Resilience and Forward Planning

Thank you for your letter of 25 June following the Committee session on 17 June in relation to resilience and forward planning for COVID-19.

My response to the points requiring clarification are provided in Appendix A, which also includes the following appendices:

- **Appendix 1** – Letter from DCMO to NHS Chief Executives on Pandemic Flu National Actions Update and Readiness Planning.
- **Appendix 1A** – progress update on recommendations listed in Appendix 1
- **Appendix 2** - Letter from John Connaghan, Interim Chief Executive, NHS Scotland to NHS Chief Executives on mobilisation plans for the next phase of COVID-19.
- **Appendix 3** – Structure of the local, regional and national planning resilience networks.

I hope that the Committee finds this helpful. I will continue to keep the Committee updated on progress. In the meantime, if there are any questions, my officials or I remain happy to assist.
### Appendix A

#### 1. Exercise Recommendations

1.1 At column 4 you offered to provide details of the follow up work being undertaken by the Scottish health protection network, including detail of the areas of work completed.

During my appearance in front of the Health and Sport Committee on 17 June 2020, I committed to sharing further information on the actions undertaken by the High Consequence Infectious Diseases (HCID) sub-group of the Scottish Health Protection Network (SHPN) following Exercise Iris. The aim of the subgroup is to look specifically at preparedness for managing HCID. Membership includes public health professionals, physicians, microbiologists, infection control professionals, epidemiologists and pharmacists.

The work of the HCID sub-group to date has included:

- Agreement of the HCID definition, and a list of HCIDs, to ensure a consistent approach across the UK’s four nations. In addition, agreement has been reached on a process for the annual review of this list, and ad hoc updates whenever necessary as a result of emerging threats.

- The Respiratory Protective Equipment Survey, which has been carried out since 2015 was expanded in 2017, 2018 and 2019 to include the use of HCID enhanced PPE, including the number and type of staff trained, as well as methods and frequency of training.

- In 2018, a survey was conducted to determine what isolation facilities were available across the NHS Scotland estate.

- A unified PPE Ensemble for managing cases of HCIDs has been agreed. Training resources for donning and doffing are in the process of being produced.

As I mentioned to the Committee, a number of further recommendations on the management of HCIDs were made to the Scottish Government by Professor Sir Lewis Ritchie, chair of the Scottish Health Protection Network Oversight Group (SHPNOG), on behalf of the SHPN in November 2019. The recommendations were as follows:

1. **PPE education and training**

The HCID subgroup recommended consideration of the following:

- Fit-testing for specific staff members to be included within their mandatory training,
2. Clinical pathways for the safe management of HCIDs within Scotland

The HCID subgroup, with strong support from ID physicians across Scotland, recommends that:

- There should be provision of 24/7 on-call specialist infectious disease (ID) advice in Scotland to support risk assessments and decision-making in relation to the investigation and management of suspected HCIDs. This should be provided at a regional level (North, East, West). This will require NHS boards to recognise provision of a service beyond their geographical borders. The community of infectious disease physicians is very pro-active in providing suitable advice wherever possible and in supporting patient care in regions outwith their health board. This needs to be formalised and resourced, otherwise it will lack resilience with implications for safety and ongoing transmission.

- There should be ID units within Scotland which are designated to provide inpatient assessment and management of suspected HCIDs up to the point of confirmation and transfer to an HCID treatment centre in England. This will require specification of criteria and standards for these units with respect to facilities, staffing and training, and adequate resourcing to meet and maintain these. There should be at least one such unit designated in each region (North, East, West).

- A proposal to form a Managed Clinical Network for Infectious Disease across Scotland should be supported. Such a network will play a vital role in co-ordinating specialist advice for the management of HCIDs across Scotland and developing related standards, protocols and guidance.

3. Availability of suitable isolation facilities across the NHS Estate

The HCID subgroup recommends that NHS boards should review the availability and type of isolation facilities within their estate to ensure that they have suitable facilities to comply with national IPC guidance on safe patient placement including:

- Infectious Disease Units (IDUs) are supported by appropriate type 1 isolation facilities for the safe care of suspected and confirmed HCID patients.
- Acute hospitals have suitable isolation facilities for safe placement of suspected HCIDs presenting to front door services
- Up-to-date records of isolation facilities across the estate, including room configurations, pressure types and pressure monitoring, are kept and maintained.
- Improvement in relation to the number, type and location of isolation rooms must be considered when undertaking new building projects and/or upgrades to existing buildings, in accordance with Scottish Health Planning Note 04 (SHPN04): *In-patient Accommodation: Options for Choice Supplement 1: Isolation Facilities in Acute Settings*.
- Health Facilities Scotland should work with clinicians to develop guidance on specialist facilities required in infectious disease units and wards where severely immunocompromised patients are nursed.

Although these recommendations were supported by the Scottish Government’s Chief Medical Officer, work has been paused due to Covid-19 and will be resumed when practicable, to ensure readiness to deal with the impact of HCIDs.

