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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

FRIDAY 17th DECEMBER 2021
At 09:45 AM

P R E S E N T

The Rt Hon Boris Johnson MP
Prime Minister

The Rt Hon Stephen Barclay MP
Chancellor of the Duchy of Lancaster

The Rt Hon Sajid Javid
Secretary of State for Health and Social Care

ALSO PRESENT

The Rt Hon Dominic Raab MP
Deputy Prime Minister, Lord Chancellor and Secretary of State for Justice

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

The Rt Hon Michael Gove MP
Secretary of State for Levelling Up, Housing and Communities

The Rt Hon Kwasi Kwarteng MP
Secretary of State for Business, Energy and Industrial Strategy

The Rt Hon Therese Coffey MP
Secretary of State for Work and Pensions

The Rt Hon Nadhim Zahawi MP
Secretary of State for Education

The Rt Hon George Eustice MP
Secretary of State for Environment, Food and Rural Affairs

The Rt Hon Grant Shapps MP
Secretary of State for Transport

The Rt Hon Nadine Dorries MP
Secretary of State for Digital, Culture Media and Sport

The Rt Hon Simon Clarke MP
Chief Secretary to the Treasury

The Rt Hon James Heappey MP
Parliamentary Under Secretary of State (Minister for the Armed Forces)

Professor Chris Whitty
Chief Medical Officer

Sir Patrick Vallance
Government Chief Scientific Adviser

Dr Jenny Harries
Chief Executive UK Health Security Agency

Steffan Jones
Director for Analysis and Data for the Covid Taskforce

Jess Glover
Director General, Supply Chains Unit

Secretariat

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Data briefing

THE DIRECTOR OF ANALYSIS IN THE COVID TASKFORCE said that there had been rapid growth in positive Covid-19 (coronavirus) cases that week. 88,000 positive cases had been reported the previous day. This was a record figure and far exceeded the peak of the winter wave the previous year when 68,000 positive cases were reported in one day. Much higher numbers were to be expected in the following days. To illustrate, roughly 75,000 positive tests had taken place on the previous Monday. Assuming roughly half of those were Omicron and that Omicron cases were doubling every two days, then approximately 150,000 positive tests might be expected that day. The true number of infections that day could therefore be approximately 300,000. There was very rapid growth of Omicron, and it was now estimated to be accounting for the majority of cases in England and the vast majority of cases in London. Other regions across the country looked to be following a similar trajectory.

Continuing, THE DIRECTOR OF ANALYSIS IN THE COVID TASKFORCE said that, in terms of the age breakdown in London, the case growth was highest in the adult population and therefore particularly impacting the working age population. There was rapid growth in the 20-40 year age cohorts, and cases had trebled in the 25-29 year cohort over the previous week. The rise in cases in the older age ranges would impact on the National Health Service in terms of increased hospital admissions. Behaviour changes would be difficult to predict, but the London Underground services had seen a fall in usage and journeys recorded on 16 December were 31 per cent of those recorded in the previous week which indicated that the "work from home if you can" guidance as part of Plan B measures was landing with the public. Key public service sectors would continue to be monitored for absence rates in key workforces. There were signs of an increase in Covid-19 (coronavirus) absences in hospital staff in London. At that time the adult social care sector was not showing a strong signal of absences. There was a steady rise in absences in teachers. The transport sector and Critical National Infrastructure sectors had not shown a significant rise. However, the level of cases due to Omicron and the projected rise was expected to impact on workforces in key sectors.

The Committee:

— took note.

Omicron - Workforce Impacts

THE PRIME MINISTER said that the Omicron variant was spreading rapidly and this was now expected to impact on key workforces. There could also be further disruption to the supply chains network just when there had been substantial work and progress in this area. The 'get boosted now' campaign should be the Government's mantra. The health and social care sectors would be of vital importance. It would be critical to understand the risks and to take every possible mitigating action and seek to contain any disruption.

THE DIRECTOR GENERAL, SUPPLY CHAINS UNIT said that the Supply Chains Unit and Covid-19 Taskforce had been working with departments to understand the readiness of contingency plans across key workforces and public services. The key workforces and proposed actions were set out in the slides before the Committee. The booster campaign was a critical part of the response to the Omicron variant, but there was also the need to plan for workforce impacts. Daily data would be collected, and trigger points identified to assess where action needed to be taken to secure and deploy additional people or to prioritise public service provision. Departments had also been asked to speak to their counterparts in the private sector. As indicated in the data presentation, the impact of the variant would need to be managed across regions simultaneously. The Supply Chains Unit would develop thresholds and indicative planning of absence rates for departments to test their contingency plans against.

Continuing, THE DIRECTOR GENERAL, SUPPLY CHAINS UNIT said that Departments should also consider where there might be regulatory or new burdens in areas that could be postponed in order to relieve the burden on sectors at that time. Departments were asked to review the likelihood of submitting a Military Aid to the Civil Authorities (MACA) request so that these could be considered in the round. The departmental returns, and overall position of the impact of the Omicron variant on workforces would be considered at daily meetings of the Committee.

THE CHIEF MEDICAL OFFICER FOR ENGLAND said that the booster vaccination programme was key to the way out of the situation posed by the Omicron variant, but the programme had started at the top end of the age cohorts, and was just starting to focus on those of working age. It would also take around two weeks for immunity to be developed. The Omicron variant would pose similar problems across the world, not solely in the UK. It was possible that a sharp rise could be followed by a sharp decrease in cases, but this should not be relied upon and the period in between any rise and fall would be intense.

