

Message

From: Gill Richardson (Public Health Wales - No. 2 Capital Quarter) [Gill.Richardson2@wales.nhs.uk]
Sent: 15/04/2020 13:00:08
To: Kamalan, Chrishan (HSS - DHP Public Health) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b4927bdb141044aca5ee696d8e9faeba-Kamalan, Ch]; Anna Louise Elizabeth Schwappach (PHW - Public health medicine) [Anna.Schwappach@wales.nhs.uk]; Jones, Chris (HSS-DPH-Population Healthcare) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=202fa9e6d9364a1fb6060797aff0825b-Jones, Chri]; Jones, Peter (HSS - Mental Health, NHS Governance and Corporate Services) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a944a036349f45698eddda38e7ad9b22-Jones, Pete]; [REDACTED] (HSS - DHP Public Health) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=170f0b9398144dbeb799d992cabd58c7[REDACTED]; Walker, Mark (HSS - Primary Care & Health Science) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4af309105b374d19ad70558c19151b68-Walker, Mar]; [REDACTED] (HSS - MH&VGD) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1114c5b3ddc14644825c8045a589199a[REDACTED]; Payne, Heather (HSS-DPH-Population Healthcare) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3d79d5a7bd58476593e2501c442cfad0-Payne, Heat]; Meirion Evans (Public Health Wales - No. 2 Capital Quarter) [Meirion.Evans@wales.nhs.uk]; Hayes, Sara (HSS - Population Health) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f8c50795eef4d479557078629d588f5-Sara.Hayes0]; [REDACTED] (SS - DPH - Public Health) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=eaac7270f8b549fdb81ab4b825d9848]; [REDACTED] (EPS - SLD) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b399ad89c74f489b8523f75c80115253]; [REDACTED] (NR) (ECCW.Health / ECCW.lechyd [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8d05862ba4c144228a1c08f8b524b1da-ECCW-Health])
CC: Atherton, Frank (HSS - Chief Medical Officer) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f89dd16eea4492188440f6fb67d90a2-Atherton, F]
Subject: RE: DHSC/PHE/DAs Call 15/4/20 – ACTION REQUIRED

We do need a handle on HCW deaths **ourselves**.

The decision on what can be shared is then a separate issue we can consider with Heather's guidance I feel.

Gill

Dr Gillian Richardson, MBChB, MRCGP, MPH, FFPH, MRCPHM, MInstLM

Dr Gill Richardson

Cyngorydd Proffesiynol i Brif Swyddog Meddygol, Cymru, Llywodraeth Cymru. (Secondiwyd o Gyfarwyddwr Cynorthwyol, Polisi ac Iechyd Rhyngwladol, Canolfan Gydweithredol Sefydliad Iechyd y Byd ar Fuddsoddi ar gyfer Iechyd a Llesiant).

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Dr Gill Richardson

Professional Advisor to Chief Medical Officer, Wales, Welsh Government. (Seconded from Assistant Director, Policy and International Health, World Health Collaborating Centre on Investment for Health & Well-being).

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We welcome correspondence in Welsh. We will respond in Welsh without delay.



Arhoswch! Meddyliwch am yr amgylchedd - oes angen argraffu'r ebost yma?

Please consider the environment - do you really need to print this email?

From: Chrishan.Kamalan@gov.wales <Chrishan.Kamalan@gov.wales>

Sent: 15 April 2020 11:45

To: Anna Louise Elizabeth Schwappach (PHW - Public health medicine) <Anna.Schwappach@wales.nhs.uk>;
Chris.Jones@gov.wales; Peter.Lloyd.Jones@gov.wales; [REDACTED] NR [REDACTED]@gov.wales; Mark.Walker001@gov.wales;
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<Meirion.Evans@wales.nhs.uk>; Sara.Hayes003@gov.wales; Gill Richardson (Public Health Wales - No. 2 Capital
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Cc: Frank.Atherton@gov.wales

Subject: RE: DHSC/PHE/DAs Call 15/4/20 – ACTION REQUIRED

In meeting with Minister where he agreed we hold our line that there is no reporting on NHS staff deaths, in Wales, by PHW.

Could note that PHW are not reporting on overall deaths wrt local authority area (as in England) given lower commensurate numbers which can lead to identification.

(To note that Health Boards are reporting on staff deaths, and in some cases family of deceased NHS staff are disclosing details in public domain.)