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<tr>
<th>1.2</th>
<th>You also offered to provide details of the actions set out by Dr Gregor Smith in his letter of 2017, about follow up work that needed completion including progress to date.</th>
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<th>1.3</th>
<th>Finally, in that column you mentioned recommendations by Sir Lewis Ritchie and it would be helpful for the committee to have sight of those.</th>
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## 2. HSCP Role

### 2.1 There was discussion relating to the role of health and social care partnerships (from column 5 onwards) and their lack of designation under the Civil Contingencies Act 2004 which, with hindsight, would appear to be an oversight. While we note the absence of legal designation, you indicated they had an involvement in planning for the pandemic about which it would be useful to know more.

Can you confirm what steps will be taken to not only alter their legal designation, but also to ensure going forward they will be treated as if the change has been made?

Integration Joint Boards – the legal entities created to deliver integrated health and social care services under the Public Bodies (Joint Working) (Scotland) Act 2014 – are not listed Category 1 or Category 2 Responders in the Civil Contingencies Act 2004. The decision not to include them was originally made because they are not employers of the staff who deliver services; employment of staff remains with Health Boards and Local Authorities (who are both Category 1 Responders) under our arrangements for integration. However, in the years since integration was introduced in Scotland it has become very evident that IJBs play a key role in ensuring services are planned and delivered effectively for the wellbeing of local people.

Taken with our recent experience of mobilising services to respond to Covid-19, we recognise that including IJBs as responders in the Civil Contingencies Act should be considered further. IJBS have been involved in practice in local planning for the pandemic via the production of HSCP mobilisation plans in each area.

For clarity, it may help to set out that the Health and Social Care Partnership is made up of the Health Board, Local Authority and IJB working together in each area, in their respective capacities, to plan, commission and deliver health and social care that is effectively integrated. In local systems, the Health and Social Care Partnership is the means by which staff are brought together from the Health Board and Local Authority, by the Chief Officer, to deliver the strategic commissioning plan produced by the IJB.

### 2.2 Can you confirm what steps will be taken to not only alter their legal designation, but also to ensure going forward they will be treated as if the change has been made?

Provided at 2.1
3. WHO Checklist: Testing

3.1 Can you advise the extent to which each of the 25 areas on the WHO checklist were followed in preparatory work for a pandemic. (Columns 6 and 7)

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<tr>
<th>WHO 2018 Pandemic Checklist and Testing for the Virus</th>
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<tr>
<td>Confirmation was provided that the response should focus on Exercise Silver Swan and the relevant parts of the WHO checklist.</td>
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<td>The 2018 WHO checklist for pandemic influenza risk and impact management contains recommendations in relation to a range of areas, including “surveillance, investigation and assessment” (section 3 of the checklist). In relation to testing for the virus, it recommends making provision for testing (including provision for staff, equipment and facilities) and related activity such as contact tracing and places these in the context of surveillance arrangements to identify and monitor the virus. The checklist also assumes that there will be a stage in the pandemic influenza response where testing every suspected case would be discontinued.</td>
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Exercise Silver Swan Scope
This 2015 pandemic influenza exercise was organised and planned by the Scottish Government in conjunction with a range of stakeholders. The health and social care workstream planning group included a range of representatives from across the NHS in Scotland including Health Protection Scotland. The planning group advised on the eventual scope of that aspect of the exercise.

Considerations of which aspects of a pandemic response to focus on took account of key assumptions around the demands of a pandemic influenza response, including those set out in the UK Influenza Pandemic Preparedness Strategy 2011. This document took account of lessons from the 2009/10 H1N1/’swine flu’ pandemic. While testing and contact tracing had placed significant demands on services during the H1N1 pandemic, this was not considered to be a key risk for future planning in the context of Exercise Silver Swan. In relation to testing for the virus, a reflection from the H1N1 pandemic experience was that wide scale testing and contact tracing, was mainly relevant for the “detection and assessment” phases of the pandemic as described in the 2011 Strategy, which precede the ‘Treatment’ and ‘Escalation’ phases.

All influenza pandemic scenarios assumed that by the time the pandemic is fully established with sustained community transmission, the role of testing to confirm diagnosis would have limited value. By that stage, it was assumed that all appropriate public health actions needed to be taken based on clinical diagnosis and suspicion of cases, rather than cases confirmed by testing - and only a proportion of cases would then need to be tested to track epidemiology. This aligns with the assumption in the
WHO checklist that widespread testing for the virus may be discontinued at some point during the response.

In planning for Exercise Silver Swan, the central assumption was that the overriding challenge for health and social care services would come in relation to managing very large numbers of infected and potentially seriously ill patients and service users. Planning assumptions for a ‘reasonable worst case’ influenza pandemic assumed that the number of cases may be low over the initial few weeks of the outbreak/pandemic, before rapidly escalating over the next few weeks, to a peak which might last for a further 2-3 weeks, before the pressures would start to reduce. The decision was made to set the exercise at the point where demand on services was beginning to increase rapidly to give participants the opportunity to consider how services would respond to this. These increases in demand were referred to as the ‘Treatment’ and ‘Escalation’ phases and align with various aspects of section 4 of the WHO checklist on “Health Services and Clinical Management”.

