



**AGENDA ITEM**

2.2

**CTM BOARD**

**UPDATE ON COVID-19**

**Date of meeting**

27/02/2020

**FOI Status**

Open/Public

**If closed please indicate reason**

Not Applicable - Public Report

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**Approving Executive Sponsor**

Executive Director of Public Health

**Report purpose**

FOR DISCUSSION / REVIEW

**Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)**

**Committee/Group/Individuals**

**Date**

**Outcome**

(Insert Name)

(DD/MM/YYYY)

Choose an item.

**ACRONYMS**

## **1. SITUATION/BACKGROUND**

- 1.1 On 31 December 2019, the World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan City, Hubei Province, China. On 12 January 2020 it was announced that a novel coronavirus had been identified in samples obtained from cases and that initial analysis of virus genetic sequences suggested that this was the cause of the outbreak. WN-CoV infection is classified as an airborne high consequence infectious disease (HCID) in the UK.
- 1.2 On the 30 January 2020 the WHO designated this issue as a Public Health Emergency of International Concern under the International Health Regulations 2005. The effect of this declaration is that it enables WHO to mobilize resources on a global scale, organize and lead support efforts, commit member states to specific actions to control spread and improve the sharing of data. This new pathogen has now been named COVID-19.
- 1.3 As at 13 February 2020 there have been 46,997 confirmed cases of COVID-19 globally. 46,550 have occurred in mainland China. Closer to home there have been 9 confirmed cases in the UK. None of these have occurred in Wales. Those UK Nationals that were repatriated from Hubei Province in China have been isolated. The first 83 reached the end of their 14 day isolation on 13 February 2020. None of the confirmed cases in the UK has occurred in the group of repatriated Nationals.

## **2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**

- 2.1 In terms of outbreak/epidemic management we are still in the containment phase – that is resources are aimed at enhanced case finding, all suspected cases are tested and strict control measures applied to prevent or minimize any spread. There is still no information available from Public Health England (the lead agency on international health for the UK) on modelling scenarios. Efforts have been slowed by the quality of the data from China, however it is hoped to receive some forecasts next week.
- 2.2 There is considerable pressure on the NHS in Wales not only to prepare for the management of confirmed cases but also to provide testing of possible cases within the healthcare and community settings.



### 3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 Daily meetings are held to manage the Health Board's response, these are chaired by the Deputy Chief Operating Officer (COO). There will need to be consideration about the process within the Health Board for this to be managed which could be via the Gold, Silver, Bronze tactical groups.
- 3.2 In response to letters from the CMO the Health Board is having to:
- Provide capacity for community testing of possible cases, this is currently available 8am to 5pm, seven days a week for 16+ and from next week there will be a Monday to Friday service available for children with plans to extend to weekend cover being formulated. The CMO letter requested a service be available 8am to 8pm.
  - Investigate the provision of 'Coronavirus Testing Units', dedicated facilities provided for the testing of possible cases that can be utilized where demand requires. It should be noted that the CMO letter requested that these facilities be operational by Friday 14 February 2020, however in discussions between Public Health Wales (PHW) and all Health Boards most are clear this is not possible. Scoping work on the design of the units and investigations into possible areas they can be placed is being carried out, however there are national discussions that are taking place and consideration given to a regional response across Health Boards.
- 3.3 Changes to case definitions and precautionary action may impact on Health Care Workers returning from affected areas. Currently any Health Care Workers returning to work following travel to the affected areas – even if only transiting through – are asked to report to Occupational Health for advice. Any Health Care Workers who have worked in or visited a healthcare facility in the affected areas are asked to self-isolate on their return.
- 3.4 There will be a financial impact from the response that is being put together and there will need to be a means for monitoring the costs incurred.

### 4. IMPACT ASSESSMENT

<b>Quality/Safety/Patient Experience implications</b>	Yes (Please see detail below)
	This situation presents considerable challenges to the Health Board. The broad case definition for those that may be a case of COVID-19 means that a considerable number are being reported



	for testing. The precautions required for testing may impede assessment and treatment for other, unrelated conditions that may cause harm to the individual.
<b>Related Health and Care standard(s)</b>	Safe Care
	If more than one Healthcare Standard applies please list below: Effective care
<b>Equality impact assessment completed</b>	Not required
<b>Legal implications / impact</b>	There are no specific legal implications related to the activity outlined in this report.
<b>Resource (Capital/Revenue £/Workforce) implications / Impact</b>	Yes (Include further detail below)
	The Health Board has already implemented community testing arrangements and is planning for the provision of testing units as required by the CMO. In addition to this there is the need to be ready to implement other measures as the situation requires in the future.
<b>Link to Main Strategic Objective</b>	To protect and improve population health
<b>Link to Main WBFG Act Objective</b>	Service delivery will be innovative, reflect the principles of prudent health care and promote better value for users

## 5. RECOMMENDATION

- 5.1 **NOTE** the update and the potential impact on services.
- 5.2 As determined by the Director of Finance the Health Board needs to identify a means to monitor costs associated with this work.
- 5.3 The Health Board should work with other Health Boards to meet service demands and CMO expectations on a regional basis.

- 5.4 Adopt a civil contingencies/emergency response approach and activate appropriate Gold/Silver/Bronze Coordinating Groups in line with the recommendations of the Chief Operating Officer.

**Reference:**

Chief Medical Officer for Wales letter dated 10 February 2020 "**Health board responsibilities for assessment and testing service to individuals requiring management of possible coronavirus infection (2019-nCoV)**"