Chrishan

Dirprwy Gyfarwyddwr Dros Do (Coronafeirws) / Acting Deputy Director (COVID-19)

Irrelevant & Sensitive

chrishan.kamalan@gov.wales

From: Anna Louise Elizabeth Schwappach (PHW - Public health medicine) <Anna.Schwappach@gov.wales>

Sent: 15 April 2020 11:13

To: Jones, Chris (HSS-DPH-Population Healthcare) <Chris.Jones@gov.wales>; Jones, Peter (HSS - Mental Health, NHS Governance and Corporate Services) <Peter.Lloyd.Jones@gov.wales>; Kamalan, Chrishan (HSS - DHP Public Health)

<Chrishan.Kamalan@gov.wales> [REDACTED] NR [REDACTED] (HSS - DHP Public Health) [REDACTED] NR [REDACTED] @gov.wales>; Walker, Mark (HSS-Primary Care & Health Science) <Mark.Walker001@gov.wales> [REDACTED] NR [REDACTED] (HSS - MH&VGD)

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Meirion Evans (Public Health Wales - No. 2 Capital Quarter) <Meirion.Evans@gov.wales>; Hayes, Sara (HSS - Population Health) <Sara.Hayes003@gov.wales>; Gill Richardson (Public Health Wales - No. 2 Capital Quarter)

<Gill.Richardson2@gov.wales> [REDACTED] NR [REDACTED] HSS - DPH - Public Health) [REDACTED] NR [REDACTED] @gov.wales>

Cc: Atherton, Frank (HSS - Chief Medical Officer) <Frank.Atherton@gov.wales>

Subject: DHSC/PHE/DAs Call 15/4/20 – ACTION REQUIRED

Dear colleagues,

Peter was also on the call so may have more notes.

Please note the need for a reply re the plan for reporting of NHS staff deaths

Also, I highlighted the issue of oxygen in mental health trusts in England in case this also needed consideration in Wales

Brief notes:

Deaths/sit rep data:

Update that death of a patient in the Nightingale facility (London) last night

England +661 deaths, total 11666 (needs verification still)

NI +10, total 134

Scotland +40, total 615

Wales +60, total 463

UK + 771 (to be confirmed) total 12878 (needs verification still)

Staff deaths

DHSC/PHE are asking the DAs to confirm what they are doing about information about staff number deaths – would like an update on this urgently.

Supply lines

Very busy, stock sent to LRFs – should be additional drops this week ? exactly when for DAs – likely Friday and Saturday this week in England

Interim ‘clipper’ supply is up and running but only to a small number of people at present – will take likely 4 weeks until fully up and running so still reactive work in interim.

There have been some issues with gowns (shortages) and some complications with this e.g. wrong types but this is being resolved.

There was a body bag shortage but working hard to get increased supply. 8000 today being distributed today.

Oxygen issues in some English hospitals e.g. mental health trusts – they do not normally have oxygen supplies so are relying on bottled cylinders – important work to ensure continuity of supply in England in mental health trusts

Social Care

Action Plan being published this afternoon and launched by Secretary of State at Press Conference – details as discussed in notes yesterday

Workforce remains a big problem and is part of the action plan

Comms

Launch of social care plan today alongside SoS appearance at 5pm

General comms on differences in data streams and work ongoing on this

General comms on PPE especially in social care sector

Ongoing comms on testing including drive-through sites

John Bell's report on antibody testing to come out today (oxford university) so reactive lines for that

Best wishes,

Anna

Dr Anna Schwappach

**Cofrestrydd Arbenigol Iechyd y Cyhoedd/Speciality Registrar in Public Health
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Nodwch, os gwelwch yn dda, byddaf yn gweithio Dydd Mawr, Dydd Mercher ac Dydd Iau fel arfer

Please note, my working days are Tuesday, Wednesday and Thursday

Best wishes,

Anna

Dr Anna Schwappach

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From: Anna Louise Elizabeth Schwappach (PHW - Public health medicine)

Sent: 14 April 2020 13:36

To: 'Chris.Jones@gov.wales' <Chris.Jones@gov.wales>; 'Peter.Lloyd.Jones@gov.wales' <Peter.Lloyd.Jones@gov.wales>;

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Health Wales - No. 2 Capital Quarter) <Gill.Richardson2@wales.nhs.uk>; NR @gov.wales'
NR @gov.wales>
Cc: 'Frank.Atherton@gov.wales' <Frank.Atherton@gov.wales>; Marc Davies (Public Health Wales)
<Marc.Davies@wales.nhs.uk>; NR @gov.wales' NR @gov.wales>
Subject: DHSC/PHE/DAs Call 14/4/20 – Brief notes

DHSC/PHE/DAs Call 14/4/20 – Brief notes

Apologies if you have already received some notes from Peter but, in case not....