THE SECRETARY OF STATE FOR HEALTH AND SOCIAL CARE said that millions of infections from the Omicron variant were expected, and the current doubling rate would mean that the "pingdemic" seen earlier in the year would seem like a walk in the park. The sharp rise would be something not seen before. The impact on the workforce would be challenging to predict as there would be some individuals who would not register their test results, or carers outside of the healthcare system who would stop working to care for those at home. He had held a call with the G7 Health Ministers the previous day, and the impact on workforces was being considered across countries, including the question of how to prioritise public service provision when structures would be impacted at the same time. Since March of the previous year there had been emergency planning in the health sector, including for example where GPs could be moved between primary and secondary care services. Capacity was also being expanded in the nursing workforce, with 800 nurses recruited in the previous week. Funding had been secured for NHS and adult social care workforce recruitment, but this was before the Omicron variant had emerged, and did not take into account its impact. His department was working with local authorities on local contingency plans, and the Minister for Care and Mental Health had also written to care homes. It would be helpful if the Government accepted the recommendation from the Migration Advisory Committee to add the adult social care workforce to the Shortage Occupation List.

In discussion the following points were made:

a) continuing to promote boosters and the vaccination programme was the right approach. There was a need to increase the number of volunteers coming forward to support the programme;

b) communications had gone out to the education sector where there were already shortages across the country. London and the city regions were considered the priority. If Disclosure and Barring Service (DBS) checks could be accelerated that would assist, and would be welcomed by the sector if this could be done before the Christmas break;

c) experience from the previous years had demonstrated that the travel sector could adapt to shortages to a certain extent, for example changing timetables. There was a risk of crowding if there was a move to reduced services, but behavioural changes

could be seen in terms of people staying at home and not travelling. The French Government had given assurances that hauliers would be exempt from the French restrictions on incoming travellers from Britain, so there was confidence at this stage that the Kent lorry driver crisis experienced in December in the previous year would not be repeated. A reduction in tourist numbers could also ease flow at the border and the Short Straits. Hauliers were also relatively unexposed to the coronavirus due to the solitary lifestyle they often led. A final MACA assessment was needed, but at present transport sectors looked to be in a good place;

d) the current absence rate in the police was relatively low at seven per cent, when its previous peak was 15 per cent. There should be plans to test the Local Resilience Forums led by the Department for Levelling Up, Housing and Communities which had representation from the police and fire services;

e) Trade Unions had been pressing for Job Centre Plus services to be closed. However, an agreement had been reached so that people could still come into Job Centres but that services could be provided by phone if needed so that services could be kept live;

f) the adult social care workforce was of particular concern. There was currently an absence rate of 7.5 per cent, and while this was lower than the highest peak of 18 per cent in the previous Winter, it was expected that the current rate would increase to overtake the previous peak. There was also an interaction between care homes, domiciliary care and hospitals. The NHS needed to get people out of hospital and into care in order to free up capacity and that process needed to be speeded up;

g) a meeting with local government leaders would take place later that day to understand pinch points in services, including waste collection;

h) the food sector was currently running at five per cent of absence rates. If projections were correct, this could rise to 25 per cent by the new year if not sooner. Any inbound disruption would cause a serious issue in the transportation of goods. Factories and food workers were also at risk. Conditions could be crowded leading to spread and outbreaks in factories;

i)

j)

Irrelevant & Sensitive

k) a decision would need to be taken on additional restrictions in prison the following Monday. It was possible that visitors could be restricted. The flow of Lateral Flow Device tests needed to be increased for prison staff to ensure resilience;

l) assessing capability and capacity across the public sector could open up the option of addressing gaps in the system. This could include looking at the civil service workforce;

m) Lateral Flow Device tests needed to be prioritised for key sectors and got out to workplaces swiftly. If greater supply was needed, plans should be put in place to secure this. Testing on arrival at work could also be explored;

n) if there was potential to reduce the ten-day self-isolation period to five or seven days this could be critical in keeping the show on the road, particularly if the period of high infectiousness was in the first five days; and

o) the severity of the Omicron variant still needed to be understood, and any consequences for the isolation period should be considered. For example, the possibility of reducing the self isolation period for certain sectors or workforces, for example HGV drivers, could be explored, to sustain certain services even if this could not be done across the whole of the population.

Responding, THE CHIEF MEDICAL OFFICER said that he would take away the question of the self-isolation period. There was a risk

that reducing the time period could be self-defeating as it could lead to a peak in a rise of infections and cases.

Summing up, THE PRIME MINISTER said that the public were not yet aware of the urgency of the situation and how disruptive a significant spike could be. There was not yet evidence of the severity of Omicron and whether it would cause milder symptoms in this country. The points raised on the self-isolation period were good ones and should be considered, but it would be important to remember that even if an individual had mild symptoms they could still transmit the virus to someone who could be impacted more severely. The booster programme and the implementation of Plan B measures were the right way forward to contain the Omicron variant. Departments should all look to promote the take up of boosters amongst their staff, and to promote boosters in key workforces.

Continuing, THE PRIME MINISTER said that the Government needed to work hard at the issue of workforce absences. The prioritisation and flow of Lateral Flow Devices should be looked at. It could also be possible to look where people could be trained up to do different things if that did not risk public health and safety, and DBS checks should be sped up if this posed a barrier in the education sector. The absence rates in the Armed Forces should be monitored and requests for MACA properly considered. It was important to move people out of hospitals into care settings wherever possible, and the recommendation to add the adult social care workforce to the Shortage Occupation List should be explored. All departments would need to develop contingency plans and test these against the potential absence rates defined by the Cabinet Office. Data and other information should also be provided to the deadlines requested. At a local level, Local Resilience Forums should also be reinforced.

Concluding, THE PRIME MINISTER said that the oversight of workforce disruption would be driven forward by the Chancellor of the Duchy of Lancaster through daily meetings of this Committee.

The Committee:

— took note.