COVID-19 – Framework for Decision Making

Re-mobilise, Recover, Re-design: The Framework for NHS Scotland

Mobilisation Recovery Group
Note of Meeting 8

09:00-11:00, Friday 30 October, 2020 (via MS Teams)

Members Present (in alphabetical order)

Jane Anderson	UNISON representative
Derek Bell	Specialty Advisor, Elective & Unscheduled Care, Scottish Government
Heather Bryceland	Programme Manager of the 3R's Portfolio, NHS NSS
John Burns	NHS Board Chief Executives' Group representative
Dave Caesar	Interim Deputy Chief Medical Officer, Scottish Government
Sandra Campbell	Convenor, Scottish Social Services Council
Andrew Cowie	Deputy Chair, BMA GP Committee (deputising for Andrew Buist)
Iona Colvin	Chief Social Work Adviser
John Connaghan CBE	Interim Chief Executive, NHS Scotland
George Crooks	Chief Executive, Digital Health & Care Institute
Cllr Stuart Currie	Health & Social Care Spokesperson, COSLA
Amy Dalrymple	Royal College of Nursing Scotland (deputising for Theresa Fyffe)
Graeme Eunson	BMA Scotland (deputising for Lewis Morrison)
Tom Ferris	Chief Dental Officer
Joe FitzPatrick MSP	Minister for Public Health, Sport & Wellbeing
Eddie Fraser	Chief Officers' Group representative
Jeane Freeman MSP	**Cabinet Secretary for Health & Sport (Chair)**
David Garbutt	NHS Board Chairs' Group representative
Cllr Kieron Green	Vice Chair, IJB Chairs & Vice Chairs Group
Philip Grigor	Scotland Director, British Dental Association
Annie Gunner-Logan	Coalition of Care and Support Providers
Clare Haughey MSP	Minister for Mental Health
Pauline Howie	NHS National Boards' representative
Andrew Kerr	Health and Social Care Spokesperson, SOLACE
Jason Leitch	National Clinical Director
Carey Lunan	Chair, Royal College of General Practitioners
Donald MacAskill	Chief Executive, Scottish Care
Miles Mack	Chair, Academy of Medical Royal Colleges and Faculties
Joanna Macdonald	Chair, Adult Social Care Standing Committee, Social Work Scotland
Peter Macleod	Chief Executive, Care Inspectorate
Kathryn McDermott	UNISON National Staff Side representative
Carolyn McDonald	Chief AHP Officer
Harry McQuillan	Chair, Community Pharmacy Scotland
Elinor Mitchell	Interim DG, Health & Social Care, Scottish Government
Diane Murray	Deputy Chief Nursing Officer
Peter Murray	Chair IJB, Chairs & Vice Chairs Group
James O'Connell	National Staff Side representative, UNITE
David Quigley	Chair, Optometry Scotland
Sir Lewis Ritchie	Mackenzie Professor of General Practice
Claire Ronald	National Staff Side representative, Chartered Society of Physiotherapy
Alison Strath	Interim Chief Pharmaceutical Officer, Scottish Government
Linda Walker	National Staff Side representative, GMB
Ian Welsh	Chief Executive, Healthcare & Social Care, Alliance Scotland
Carole Wilkinson	Chair, Healthcare Improvement Scotland
Andrea Wilson	Convener, Allied Health Professions Federation Scotland

Apologies

Marion Bain	Deputy Chief Medical Officer
Andrew Buist	Chair, GP Committee, British Medical Association
David Chung	Chair, Royal College of Emergency Medicine
Nicola Dickie	COSLA
Theresa Fyffe	Director, Royal College of Nursing (Scotland)
Angela Leitch	Chief Executive, Public Health Scotland
Richard McCallum	Interim Director, Health Finance, Scottish Government
Fiona McQueen	Chief Nursing Officer
Lewis Morrison	Chair of Scottish Council, British Medical Association
Gregor Smith	Interim Chief Medical Officer
John Thomson	Vice President Scotland, Royal College of Emergency Medicine
Linda Walker	National Staff Side representative, GMB

