



The Scottish Parliament
Pàrlamaid na h-Alba

Jeane Freeman MSP

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Via email only

Health and Sport Committee

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Dear Jeane

Resilience and Forward Planning

Thank you to you and your officials for appearing before the Committee on 17 June in relation to resilience and emergency planning for COVID-19. The Committee found the session both helpful and informative and I am writing to request some clarification on certain areas and to seek a variety of documents and papers you offered to provide. References throughout this letter are to the [Official Report of the Session](#).

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. 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. Finally, in that column you mentioned recommendations by Sir Lewis Ritchie and it would be helpful for the committee to have sight of those.

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?

Can you advise the extent to which each of the 25 areas on the WHO checklist were followed in preparatory work for a pandemic.

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 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).

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. Could you also indicate the reasons why the current digital strategy did not include care homes?

During an exchange with David Stewart on inequalities, you indicated (column 23) one of the strongest lessons learned relates to the steps taken to protect those shielding and perhaps a need to take that forward into other groups in future. Given that, could you explain 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 services¹”? How are the views of those most negatively affected by the pandemic being included in the work of the MRG?

Also, in column 26 you indicated “a significant proportion of the workforce are both physically and emotionally exhausted”. Can you give more of an indication of the numbers of staff affected? 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?

Mr Connaghan offered to send a copy of the note he has issued to chief executives and others about remobilisation (column 28) and I look forward to receipt of that. He also referred to digital conversations and it would be helpful to understand the numbers and proportion of those which are now occurring both in primary and secondary care, as well as between the two spheres.

You offered to provide details of lab capacity (column 29) in relation to cancer-screening and again I look forward to those details.

During discussions in relation to supply chains Bob Doris asked about the possible use of sleeping contracts to meet future upsurges in demand and the Committee would welcome any further thoughts you have on how that might be achieved.

Finally there was reference throughout the answers provided to the role of local regional and national planning networks and it would be helpful to the Committee to have a greater understanding of how the overall structure works and worked in practice, and the role played by the local and regional networks in providing locally

¹ Letter to Committee 19 June resumption of NHS services

based and perhaps patient centred input during the pandemic. The submissions received by the Committee were generally critical of the use of the CPP networks and responsibilities giving the impression of a command and control approach from the centre leading to confusion, waste and duplication of effort. You mentioned the involvement of COSLA and SOLACE could you provide detail covering the suggested two-way flow of information and collaboration?

It would be helpful to have this information by 25 July

Yours sincerely

Lewis Macdonald
Convener, Health and Sport Committee