

COVID 19 – Core Group meeting:- Wednesday 8th April 2020 (08:30)
Skype meeting

Present -

Ministers: First Minister; Rebecca Evans; Vaughan Gething; [NR] Julie James; Lesley Griffiths; Ken Skates; Jeremy Miles; Hannah Blythyn, Julie Morgan; Lee Waters; and Dafydd Elis Thomas;

Local Government: Andrew Morgan – Chair WLGA.

Voluntary Services: [NR] – Chief Executive WCVA

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

Officials: Permanent Secretary; Andrew Goodall; Frank Atherton; Des Clifford; Reg Kilpatrick; Albert Heaney; Zowie Hay; Huw Morris; Toby Mason; [NR] Will Whiteley; Chrisan Kamalan; Jo Trott; Christopher Morgan; Jonathan Scourfield.

Special Advisers: Jane Runeckles; Sara Faye; Paul Griffiths; Gareth Williams; Tom Woodward.

Public Health and NHS Update

1. The CMO reported that the number of people being infected, along with ICU admissions and fatalities were continuing to rise as expected. Cases of the virus was spreading from East to West and South to North across Wales, with Aneurin Bevan University Health Board recording the highest figures in Wales.
2. The social distancing measures were continuing to have a significant impact in Wales and the rate of infection directly generated by one case appeared to be somewhere between 0.6 and 0.9. Should this increase there would be a significant impact on ICUs across Wales.
3. Nevertheless, the CMO's team was considering the sequencing of lifting the restrictions, when the time was right, and would consider the experiences of other nations, such as South Korea.
4. Progress was continuing on increasing capacity and access to enable the testing of health and social care staff and key workers. In terms of mortality rates, it would be important to monitor the in-direct COVID-19 deaths.
5. In response to questions: the Group acknowledged that, with the current trajectory, the peak of the wave was expected in two to three weeks. It was confirmed that all 'shielding' letters had been issued. There was a need to confirm whether people with motor neurone disease had been included in the list of 'shielded' people.
6. A vaccine would not be available until the end of the year, at the earliest. Critical care guidance, and whether to treat patients earlier, was being reviewed. Welsh Government was heavily involved in the UK research agenda, which included the use of different types of ventilators. In fact, Wales was further ahead of the UK on plasma research. Furthermore, Welsh Government health professionals were in regular contact with the Royal Colleges, the BMA and the RCN.

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7. The Chief Executive of the NHS reported that around 50% of the critical care capacity was unoccupied and approximately 35% of these beds were occupied by confirmed or suspected COVID-19 patients. There were plans to increase capacity by a further 70 beds, thereby, tripling pre-coronavirus numbers. As expected, there was more pressure on critical care beds in the South East of Wales.
8. Overall, there were 738 confirmed COVID-19 patients in NHS beds across Wales. 120 were in invasive ventilated beds and 618 were occupying acute beds. There were a further 316 suspected cases, 24 of these were in invasive ventilated beds and a further 292 were in acute beds. In addition there were a further 69 confirmed and 19 suspected patients in community hospital beds in Wales.
9. In terms of preparations, all Health Boards were reporting as Green/ level 1 as an indicator of capacity and response.
10. The number of A&E attendances over the last two weeks had reduced by up to 61% when compared with the same period the previous year. The Ambulance Service was still busy and calls to the 111 service had doubled.
11. There were currently capacity for 7,000 field hospital beds, with some coming on stream later that week, which would significantly increase step down capacity.
12. Ventilator need and capacity was better aligned due the public action in flattening the progress of the virus. If 900 patients required some form of ventilation, that would represent a 6 fold increase in normal critical care capacity. Matching oxygen capacity to need would be a challenge.
13. By the end of that week, 11 million additional PPE items was expected to have been issued. There would be a focus on replenishing stocks following the revised guidance that had been issued the previous week.
14. In terms of questions about sourcing PPE: predominantly supplies were provided through the national shared services mechanism. There was the existing supply chain, Welsh manufacturing, which had appropriate accreditation, and UK wide arrangements. It was reported that Welsh Government officials in China were helping the Foreign and Commonwealth Office in trying to secure additional PPE.

