

OFFICIAL SENSITIVE



Minutes, Coronavirus Planning and Response Group meeting

Friday 13th March 2020 – 09:30-11:00 – ECC(W) Conference Room, CP2

Attendees

Samia Saeed-Edmonds (SSE)	Welsh Government
David Goulding (DG)	Welsh Government
Jean White (JW)	Welsh Government
Helen Arthur (HA)	Welsh Government
Andrew Sallows	Welsh Government
Name Redacted	Welsh Government
Rob Orford	Welsh Government
Name Redacted	Welsh Government
Gill Richardson (GR)	Welsh Government
Name Redacted	Welsh Government
Andrea Street (AS)	Welsh Government
Frank Atherton (FA)	Welsh Government
Name Redacted	Welsh Government
Helen Thomas	NWIS
Name Redacted	NWIS
Jeremy Griffith	CTUHB
Andrew Jones	NHS Wales Delivery Unit
Abigail Harris	PHW
Karen Preece	C&VUHB
Huw Williams	WHSSC
Lisa Miller	CVUHB
Laurie Thomas	Velindre
Mark Roscrow (MR)	Velindre
Chris Sims	NWSSP
Name Redacted	WAST
I&S	ABUHB
Quentin Sandifer (QS)	PHW/WG
Chris Williams	PHW
	PHW

Teleconference

Ros Jervis	Hywel Dda UHB
Sam Hussell	Hywel Dda UHB
Stuart Bourne	Powys Teaching HB

Karen Jones
Ali Bullman (AB)
Mark Walker
Andrew Trigger
Wendy Warren
Anwyn?
Sarah Aitken (SA)
Neil Frow
Julie Rogers
Keith Reid

Swansea Bay UHB
Powys County Council
Welsh Government
Powys County Council
Aneurin Bevan UHB
BCUHB
ABUHB
NWSSP
HEIW
SBUHB

1. Welcome & Introductions

Samia (SSE) welcomed everyone to the meeting and asked members to introduce themselves. It was noted that membership of the group was expanding rapidly.

FA was then invited to provide the group with a brief update on Covid-19. FA explained that the situation had escalated and that we are now in a transitional period from containment to delay. It is very likely that we may experience the reasonable worst case scenario cited within the group's meeting of 06 March. Current figures estimate that a large majority of UK population will be infected. The current Government advice is that symptomatic individuals should self-isolate. In order to manage the situation as efficiently as possible we must align our actions and decisions with the values embedded within A Healthier Wales.

2. Minutes & Actions from previous meeting

Members were content with the previous minute and all actions included within had been completed or being progressed.

3. Communications

NR was unable to attend the meeting and sent her apologies. SSE updated members of the group on her behalf.

SSE informed members that confirmed cases would be identified at Local Authority level only. There has also been a focus on updating all materials in line with "delay" guidance. Additionally, strong messaging has been issued promoting the use of NHS Wales Direct symptom checker to relieve pressure on 111. The public have been advised only to contact 111 if symptoms worsen considerably.

4. Risk Assessment and Planning Assumptions update

RO began the item by informing members that people within the older demographic are disproportionately affected by Covid-19. Additionally, the reasonable worst case scenario has been re-assessed and estimates a mortality figure of around 36,000. In response to this, the underlying message that we should be purveying to the public is that WG have a planning and response group in place and that the group will address immediate issues such as bed capacity, ICU capacity and ventilators.

Additionally, RO mentioned that work has been completed to model the data at health board level.

ACTION 1 – Share health board modelling data for planning purposes with CEOs, Directors of Planning and Directors of Social Services

RP informed members of current issues experienced by the NHS 111. The service is currently struggling to match demand against capacity and further work needs to be undertaken urgently to alleviate this issue.

5. Public Health Wales Operations update

QS re-iterated FA's comments, notifying the group that we are now transitioning from containment to delay. 35 Cases in Wales have now been confirmed. Additionally, there is now evidence of community transmission and as a result policy is changing rapidly to meet the demands associated with the emerging evidence.