In relation to the experience of and requirements for testing for Covid 19, we will build the relevant lessons in to future pandemic planning.

### 4. Mitigation Measures

#### 4.1 When discussing measures used to address the pandemic you referred to the use of face masks and physical distancing as well as lockdown (column 13) before indicating other measures that would be introduced for different infectious diseases. Can you elaborate on what such measures might be?

The Scottish Health Protection Network Guidance on the management of public health incidents was updated in July 2020 and sets out a range of control measures that may be considered, during public health incidents, in order to reduce the risk to public health. These will vary according to the type of incident, but may include, for example:

- delivering healthcare interventions to prevent the transmission or development of illnesses or their complications, e.g. immunisation;
- implementing hygiene measures which reduce or eliminate contamination with hazards e.g. hand hygiene, environmental decontamination;
- curtailing normal daily activities or services e.g. excluding from school or nursery, closure of food preparation or retail premises;
- advising specific groups or the general public on how to avoid and minimise risks.

The full guidance can be accessed this link: [https://hpspubsrepo.blob.core.windows.net/hps-website/nss/1673/documents/1_shpn-12-management-public-health-incidents.pdf](https://hpspubsrepo.blob.core.windows.net/hps-website/nss/1673/documents/1_shpn-12-management-public-health-incidents.pdf)
5. **Technology in Care Homes**

### 5.1 The use and increased use of digital technology was highlighted, including in care homes (column 19).

Could you elaborate on the uses envisaged within care homes, and also provide details of when this assistance will become available (20).

The multi sector Digital Approaches in Care Homes group was established on 28 May. A Digital Action Plan for Care Homes is in development with the aim of having a draft plan agreed in August 2020. Mapping of current activities relating to digital health and care services and supports has been undertaken. This is helping the Group identify potential gaps that need to be addressed. Key digital initiatives to support care homes are progressing well:

- Test of Change for a Clinical Assessment COVID digital Tool to support decision making by care home staff has been completed, with very positive findings. Stage 2 proposal is now being developed and is with our Silver Digital and Data Command Structure for a decision on next steps for wider roll-out. vCreate – a secure video messaging technology that offers residents and families a way of maintaining contact is being tested in care homes and is being utilised within some NHS services already (particularly in maternity wards). This is available within 8 Care Homes and we continue to gather feedback on its usefulness within this setting.
- Initial review of care homes’ experience and capability of using Near Me has been completed, identifying issues of connectivity and equipment that will need to be addressed. Some good examples of Near Me in care homes is informing practice.
- NHS email addresses are being made available to all care homes to enable them to have secure communication on clinical and sensitive matters.

Mental Health work is separate to the digital in care homes work. The Scottish Government continue to work to increase the digital for mental health offering with many self-help guides available on NHS Inform with NHS Near Me video calls for Mental Health having been utilised over 4,000 times. We have increased our Computerised Cognitive Behaviour Therapy capacity to offer clinicians more options over the care they can provide.

### 5.2 Later in the same answer you offered to set out details of vCreate and other digital technology being used and I look forward to that information.

The vCreate secure video service was first developed in the Neonatal Intensive Care Unit (NICU) at the Royal Hospital for Children at the Queen Elizabeth University Hospital in Glasgow.

During the coronavirus pandemic it was expanded for use in a 9-day compressed roll-out to all adult and neonatal ICUs across Scotland to help keep families connected to their loved ones. Patients and
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<th>families report reduced anxiety as well as improved staff morale. Videos also provide an important memory for patients and families. A test of change for Care Homes is also being progressed to assess benefits for residents and families and potential for clinical support.</th>
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<td>5.3 <strong>Could you also indicate the reasons why the current digital strategy did not include care homes?</strong></td>
<td>The Digital Health &amp; Care Strategy does include care homes and encompasses a whole range of health, social care and wellbeing services commissioned and provided by Health Boards, Integration Authorities, Local Authorities and their third and independent sector partners. The strategy committed to the increased spread of video consultations and specifically noted the inclusion of care homes. In addition, the Scottish Government has funded a post within Scottish Care to specifically further the digital agenda within the independent care sector.</td>
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<td>6. <strong>Shielding &amp; Mobilisation Recovery</strong></td>
<td><strong>6.1 Who is providing the patient/public voice on the Mobilisation Recovery Group you have established (column 26) to “ensure that key stakeholders have an important role in informing our decisions around the safe and effective resumption of services”?” How are the views of those most negatively affected by the pandemic being included in the work of the MRG?</strong> A key principle for safe and effective mobilisation (as contained in “Re-mobilise, Recover and Re-design - The Framework for NHS Scotland”) is ‘to understand what people most value, and what a safe, sustainable, high quality health and social care support system will look like in the future rooted in individual and staff wellbeing’. To support this, the Health and Social Care Alliance Scotland (the ALLIANCE), as a member of Mobilisation Recovery Group, has been asked to lead engagement work with people in Scotland to ensure there is a wide person centred focus from the outset of re-mobilisation efforts and, from a service user perspective, that the voice of lived experience is heard.</td>
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<td>7. <strong>Workforce Issues</strong></td>
<td>**7.1 Also, in column 26 you indicated “a significant proportion of the workforce are both physically and emotionally exhausted”. Can you give <strong>We launched the National Wellbeing Hub (<a href="http://www.promis.scot">www.promis.scot</a>) on 11th May. The Hub signposts staff, unpaid carers, volunteers and their families to relevant services, and provides a range of self-care and wellbeing resources designed to support the workforce as they respond to the impact of Covid-</strong></td>
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19. The number of staff accessing the Hub provides an indication of the number of staff looking for additional support at this time:

