

**OFFICIAL SENSITIVE**



**Minutes, Coronavirus Planning and Response Group meeting**

**Thursday 20<sup>th</sup> February 2020 – 09:00-10:30 – ECC(W) Conference Room, CP2**

**Attendees**

Samia Saeed-Edmonds (SSE)	Welsh Government
David Goulding (DG)	Welsh Government
Neil Surman	Welsh Government
Rob Orford (RO)	Welsh Government
Marion Lyons	Welsh Government
NR	Welsh Government
Chrisan Kamalan	Welsh Government
Jean White (JW)	Welsh Government
Graham Davies (GD)	NWSSP
Kath McGrath (KM)	Cwm Taf Morgannwg UHB
Caroline Bird (CB)	Cardiff & Vale UHB
Sian Griffiths	Cardiff & Vale UHB
Huw Williams (HW)	Cardiff & Vale UHB
Michelle Sell	NWIS
Quentin Sandifer (QS)	Public Health Wales
Giri Shankar (GS)	Public Health Wales
Gill Richardson (GR)	Public Health Wales
Chris Sims (CS)	WAST
Karen Jones (KJ)	Swansea Bay UHB
Keith Reid (KR)	Swansea Bay UHB
Jocelyn Jones	Swansea Bay UHB
Laurie Thomas (LT)	Velindre University NHS Trust

**Teleconference**

Ros Jervis (RJ)	Hywel Dda UHB
Sam Hussell	Hywel Dda UHB
Trevor Hubbard (TH)	Betsi Cadwaladr UHB
Emma Binns	Betsi Cadwaladr UHB
Nicola Benge (NB)	Powys Teaching HB
Andrew Francis	Cwm Tag Morgannwg UHB
Wendy Warren (WW)	Aneurin Bevan UHB

**0. Welcome and Introductions**

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

- 0.2 SSE explained that this first meeting of this strategic group would aim to ensure everyone is up to speed as to the risks associated with the coronavirus, especially having an understanding of the Realistic Worst Case Scenario (RWCS). This meeting would also focus on information sharing and receiving updates from the organisations present so as to understand everyone's current status.
- 0.3 SSE added an expectation that whilst today's meeting would be more of an information sharing session, future meetings would seek to identify and address strategic issues and matters impacting on health and social care preparedness and response to the virus. This group would provide a high level strategic focus, with a coordinating function across NHS Wales and Social Services organisations, whilst not cutting across existing plans and response structures.
- 0.4 SSE said the draft Terms of Reference would be considered and confirmed at the next meeting along with the group's membership. In terms of accountability the Group will report directly to Frank Atherton and Andrew Goodall, while members would be expected to report into the executive structure of their own organisation.
- 0.5 QS requested discussion around the legal implication, particularly relating to the UK Bill, legislation in England and practical implications should we need legislative powers in Wales. SSE confirmed that a Bill update would be covered later in the meeting and that any outstanding queries could be picked up at that point, to which QS agreed.

## **1. Current Situation**

- 1.1 GS gave a presentation on the current situation with the coronavirus which looked at the background to the infection, the current global epidemiology and the current UK epidemiology. He outlined current activity taking place in Wales in responding to suspect cases, including NHS preparedness and the work PHW has been carrying out alongside colleagues in NHS organisations.
- 1.2 CB asked if there was any information on six individuals who are due to return to Wales from a cruise ship in Cambodia. GS confirmed that information as of yesterday was the six individuals were still in Cambodia and are likely to take flights back to Wales in the next couple of days. PHW are aware of their addresses and have made contact with their family members. GS added that as soon as they arrive home, measures are in place to ensure they follow strict self-isolation guidelines and PHW will make arrangements for their testing.
- 1.3 DG queried the impact on the arrangements for HBs and on people coming into hospital A&Es if community testing was to finish due to the current numbers. GS confirmed there is no current discussion on stopping community testing, noting that if numbers turn out to be lower than estimated, there will

be a proportionate scaling down of the service, but there is no decision on stopping the service.

