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Minutes

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COVID-19 OPERATIONS COMMITTEE

Minutes of a Meeting of the Covid-19 Operations Committee
held by video conference on

MONDAY 14th December 2020
At 10:00 AM

P R E S E N T

The Rt Hon Boris Johnson MP
Prime Minister

The Rt Hon Michael Gove MP
Chancellor of the Duchy of Lancaster, Minister for the Cabinet Office

The Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

ALSO PRESENT

The Rt Hon Priti Patel MP
Secretary of State for the Home Department

The Rt Hon Alok Sharma MP
Secretary of State for Business, Energy and Industrial Strategy, Minister for COP26

The Rt Hon Gavin Williamson CBE MP
Secretary of State for Education

The Rt Hon Robert Jenrick MP
Secretary of State for Housing, Communities and Local Government

The Rt Hon Grant Shapps MP
Secretary of State for Transport

The Rt Hon Oliver Dowden CBE MP
Secretary of State for Digital, Culture, Media and Sport

The Rt Hon Stephen Barclay MP
Chief Secretary to the Treasury

The Rt Hon Mark Spencer MP
Parliamentary Secretary to the Treasury (Chief Whip)

Simon Case
Cabinet Secretary

Sir Patrick Vallance
Government Chief Scientific Adviser

Professor Chris Whitty
Chief Medical Officer and Department for Health and Social Care Chief Scientific Advisor

Dr Clare Gardiner
Director General of the Joint Biosecurity Centre

Dr Thomas Waite
Director, Joint Biosecurity Centre

General Sir Gordon Messenger KCB DSO* OBE ADC
Community Testing Programme

Professor Sir Ian Diamond
UK National Statistician

Professor Stephen H Powis
National Medical Director of NHS England

Amanda Prichard
Chief Operating Officer, NHS England and NHS Improvement

James Bowler
Second Permanent Secretary, COVID-19 Taskforce

Kathy Hall
Director General, COVID-19 Taskforce

Kate Josephs
Director General, COVID-19 Taskforce

Rob Harrison
Director General, COVID-19 Taskforce

Secretariat

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S Owen

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Data Presentation

THE DIRECTOR OF HEALTH PROTECTION AT THE JOINT BIOSECURITY CENTRE said that slide five in the paper before the Committee showed, in one graph, the very recent increases in Covid-19 (coronavirus) cases that had been seen in London. The data in grey was recent but as yet unconfirmed and subject to upwards revision. The uptick had increased even since the creation of the graphs the previous evening. The uptick was also seen across all London boroughs.

Continuing, THE DIRECTOR OF HEALTH PROTECTION AT THE JOINT BIOSECURITY CENTRE said that other parts of the country were seeing a similar uptick in cases. Slides 17 and 18 covered Essex, Hertfordshire, Milton Keynes and Luton. Slide 23 looked at Basildon, Brentwood and Harlow. Slide 31 included areas on the border of London like Hertfordshire and Broxbourne. Bedford, Luton and Milton Keynes were interesting cases as they were geographically distinct from London in a non-contiguous area. The uptick was most worrying in the last five days of unconfirmed data, although the uptick had started on 2 December. A gradient this steep had not been seen since mid-March. The data could be the result of infections immediately after the lifting of lockdown, as incubation was on average five to seven days and could less often be as long as ten to fourteen days.

Concluding, THE DIRECTOR OF HEALTH PROTECTION AT THE JOINT BIOSECURITY CENTRE said that there was a wider picture set out in slide 45 onwards. Areas outside London and the South East of England were experiencing rises but they were not as dramatic. Slide 53 set out the picture in Kent. Here the national lockdown and more recent regulations had not addressed the increasing transmission of the virus which was now accelerating. Tier three was not currently working in Kent to contain the virus. The data suggested that the virus was spreading among all age groups but particularly among the working age population. Overall there was not a lot of good news about the progress of the virus.

The Committee:

— took note.

Response

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the situation was very serious in London, Essex, parts of Hertfordshire and Bedfordshire, and Kent. There were two explanations for the trends. First, people may not have followed the national lockdown regulations. Too much social contact may have led to doubling times for the infection rate of seven days, and as low as four days in some places. It seemed that where local leaders were not united on the response to the virus, compliance was lower. Second,

there was a rapidly spreading new variant of the virus which seemed to spread up to 60 per cent faster than the older variant. Thankfully the variant seemed to have no impact on testing and was unlikely to affect vaccination technologies.

Continuing, THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that the first recommendation was for London, Essex and parts of Hertfordshire to be placed into tier three, very high alert, from 0001 on Tuesday or Wednesday morning. There was no recommendation to close schools before Christmas as it would take several days to organise. Furthermore, the spread of the virus had gone beyond school age children and was now being transmitted among all age groups. The Committee should consider whether the regulations under tier three would be sufficient in the current context. If the new variant of coronavirus were to spread more quickly, it may knock out the careful calibration on tier three restrictions. The recent trend in Kent, where the national lockdown and tier three regulations had seemingly had no impact on the spread of the virus, was of particular concern. The virus needed to be brought back under control. Finally, while the Christmas bubble policy should not be removed nationally, very strong messaging was needed to ensure people were careful in mixing with their families. The current data insights were thanks to the world class genomic analysis done in Public Health England. Recent announcements about the prioritisation of the vaccine roll-out had also gone smoothly with 100,000 people vaccinated across the UK.