- as at 13 July, there had been 31,869 visits — an increase of 731 on the previous week, and 116,781 page views: 42% of users are from the NHS, 31% from the third and independent sectors, 14% from Health and Social Care Partnerships, and the remainder from unpaid carers, local authorities, education and other sectors;
- the initial allocation of 1000 hours of Coaching for Wellbeing support for staff over a 12-week period, available through the Hub, has been increased to meet demand: by 13 July, 735 people had registered for the bespoke digital coaching service, and 1764 hours were allocated. 40% of those registered for the coaching services are from social care sector and 60% are from the NHS.

Public Health Scotland undertook a rapid review of the impact of Covid-19 on mental health in June 2020, which includes evidence in respect of the impacts on health and social care workers. The review can be found at: [http://www.healthscotland.scot/media/3105/rapid-review-of-the-impact-of-covid-19-on-mental-health-june2020-english.pdf](http://www.healthscotland.scot/media/3105/rapid-review-of-the-impact-of-covid-19-on-mental-health-june2020-english.pdf). Rapid reviews of the impact of previous pandemics, and emerging UK and international evidence indicate the risk of negative psychological effects for the health and social care workforce. We continue to explore how best to respond to those who may need more specialist support and care over the coming months.

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7.2 And could you also provide the numbers of returners who have been deployed and in what capacities. Will their employment continue, and if so, on what basis?

As of 22 July 2020, 1,337 portal applicants have completed all pre-employment checks and 279 returners are now in employment. Of the returners now in employment, 29 are AHPs, 14 are medics, 5 are NHS24, 133 are nursing and midwifery returners, 14 are pharmacy, and 82 are priority groups. NHS Boards will make the decision about the length of employment based on responding to their local needs. In addition, a large number of students have now taken on roles in response to Covid-19 pandemic, with over 4,800 nursing and midwifery students now deployed.

Local recruitment efforts by NHS Greater Glasgow and Clyde and NHS Lothian, commenced prior to the portal's launch, have so far resulted in over 2,250 offers of employment.

Staff and patient safety remains paramount and portal applications continue to be progressed. National Education Scotland (NES) is continuing to ensure all necessary arrangements for registration, pay, terms and conditions, professional indemnity, disclosure, pre-employment and occupational health checks are in put in place quickly and effectively, and to the required standards.
Decisions on how and where registrants are deployed are the responsibility of individual NHS Boards, subject to demand and based on registrants’ available skills.

NHS Boards have not so far experienced the levels of demand initially expected, and some have signalled that current demand for future roles remains low. However, Boards understand that as services are remobilised, they may require to make use of the additional capacity available from the portal during the Covid-19 recovery and renewal phases.

In the meantime, it is open to NHS Boards to hold people on staff banks in readiness for active deployment for Covid or non-Covid related services, according to local needs. We are working closely with Boards to gauge that need and assess and refine their ongoing requirements.

Within Social Care, deployment is progressing through the Scottish Services Services (SSSC) Council Portal, developed to take on the assignment role for social care staff. As of 22 July 2020, 3,059 expression of interest have been received through the SSSC Portal. 967 applications have completed pre-employment checks, 177 applicants have been matched with an employer and 790 applicants are available in the portal and ready to be matched with employers. Length of employment will vary and will be dependent on the requirements of the social care employer.

8. **Remobilisation Letter**

8.1 Mr Connaghan offered to send a copy of the note he has issued to NHS chief executives and others about remobilisation (column 28) Copy provided at Appendix 2

9. **“Digital Consultations”**

9.1 Mr Connaghan also referred to digital conversations (column 28) and it would be helpful to understand the numbers and proportion of those which are now occurring both in We have transformed how many services are delivered through Near Me video consultations. Prior to March there were around 300 Near Me consultations a week in Scotland: by the start of July, that figure had risen to close to 17,000 a week (2,900 in General Practice and 13,800 in secondary care with some third sector also.)
primary and secondary care, as well as between the two spheres. My letter of 6 July which includes the Scottish Government’s Digital Health and Care Response was published on the Scottish Parliament website and can be accessed through this link:

https://www.parliament.scot/S5_HealthandSportCommittee/General%20Documents/20200706_Ltr_IN_from_CabSecHS_re_digital_response_COVID-19_WEB.pdf

We do not currently hold data on consultations involving health professionals from both primary care and secondary care at the same time but recognise the benefits that such consultations would have and this is an area we are exploring further. Based on several years of development, Near Me video consultation was due to be rolled out gradually in 2020 and these plans were rapidly accelerated - transforming the way people are engaging with health and care services. As part of the immediate response to Covid-19, the Near Me programme, working with local boards, has enabled video consulting to be available in nearly every GP practice and many secondary care services, social work teams and care homes in Scotland.

