

Note of Meeting with the Education Union Group held at 12.00 on 05 January 2021 regarding the Return to School

In attendance

Minister for Education, Kirsty Williams MS (MfE)
Minister for Housing and Local Government, Julie James MS (MHLG)
Dr Chris Jones, Deputy Chief Medical Officer (CJ)
Fliss Bennee, Co-chair, Technical Advisory Cell (FB)
Dr Heather Payne, Senior Medical Officer for Maternal and Child Health (HP)
Steve Davies, Director of Education, Welsh Government (SD)
Dr Chris Williams, Consultant Epidemiologist, Public Health Wales (CW)
Neil Butler, NASUWT (NB)
Eithne Hughes, ASCL (EH)
Mary Van den Heuvel, NEU (MVH)
Laura Doel, NAHT (LD)
Dilwyn Roberts-Young, UCAC (DR-Y)
Rosie Lewis, Unison (RL)
Urtha Felda, Community TU (UF)

Update

- CJ outlined the latest PHW data. Rates still high at 450 per 100,000 causing pressure on the NHS. Stabilisation is expected although there remains some uncertainty. Potential risk to the NHS led to CMO advice to raise the Covid Alert Level.
- He advised that the current understanding was that the new variant of concern was around 70% more transmissible, similarly in children and adults. The risk is generally greater in schools as elsewhere.
- CJ reported that the roll out of vaccination had started as advised by the JCVI. He advised that the prioritisation was based on avoidable harm and those most at risk of death. Dr Jones also explained that many of the harms rely on the integrity of the health service. He acknowledged that there was a view held by Unions for teachers to be prioritised. It was noted that the evidence showed that the profession's outcomes were generally better than the general population and this was thought to be as a consequence of the effectiveness of the operational measures that had been put in place.
- FB noted that in terms of the testing data there was a mixed picture across areas and that overall hospital occupancy rates and capacity to treat other illnesses remained a concern. She advised that in Wales there was a desire to share as much information as possible, but not unless there was a high level of confidence in the evidence available.
- HP noted that the issue was about appreciating and managing any additional risk which was the case for all workplaces and a need to go back to basics.

This comprises mitigating measures including effective use of NPIs, the testing programme to help reduce avoidable harm and the vaccination to protect those at highest risk. She advised that young people would get their protection from consistent use of NPIs and those that are vulnerable would be prioritised for the vaccination.

- CW advised that the new variant was likely to be the most common as it spreads across Wales. He also agreed that there was nothing significant to indicate that young people were at more risk than anyone else. He agreed that general mitigating measures would help to reduce transmission.

Next Steps

- The MfE outlined the chronology of decisions prior to Christmas and advised that the purpose of the meeting was to consider the SAGE recommendations and what they mean for Education moving forward. This would include consideration of alternative options to deliver education, expectations of face to face learning is not possible, barriers to returning and additional mitigation measure that are necessary.
- NB challenged the idea that teachers were low risk and that schools provided a safe environment given evidence of increased cases in secondary schools which was likely to increase with the new variant. He also noted that social distancing was impossible particularly with younger pupils. He advised that the only way to return to face to face lessons would be to vaccinate the education workforce otherwise there was a case for blended learning beyond 18 January.
- EH sought clarification of testing arrangements for schools.
- MVH expressed the view that 18 January provided a short turnaround especially pending more information on the new variant and asked if this could be kept under review. She noted the need to ensure social distancing possibly by more use of online learning and rotas and recommended use of masks in the classroom. She also advised that schools would need help from local authorities and medical staff with testing.
- LD advised that there was concern among staff in special schools and PRUs about staying open as they felt vulnerable and asked what additional measures would be put in place to support them. She advised that it would be helpful to have the rationale for decisions which could be shared with members to help provide reassurance and to inform risk assessments.
- DR-Y concurred with the views expressed by SEN and also noted that there was also a need for clearer guidance on ventilation. He was keen to review revised guidance and noted a need for improved communications with schools to increase confidence.

- RL reported that there was a desire to open schools and supported the call for school staff to be vaccinated to provide reassurance that they are protected. She expressed concern that TAs were being expected to run hubs and that there should be a shared responsibility with teaching staff.
- MfE noted the need for revised guidance and update risk assessments in view of the new variant.
- The MfE acknowledged that people would feel more confident by being vaccinated but would need more scientific evidence to challenge JCVI priorities. She agreed to discuss with local authorities what support could be put in place to deliver testing.
- CJ acknowledged anxieties of staff about being in the workplace. He noted higher rates among the profession but advised that there were reasons to provide reassurance. This included evidence that there were higher rates for the profession due to increased testing when schools returned. Health care workers also have high rates but teachers have better outcomes and therefore at less risk than other professions.
- FB supported this view and that understanding the reasons behind the increased rates among the profession was important. She noted that young men aged 20-49 were most likely to spreaders and less likely to adhere guidance and therefore likely to affect rates. There is therefore evidence of behaviours outside of the school settings effecting rates rather than because of the profession.
- It was agreed that a case would be made for staff providing personal intimate care for children with complex medical conditions to be prioritised for vaccination in line with other health and care workers.
- EH suggested that further mitigation measures could include more education about how to use PPE effectively, infection prevention controls, close staff rooms to avoid adult to adult contact, more use of blended learning to help effectively separate staff to avoid transmission bridges. It was also recommended that the hub model should be discouraged to avoid mixing children from different schools and because fewer vulnerable children would be likely to attend.
- MfE agreed that SD and RC would be in touch to work through issues and a further meeting would be necessary to discuss what is achievable. MHLG also reminded the group that they could reach her and the MfE if they wished to raise issues. This was noted.