In attendance

Donna Bell	Director of Mental Health, Scottish Government
Derek Bell	Clinical Adviser
Heather Campbell	Interim Deputy Director, Primary Care
Michael Chalmers	Director of Children and Families, Scottish Government
Alistair Cook	Principal Medical Officer, Mental Health
Richard Foggo	Director of COVID Public Health, Scottish Government
Aidan Grisewood	Interim Director, Primary Care, Scottish Government
Hugh McAloon	Deputy Director for Children & Young People's Mental Health, SG
Helen Maitland	Director of Unscheduled Care, Scottish Government
Christine McLaughlin	Director of NHS Planning, Scottish Government
Sean Neill	Deputy Director, Health Workforce
Gwen Nicholson	Office of the Chief Executive, NHS Scotland
Niamh O'Connor	Interim Deputy Director, COVID-19 Testing and Tracing
Gillian Russell	Director of Health Workforce, Leadership and Service Reform
Malcolm Summers	Head of Strategic Reform, Scottish Government
Yvonne Summers	Head of Operational Planning, Scottish Government

Official Support

Andrew Fleming	Territorial Board Sponsorship & Ministerial Support, Scottish Government
Dan House	Territorial Board Sponsorship & Ministerial Support, Scottish Government
Marty Shevlin	Territorial Board Sponsorship & Ministerial Support, Scottish Government
Angela Gibson	Territorial Board Sponsorship & Ministerial Support, Scottish Government

Note of Meeting
Item 1: Welcome & Introductions

1. The Cabinet Secretary started the eighth meeting of the Group by welcoming attendees. Ms Freeman asked that the planned agenda for the meeting be changed to allow John Connaghan to attend to the overnight situation with the fire at Hairmyres Hospital in East Kilbride. As such, the presentation on winter planning and preparedness would be moved up the agenda to follow the initial item: an update on the pandemic.

Item 2: Update on the Pandemic

2. Dave Caesar provided an update on the state of the epidemic; speaking to the accompanying slides covering a number of key metrics.

Discussion

3. Carey Lunan felt that more work has to be done to improve the data gathering/analysis of COVID-19 and other pressures at the GP practice level. She also commented that GPs are generally more concerned about the second wave of COVID-19 than the initial outbreak; and that this could partly be addressed by having clarity about what services could be reasonably paused, in the face of the expected pressures this winter. The Cabinet Secretary agreed on data and pointed out that work is actively underway to improve this. Ms Freeman felt that national messaging about what is possible and not possible is consistent and had been made clear in Parliament and in the media; the Cabinet Secretary asked for the help of the Group members in widely disseminating and reinforcing this important messaging.

4. Donald MacAskill confirmed that the understandable issues with staff morale are equally a factor in social care; with a real sense of exhaustion and stress evident, particularly in care homes and with care at home services. Donald explained the difficulty in achieving the balance between affirmation and being positive with staff, whilst being realistic about the likely pressures of the coming weeks and months. He felt staff morale had been further undermined by some of the reporting in relation to the recently published Public Health Scotland report; with staff being characterised as vectors of harm.

5. Stuart Currie agreed that consistent national messaging is crucial, and that is facilitated in Scotland by our ongoing commitment to a whole system approach; with the collective aim of preventing inappropriate admissions to hospitals.

6. John Burns welcomed the discussion; recognising that whilst the ongoing pressures on staff were considerable and remained a risk, significant improvements have been made in recent months: providing services and support for the well-being of the workforce; and that it is essential this continues to be offered over the coming months. John also pointed out that effective prioritisation will be key over the winter: balancing the pressures over COVID and non-COVID activity, recognising that it will not be possible to do everything. He also agreed that whole system data will be crucial; with this overview preferably delivered through a simple dashboard and updated frequently; informing effective planning for health and social care partners.

Item 3: Winter Planning and Preparedness

7. John Connaghan spoke to the accompanying slides. The NHS Winter Preparedness Plan had been published on 28 October but John emphasised that it is not static: the plan will continue to evolve over winter to ensure that we can effectively respond to changing

circumstances. The Plan sets out, at a high level, the broad context and priorities for the NHS until March 2021: it is primarily set up to provide a framework or architecture for local systems to plan, adapt and respond to the pressures they will face. The over-riding priority remains to ensure that NHS is not overwhelmed: this will, once again, likely require difficult decisions to be made. Further guidance will be issued in due course in terms of a decision-making framework, including advice on clinical prioritisation. The companion Adult Social Care Winter Plan is due to be published on 3 November.