A wide public engagement exercise went live on 29 June with a survey https://nearme.scot/views as well as supporting local organisations with media/communications support. The survey will run for a month and has received over 3000 responses to date. Clinician consultation has also started with 270 responses received to date.

10. Cancer Screening – Lab Capacity

10.1 You offered to provide details of lab capacity (column 29) in relation to cancer-screening and again I look forward to those details. All cancer screening labs have remained open and staff have continued to work on a variety of activities during this period, including processing tests which were returned prior to the pause of the national cancer screening programmes and assisting with testing for COVID-19.

As we start to resume the screening programmes safely, carefully and in a series of stages, lab staff are involved in ongoing preparations to start work on new tests as soon as they are received. The cervical screening labs have now commenced processing samples resulting from the initial phase of the restart of cervical screening.

11. Sleeping Contracts

11.1 During discussions in relation to supply chains Bob Doris asked I agreed to consider this proposition.
about the possible use of sleeping contracts (col 25) to meet future upsurges in demand and the Committee would welcome any further thoughts you have on how that might be achieved.

Sleeping contracts usually take the form of ‘frameworks’ where a specification and terms of sale are agreed beforehand but products are not actually purchased until they’re needed. Scottish public sector bodies use frameworks as a standard procurement mechanism for various kinds of goods and services, including Personal Protective Equipment (PPE). Future resilience planning will need to consider the ability of contractors to deliver in practice the goods, services etc. agreed as part of the contract, particularly where the provider of goods is based abroad.

Lead times required to manufacture and deliver specific goods during a pandemic will also need to be considered as the delivery of these goods might be beyond the point at which they are required. It may be possible to take a blended approach to provision, based on both stockpiling and ‘sleeping contracts’ to allow for the delivery of an element of the pandemic requirement at a later stage of the response.

Another approach could be stockpiling required goods in advance. The Scottish Government has made such provision, for example, in relation to a range of clinical consumables, including PPE, and also antiviral medicines and antibiotics, for a number of years. A central driver for stockpiling is to make provision for goods which may be in high demand during a pandemic. As well as the pressures this would place on the availability of supply, it can also generate cost pressures which need to be considered.

We will learn from the experience of Covid 19 in relation to these and other areas of pandemic response to inform our future planning.

12. Role Of Local Regional And National Planning Networks

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<th>Section</th>
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<tr>
<td>12.1</td>
<td>How the overall structure works and worked in practice. Provided at Appendix 3</td>
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<td>12.2</td>
<td>And the role in providing locally based and perhaps patient centred input during the pandemic. Provided at 12.1</td>
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<td>12.3</td>
<td>You mentioned the involvement of COSLA and SOLACE could you provide detail covering the suggested two-way flow of information and. Provided at 12.1</td>
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<td>collaboration? (see for example, column 15)</td>
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PANDEMIC FLU: NATIONAL EXERCISE ACTIONS UPDATE AND READINESS PLANNING GOING FORWARD

Dear Sir/Madam

Many of you were involved in the pandemic flu exercise, Silver Swan, which took place in 2015 and in the follow-up event in December 2016. Since then further work has been completed and this letter provides you with information on developments around pandemic flu planning and intentions for further action at national level.

We urge stakeholders to continue to work together to ensure plans are robust in addressing the requirements of a serious flu pandemic, which remains the top risk in the national risk assessment.

This letter contains details of the following:

- conclusions of the short life group announced at the Silver Swan Follow-Up Event in relation to priorities for national guidance – along with planned actions (Annex A)
- key lessons from the UK-wide Tier 1 pandemic flu exercise, Cygnus, which took place in October 2016 (included alongside summary lessons from Silver Swan in Annex B – the full report from Exercise Cygnus was issued to pandemic flu planners in July)
- new pandemic flu work being undertaken in collaboration between the 4 UK nations, drawing on the lessons from recent exercises (Annex C)

Perhaps the two main themes from recent exercises have related to developing:

- pandemic planning & response as a multi-agency function
• plans to deal with a serious escalation of demand for services

The new Scottish Resilience Partnership, which brings together senior leaders from across Scotland to address strategic resilience priorities, discussed pandemic flu recently. At this meeting, the Deputy First Minister emphasised the need for multi-agency partners and government to work together to develop plans to optimise pandemic capacity and to develop a common understanding of local and national roles in decision-making where normal capacity is exceeded.