Death data

England – 11005, increase 7744

Scotland – 575, increase of 9

Wales – 403, increase of 19

NI – increase 6

Working UK figure 12107 – increase 778

ONS – NHSE difference in data continues e.g. NHSE figures until 3rd April – 5186, ONS 5979 – there is a gap between them.

– they think that approx 1/3 of the data gap in deaths from community, 1/3 deaths not picked up/tested in hospitals as COVID, 1/3 related to delay. This continues to be discussed and there is a meeting on this this afternoon. Complicated problem to unpick.

They are looking at developing a new process for capturing deaths in HCWs and adult SCWs – this was discussed with the DAs at the weekend and is under review. They discussed idea of capturing deaths in these groups: those nurses/doctors/HCWs that happen in hospital may be picked up through the normal data channels; identifying new ways to capture wider groups such as pharmacists, NHS office staff, dentists when they die in hospital; HCWs and SCWs when not dying in hospital. These are all extended and complex groups– will need to work on data sources and verifying them before can collect/release this data.

NHSE/PHE/DHSC working on this now and will be working with colleagues in DAs.

Wales raised concerns, including regarding accidental identification of people in a small country. Wales advised that they will be feeding back on this formally but suggested that they would prefer the use of NHS staff as a bracket for all identified HCWs rather than subcategorising further, as had been suggested. Other DAs also said they are continuing to review and all agreed that this would continue to be looked at in terms of the best approach going forward.

Adult Social Care Update

DHSC have been preparing an action plan over weekend - Confirmation that will be published tomorrow.

Content in there about improving infections control, support for workforce and support for vulnerable groups e.g. expanding testing, supporting discharges, recruitment, training, support for workforce

Care home deaths from ONS data released today – 217 care home deaths last week (11 day lag so real number will be much higher). In the 11 days since the 217 figure, approx. doubling in no. of care homes registering a care home outbreak. Approx. 2100 care homes now registering an outbreak – approx. 14% care homes in England.

Have been requests to include care home deaths in daily data but explained that this is very hard to try and unpick this data so that this can happen.

Chair queried that, looking at home care, home care deaths also appear up at a greater percentage than care homes and whether this was significant? DHSC confirmed need for caution when looking at changes in death rates – high fluctuations in deaths at home anyway (before COVID) depending on many factors. BUT home care sector is under a

huge amount of pressure – very big pressure with staff absences and a lot of other support normally available (e.g. visiting services, day centres etc) have been scaled back. They are therefore keeping a close eye on this.

Testing

Numbers down again significantly in last report – covers Easter Sunday, therefore not surprising.

Drop in number of patients tested in hospital is more substantial than the number of staff tested. This could be a good sign and could reflect increased capacity now to bring on more staff (adult social care staff testing now being pushed in England). Now need to increase demand to fill all the tests now available. Will review numbers again after BH weekend lag.

Considerable problems with antibody testing. No lateral flow test that passed requirements yet.

Now looking at how could roll out ELISA testing in parallel with looking at antibody testing.

Also ramping up options for population sampling.

Good response to requests for help from industry so far.

Workforce

Numbers of professionals expressing an interest in returning to work increasing.

Also, students getting ready to go onto clinical placements.

However returning staff potentially available in some areas in country not being taken up, perhaps because these areas are not experiencing the increase in demand for services yet – encouraging them to think mid-term rather than short-term only and therefore take up the offer of these staff; messaging with employers in these areas.

Also ensuring that support being directed to adult social care sector. **Workforce on adult social care side is still concerning and they are starting a recruitment drive into this service in next 48 hours.**

International

No-one on the line. Main stand-alone international team has been stood down.

Comms

No-one on line

Death and Funeral guidance

Current PHE guidance is being split into two so that the guidance on attendance at funerals can be published rapidly (end of week) and the rest can be published next week.

Supply issues

Shortage of ICU drugs – been notified today. In discussion with CMO.

Atracurium in short supplies – 4 days supply in the system. This is a European supply issue – alternative available is rocuronium – also in limited supply.

Not clear contingency at present. ALERT going out today about this.

Best wishes,

Anna

Dr Anna Schwappach

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