8. John referenced Dave's earlier presentation and the emerging evidence of some recent, potential slowing and plateauing in COVID-related hospital activity. Whilst this is positive development, John reminded the Group that there can be no room for complacency: it remains the case that the NHS is still experiencing just over two thirds the rate of hospital admissions compared to the initial outbreak of the pandemic.

9. John explained that the Plan is structured around three priorities: minimising the impact of the acute pandemic phase through a more extensive flu vaccination programme and preparing for a potential COVID-19 vaccine; suppressing the virus through sustainable precision public health measures, such as *Test and Protect*; and keeping people alive and well through the ongoing provision of essential health and social care services, including those that promote well-being. On the first priority, in preparation for an approved COVID-19 vaccine, a strategic framework, national delivery plan and service delivery manual are being developed. On *Test and Protect*, there has been a significant upscaling of activity. In terms of essential services, the Plan separates these between urgent/emergency and routine/planned; the aim is to ensure the continuing provision of the support that has been in place during the pandemic to date, including: provision of PPE; the ability to re-purpose up to 3,000 acute beds and scale up ICU provision to around 700 beds; and the availability of additional capacity via the NHS Louisa Jordan and Golden Jubilee National Hospital; as well as maintaining appropriate COVID community pathways, including support for General Practice.

10. Gillian Russell spoke to the workforce aspects of the Plan, recognising the unprecedented pressure the pandemic has placed on staff and the focus we need to maintain on looking after their mental and physical well-being. The demands on staff are now more complex, not least due to the necessary public health measures. As such, a winter workforce framework has been developed to ensure: the right level of staffing and resilience is in place; and that we deliver ongoing support for a range of well-being support measures, including a Mental Health Network to enhance existing provision.

11. Gillian also reflected that COVID-19 has had, and continues to have, a huge impact on the public; both in terms of illness and the disruption of daily life due to lockdown restrictions. As such, we are committed to offering avenues of support for those in need and to supporting our citizens to make their best choices to protect their own health. We will continue to provide tailored information, advice and tools to those who have a higher clinical risk from COVID-19; with a focus on supporting their health and wellbeing. We remain mindful of the disproportionate impact of COVID-19 on black and minority ethnic people: we will work with minority ethnic communities and organisations to ensure we get our messaging right and that it is delivered in the right way.

12. Gillian explained that the winter workforce framework will facilitate local planning and operational delivery. It has three objectives: to pursue additional staffing; to promote effective deployment; and to prioritise well-being. Boards will be given support and guidance to maximise local availability, flex recruitment and bank staffing; and to re-deploy staff locally in line with the realignment of other services and the local situation. Learning from first phase, we will be more targeted in seeking emergency staffing; and will use a demand-led approach to interrogate data; assisting Boards with proactive recruitment in areas of

shortage. Equally, we will support dedicated recruitment (and potential for bank staff/reservists) to support adult social care through the winter. We will not use students in the same way, but will consider temporary employment and deployment during leave periods, and later in the academic year. We will also: strengthen mutual aid arrangements, noting ‘regional’ impacts of this phase of pandemic; continue to develop the staffing plans and modelling for the NHS Louisa Jordan; continue to facilitate enhanced rest, recuperation and physical support to staff; and continue with the roll-out of the Mental Health Network, supported by £5 million of investment.

13. John talked to the significant additional funding available to support the health and social care sector’s COVID-19 costs: £1.1 billion has already been set aside, with a further substantive allocation planned for January, following detailed Q2 financial assessments. Further funding of £37 million is now being made available to support winter preparedness including: £20 million for the redesign of urgent care; £10 million of winter funding and £7 million to support the 6 Essential Actions programme. John reflected on some of the significant achievements and ongoing commitments in terms of the provision of care digitally: we are heading for approximately 750,000 *Near Me* consultations in 2020/21; we will have completed broadband upgrades of over 590 NHS sites by December; and are building on over 1.5 million downloads of the Protect Scotland app. **John suggested that a future meeting of the Group should consider the changing delivery methods of care, including digital innovations, and how they will be integral to the longer term renewal plans, as a substantive agenda item.**