Within the Scottish Government, we are undertaking pandemic flu planning as a cross-government function and we know that the Resilience Partnerships in Scotland and others have developed or are in the process of developing multi-agency pandemic plans. Together we must continue to develop such approaches.

We would particularly like to highlight the development and/or updating of key pandemic guidance over the coming months which many of you will have an opportunity to feed in to, including guidance for:

• Resilience Partnerships
• Health & Social Care

Much of the content highlighted in the attached annexes will feed in to this guidance. Some of this work will necessarily continue beyond the first iterations of the guidance and so the documents may be updated on an ongoing basis as required.

We look forward to your continuing support in developing our common preparedness for what might be the most serious resilience challenges we are likely to face.

Kind regards

DR GREGOR SMITH
DEPUTY CHIEF MEDICAL OFFICER

FIONA WILSON
DEPUTY DIRECTOR: RESILIENCE DIVISION
**Priorities Identified By Pandemic Flu Short Life Working Group**

The Deputy Chief Medical Officer chaired a SLWG which examined priorities for updating pandemic flu guidance following recent exercises. Members were drawn from various stakeholder groups and Scottish Government. The following were agreed as priority actions:

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<td><strong>Priority</strong></td>
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*Note that excess deaths issues are being/have been addressed separately*
Recent Pandemic Exercise Recommendations and Lessons

Over the past two years, there have been 2 major pandemic flu exercises in Scotland:
- Exercise Silver Swan (2015): Scotland-wide exercise involving local stakeholders and Scottish Government
- Exercise Cygnus (2016): UK-wide Tier 1 exercise (in Scotland involving Scottish Government only)

Key Recommendations/Lessons

Exercise Silver Swan recommended that local agencies (resilience partnership partners, and sometimes in collaboration with national agencies) should:

- Review plans to deal with a serious escalation of demand for services as set out in pandemic planning assumptions, including business continuity arrangements
- Produce a multi-agency pandemic plan, including a review of sharing and integration of local pandemic plans between health & social care agencies
- Clarify local response structures (in particular in relation to role of Resilience Partnerships & H&SC partnerships); and relationships with national government during a response
- Review plans to optimise use of staff resources, including staff redeployment within and across agencies
- Personal Protective Equipment: ensure appropriate plans for fit-testing, distribution and prioritisation of key staff are in place

Exercise Cygnus noted lessons in areas including:

- Pandemic Influenza Planning should be considered a multi-agency responsibility.
- Further work is required to consider surge arrangements for a reasonable worst case scenario pandemic.
- All organisations should examine the issues surrounding staff absence during a pandemic to provide greater clarity for planning purposes
- Procedures for coordination of messaging to the public should be re-enforced and practised
- The possibility of expanding social care real-estate and staffing capacity in the event of a worst case scenario pandemic should be examined.
- Stakeholders should work together to review the capabilities for managing excess deaths during an influenza pandemic
4 Nations Pandemic Flu Workstreams

In summer 2017, the UK Government established a new Pandemic Flu Readiness Board, in which the Scottish Government and other devolved administrations are involved. This has established workstreams to address some of the key lessons.

To underpin the UK-wide workstreams, the Scottish Government has established equivalent governance structures and workstreams, to take forward Scotland focussed action where required.

The focus of these workstreams are as follows:

- **Health:**
  - further develop plans for managing pandemic surge demand

- **Adult Social Care:**
  - develop better understanding of capacity and likely pandemic demand
  - consider novel proposals to augment capacity, noting links to hospital and community based health care

- **Excess Deaths:**
  - further develop understanding of capacity
  - develop plans to augment capacity during a serious pandemic

- **Sector Resilience:**
  - review pandemic preparations of critical sectors

- **Cross-Cutting measures: including:**
  - *public communications*: further develop communication plans and strategies, which both prepare and inform the public during a pandemic about response measures and actions they can take – and which include a more sophisticated understanding of likely public expectations and reactions
  - legislative measures: develop preparations to enact possible legislative/ regulatory measures to support a pandemic response
Appendix 1A:

Progress update on recommendations listed in Appendix 1: Annex A

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action</th>
<th>Timescale</th>
<th>July 2020 Update</th>
<th>Status</th>
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<tbody>
<tr>
<td>1. Develop ‘clear pandemic framework’, noting reporting and potential command &amp; control arrangements</td>
<td>SG to clarify in updated guidance, pandemic planning &amp; response structures and reporting arrangements</td>
<td>By March 2018</td>
<td>Updated pandemic flu guidance for health &amp; social care services in Scotland sets out national planning and response arrangements (see point 2 below). These are based on response arrangements under the Scottish Government Resilience Room (SGORR) and show how the Scottish Government links to both local resilience partners and to the UK Government structures. See response to 2.1 of the Exercise Silver Swan recommendations above for further detail on the role of SGORR, the national co-ordination approach based on subsidiarity, including the wider SG response structures being utilised for the Covid 19 response – and approaches to reporting arrangements. Any lessons learned from the Covid 19 experience in relation to response structures and reporting will feed in to updated guidance and planning.</td>
<td>Complete</td>
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### Guidance

| 2 | Develop Scottish version of the Health & Social Care Influenza Pandemic Preparedness & Response document | SG to draft guidance for consultation | By March 2018 | The overarching pandemic flu strategic guidance document is the 2011 4 Nations Influenza Pandemic Preparedness Strategy. Under this document, a more operational document was produced by the UKG in 2012 and issued to NHS Boards. These documents contained key pandemic principles, re-emphasised by subsequent pandemic flu exercises, around planning to make optimal use of local resources and planning on a multi-agency basis.