- 1.4 WW noted when HBs do establish community units they will still continue having access to district nurse/ community service, as some people cannot drive. The services will run parallel and can be stepped up or stepped down depending upon the need.
- 1.5 KR felt a more detailed discussion was required around the operations of this as there are a lot of assumptions being made about information held at the HB level and planning assumptions, which may or may not hold up to scrutiny. Concern at local level is that the expected capacity and expected duration of running these services are not clear at the HB level, so more work is required.
- 1.6 QS said that PHW is aware of the concerns and there are regular operational level meetings, where these can be considered. He agreed to ensure there is an opportunity for HBs to discuss these concerns in the operational meetings.

**Action 1 QS/PHW to ensure that HBs have an opportunity to raise issues and discuss implementation barriers at the regular operational meetings held**

## **2. Risk Assessment and Planning Assumptions**

- 2.1 Rob Orford (RO), the Welsh Government Chief Scientist for Health represents Welsh Government interests at the Scientific Advisory Group for Emergencies (SAGE) that is providing the scientific advice to COBR in respect of the coronavirus risk. He explained the current SAGE thinking in respect of the virus and its impacts. The current position being that planning should consider the reasonable worst case scenario of a pandemic of moderate severity. A copy of the current UK Pandemic Preparedness Strategy 2011 is attached to this note for the information of the Group together with the CCS Reasonable Worst case Briefing note. RO said SAGE is to meet twice a week and he would update the group at future meetings.

**Action 2 RO to update the Group on SAGE advice going forward**

- 2.2 JW asked if there was a specific risk to pregnant women. RO responded that while evidence is emerging, there is not yet any official advice. RO added that evidence suggests that older people with breathing problems are the highest risk group, while a small amount of evidence suggests that children have a lesser degree of illness. There is currently very limited information around late stage pregnancy and hopefully there will be more evidence in the coming weeks.
- 2.3 SSE agreed that this was an important point and would be returned to at future meetings.

## **3. NHS and Social Services/Care key issues updates**

Each organisation gave a brief update on key issues;

### 3.1 Aneurin Bevan – Wendy Warren

- Established a Strategy Group and an Operational Group
- Pathways in place for anyone self-presenting
- Community testing model in place
- Involvement across HB at Strategic Level and also Operational Level
- Involvement from Primary Care
- Invited local authorities to join meetings
- Overall planning is going well
- Currently have an interim delivery plan
- Good links with PHW and also linking in with other HBs

### 3.2 Betsi Cadwaladr – Trevor Hubbard

- Mutual Aid planning in place for Coronavirus testing units
- Community testing model in place which has been tested and is working well
- Established a Strategic Group and Operational Group
- Developing a Clinical Group, including; lead clinicians from Critical Care, Respiratory and Therapies, supported by Public Health
- **Table Top Exercise planned for next week, based on Pan Flu**
- Escalation plan in development.

**ACTION 3 – TH to feedback on results of the table top exercise planned for next week**

### 3.3 Cardiff & Vale – Caroline Bird

- Oversight Group in place
- Community Testing model in place through Acute Resource Team
- In-hospital pathways are well defined
- Rolling program for FIT testing
- Exploring a regional solution for upscaling

### 3.4 Cwm Taf – Kath McGrath

- Community Testing has been established for both adults and Paediatrics
- Increased numbers of staff trained in both community and hospital sectors to enable upscaling if necessary
- Community and ED pathways are being finalised

- Initially an Issue with waste disposal leading to examining an internal response for waste disposal.
  - Reverted from daily meetings to three times a week
- 3.4.1 KM also noted an issue with FFP3 availability and the variation in the masks, which will require retraining of all staff.
- 3.4.2 KM added there is also an Issue with the availability of '111' (where most people are seeking advice). The service appears to be available everywhere by mobile but not by landline.
- 3.4.2 CS confirmed that the 111 issue had been picked up but wasn't aware of the difference in availability between mobile and land line and agreed to pass the issue on.

#### **ACTION 4 – CS to update at the next meeting**

##### 3.5 Hywel Dda – Ros Jervis

- Established appropriate Response and Planning Groups
- Ensured that Secondary Care pathways are robust
- Developed and implemented Community Assessment and Testing model which is working well
- Nursing staff have been trained in High Consequence Infectious Diseases (HCID).
- Initial issue with trained members of staff being required to carry out everyday jobs and being part of Community Testing
- Actively working on Community Testing Unit Model which is seen as expansion of Community Testing and Assessment model, with four sites already being identified for potential use.
- Looking to support neighbouring HBs, particularly Betsi Cadwaladr and Powys, to ensure established patient flows are supported.
- Reiterated challenges around PPE, especially with FFP3 Mask availability.