14. Donna Bell spoke to the slides on the forthcoming, and first dedicated, Adult Social Care Winter Plan. An evidence paper will be published alongside the plan providing the context and bringing together national data/experiences with international learning. The plan is scheduled for publication on 3 November and should be considered alongside the NHS plan: it promotes delivery of the maximum protection for people who use social care support in residential and community settings and in people’s own homes, and to those who provide that care, including unpaid carers; it covers adult social care provision for all aged over 18, with the scale and diversity of the audience reflected in the length of the document; and it has also offered a helpful opportunity for consolidation of expectations for the sector. The Plan will be delivered with commitment across partners to the principles of communication, collaboration and cohesion. It is structured around a range of key themes, including: learning from previous experience on infection prevention/control and testing; outbreak management; ways of working; workforce planning, resilience and well-being; as well as maintaining safe discharge and visiting arrangements.

15. John Connaghan concluded the presentation by referencing how important mutual aid between NHS Boards and planning partners will be in terms of preserving capacity over winter. Recent examples have seen NHS Lanarkshire patients receiving cancer care delivered at the Golden Jubilee National Hospital and some orthopaedic activity delivered via NHS Forth Valley. Indeed, in the evening preceding this meeting there had been a fire at Hairmyres Hospital in East Kilbride. As a result of the selfless actions of local staff there had been no serious injuries or deaths; nonetheless, it was likely that Boards across the West of Scotland would need to help with some local emergency and ICU admissions whilst repairs are undertaken.

Discussion

16. The Cabinet Secretary started the discussion by reflecting on how the redesign of urgent care will be crucial in terms of maximising capacity during winter. As such, Ms Freeman asked that John Burns provide the Group with an update on the important pathfinder work in Ayrshire.

17. John Burns confirmed that there had been very good clinical engagement across the local system and that NHS Ayrshire & Arran is continuing to work closely with NHS 24 in advance of the launch of the pathfinder service in the first week of November. John mentioned that evaluation of the pathfinder will be key and that the partners are looking forward to working with Sir Lewis Ritchie on this. He was clear that his team needs to be prepared to share the learning from the pathfinder at pace: to inform the development of the other Board schemes by December.

18. Joanna Macdonald, on behalf of Chief Officers, raised the increased number of child and adult protection referrals that are being received, which are likely to be an additional pressure on staff and services in the coming months. Joanna welcomed the development of the Adult Social Care Winter Plan and the extensive engagement with stakeholders that had informed it.

19. Harry McQuillan reminded colleagues that a large section of the workforce that delivers care are contractor groups; not employed directly by the NHS and social care; and that we must ensure that planning for staff resilience and welfare recognises and includes them.

20. James O'Connell reiterated the importance of involving all health and social care staff, and their trades' union and staff-side representatives, in these considerations. Early and full involvement will help to mitigate against any delays in understanding and/or implementation.

21. Amy Dalrymple warned that the RCN is already seeing staff sickness absence in some areas at up to 20%; emphasising that staff are under significant pressure already, ahead of what would ordinarily be considered the start of the winter season.

22. Peter Macleod commented that the Care Inspectorate published a report a couple of months ago on care at home services that he would be happy to circulate round the Group; the report contained some key messages about the centrality that care at home services and staff play in the resilience and capacity of the whole health and social care system.

23. Graeme Eunson reiterated the importance of early and meaningful engagement with staff-side representatives; both in terms of being a critical friend in the development of plans and policies; and as a delivery partner, including the crucial, associated staff and public messaging. On staff well-being, whilst recognising that there have been a number of valuable developments, Graeme felt more needs to be done to address the fundamental issue of an overwhelming workload for staff. He also very much supported the introduction of the mental health phone line for staff but felt strongly that this should be provided as a national service, not least to protect the confidentiality of those using it.

24. The Cabinet Secretary concluded this agenda item by thanking the officials for the presentation and Group members for the helpful points that had been made.

