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Winter Summit, 12th October 2020 (14:00-15:30).

Ministerial Attendance

The Rt. Hon Michael Gove MP, Chancellor of the Duchy of Lancaster
The Rt. Hon Nicola Sturgeon MSP, First Minister, Scotland
The Rt. Hon Prof Mark Drakeford MS, First Minister, Wales
The Rt. Hon Arlene Foster, MLA, First Minister, Northern Ireland
The Rt. Hon Michelle O'Neill, MLA, Deputy First Minister, Northern Ireland
The Rt. Hon Alister Jack MP, Secretary of State for Scotland
The Rt. Hon Simon Hart MP, Secretary of State for Wales
The Rt. Hon Brandon Lewis MP, Secretary of State for Northern Ireland
The Rt. Hon Edward Argar MP, Minister of Health
The Rt. Hon Jeane Freeman, MSP Cabinet Secretary for Health and Sport, Scotland
The Rt. Hon Vaughn Gething MS, Minister for Health and Social Services, Wales
The Rt. Hon Robin Swann MLA, Minister for Health, Northern Ireland
The Rt. Hon Declan Kearney MLA, Junior Minister, Northern Ireland
The Rt. Hon Gordon Lyons MLA, Junior Minister, Northern Ireland

Actions

- **Cabinet Office** officials to work with **DHSC** and **Devolved Administrations** to ensure appropriate rhythm of UKG-DA engagement and mechanisms for information sharing on matters of public health and broader Covid-19 response.
- **Cabinet Office** to share with **Devolved Administrations** a document that sets out the proposed package of "soft triggers" and broader strategic framework that will inform decisions about movement between tiers.
- **DHSC** to work with **Devolved Administrations** to ensure alignment in strategic approach across the UK on the management of testing, including tradeoff between number of tests and testing turnaround times.
- **DHSC** to work with **Devolved Administrations** to ensure there is data on NHS capacity by region across the UK which is shared and readily accessible for all UK administrations.
- **Welsh Government** to share with the **UK Government** evidence on the transmission of the virus from areas of high incidence in England and Wales to areas of low incidence in Wales.

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- **CCS** to ensure that **Devolved Administrations** continue to collaborate on concurrent risks including any tabletop exercises to test resilience in response to concurrent risks.

Minutes

The **Chancellor of the Duchy of Lancaster** gave thanks for attendance at this busy time, particularly since many were in attendance at COBR on the morning of the 12th. He acknowledged the purpose of this meeting is to reflect and share information with the aim of ensuring we can work as effectively as possible with one another.

Agenda Item 1- Latest Approach

- **Chancellor of the Duchy of Lancaster** provided a short reprise on the new Local Covid Alert Levels: 'medium', 'high' and 'very high'. He explained that the focus was to simplify and ensure that UKG works best with local authorities and local actors to have the best approach for intervention and economic support. He recognised that these are also matters of importance for the DAs and that for financial matters the **Chancellor of the Exchequer** provided clarity on Friday the 9th October.
- He noted that the emphasis was as far as possible to carry our populations with us by providing the maximum amount of information and support to those affected. He emphasised the importance of the **Joint Biosecurity Centre** and **Chief Medical Officers** in achieving this.
- He summarised that the agenda is focused on supporting UKG and the DAs work effectively together, recognising both tensions and opportunities.
- **The Chancellor of the Duchy of Lancaster** then invited ministers from the Devolved Administrations to put forward their current approaches.
- **The First Minister for Northern Ireland** summarised the situation in Northern Ireland, including the increase of hospitalizations and patients in ICU. She noted that restrictions currently in place across Northern Ireland are similar to the newly introduced Local Covid Alert Level: 'High' in England.
- **The First Minister for Northern Ireland** then noted that Irish Medical Advisors had advised further restrictions may be required. She then noted the need to re-engage with some of the messaging from March and April, suggesting the potential to increase penalties and enforcement strategies to regain compliance with restrictions.
- **The First Minister for Northern Ireland** then noted the issue of hospital capacity in Northern Ireland and the benefits of information sharing between colleagues.