QS notified members of a Covid-19 Task and Finish group established by PHW to work through policy changes that have taken place since 12 March. Within upcoming weeks it is likely that we will implement societal intervention policies and will strengthen focus on home management. In addition to this, community testing will be shifted to hospital settings and surveillance will be increased to support WG. Assurance was also provided that Public Health Wales was capable of meeting testing capacity for healthcare staff across Wales.

NS then questioned QS on what health conditions could place an individual within the vulnerable category for Covid-19. In response QS mentioned that NHS England have a list and that he will endeavour to share this with the group ASAP.

ACTION 2 – Obtain and Circulate NHS England list of Health Conditions.

6. Updates from Sub-Groups

Confirmation of sub group

SSE notified members that a document detailing the structure of the group had been circulated on 12 March. Additionally, Sub-Groups have been mobilised and will feed back to the group.

Countermeasures

DG informed members of the countermeasures sub-group he was leading on. The group will monitor stock availability and will seek to identify areas that need to be addressed in this regard. One particular area the group are focusing on is Primary Care and Pharmacies, these areas will require close monitoring as stock supplies are prone to shortages.

MR added to the conversation noting that a UK wide group is currently working on obtaining additional supplies of ventilators, however this is proving difficult as several of the parts required are produced within China.

Primary and Community Care

NR informed members that the group were to meet for the first time on 17 March. It was noted that the group has been tasked with addressing several issues including contractor services, PPE management and re-allocation of resources to increase system capacity.

Social Care

AS stated the social care group had been meeting over the last two weeks. Membership includes social care sector leaders from the public, independent and third sector. Working on mitigation for people receiving care and support at home who need to self-isolate or use social distancing in the near future. Considering both practical and emotion support to reduce loneliness, increased dependency and long term need. Top priority is ensuring PPE for regulated service providers supporting people in care homes (adult and children) and also domiciliary care we are receiving, multiple and repeated enquires from across the sector on this. Significant number of work streams running with advice and support from the members.

Secondary Acute Care

NR informed members that a sub-group pertaining to Secondary Acute Care is to convene on 16 March. The group will cover a wide range of issues including critical care and developing streamlined guidance.

RP added to the conversation noting that a tool had been setup to monitor casualties. This data could be used to identify capacity issues and subsequently inform actions that could be undertaken to alleviate them.

ACTION 3 – CIRCULATE TOOL

Workforce Deployment and Wellbeing group

HA notified members that the group was in formation stages. Workforce Directors have been drafting questions that will supplement a FAQ list that will be addressed with urgency. The group will place an emphasis on identifying local and national best practice and are to work in partnership with HEIW to inform thinking on issues relating to education and training.

JR mentioned that NHS staff were beginning to self-isolate. Urgent action is needed to maximise the amount of staff available in the upcoming months. It was suggested that redeploying students could potentially alleviate this issue, however it would be prudent to ensure that their learning was not effected as we will be reliant on their expertise in the future.

NR mentioned that legislation would have to be passed to facilitate the mobilisation of students and retired staff. She noted that she was to meet with HEIW and the council of deans around this as urgently as possible.

7. Organisation Update

AS raised the issue of mutual aid for 111, which would be discussed further with RB outside the meeting.

SBUHB informed members that they were in the process of changing their operation model to allow for re-prioritisation. AB noted that they were taking the same action.

AH noted the significant and growing clinical opinion that elective activity needs to cease. SSE agreed that this would be discussed on the national conference call with CEO that afternoon.

NWIS shared some of their ongoing work on technology and how it could be support NHS Wales in the upcoming months. In particular there was conversations on clinician use of WhatsApp and Facetime.

8. A.O.B

RP questioned whether hospitals were to begin limiting visits. He was notified that this was currently being considered by NHS Wales.

It was also questioned whether there was emerging guidance on Finance. Currently Health Organisations are reluctant to make financial decisions as they are clear on the current position. SSE noted she was open to discussions on this matter and that finance should not be the rate limiting factor.

SSE highlighted the importance of reviewing Patient Pathways. Additionally, it was noted that a central repository was needed to store these pathways.

9. Next Meeting

Friday 20th March, 9.30 – 11.00, Mezzanine Floor Conference Room.