

Dr Frank Atherton
Prif Swyddog Meddygol/Cyfarwyddwr Meddygol, GIG Cymru
Chief Medical Officer/Medical Director NHS Wales



Llywodraeth Cymru
Welsh Government

Dr Andrew Goodall

NHS Chief Executive, Health and Social Services Group

10th August 2020

Dear Andrew

As requested, I have been taking stock and reflecting on the first phase of our response to Covid-19 in Wales and the pivotal role that HSSG in general and the Population Health Directorate in particular play in advising Ministers across Welsh Government and beyond in managing the pandemic, mitigating its impact and moving towards a 'new normal' that will be unpredictable and challenging.

I am therefore, at your advice, writing to flag significant concerns about our ability to manage the next phase of the pandemic in Wales. The context for this is that infection rates are currently low and stable in the country but I fully expect to see significant resurgence over the next few months in keeping with international experience even with our enhanced control measures. It remains the case that over 90% of our citizens have not so far encountered the virus.

Our TTP programme has been one important reactive element and is now functional but it is yet to be stress tested and it is over-reliant on small public health teams within the LHBs to staff regional responses. Much of their work is now devoted to this. PHW support has been valuable but a new operating framework may mean decreased local support on the ground. I understand that England is planning an expansion of this function and we are also preparing as second wave approaches

Another key control factor is our response to clusters, incidents and outbreaks. Health Board DsPH and Directors of Planning are producing Prevention and Response Plans with Local Authority partners and these will be submitted via PHW over the next couple of weeks. We should continue to stress with LHBs their corporate responsibility for leadership and for effective outbreak control with PHW assistance.

Public Health Wales has proved itself adept at managing community outbreaks and incidents but the organisation is over-stretched, and key gaps in supporting settings based outbreaks have emerged and I am concerned that they will not be able to respond to a very significant increase in infection rates if we see multiple outbreaks as is occurring in other parts of the UK. I understand that PHW is attempting to recruit more consultants in communicable disease control using the health protection funding we provided last year.



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Within Welsh Government (WG) our Public Health team has led the development of our surveillance system, has provided oversight of recent outbreaks/incidents, is providing daily updates to Ministers, is managing the communication interface with LHBs and other partners, is planning and managing the seasonal influenza vaccination programme and has established a Wales Covid-19 Vaccination Programme Board to assist Health Boards and Trusts with a completely new set of vaccines with complex planning of delivery, storage and distribution requirements. To support the lead coordination role of our Health Protection Advisory Group (HPAG) we have established a Coronavirus Intelligence Cell, to inform the development of proposals for escalation at local and national levels as and when community transmission increases. Our plan which translates across Government, requires that the HPAG is repurposed and strengthened to provide system oversight, collate situational awareness, and make recommendations to Ministers on the need for enhanced control measures. These are entirely new functions for WG which have not been prioritised either through a resource bid to ExCo or through direct representation from myself, Reg Kilpatrick, and Simon Brindle; the clear expectation of the Permanent Secretary is that these functions should be resourced from within HSSG rather than delivered as a corporate priority. I would welcome an urgent discussion on how WG expects to deliver these essential functions for the next phase of the pandemic. Ministerial and public expectations are high but are undeliverable within current arrangements.

You are aware that our public health team is heavily reliant on a small number of key individuals who have worked exceptional hours in excess of EWTDs since February. I am sure you are also aware that we have been running a 24/7 three person on-call rota for CMO, professional lead and policy lead since March; this has been in addition to normal duties and staff have operated this on a good-will basis. What was necessary for a short term emergency is not adequate for the long term challenges we now face and these arrangements are clearly unsustainable; we are seeing both fragility of delivery and adverse impact on staff wellbeing. In order to comply with our duty of care to staff you will wish to note that, as of today, I am authorising staff who are on-call over the weekend to take a compensatory rest day the following Monday (or another day in that week if Monday working is required). I am also reminding staff and line managers that they are required to comply with EWTD.

I regret that much of the work to manage and mitigate the impact of coronavirus in Wales over the past six months has been unseen and under-appreciated by the wider organisation and I hope that we can find a way to deliver the next phase of the response that I am convinced will be needed.

Yours sincerely

Personal Data

DR FRANK ATHERTON