are extremely unlikely to have any capacity support from our neighbouring colleagues in England who will become saturated probably a bit ahead of us. Consideration of in-hospital cohorting of patients

and community cohorting will be key for us to work through quickly in anticipation and what radical triage/service models and pathways can be worked up now to assist everyone as we move to mitigation phase in the coming weeks (months). There is guidance being produced for this but not yet finalised.

Our ability to fully exploit this time (the coming days/week(s)) before our cases pick up rapidly will be essential if we're going to be able to respond to this challenge and anticipate the reasonable worse case scenario as it arrives in Wales. The calls with Andrew will be helpful to check-in and see where we're collectively at three times a week.

On a different note, just to let you know, I am currently phoning each of you respectively at the point at which we know there is a positive case in the health board area in order for you to speak confidentially to your key people and our team will then connect with your on call etc. The point at which we have considerable numbers of cases this step will probably be redundant.

We do have a pivotal opportunity over the coming days and week(s) to really plan and prepare for the challenges to come and connect as one together so that we can rapidly learn and share. Also, I'm keen to know If there's anything at all I/we can do to support you all and us as a collective.

I'd appreciate if you don't forward this on to your team.

Happy to talk this through and ring anytime,

Very best wishes,

Tracey

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Rydym yn croesawu gohebiaeth yn Gymraeg. Byddwn yn ymateb yn Gymraeg heb oedi.
We welcome correspondence in Welsh. We will respond in Welsh without delay.

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