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- **The Deputy First Minister for Northern Ireland** informed ministers that the doubling rate for hospital admissions in Northern Ireland was less than 7 days. She noted that there was a need for decisive action by Friday 16th October.
- **The Deputy First Minister for Northern Ireland** then noted that the additional financial package announced by the Chancellor on Friday 9th October would not help Northern Ireland mitigate the damage in a way they would like to.
- **The First Minister for Wales** stated that the position in Wales varies strongly from place to place with cases per 100,000 below 50 in some parts of Wales but over 100 in others.
- **The First Minister for Wales** noted that a reliance on local measures has worked for Wales in the past, but may no longer be the answer due to rising hospital admissions. He informed ministers that there may be the need to introduce a 'circuit breaker' in Wales to protect the NHS this winter. He referred to the advice of **SAGE** and **Sir Patrick Vallance** relating to the potential for a circuit breaker to bring R below 1 and that this advice should be discussed.
- **The First Minister for Wales** informed ministers of his concerns that travel from areas with a high number of cases to areas with a low number of cases is driving transmission of the disease. He noted that in the past the Welsh Government were able to enforce a system of travelling no more than 5 miles, which was effective and could be repeated.
- **The First Minister for Wales** emphasised that Wales needed restrictions in place to safeguard their low case number areas, to prevent them from joining others.
- **Chancellor of the Duchy of Lancaster** noted the sobering advice and resolved to return to these questions later.
- **The First Minister for Scotland** informed ministers of a rising tide of infection across Scotland, albeit with significant regional variations. She noted the decision taken last week to stem the increase, likening the restrictions in Scotland's Central Belt to England's Local Covid Alert Level 'Very High', with the rest of the country somewhere between what in England would be Local Covid Alert Level 'High' and Local Covid Alert Level 'Very High.' She noted concern about hospital admissions.
- **The First Minister for Scotland** summarised the key areas on which she had questions or concerns:
 - She noted she was keen to align as much as possible at a strategic level, including around tiers.
 - She noted that a shared understanding of how we use data would inform decisions around tiering, such as a 'basket' of data rather than a simplistic 'trigger'.
 - She expressed support for the First Minister for Wales on his concerns around travel, noting that although the geographic challenges may be

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different between Wales and Scotland, and that in Scotland the effects of travel were felt in both directions.

- She asked how we could improve the turnaround time of testing.
- She noted that COVID was not the only risk over the winter period.
- **The Chancellor of the Duchy of Lancaster** noted the importance of regular engagement and information sharing. He acknowledged regular Chief Medical Officer meetings, Joint Biosecurity Centre information sharing and the engagement taking place between departments.
- **The Chancellor of the Duchy of Lancaster** remitted an action for **Cabinet Office** officials to work with **DHSC** and **Devolved Administrations** to ensure appropriate rhythm of UKG-DA engagement and mechanisms for information sharing on matters of public health and broader Covid-19 response.
- **The Minister of Health** was supportive of the action.

ACTION:

- **Cabinet Office** officials to work with **DHSC** and **Devolved Administrations** to ensure appropriate rhythm of UKG-DA engagement and mechanisms for information sharing on matters of public health and broader Covid-19 response.

Agenda Items 2 and 3 -Data,Delivery and Operational Issues (Testing)

- **Chancellor of the Duchy of Lancaster invited** Claire Gardiner to provide an overview of the work of the **Joint Biosecurity Centre**.
- **Claire Gardiner** noted that many of our shared objectives can be achieved through not just data sharing but through sharing a combination of information and insight.
- She noted the positive rhythm of collaboration from an operational perspective noting particular collaboration in:
 - A deep dive analysis group looking at sectors, demographics, including subgroups.
 - A daily morning and evening operational call across the four nations giving deep consideration of the situation
 - The DAs are invited to the 'GOLD' decision making forum.
 - The 'Contain' workstrand convene cross-Whitehall meetings attended by the DAs.
 - Extensive technical coordination between **Chief Medical Officers has been** enormously helpful, including in looking at travel corridors and regional variations.
- **Claire Gardiner** noted the need to secure data flows. Political agreements for the UK-wide nature of the JBC were secured in August, and officials are now focused on the detail of securing data flows. She set out her aspiration that agency agreements

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will be finalised over the coming days, which will then enable work between UKG and DA data controllers to commence.