Item 4: note of meeting held on 9 October 2020, action log and matters arising

25. No amendments to the draft meeting note had been received. There were also no outstanding items on the action log, nor matters arising noted. As such, **the note of the meeting on 9 October was agreed and will be published on the Group's page on the Scottish Government website.**

Item 5: Strategic Framework

26. Richard Foggo spoke to the accompanying slides. On 23 October, the Scottish Government published the new Strategic Framework. It was debated in the Scottish Parliament on 27 October and the broad framework was approved. Local Authorities were assigned their initial levels on 29 October, with these coming into force from 2 November. The levels will be kept under regular review, as informed by ongoing engagement with local government and other key planning partners.

27. The Framework sets out the strategic intent for Scotland's ongoing response to the pandemic, in the context of a significant resurgence across Europe. The intent, agreed across the four UK nations, is to supress the virus to the lowest possible level, and to keep it there. Nonetheless, the Framework reiterates that the Scottish Government's approach continues to be balanced by reference to the four harms: the virus causes direct and tragic harm to people's health; the virus has a wider impact on our health and social care services in Scotland; the restrictions which have been put in place affect our broader way of living and society; and the impact on our economy, with a damaging effect on poverty and inequality. The Framework also identifies the need for a differential approach in two key respects: geographic and demographic; with the aim of protecting those most at risk.

28. The Framework introduces five levels: the middle three of which are broadly in line with the three levels introduced in England. Level zero refers to a relatively low level of COVID-19 prevalence and risk, whilst level four is closer to what was previously experienced under lockdown. This approach recognises that there is currently a very significant difference in prevalence and risk across Scotland; and, as noted above, this will be kept under very regular review (at least weekly) to ensure the appropriate application of levels to the 32 local authority areas. A key aspect of these changes is a continuing focus on the full and meaningful involvement of local authority partners in critical decision-making. Whilst the Framework facilitates a more targeted approach, there are drawbacks, including more complexity in public messaging and the requirement for further, more formal consideration around travel restrictions.

29. Niamh O'Connor spoke to how the Framework revises our testing strategy. A clinical and scientific review of the Government's approach to testing has been undertaken by the Chief Medical Officer, Chief Nursing Officer, National Clinical Director and Chief Scientists and was published on the same day as the Strategic Framework. This review endorsed the five priorities of the testing strategy: whole population testing of anyone with symptoms (*Test & Protect*); proactive case finding by testing contacts and testing in outbreaks; protecting the vulnerable in high risk settings by routine testing; testing for direct patient care; and surveillance to track prevalence. Indeed, it was the unanimous view of the clinical and scientific advisers that these overriding priorities for testing capacity in Scotland remain appropriate and must focus on symptomatic demand and the clinical care of patients. The clinical and scientific review found that prioritisation of testing capacity, over and above that required to meet symptomatic demand and clinical care, should be focused on protecting those most vulnerable to severe harm; e.g. care workers; healthcare workers; or testing for surveillance – at a population level and in key population groups including healthcare workers.

30. The clinical and scientific review also points to learning from incident management teams in terms of more intensive asymptomatic testing, where that is most likely to find positive cases and thereby contribute to reducing transmission: extending asymptomatic testing to more groups of close contacts of confirmed positive cases, when recommended by local health protection teams, and more intensive use of asymptomatic testing in outbreaks. The review also found that the testing programme should engage in new technologies in the form of cautious pilots in the first instance: developing a better understanding of how each

technology may operate in specific contexts and building the evidence on the extent to which they achieve their intended outcomes; and be ready to adopt these quickly, if the evidence supports this. The review also referenced the importance of a continued focus on ensuring sufficient access to testing (e.g. development of further local testing sites): ensuring testing is sufficiently accurate and rapid to provide useful information that can be acted upon to achieve the intended outcome.

Discussion

31. Stuart Currie welcomed the publication of the strategy and said there had been an excellent, associated meeting earlier in the week between the Deputy First Minister and local council leaders. He felt the regular review and evaluation of levels offered hope to areas in the higher categories, and emphasised that this is about a collective effort in making progress to a position of less risk and fewer restrictions. Stuart also welcomed the very significant role that Public Health Scotland will play as 'co-sponsors' between national and local government; noting that it is the local solutions that will deliver national progress.