Local Government Update

15. Cllr. Morgan reported that emergency child care cover and voucher schemes for free school meals was now available in all Local Authorities. In addition, all Authorities were offering support to households that were facing difficulties with paying Council Tax. Councils were also engaged in setting up Field Hospitals.
16. Authorities were in the process of contacting 'shielded' individuals and had already identified a number of people who had indicated that they already had sufficient support from family and friends. It was noted that there would be a further discussion on the delivery of food parcels with the Minister for Environment, Energy and Rural Affairs.

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17. There was some concern about a number of people in residential and care homes that had become infected with the virus, which was causing anxiety amongst care staff. Public Health Wales was providing care homes with support and it was agreed that officials should consider how to strengthen messaging for those working in the care sector to ensure the Government was providing the necessary reassurance and support.
18. It was noted that Local Authorities had received an additional supply of PPE on Monday of that week and a further delivery would be made before the Easter recess.

Contingencies / Resilience update

19. The Director of Local Government reported that Local Resilience Fora (LRF) had confirmed planning for excess deaths was almost complete and they were confident that the relevant authorities would be able to respond to the reasonable worst case scenario. The Military had helped with planning. More work would need to be done to ensure that there was an adequate supply of body bags for all settings.
20. It was noted that a moral and ethical group had been established to consider sensitives with faith leaders and the Minister for Housing and Local Government was considering how to support bereaved families through the crisis and to ensure that they were able to grieve post pandemic. There were currently no plans to restrict families from attending burials.
21. To help with cash flow, Local Authorities had already been provided with May and June RSG. In addition, 50% of Business Grants and 25% of Non-Domestic Rates grants had been paid.
22. Information was now being shared across the Strategic Co-ordinating Groups and the Chairs and Chief Constables were confident that they had the tools to deal with the restrictions. Most Police Force areas had reported that there had be a limited number of people who had defied the regulations, but these were manageable.

Update on Voluntary Services

23. The First Minister welcomed NR to the Group and invited her to provide an overview of role of the voluntary sector in responding to the COVID-19 crisis.
24. NR acknowledged the support the Welsh Government and the WLGA were providing to the Voluntary Sector, in particular the additional funding that had been made available.
25. There were challenges across the sector, as charities were not able to raise funds or operate their retail outlets. As with businesses, a number were in financial difficulties and it was likely that some would not be able to survive the crisis and other may need to merge.

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26. The response to the call for volunteers had been phenomenal, but there were challenges in obtaining information that was relevant to Wales, given that most news sources were based in London and were England centric. Nevertheless, Wales was ahead of the curve because of the existing infrastructure, particularly the network of County Voluntary Councils (CVCs) and volunteers were already helping with the delivery of food parcels and prescriptions.
27. There were now weekly health and social care meetings with the WCVA, which was helping with the sharing of information.
28. It was reported that hospices were struggling financially, which was concerning given their expertise in end of life care. It was noted that Baroness Finlay's recent guidance had been shared within Government.
29. There was a need to improve connectivity between LRF, Strategic Co-ordinating Groups and CVCs while considering any gaps within statutory services.
30. The First Minister, on behalf of the Group thanked NR for attending the meeting and indicated that there would be a further opportunity for her to meet with the Group in the future.
31. The next meeting would be the following Wednesday at 08:30, where, in addition to the standing items, the Government's Chief Economist would provide an update on the economic situation.

CABINET SECRETARIAT
8th April 2020

Actions

- Officials to consider how to strengthen messaging for those working in the care sector to ensure we are providing reassurance and support – **Toby Mason / Albert Heaney / Madeleine Brindley**;
- Officials to consider how to improve connectivity between County Voluntary Councils and the Local Resilience Forums and/or Strategic Coordination Groups – **Reg Kilpatrick**