- She stated that data is but one part of a much larger whole. Insight and the effect of NPIs is much more helpful than data alone. She acknowledged that there is always further to go, but emphasised that there is a solid platform of collaboration on which to build.
- **Baroness Dido Harding of Winscombe** provided clarity on the 'soft triggers' that will be available to England to move between tiers. She explained that there would be the ability to 'locally own' soft triggers, in order to enable local government involvement in decision making. She noted that positive tests in the over 60s are a clear indicator to watch.
- **Claire Gardiner** commented on the role of professional judgement, agreeing that hard thresholds would not help, and that local intelligence and epidemiologies would be more helpful. She noted Liverpool as having had significant warnings that triggered move into Local Covid Alert Level: 'Very High'.
- **Baroness Dido Harding of Winscombe** provided an overview of UKG testing capacity. She set out that each part of the UK receives a share of testing capacity from the national testing programme. The programme seeks to balance capacity provided on a daily basis so that each of the four nations gets the right population share.

Baroness Dido Harding of Winscombe noted the trade off between expanding testing capacity to allow more people to get tests against our turnaround times. On 11th October there was 103% utilisation in the labs, the optimum is around 85% to accommodate operational ebbs and flows. She suggested that maximising testing turnaround times should be prioritised as the speed of turnaround is what will help us break the chains of transmission.

- She noted that recently over 40 local testing sights had been opened across the four nations. Although more straightforward than opening a laboratory, local testing sites are important for citizen access. She was looking forward to collaborating on new testing technologies.
- **Deputy Chief Medical Officer, Jenny Harries** stated that the UK **Chief Medical Officers** meet regularly. She acknowledged the contributions of the UK senior clinicians group to SAGE and its sub-group discussions. Specifically, there had recently been important research on transmission in care homes in Scotland and Wales.
- **Deputy Chief Medical Officer, Jenny Harries** acknowledged in relation to NHS data that the daily operations meeting supports practical discussions about interface and outbreaks. Increasingly there are data flows around hospitals and health services capacity.

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- **Chancellor of Duchy of Lancaster** asked ministers to be robust, to say when information sharing was weak or where clarity was required. He invited the First Minister for Scotland to comment.
- **Chancellor of Duchy of Lancaster** asked **DHSC** to work with **Devolved Administrations** to ensure there is data on NHS capacity by region across the UK which is shared and readily accessible for all UK administrations.
- **The First Minister for Scotland** agreed the working relationships were positive and that we shouldn't usurp localised decision making. She noted the need for ongoing discussions about how our data drives decision making. She agreed with NR NR points on soft triggers and **Baroness Dido Harding of Winscombe** on testing, though she noted concerns about the reliability on testing turnaround, especially when it regresses, as there will always be public pressure to add more groups to priority testing.
- **The Minister of Health and Social Services for Wales** shared the view of needing to improve turnaround performance. He emphasised the need for data sharing, particularly getting outputs from the **Joint Biosecurity Centre** when they have been putting data in. He noted that much of what is coming out of the **Joint Biosecurity Centre** is centred around England.
- **The Minister of Health and Social Services for Wales** asked for more information from the **Joint Biosecurity Centre** on health service capacity relevant to Wales.
- **Chancellor of the Duchy of Lancaster** asked if information on bed capacity, ICU capacity and ventilator capacity in Wales was available.
- **The Minister of Health and Social Services for Wales** confirmed it is public information and that Wales have expanded their ICU capacity. He noted the need for this information to inform judgements about moving between 'tiers.'
- **The Chancellor of the Duchy of Lancaster** asked if there were particular NHS hospitals where, if infection rates follow current trends, the continuing function of said hospitals would be challenged.
- **The Minister of Health and Social Services for Wales** confirmed that this was a possibility. He noted the need to understand the pattern of the epidemic across different parts of the UK.
- **The First Minister for Northern Ireland** commented that the public are sceptical so Northern Ireland has a public facing dashboard sharing information. She welcomed a discussion on a basket of measures to inform changes relating to tiers.
- **The Minister of Health for Northern Ireland** also expressed concerns about the turnaround time of testing, noting that testing was critical to the overall response. He

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noted the need to look carefully at the local implications of trends relating to the virus. He set out that Northern Ireland's relatively smaller population (only twice that of Liverpool) presents challenges in delivering a nuanced message on regional variation.

