

FROM THE MINISTER OF HEALTH

To: First Minister and deputy First Minister



Castle Buildings
Stormont Estate
BELFAST, BT4 3SQ
Tel: **I&S**
Email: private.office@health-ni.gov.uk

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Dear Arlene and Michelle

I am writing in response to your note, received on Thursday evening.

Firstly can I say I was somewhat surprised to receive such a note, following a very brief discussion at the Executive meeting, without any form of detail, given that the issues raised within it cut directly across my responsibilities as Minister for Health. If we are truly witnessing a genuine move to break down silos, then that would be very welcome. However, I am concerned that following the announcement of the engagement of a new Interim Head of the Civil Service that the role seems to be entirely focused on heading the Covid Task Force and doesn't reference many of the other existing challenges we in Northern Ireland will face in the coming weeks & months.

Nevertheless, let me emphasise there will be no lack of enthusiasm on my part for any genuine attempt to make things better, as has been previously exhibited and proven.

On the substantive issues raised and the four bulleted points listed, while I can fully appreciate your desire for actions and activities to help our fight against the COVID pandemic, I think the approach suggested in your note warrants much greater consideration, discussion and thought. Significantly, the establishment of a Covid Taskforce 10 months into the pandemic may draw adverse comments. I believe we should be careful not to conflate the issues of managing a significant workload on an ongoing basis in the context of a pandemic, and the TEO responsibilities for civil contingencies.

In terms of the generality of the approach proposed, I have some significant concerns, having experienced the pressures that this pandemic has brought to bear both on officials and our systems, which in response have led to a number of proactive and significant changes in ways of working and practices within my Department over a very short period of time.

One of the most significant challenges we face in terms of the management of our response to the pandemic is the workload pressure it is putting on colleagues across the system. This is, of course, particularly true in my Department, but is also the case in many other areas. In this context I am concerned that creating yet more structures can only serve to actually damage our response. Each structure that is created will require the commitment of time, energy and resources from already hard pressed colleagues. While that investment is, of course, worthwhile when there is a clear return in terms of progress towards well-defined objectives and desired outcomes, I don't have a sense that any such analysis has been undertaken to determine what the potential benefits of your proposed taskforce are. The first step here should be an open and honest conversation about where, at a system level, we feel there are deficiencies or shortcomings in our current approach – it is only then that we should seek to design the approach to addressing any identified problems.

Your proposed approach also envisages the interim HoCS as leading this work. Aside from the clear duplication of effort as indicated above, I am also concerned about the impact this may have on other priorities for that individual – surely, for the short term at least, HoCS will need to be very largely occupied on Brexit related issues, given the imminent deadlines, and the development of a Programme for Government.

In terms of the four specific issues raised in your note, I would offer the following initial thoughts:

Logistical rollout of mass testing capability – this will indeed present a challenge, but as way of an update, we have secured the agreement of Ian Greer at Queens University to develop a partnership approach in conjunction with my Department's Expert Advisory Group on Testing and the associated Academic Consortium to taking this work forward. As this work rolls out we will inevitably need support from colleagues in other sectors – but further work is needed before we can properly define that ask, and distracting colleagues here from it by servicing new and unfocussed structures will only serve to delay that work, something that I believe none of us would want.

Vaccination rollout – you will be aware, following the presentation to the Executive on Thursday, that we are well advanced in our work in this area. Patricia Donnelly has a clear and firm grip on all aspects of this programme, reporting through to my Department's Vaccination Programme Oversight Board and there is a significant risk that all involved could be distracted by layering on additional oversight mechanisms. Furthermore, I would advise that my Department and the HSC system already have extensive experience and capability with regard to planning and delivering complex vaccination programmes at scale and pace on an annual basis. The reality with a vaccine programme is that the challenges experienced are most likely to be clinical in nature, and oversight from outwith the health sector would not be either appropriate or value adding.

Strategic Compliance – this is a particular frustration for me, having raised this issue a number of times, originally proposing a focused approach in a paper during the summer. This was reinforced by my request for the creation of a short term "Compliance Czar" to oversee this work across Departments. I agree the issue would benefit from greater focus by TEO, we can provide input from DoH/PHA – but in my opinion we do not need to partner with TEO appointed operational leads, which could further diffuse resources. I would also suggest in this area of work there may be input from the Health and Safety Executive that could be further utilised.

Public Communications – again, I feel this is an area for TEO to lead on, with input from us in Health, but again I feel that the message would be stronger if other Ministerial colleagues could play a proactive and positive part, as I suggested on a unified message around vaccination.

Recovery – as I have indicated in the past in a previous paper, this is a key and growing issue of concern, and rightly needs some significant attention from the Executive, as there is increasing public frustration and disquiet. That said, the key players and partners in this work are surely DfE and DfC.

Our shared aim must be to improve the quality and timeliness of any and all responses to this pandemic, and I would repeat my view that we need to think carefully about the nature of the structures we put in place to do this.

The first step therefore in my opinion would be for the Executive as a collective to produce and agree what things will look like as of and going forward from the 11th of December. That surely should be the immediate priority for the incoming Interim Head of the Civil Service.

I would very much welcome a more detailed discussion with you both, before we proceed.

I have copied this memo to Executive Colleagues.

Yours sincerely,

PD

Robin Swann MLA
Minister of Health