32. James O'Connell welcomed the presentation and observed that, for the benefit of the workforce, there needs to be effective links between occupational health services and *Test & Protect*. He also referenced the offer of private testing from Boots at a cost of £120 with rapid results and questioned both the efficacy and equity of this. The Cabinet Secretary responded that the test Boots has proposed selling still needs to be validated; currently, the most accurate and sensitive test remains the PCR variant that we are using. There is considerable work underway with the UK Government and others to validate other methods of testing; the outcome of this work will inform a balanced, strategic approach to testing, i.e. some of the newer, quicker and less invasive tests may not prove to be accurate enough for health and social care workers but might be appropriate for other settings and groups. The Cabinet Secretary felt there is work to be done with staff-side colleagues to clearly set out for health and social care staff what testing is available and appropriate: there was considerable support from the Group chat for the development of a Q&A for staff. **Niamh O'Connor confirmed that she would follow up the helpful suggestion of an FAQ for staff on testing, to be taken forward in partnership with staff-side representatives. Cabinet Secretary asked that this be taken forward jointly with health workforce colleagues.**

33. Graeme Eunson wanted to put on record the BMA's thanks for the ongoing efforts of public health teams across Scotland and to advocate for their continued support via a range of health and well-being measures. **The Cabinet Secretary asked Gillian Russell to pick up this point directly: to investigate what further engagement and dialogue would be helpful; and what more we can do to support these critical public health teams.** Graeme also commented that we should be considering proactively investing more in local health systems to avoid unnecessary admissions to hospitals that might result in the NHS being overwhelmed, with potentially grave consequences for patients, the wider citizenry and economy. The Cabinet Secretary confirmed that the additional funding outlined earlier in the meeting had been informed by discussion with Health Boards and IJBs about the actual COVID-19 costs incurred during Q1 of 2020/21, and will be kept under close review.

34. Kieron Green commented that public messaging is key and that it is less than ideal when there are public disagreements about the approach in any area from political leaders or public bodies. He offered the assistance of IJBs in reinforcing the efforts behind clear and consistent public messaging.

35. Harry McQuillan commented that clarity around testing would be very helpful: the biggest concern in the pharmacy community is the service being put under intolerable pressure through the necessity for staff to self-isolate. He also commented on the messaging around the publication of the new Framework: Harry felt more emphasis should

be made on clear understanding of the restrictions in any area. The Cabinet Secretary agreed that understanding of the local position in each area is crucial for compliance: work is well progressed on providing an online postcode checker that will imminently provide this clarity.

36. In conclusion on this agenda item, Richard Foggo agreed with Graeme Eunson that the investment in the COVID-19 response cannot be a disposable investment; it must be lasting and meaningful; helping to deliver with IJBs and other planning partners a world class health and social care system in Scotland, underpinned by hugely improved data gathering and analytical capability, for the benefit of all long after the end of the pandemic.

37. The Cabinet Secretary concluded this agenda item by thanking the officials for the presentation and Group members for the helpful points that had been made.

Item 6: Updated from Established Groups

Redesign of Urgent Care

38. Further to the comments made earlier about the Ayrshire pathfinder, Helen Maitland confirmed that plans are in pace to roll out the evaluation and feedback from this as quickly as possible to enable other Boards, if appropriate, to commence their redesign projects from the beginning of December.

39. Graeme Eunson queried whether there will be enough time for other systems to properly learn the lessons from the pilot ahead of the planned national roll out at the beginning of December. Eddie Fraser confirmed that there are weekly meetings already underway between all the Board leads on urgent care redesign; and that considerable amounts of information had already been shared on the Ayrshire pathfinder model and its implementation. Eddie confirmed that intensive, ongoing engagement with teams locally, such as that being undertaken in NHS Ayrshire & Arran, will be crucial in delivering against this challenging but necessary agenda. Further assurance was given that plans are in place to ensure rapid feedback and evaluation of the pilot to other Board areas.

Item 7: Any Other Business and Future Meetings

40. There was no other business. The Cabinet Secretary invited Group Members to approach the Secretariat with any suggestions for agenda items at future meetings. The next meetings are scheduled for Friday 20 November and Friday 11 December; both starting at 09:00.

41. The meeting closed with the Cabinet Secretary thanking all presenters and Group members for their valued contributions.

Scottish Government
30 October 2020