- **The Minister of Health for Northern Ireland** noted that Northern Ireland is seeing an increase in cases requiring hospitalization and admittance to ICU. He set out that Northern Ireland has a regional facility that could be stepped up, but that doing so would pull staff from other parts of the system, impacting on non-Covid care.
- **The Chancellor of the Duchy of Lancaster** inquired on bed occupancy and ICU occupancy in Derry/Londonderry?
- **The Minister of Health for Northern Ireland** replied that in Altnagelvin hospital the surge programme had required transferring one orthopedic ward into a Covid ward. Northern Ireland has the ability to open up 3 more ICU beds. Agreement has been secured with the chief nursing officers to move up to 6:1 ratio of patients to nurse in ICU, however there was reluctance to do so due to the strain it will place upon the ICU nurses.
- **The Chancellor of the Duchy of Lancaster** noted that Claire Gardiner had provided clarification in the chat function of Zoom. She had noted that once agency agreements are signed, the JBC will need to engage in specific discussions with data controllers. This would take time, however those discussions would continue to increase the sharing of insight and analysed information, where there is most potential for additional value in the short term.
- **The Chancellor for the Duchy of Lancaster** noted the issues to resolve to enable data sharing, and encouraged all to tackle this work.
- **The Secretary of State for Wales** noted the debate around travel restrictions. He asked to see the evidence referred to by the **First Minister for Wales** on the passage of people from areas of the UK into Wales being a direct source of transmission.
- **The Secretary of State for Scotland** noted the importance of aligning on tiers across the UK.
- **Chancellor of the Duchy of Lancaster** commissioned an action for **Cabinet Office** to share with **Devolved Administrations** a document that sets out the proposed package of "soft triggers" and broader strategic framework that will inform decisions about movement between tiers.

Baroness Dido Harding of Winscombe clarified in the chat function of Zoom

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[In answer to the First minister for Scotland's question on the lack of reliability of testing turnaround times, she is correct that it's not all about excess demand, but the fact that we have been running very close to maximum capacity means that the overall end to end system is too fragile. This means that relatively small operational issues lead to larger impacts than any of us would want. We are continuing to work hard to improve operational resilience which should deliver improved turnaround times with the proviso that there will be operational issues from time to time that we have to manage.]

- **Chancellor of Duchy of Lancaster** commented on media scepticism on hospitality restrictions. He noted that all administrations had been clear that this is one of the major sites for the potential transmissions of infections and it's a key tradeoff. He invited reflections.
- **The First Minister for Wales** agreed to provide evidence on the impact of travel. He set out that Wales alcohol sales were prevented after 10pm in order to discourage people from leaving pubs and moving elsewhere to drink.
- **The First Minister for Scotland** noted the importance of hospitality measures, and that we must respond to public scepticism and a disgruntled hospitality sector. There are limits in the causative evidence that can be provided.
- **The Chancellor of the Duchy of Lancaster** agreed.
- **The First Minister for Northern Ireland** noted that Northern Ireland's off licenses close at 11pm in order to discourage house parties. She set out that measures had been taken on hospitality to enable education to stay open.
- **The Deputy First Minister for Northern Ireland** reiterated that education had been prioritised. She noted that Northern Ireland are considering extending school holidays as part of new interventions.
- **The Chancellor for the Duchy of Lancaster** actioned **DHSC** to work with **Devolved Administrations** to ensure there is data on NHS capacity by region across the UK which is shared and readily accessible for all UK administrations.
- **The Secretary of State for Northern Ireland** noted the issue of Northern Ireland's borders with the Republic of Ireland, with the need to make sure there's a logical approach to said borders.

ACTION: Cabinet Office to share with **Devolved Administrations** a document that sets out the proposed package of "soft triggers" and broader strategic framework that will inform decisions about movement between tiers.

ACTION: Welsh Government to share with the **UK Government** evidence on the transmission of the virus from areas of high incidence in England and Wales to areas of low

incidence in Wales.