An updated version of the operational guidance was requested for the Scottish context, which would, for example, comment on emerging multi-agency structures in Scotland, including HSCPs and Resilience Partnerships.

A draft of this document was circulated to a small number of stakeholders in 2018 and after feedback was redrafted. An updated version was issued for wide consultation over July – September 2019. A final version was near to being published at the outbreak of Covid 19.

Amendments to national pandemic guidance will be reconsidered in light of the Covid 19 experience. | Partially Complete |

### Local Planning

<p>| 3 | Clarify expectations around multi-agency planning and response | SG to include comment in any new guidance | By March 2018 | See response to 1.4 of Exercise Silver Swan recommendations above. | Complete |</p>
<table>
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<tr>
<th>4</th>
<th>Comment on role of HSCPs in planning &amp; response</th>
<th>SG to continue to facilitate local discussions, where requested, around such roles</th>
<th>By March 2018</th>
<th>See response to 1.4 of Exercise Silver Swan recommendations in relation to the role of HSCPs. At the time of the DCMO letter, the SG had helped to facilitate local discussions in a small number of HSCP areas around local roles and responsibilities. This was in response to requests from those local areas.</th>
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**Responding to Increases in Demand for Services**

| 5 | Clarify mechanisms for service prioritisation during a pandemic | UK/SG pandemic work to consider how service prioritisation detail and/or mechanism can be developed | Initial views by March 2018 in guidance – may require further development thereafter | The 2011 4 Nations pandemic strategy points to key prioritisation measures which can be taken during a pandemic, including postponing elective procure to free up capacity, as has been used as a key measure in the Covid 19 response. The updated 2019 guidance points to both national and local roles in prioritising services during a pandemic, as well as other measures which can support the optimal use of resources. Detail on specific measures which would be taken are not set out, as they would be dependent on the requirements of each pandemic. | Complete |
| 6 | Clarify measures which may be implemented to enable flexible pandemic response by local agencies | UK-wide pandemic work examining legislative, regulatory & other measures which may enable flexible response | Initial outputs likely by Spring 2018, though likely to require further work beyond that point | The SG worked with the UK Government and other Devolved Administrations from 2017 in relation to the development of a potential Pandemic Influenza Bill, including measures to enable a flexible pandemic response. This work formed a basis of the eventual Coronavirus Act 2020 developed to support | Complete |
the UK response to Covid 19.

Measures introduced included relaxation / modification of legislation on:
- Duty of local authority to assess needs;
- Review of cause of death certificates and cremations; and
- Temporary closure of educational institutions and childcare premises

| Antiviral Distribution |
|------------------------|-----------------|-----------------|-----------------|
| 7 Developing community pharmacies as a primary (though not exclusive) option for NHS Boards | A SG Working Group is examining feasibility and developing a plan for implementation by 2019. | New approach noted in guidance by March 18. Implementation in 2019 | See response to 7.1 of the Exercise Silver Swan recommendations above. | Partially Complete |

| Personal Protective Equipment (PPE) |
|-------------------------------------|---------------------------------------------|-----------------|-----------------|
| 8 Awareness raising of requirements e.g. in relation to PPE required & fit-testing | HPS and Scottish Health Protection Network: Health Protection Preparedness Group have lead role | Ongoing | Infection Prevention and Control |
|                                      | The National Infection Prevention and Control Manual (NIPCM) mandates the use of Respiratory protective equipment (RPE) to protect healthcare workers (HCWs) from infectious agents that are transmitted by airborne or droplet routes. As described in relation to Exercise Silver Swan recommendation 8.1 above, under ‘Prioritisation of Key Staff’, HPS has worked with Boards to understand and raise awareness of issues relating to PPE requirements and fit-testing – and the SHPN HCID sub-group made specific recommendations in relation | Complete (though this an ongoing task) |
to this, as also set out at 8.1.

**Workforce Education**

Workforce education resources are developed by HPS and NES under the Scottish Health Protection Network, working closely with local and national partners.

Previously under SHPN, resources were developed in relation to ‘Viral Haemorrhagic Fever - The correct order for donning and the safe order for removal and disposal of Personal Protection Equipment’ and these are available to stakeholders via NHS Education for Scotland. These resources are currently being revised in light of the new PPE ensemble currently being progressed at a UK level.