##### 3.6 Powys – Nicola Bengel

- Governance structures are in place
  - Commenced Community Testing, currently on a domiciliary basis with a preference to move to a centralised hub which will be challenging due to the HBs geography and the number of people requiring testing.
  - Challenges around PPE availability and maintaining business as usual.
- 3.6.1 SSE noted the particular complexities around Powys HB pathways due to the various boundaries with other HBs and England.

### 3.7 Swansea Bay – Keith Reid

- Command and Control structure has been stood up at Gold, Silver and Bronze level, operating Bronze in each delivery unit.
- Delivery units are developing their pathways.
- Community Testing and Assessment team is in place, based upon acute response team with additional staff to cover peak workload as required.
- Issue around health couriers which has limited testing ability.
- Experienced difficulty and delay in arranging a patient transfer in line with expectation, which requires further discussion.
- Working with neighbouring HBs to develop a sustainable model for Community Testing Units and have identified a site near M4 motorway which could be useful in providing coverage over a wide area.

3.7.1 CS confirmed his awareness of the issues around transfer of the patient earlier this week and noted this was due to the HBs requested timeframe not being achievable due to operational and safety procedures that need to be followed.

3.7.2 Both KR and CS agreed there are still issues to address and would discuss this away from the meeting.

**ACTION 5 – KR and CS to discuss outstanding concerns around transfer of patients.**

### 3.8 WAST- Chris Sims

- Worked closely with PHW from the outset to develop guidance.
- Community Testing has greatly reduced the initial pressures placed upon the Ambulance Service.
- Noting the HBs issues surrounding FFP3 masks, CS noted the Ambulance Service is moving away from FFP3 masks and are buying 'Versiflow' masks which are proving more reliable.
- Enhanced rollout of staff training in PPE including 'Versiflow' masks.
- Planning to run a Pan Flu exercise similar to last year with tweaks to the scenario to fit the current situations.
- With WG support, WAST is in the process of purchasing two epi-shuttle isolation pods which will enable the transfer of patients without risk of infection, resulting in a reduction in PPE and Vehicle loss from contamination.
- Plan for one epi-shuttle in South Wales and one in North Wales with staff fully trained to move patients

### 3.9 Velindre – Laurie Thomas

LT noted this update covered both the Cancer Centre and Welsh Blood Service (WBS)

- Established strategic Group at trust level and divisional working groups for both WBS and Cancer Centre, meeting frequently.
- Introduced management action plan to assist with planning arrangements
- Initiated risk assessment to consider impact to the trust.
- Revised Pan Flu business continuity plan.
- Initiated proactive communications with managers and staff to instruct on requirements.
- Adjusted the referral periods for blood donors with donors who are visiting high risk areas given an adjusted referral process in line with Guidelines.
- Aligning with UK blood service to ensure continuity of service.
- Currently a low number of staff self-isolating, but recognise this could be an issue going forward if numbers were to rise.
- Closely monitoring blood stocks to make sure there is no drop in donors attending clinics.
- Updated triage process for Cancer Centre in line with national guidelines.
- Procedure have been put in place should a donor or patient present with Coronavirus.

3.9.1 LT also noted that as the virus continues to spread, there is potential for a reduction in volume of donors.

3.9.2 JW noted there has been no mention of mortuary facilities and asked the organisations if this was part of the plans, all organisations confirmed that mortuaries were part of their plans.

### 3.10 PHW

3.10.1 Nothing additional to report

### 3.11 NWSSP

3.11.1 GD reiterated that the function of NWSSP was to support the other organisations and highlighted that as well as Procurement and Health Courier support, there is also Legal Services support which could be useful in assisting with any issues arises from the UK Bill.

### 3.12 NWIS

3.12.1 Nothing additional to report.

- 3.13 HW asked to return to the fatalities discussion raised earlier by JW, noting that while there are plans in place for mass fatalities, these plans have a heavy reliance on police, coroners and local authority involvement. He felt further discussion is required, particularly within the LRFs. DG said that it was essential hospital mortuary planning included business continuity requirements and confirmed that from information he had seen that is the case. It is also important that the NHS engage appropriately in the LRFs in planning for excess deaths. He added that his understanding is that UK Guidance is being circulated to LRFs to support planning.
- 3.14 GR asked if the organ donation aspects would be picked up by WBS to which LT confirmed that they would be.

