

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Chief Executives – NHS Local Health Boards
Welsh Ambulance Services NHS Trust

5 March 2020

Dear Colleagues

COVID-19 NHS Planning and Response

I want to follow up my telephone call with each of you on Tuesday, and the national conference call yesterday, to emphasise again the urgency for all of us to step up our response to the current outbreak of a novel coronavirus.

I know that there is already significant activity from all of your organisations in responding to the current situation and in planning to scale up preparations in order to be ready for the reasonable worst case scenario. I am aware of your organisation's engagement with the Health & Social Services Group COVID-19 Planning and Response Group that has been meeting weekly, chaired by Samia Saeed-Edmonds.

I now want to build on what has been achieved in a number of ways:

1. I have asked Samia to establish now a NHS Wales and Social Services Response Cell in Cathays Park. This Cell will draw on appropriate expertise and be in a position to address response issues as we move through the phases of the outbreak. This Cell will provide the mechanism for ongoing support, co-ordination and integration of the health and social services response.
2. Samia will report to me in my role as Chief Executive of NHS Wales and will be expected to work closely with Dr Frank Atherton, CMO and Albert Heaney, Director of Social Services Integration Directorate.
3. I will be arranging a series of regular national CEO telephone calls to share with you information and take on any strategic issues on your behalf. These calls will also help demonstrate visible leadership of our co-ordinated response and a facility to support each other working as one NHS Wales.

4. I have also asked David Goulding, our Health Emergency Planning Adviser, to be part of the Cell. This is important given his experience, relationship with your contingency leads and the strong emergency planning network in Wales that he co-ordinates.
5. Changes have also been made to provide additional support to the CMO with Neil Surman moving to lead on the legislation requirements and Chrishan Kamalan acting in the Deputy Director role for COVID-19 to oversee internal requirements and support for health protection functions. Chrishan will also be involved in the planning cell requirements in the light of his role and the need for complementary activities. Dr Gill Richardson will provide dedicated clinical expertise in her role as Professional Advisor to the CMO.
6. I can also confirm that the Health & Social Services Group Desk in ECCW is in place. This Desk will provide an ongoing link with the NHS and Social Services for information flows, intelligence gathering and reporting. Having the Desk in place will enable the new NHS and Social Services Response Cell to focus on delivery issues and in supporting you all.
7. In relation to countermeasures, key professional links are in place and I am mobilising our pandemic stockpiles for health and social care so that this stock is in a state of readiness to be pushed out now, if necessary. I am aware of the developments in England in respect of supplying Personal Protective Equipment (PPE) to GPs and we will look at how best we can use our health countermeasures to support health and social care. Oversight of our pandemic countermeasures will be managed through the NHS and Social Services Response Cell.

I am aware that you have stood up elements of your contingency structures already and now is the time to make sure that your contingency structures and management teams are on an appropriate footing.

I appreciate that there has been a lot of information issued but I think it worth emphasising the need to consider these specific measures:

- We are currently in the Containment phase of the incident and we need to continue and strengthen our existing actions including community health testing and community testing units
- As referenced in the CMO Public Health Link 26/02/20, Public Health Wales:
 - Has commenced active surveillance for severe acute respiratory infection (SARI) in ICUs in Wales from 4 March 2020. Public Health Wales has written to Health Boards outlining actions required which include the consideration of isolation arrangements on ICU should any positive cases be found and ensuring that all arrangements for the management of infectious disease patients, and specifically those with COVID-19 are known and understood throughout the organisation.
 - Will commence surveillance of acute respiratory infection in sentinel GP practices in Wales from week commencing 9 March 2020. Further

direct communication to GPs and Health Boards from Public Health Wales will be received shortly and should be similarly implemented.

- Moving forward we will need to build on existing communications ensuring that appropriate contact details and back up contacts are available throughout so that if we need to establish teleconferences to brief on the situation we can;
- Ensure that all arrangements for the management of infectious disease patients, specifically those with COVID-19 are known and understood throughout the organisation (including fit testing training, PPE refresher training, and hand wash training/refresher);
- Ensure that any guidance issued by Public Health Wales and the Health & Social Services Group is cascaded to all relevant staff recognising the evolving incident and frequent changes (in and out of hours arrangements should be in place). Engage with staff side organisations to support changes in working practices, risk management and staff information and safety;
- Ensure that your procurement and materials management teams have processes in place for the close monitoring and control of PPE, medical devices and other clinical consumables required to support your response, and that staff are aware of processes for ordering additional product and identifying suitable alternatives where necessary;
- Ensure local stock levels are maintained at levels proportionate to anticipated short term demand, underpinned by regular replenishment from normal supply routes and Shared Services procurement. Medicines, medical devices and clinical consumables should not be stockpiled by organisations or patients as this may put a strain on the supply chain and exacerbate any potential shortages. These stocks are being monitored daily, with additional stock being ordered where necessary;
- Continue to review and test existing pandemic flu plans and business continuity arrangements over the forthcoming days and weeks to ensure that you can maintain business critical services and your organisation's plans against the COVID-19 reasonable worst-case scenario, including plans for working across healthcare boundaries and with your LRF partners;
- Engage with social services partners to help ensure social care is ready and able to locally manage their residents that may be impacted and that they have infection prevention control measures in place, and their staff are aware of how to maintain these measures;
- Health boards need to review all pathways, specifically those for acute medicine that support those with respiratory illness and consider the impact that a possible surge in medical patients might have on services and stocks;
- Health boards need to identify clearly how the organisation will implement the sequence of segregation of clinical areas (in Emergency Departments (EDs), wards, critical care) and diagnostic and intervention suites to support the continued response in the event of a significant escalation in COVID-19 cases;
- Hospitals should assume that they will need to look after COVID-19 cases in due course so will need to ensure support services are in place to facilitate this and identified areas are, or can be modified to, provide a cohorting model of infectious disease care;

- Hospitals need to review their critical care and high dependency capacity and consider how you could increase capacity and what the impact of doing so would be (taking account of critical care guidance);
- Where possible, consider implementing alternative models such as remote consultations for those patients who can be supported at home and review arrangements to support vulnerable individuals in alternative settings, including in the community;
- Review appropriate local cascades to all of Primary Care within your area, both in and out of hours.

Thank you for all that you have done so far in planning for and responding to the current situation.

I will need your continued support and leadership as we move forward and whilst we hope that efforts to contain the virus will be sufficient to reduce its impact, we need to prepare for the reasonable worst case scenario of a pandemic with a significant attack rate and resultant illnesses and deaths. It is our responsibility to be fully prepared should that happen.

Yours sincerely,

PD

Dr Andrew Goodall