**New Workforce Education Resources in Development**

Updated training resources on the new unified PPE ensemble are under development and include a video clip showing donning and doffing. Training requirements have also been discussed with NHS Boards and other partners in late 2019 with a view to developing an action plan.

| 9  | Clarify access arrangements to national stockpiles | SG to clarify in updated guidance | By March 2018 | Pandemic guidance, as contained in the updated 2019 guidance and in the previous iteration, notes that the detail of access to national pandemic stockpiles would be clarified at the time of a pandemic. Access would be dependent on the | Complete |
requirements of the particular pandemic.

Access arrangements will be reviewed in light of the Covid 19 experience.

The responses to the Exercise Silver Swan recommendations 5.2 and 8.1 note the distribution arrangements.

<table>
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<th>Other Health Protection/Public Health Issues</th>
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Dear Colleagues

COVID-19: MOBILISATION PLANS: NEXT PHASE OF THE NHS RESPONSE

Thank you for submitting draft mobilisation plans for the next phase of COVID-19, covering the period to end of July 2020. These were prepared in response to my commissioning letter of 14 May and separate guidance issued on 20 May setting out a requirement to maintain a COVID-19 response for ICU and general acute beds.

I am grateful to you and your teams for the speed of your response and for our subsequent engagement.

I now write to ask that you implement your plan to safely and incrementally resume paused services as quickly as possible while continuing to maintain a COVID-19 capacity and resilience. This activity should be delivered alongside the commitment to continue to treat emergency, urgent and maternity cases. You should also continue to work with your colleagues in local government and Integration Authorities to provide support to care homes in your area covering infection prevention control, testing and to address workforce resilience issues arising as a result of staff self-isolating. In addition to the requirement to maintain a COVID-19 capacity and resilience, I would also ask that you retain sufficient flexibility and capacity within the workforce to staff the Covid Hubs and Assessment Centres to respond to any change in COVID activity. Additionally, as we begin to see unscheduled care attendances and admissions increase towards pre-COVID levels we ask that a more scheduled approach to emergency care is considered to reflect this new risk and to ensure safety for patients, staff and the public.
I will write to you separately to seek clarification on a few specific issues. Where these issues give rise to changes in your approach, I would expect this to be addressed this via a further iteration of your plan.

As you take forward delivery of the plan, it is important that you ensure its implementation is fully informed by the recent publication of the *Re-mobilise, Recover, Re-design: The Framework for the NHS Scotland*. The document recognises the importance of building upon the positive changes you have introduced to date, particularly the use of digital technology to enable more people to have more of their care at home or in the community and to embed integrated approaches to delivering health and social care support. It also sets out the assumptions, principles and objectives of safe and effective mobilisation. You should continue to review the clinical prioritisation of services as you proceed with the plan and be cognisant of national guidance/policy frameworks, including those relating to infection prevention and control, testing and PPE, keeping your plan under review as you continue to assess your ability to provide services safely. While I am content that you share your plan with your Board and partners in the interests of good governance, I am aware that the plans will change in scope and scale as you continue to assess your Covid 19 response. Accordingly until we resolve any outstanding queries I would be grateful if you treat the plan as a work in progress. I will write under separate cover on any queries associated with your plan.

I would be grateful if you would keep me informed about your progress implementing the plan, alerting me to any emerging issues. I would emphasise the need to alert us in advance of any significant service events (e.g. resuming paused services) and to ensure that all such events are supported by appropriate communication plans and linked to our national communication activity as necessary.

We will continue to engage with you to fully understand the additional expenditure already incurred and any anticipated future additional expenditure, so that appropriate funding can be agreed and then allocated. Where there are known additional costs arising through remobilisation, these should be reflected in financial plans due on 22 June. This is in advance of a more detailed review of the financial position that will be undertaken at the end of first quarter. We are in discussion with Directors of Finance about these arrangements.

I expect to write to you toward the end of this month with a further commission for a mobilisation plan covering the remaining period to the end of the financial year. I would ask that you now factor such a request into your planning processes.

Yours sincerely

JOHN CONNAGHAN CBE
Interim Chief Executive, NHS Scotland

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Resilience Partnership Structures

- Scottish Government Resilience Room (SGoRR)
  - National Co-ordination Centre (NCC)
- North Regional Resilience Partnership (NRRP)
- East Regional Resilience Partnership (ERRP)
- West Regional Resilience Partnership (WRRP)
  - Local Authority Liaison
Scottish Local Authority liaison and representation framework
(23/03/20)

Key:
MACC – Multi Agency Co-ordination Centre (virtual 24/7)
SCG – Strategic Co-ordinating Group
LARGS – Local Authority Resilience Group Scotland
NCPG – CoSLA’s National Contingency Planning Group (covering H&SC)

SOLACE Scotland - is the Scottish Branch of the Society of Local Authority Chief Executives and Senior Managers (UK). It is a members’ network for local government and public sector professionals.
CoSLA - is the Convention of Scottish Local Authorities. It is the national association of Scottish councils and provides political leadership on national issues and works with councils to improve local services.