#### **4. Countermeasures**

##### **4a. Stockpiles – David Goulding and Graham Davies**

- 4a.1 DG presented slides showing the list of products being stockpiled and a structure chart showing the supply process across Wales and GD presented slides looking at NWSSP business continuity preparedness.
- 4a.2 GD said there is a potential threat to products supplied by China but this hadn't yet become an issue. There is currently FFP3 masks being held by NWSSP, with 100,000 masks being secured recently. He added that there is a variety of FFP3 masks being used by Wales NHS and those in the stockpile would require fit testing.
- 4a.3 GD confirmed that the concern about dental masks has been addressed and NHS supplies had released a large quantity of masks to three dental wholesalers to enable them to continue supplying dentists across the UK.
- 4a.4 GD noted that Social Care do not currently partake in NWSSP warehouse services so this could be an issue to be aware of. DG added that in the event of a pandemic we would want to explore getting facemasks to front line social care staff as was done during swine flu and the Brexit model may be a means of doing that should it be necessary.
- 4a.5 KJ raised an issue with experiencing delays waiting for courier services which is impacting on business continuity. GD noted that he was unaware of any issues and that couriers respond as soon as requested. He would, however, look into the matter.

**ACTION 6 – GD to look into concerns over courier times and feedback to the group**

##### **4b. Pan Flu Bill**

NR

- 4b.1 **NR** explained that for past couple of years WG had been coordinating a Bill across the four nations on Pandemic Influenza and that current thinking was

that this Bill would be used, along with additional clauses, to create an as yet untitled Bill to deal with Coronavirus.

- 4b.2 **NR** confirmed a Bill team has been established in UK government and the first phone call with DAs was currently taking place. Adding that this phone call should provide much needed clarity on what the additional clauses would be.
- 4b.3 The Bill is expected to have a fast turnaround as current expectations are for the Bill to receive Royal Ascent by 31<sup>st</sup> March. As many clauses are devolved, a Legislative Consent Motion (LCM) will be required in Wales and in principle, we should have a Bill that will provide greater powers to DAs within six weeks.
- 4b.4 QS confirmed that PHW were aware of the situation and would await publication of the Bill to understand the content. QS added that the main issue to be aware of is what powers we might wish to use, should the need arise, in the practical management of an outbreak such as coronavirus, such as quarantine, detention and isolation. QS noted England had published guidance applicable only to England on 10<sup>th</sup> Feb, which needed to be examined in determine how to make the guidance work in Wales.
- 4b.5 QS also confirmed that PHW had reached out to The Magistrates Association of England and Wales, and would be meeting with the Head of Legal Services for The Magistrates Association for Wales later today, along with senior representatives of The Welsh Local Government Association (WLGA) , to discuss practical ways to make things more time effective. PHW are proposing identifying a limited number of Public Health Consultants within the Senior Health Protection Team within PHW enable the use of any powers on a 24/7 basis.

**Action 7 - SSE asked **NR** to provide a further update at the next meeting**

4c. Guidance – David Goulding

- 4c.1 DG said that in responding to the current situation there is a wealth of plans and guidance to draw on, particularly for a pandemic. He presented a list of guidance and suggested that the Wales Health and Social Services Pandemic preparedness & Response document contained information to support plans.

4d. Response Structures – David Goulding

- 4d.1 DG presented a Draft information and reporting structure should the situation move towards the RWC scenario. The structure is similar to that used for Brexit.

**5. Communications**

- 5.1 SSE noted that due to Rebekah Tune being unavailable, this agenda item would be picked up at the next meeting.

## **6. AOB and Date of Next Meeting**

- 6.1 GR suggested that extra representation from Primary Care would be useful in order to start thinking about the later phases of the response. SSE said this may be required and this could be looked at for future meetings.

### Next meetings

- Friday 28<sup>th</sup> February, 09:00-10:30
- Friday 6<sup>th</sup> March, 09:00-10:30