

were ongoing for a mobile testing unit to be transferred from Welshpool. The Lighthouse labs capacity issues is causing delays, with appointments being offered some distance away from people's residence.

JD updated that the four WAST mobile testing units earmarked for outbreaks use the PHW lab so are not constrained by wider capacity issues. However the network generally is strained as there is a marked rise in the demand for testing. Over the last week, the use of drive-through sites has almost doubled, and the number of people getting tests has significantly increased. This could be as result of communications campaigns but there are also wider pressures in England, work is ongoing to increase capacity further.

JD questioned the role of HPAG and frequency of meetings, if meetings were planned every two weeks, urgent discussions such as that in relation to circuit breakers would not be able to wait that long. There were a number of LAs at cusp of reaching threshold and she was not sure they could wait until the next meeting. The intent for recommendations to flow from HPAG and then to Minister, had not been the process in Caerphilly, there was a need to pause and reflect on how group operates, or whether it is feasible for group to undertake this role. JD also asked that if they were mandating face masks in shops in Caerphilly whether it was time to review position on mandating face masks across Wales.

FA advised that there was an item on the agenda (Item 6) to discuss the Terms of Reference (ToR) in more details including how the group works in 'hot' periods. The suggestion was to convene a sub group of HPAG on a daily basis if needed to advise Ministers. It did happen in an informal way for Caerphilly but there was a need to formalise arrangements. In relation to face masks, the Minister was very comfortable with proposal to mandate their use in places where infections are at a high level as this gives a rationale for stepping down if needed.

RO indicated that a Technical Advisory Group (TAG) paper on the subject of circuit breakers had been developed, it was agreed that work to agree triggers was required urgently. A task and finish group is to be established to consider further and to provide advice to Ministers.

Further discussion was held on how HPAG responded to emergency situations. RK indicated that the lesson from Caerphilly was that 24hrs is a long time when the rate of infection can jump from 50-72. Providing reassurance to Ministers will need timely information and evidence, he suggest daily HPAG sub group meetings for the foreseeable future to take quick decisions and give advice to Ministers. The frequency of meetings of the Covid intelligence cell was also discussed. PJ indicated that a draft Terms of Reference had been developed for a HPAG sub group, which he would share following the meeting.

SW indicated that enforcement on the ground was the biggest issue from a local authority perspective.

**ACTION 1:** RO and GR to establish a Task and Finish group to consider TAG circuit paper further and submit advice to Ministers

**ACTION 2:** PJ to share HPAG sub group draft ToR and arrange daily HPAG meetings.

**ACTION 7:** - IE to provide an outline of why Wales requires premises to record contact details to FA and CJ for reference purposes.

## 5. LOCAL PREVENTION AND RESPONSE PLANS – NEXT STEPS

PJ advised that local prevention and response plans had been submitted. PHW had provided feedback to each organisation. The plans will need to be reviewed by HPAG members, WG colleagues in particular. He suggested that a T&F group is established to consider further.

RK indicated that local authority CEOs were impatient to see the outcome of WG consideration, particularly as they had been required to produce the plans at short notice, a timescale on when feedback can be expected would be helpful. It would also be important to ensure that once in place, the plans worked. An exercise to test local plans and to test national control plans should take place in mid Oct, although events may have taken over by then.

QS indicated that some plans required significant further work, before they would be ready to be tested.

AJ advised a number of key themes emerged from the plans. Communication strategy was a key area, also the need to make sure local plans referenced the wider system for example in relation to mutual aid. Local leads are already in contact with PHW in relation to the development of plans.

PJ confirmed that PHW had already provided feedback on the plans, however further scrutiny was required by WG colleagues as the TAG and other specialist areas might want to add to PHW feedback. In terms of deadline he would share plans with the T&F group with the aim to respond to each plan by end of next week.

**ACTION 8:** PJ to establish a T&F group to gather comments on local prevention and response plans and feedback comments by 18 September

## 6. TERMS OF REFERENCE AND DECISION MAKING

A discussion on the draft ToR (Doc. 4) had already take place and the establishment of a number of sub /task and finish groups agreed.

MH advised that colleagues from the medical / scientific division more centrally in HSE (ie outside Wales) will have more experience of considering workplace health risk management/occupational health of workers in the context of Covid19. He or SC would be able to draw in learning from a wider HSE perspective and other colleagues would happy to attend this meeting if needed at any point.

There were no further comments on the ToR.

## 7. MINUTES OF THE LAST MEETING AND ACTIONS

The minutes of the previous meeting on the 24 August 2020 (Doc. 5) were accepted as an accurate record.