THE NATIONAL MEDICAL DIRECTOR OF NHS ENGLAND said that infection rates would not feed through to NHS and hospitalisation data for another week or two although this rise in infections would already be locked in to future hospital admissions. Proportionately fewer patients were requiring Intensive Therapy Unit beds in London than in the spring, London was the most resilient health system in the country due to the mutual support offered between different hospitals and bed capacity in London was below the April peak. In London, around 40 per cent of the general care beds that were being used for coronavirus patients in April were now being used, and around 30 per cent of critical care beds. On the other hand, London had not seen any reduction in admissions as a result of the recent lockdown, as the North East and North West of England had done and so had not yet peaked. The UK was also heading into winter which was likely to be the busiest period for the NHS with other illnesses including flu and norovirus. The NHS meanwhile was trying to maintain elective care which had not been the case in spring. The mutual aid arrangements between London hospitals also supported less resilient neighbouring areas like Kent and Essex. Therefore, the impact on Kent could not be lessened

without addressing the pressure on London.

Continuing, THE NATIONAL MEDICAL DIRECTOR OF NHS ENGLAND said that hospitals rates could be expected to mirror the infection rates, and so a seven-day doubling time of infections would result in a seven-day doubling time for hospital admissions. Two doublings would drive admissions above the spring peak. The East of London was experiencing some of the highest increases in admission rates including in hospitals in Barking and Dagenham, Havering and Redbridge. Medway in Kent was also particularly severe. Ashford and Canterbury had both seen cases take off as had Basildon and Southend-on-Sea. Hertfordshire was more stable but the numbers were high. Using the Nightingale Hospital capacity should be a last resort as these required staff to be brought over from existing hospitals. Vaccine roll out was being undertaken in line with the decisions reached on prioritisation by the Joint Committee on Vaccination and Immunisation. There was no further update as yet on the AstraZeneca vaccine.

THE CHIEF OPERATING OFFICER NHS ENGLAND AND NHS IMPROVEMENT said that, in normal times, of the total 10 per cent bed stock that was used for elective work, half was for urgent care (such as cancer care) and the other half was for non-urgent work. As much of this as possible had already been shifted into the independent sector so there was no scope to free up significant further capacity.

THE GOVERNMENT'S CHIEF MEDICAL ADVISER said that people should not become too obsessed with the new variant of coronavirus. The growth of the coronavirus variant was more rapid than the older variant, but it was prevalent in an area where the rate of coronavirus generally was already going up. It was not yet clear if there would be an impact on the vaccine, but it was unlikely that there would be, but it was too early on to suggest the virus was evolving around a vaccine. Overall the number of reinfections was small and should not be over interpreted. It would be important to keep an eye on it but the management of the variant was the same as for the existing strain. While the biggest pressures were not yet on the NHS in London, London was part of a wider ecosystem that impacted people in neighbouring areas like Kent, and there would be no way of controlling Kent, Essex and the wider South East without getting on top of London. There were not yet signs of wider increases outside of London and the South East. It might be that London and the South East had been lucky not to experience a greater second wave before now. It was clear that if restrictions were relaxed too early, infection rates came back quickly.

THE GOVERNMENT'S CHIEF SCIENTIFIC ADVISER said that when the lid was lifted, the virus started spreading quickly among the young and then into the old. The new variant should not be cause for too much excitement. Its spread was likely to occur fast and up the age bands. Continuing to keep a lid on things was important as otherwise the virus would take-off fast.

In discussion, the following points were made:

a) the lesson of the previous year had been that measures to control the virus had been too lenient and too late. London, Essex and Hertfordshire, as proposed in the paper before the committee, should move into tier three at midnight that night;

b) the availability of hospital beds seemed to be key to the decision to put London and areas in the South East into tier three. This had been a constant source of questions and discussion at that morning's media round. Messaging had to clearly demonstrate the link between the spread of infection and bed capacity otherwise colleagues would be very concerned. It was a difficult message when beds were not filled as the Government would be accused of crying wolf. Only ten per cent of beds in London appeared to be used for coronavirus patients. The numbers being used in media briefings needed to be checked again if they were to be the bedrock of the argument for this change in tier level;

c) the proposals were really concerning. Although the Government did not need votes in Parliament to support the proposed change, it would need votes to support coronavirus measures in January. Government was not winning the intellectual argument for why the regulations it was proposing were necessary. For instance, the suggestion that the numbers of people in intensive care places were falling was good news, this undermined the argument for more restrictions. Lockdown did not seem to have impacted the case rate in London which further undermined the case for further lockdown. Compliance with regulations had fallen apart among the under thirties. Government needed to be able to demonstrate the evidence. January would be very bumpy in Parliament;

d) the NHS capacity data could not be presented publicly in the same way it had in this meeting. The suggestion that hip replacements were taking place whilst the NHS was at risk of becoming overwhelmed would open up the Government to satirical commentary. The data needed to be clearer, in particular the iron