

Message

From: Goodall, Andrew (HSS - DG - NHS Wales Chief Executive) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=1517E328CD7243EC86A25B848596A381-GOODALL, AN]
Sent: 15/12/2020 09:06:50
To: Vaughan Gething (Ministerial) [vaughan.ething@gov.wales]; Jenkins, Clare (OFM - Special Adviser) [clare.jenkins010@gov.wales]; PS Minister Health & Social Services [psmhss@gov.wales]
CC: PS to DG for Health and Social Services Chief Executive NHS Wales [pstodgforhssscenhwales@gov.wales]
Subject: Official sensitive

Morning Minister

Some overnight thoughts

I don't know if Frank has shared it with you yet Medical Directors have written in outlining their concerns clinically about the system's ability to manage into January, based on the high community prevalence. They are respectful in their language and of balancing decisions that need to be made but from an NHS perspective supporting actions if they are under consideration. You will need to see the letter.

I have the NHS Board this afternoon. Again from a system perspective I am expecting that CEs will want to reflect the change in tone even from submissions last week as the pace of increase has raised everyone's concerns. I would expect if it happens to be sent in to be in respectful language but will focus on need for interventions above the NHS response as decisions will be taken over the forthcoming weeks that will impact on other patients, including urgent. They know they have some support and flexibility from the choices framework, but it is the prospective position peaking in January and not being able to judge the end point that is a concern.

I have not spoken to the range of clinical representatives and Royal Colleges, but given the Intensive care society submission on Sunday night, and think that probably conveys the mood of the system at this point. I can speak to others if you wish – the RCN have written in already. The NHS understands the other sector and balancing decisions for government.

If we were looking for the tipping point I think it is the data over the last few days and the pace of the impact coming through the system from community prevalence to the hospital picture (including the clear growth now occurring in critical care) that makes this feel different even from last week's discussion. If the Christmas Day forecast comes forward as is possible this week we could be looking at between 3500-4000 beds in use through January which would be 50-60% of our normal capacity only for covid. At our peak in April we were at 15-20%.

The workforce absence alongside adding other workforce heavy requirements like field hospital establishment, other NHS activities, supporting care home sector and the vaccination are already stretching the existing plans for workforce. Irrespective of the overall rate, it is the absence impact on individual, often more specialist, areas that is driving some of the extra pressure and concern at the moment be community nursing service 40% down in SB, a third of critical care staff off in ABHB; 45% of care home staff off in some of the NPT/Swansea care homes.

David Hepburn was on radio 5 live this morning in a very balanced interview, interestingly saying that locally he felt critical care in a better place than in first wave but that the concerns were about January but he was saying that the community prevalence and hospitalisations was relentless and driven by public behaviour. He also defended that circuit breaker had worked but just that it had grown rapidly since.