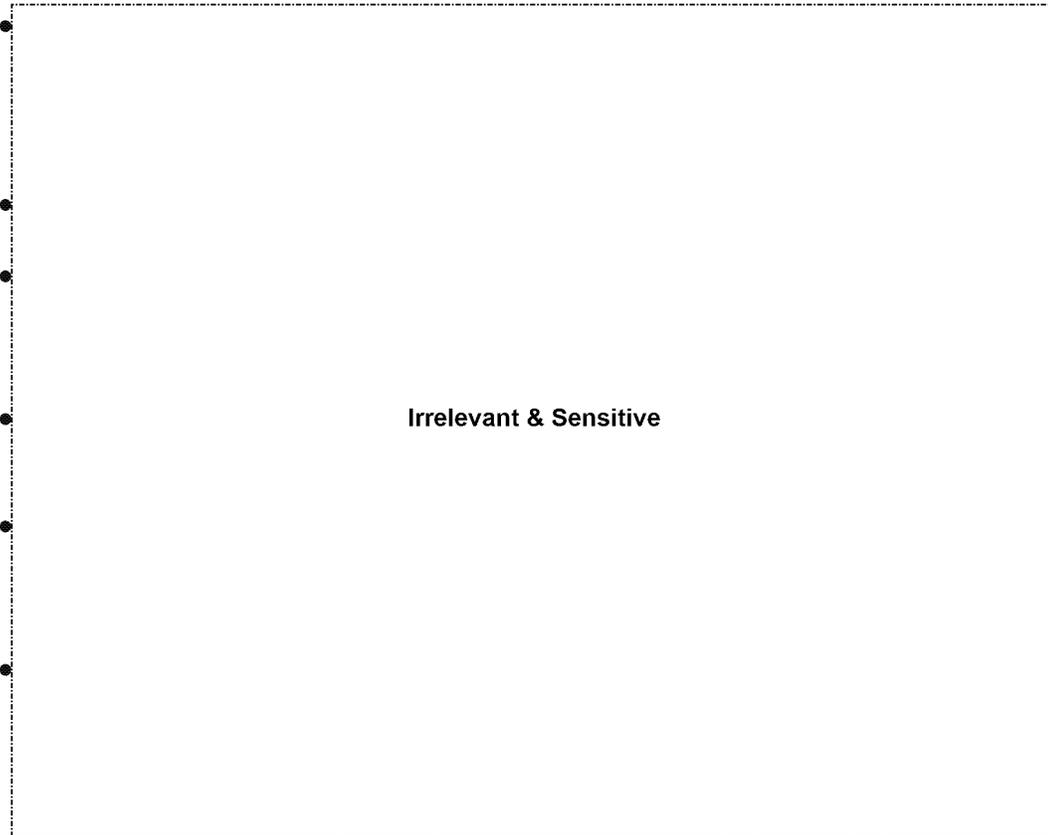
ACTION: DHSC to work with **Devolved Administrations** to ensure alignment in strategic approach across the UK on the management of testing, including tradeoff between number of tests and testing turnaround times.

Agenda Item 4- Concurrent Risks

- **The Chancellor for the Duchy of Lancaster** moved to discuss concurrent risks. He noted that COBR structures or other tabletop exercises could be used to build confidence in resilience. He invited comments from **Roger Hargreaves, Director of the Civil Contingencies Secretariat**.
- **Roger Hargreaves** noted that COVID-19 has been a focus alongside the EU-Exit transition. He outlined the other priorities and circumstances that could occur this winter:

- [Redacted: Irrelevant & Sensitive]
- Seasonal Flu: He noted that seasonable flu is currently on a manageable track, and remains monitored.
- Animal Health: He referred to an outbreak of swine fever in Eastern Europe but noted little sign of it manifesting in the UK.
- [Redacted: Irrelevant & Sensitive]
- Commercial Failure: He noted that this has already been discussed in relation to COVID-19.
- [Redacted: Irrelevant & Sensitive]

- **Roger Hargreaves** noted that the exercising of these other risks is crucial against the others this autumn and we must consider the compound risk of these factors.
- **Chancellor for the Duchy of Lancaster** thanked **Roger Hargreaves** and asked ministers for comments.



- **Roger Hargreaves** added that the trickiest risks are those things beyond our control. A strong working relationship between the four nations will help our response.

ACTION: CCS to ensure that **Devolved Administrations** continue to collaborate on concurrent risks including any tabletop exercises to test resilience in response to concurrent risks.

Conclusions and Next Steps

- **Chancellor for the Duchy of Lancaster** concluded the meeting and thanked attendees for their time.