

## **ANNEX**

Papers for meetings held on 22 January, 15 February, 5 March, 26 March, and 16 April

**Friday 22 January**

*Agenda*



### **MOBILISATION RECOVERY GROUP AGENDA**

**22 January 2021** via [Click here to join the meeting](#)  
(if you are having connectivity issues, [alternative details are below](#))

**09:00 to 11:00 hours**

- 1. Apologies, Welcome & Introductions**
- 2. Note of meeting held on 11 December 2020**
- 3. Matters arising**
- 4. State of the Pandemic - update**
- 5. Winter Planning (including testing) - update**
- 6. COVID-19 Vaccine – update**
- 7. Any other Business**
- 8. Date of Next Meeting(s)**

Meeting 12: Friday 12 February, 0900-1100

Meeting 13: Friday 26 February, 0900-1100

Meeting 14: Friday 12 March, 0900-1100

Meeting 15: Friday 26 March, 0900-1100

**Full schedule can be found on the back of this agenda.**

**Join on your computer or mobile app**

Click here to join the meeting

**Join with a video conferencing device**

(redacted)@t.plcm.vc

Video Conference ID: (redacted)

Alternate VTC dialing instructions

Learn More | Meeting options

Any other problems:

(Redacted)

Year	Month	Dates	
2021	January	22-Jan	
	February	12-Feb	
	March	05-Mar	26-Mar
	April	16-Apr	
	May	07-May	
	June	04-Jun	25-Jun
	July	16-Jul	
	August	06-Aug	27-Aug
	September	24-Sep	
	October	15-Oct	
	November	05-Nov	
	December	03-Dec	

*MRG(11/01) - State of the Pandemic Summary Slide Pack*

All of the information you have requested which is held by SG is available from gov.scot at <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>. Under section 25(1) of FOISA, we do not have to give you information which is already reasonably accessible to you. If, however, you do not have internet access to obtain this information from the website listed, then please contact me again and I will send you a paper copy.

MRG(11/02) - Winter Planning Update (including testing)

## Mobilisation Recovery Group Meeting 22 January 2021

Winter Planning Update (excluding vaccination)

Overall SitRep – John Connaghan  
Testing – Christine McLaughlin  
Workforce – Gillian Russell  
Primary Care – Aidan Grisewood  
Adult Social Care – Donna Bell  
Summary – John Connaghan



### Acute/ICU COVID-19 Trajectory: Change in number of patients in hospital and ICU with COVID-19

Health Board Area	Count of inpatients in hospital				Percentage change in hospital			Count of inpatients in ICU				Percentage change in ICU		
	31/12/20	07/01/21	14/01/21	21/01/21	31/12/20 to 07/01/21	07/01/21 to 14/01/21	14/01/21 to 21/01/21	31/12/20	07/01/21	14/01/21	21/01/21	31/12/20 to 07/01/21	07/01/21 to 14/01/21	14/01/21 to 21/01/21
A&A	162	201	210	225	24%	4%	7%	8	10	14	16	25%	40%	14%
Borders	34	41	41	38	21%	0%	-7%	*	*	*	8	100%	25%	60%
D&G	14	29	55	75	107%	90%	36%	*	5	13	13	400%	160%	0%
Fife	53	75	97	123	42%	29%	27%	*	7	8	6	75%	14%	-25%
FV	50	66	95	116	32%	44%	22%	5	8	7	9	60%	-13%	29%
Grampian	72	83	121	113	15%	46%	-7%	11	13	16	8	18%	23%	-50%
GG&C	332	394	504	542	19%	28%	8%	13	21	37	45	62%	76%	22%
Highland	8	11	26	32	38%	136%	23%	*	*	*	8		400%	60%
Lanarkshire	201	237	312	364	18%	32%	17%	11	13	14	24	18%	8%	71%
Lothian	193	207	190	202	7%	-8%	6%	12	9	13	16	-25%	44%	23%
Orkney	*	*	*	*				*	*	*	*			
Shetland	*	*	*	*		-25%	-67%	*	*	*	*			
Tayside	53	117	184	171	121%	57%	-7%	*	9	10	7	200%	11%	-30%
WI	*	*	*	*	0%	100%	-50%	*	*	*	*			
GJNH	*	*	*	*	0%	-100%		*	*	*	*			
<b>Scotland</b>	<b>1,174</b>	<b>1,467</b>	<b>1,840</b>	<b>2,004</b>	<b>25%</b>	<b>25%</b>	<b>9%</b>	<b>70</b>	<b>100</b>	<b>142</b>	<b>161</b>	<b>43%</b>	<b>42%</b>	<b>13%</b>

Daily Scottish Government Management Information - numbers below 5 are not published

% increase in hospital between 31/12 and 21/01 = 71% % increase in ICU between 31/12 and 21/01 = 130%

DRAFT | OFFICIAL - SENSITIVE

## Essential Services: Urgent & Emergency

AMBER

DETERIORATING

COVID	COVID patients 2,004 yesterday compared to 2,395 total surge capacity (84%). This compares to 77% on 14/01/21 (1,840 patients, 2,395 surge capacity). Latest modelling (20/1) suggests smaller growth over next week and plateau for some boards. <b>Exceptionally busy but coping with mutual aid. Signs of plateau across eight board areas last three days.</b>
ICU	The total number of patients in ICU (COVID and non COVID) yesterday was 83% of the double surge capacity (294 patients vs 353 surge capacity). This compares to 80% on 14/01/2021 (283 patients, 353 surge capacity). NHS D&C now surpassed quadruple ICU baseline capacity. <b>D&amp;G now breached quadruple capacity. Borders invoked mutual aid with NHS Lothian. GJNH stands ready for mutual aid. Six boards plateaued last three days. Two boards still increasing.</b>
A&E	ED performance on 20/01/2021 was 84%.
NHS 24/SAS	For 19/01/2021, the NHS 24 average time to answer was 4 minutes 19 seconds. Performance stable in SAS.
Staff	For 13/01/2021 – 19/01/2021 the total COVID absence rate for NHS staff was 2.6%. Significant variation across Boards.

### Board SITREP SUMMARY - Headlines

Ayrshire and Arran	Red with indicator of Black due to moving surpassed doubling of ICU Covid19 Surge Capacity and at 133% of Acute Covid19 Surge Bed capacity, outpatients cancelled, limited discharge and ward closures. High numbers of long delays (over 12 hours). Slight reduction over past 24h
Borders	Red with indicator of Black due to surpassing double ICU Covid19 Surge Capacity. Agreed transfer of patient(s) to NHS Lothian for ICU. Position expected to improve in the next two or three days given projected discharge from ICU in Borders.
Dumfries & Galloway	Beyond quadruple ICU capacity and surpassed full occupancy against their Covid19 surge capacity, with increasing Covid19 patients. Continuing to cope within own resources.
Fife	Approaching double ICU capacity and red demand and amber pressures. Overall Hospital occupancy (non-Covid) increasing. Continued staffing challenges. ICU position has stabilised last 24hrs.
Forth Valley	Red status surpassed double ICU capacity and rising, and increased Covid19 patients. Overall occupancy at 91.6%.
Lothian	Increasing Covid19 patients in ICU and moving towards double capacity. Exit block 84 DD ER, 74 WG. Increasing numbers in ICU related to tertiary and mutual support.
Orkney	Approaching double ICU capacity with 100% of Acute Covid19 Bed Surge occupied. <b>Minor injuries unit opened at Gartnavel, first patient seen 18/1.</b>
West of Scotland	Acute COVID capacity at 120%, overall occupancy improving. Doubling of ICU Covid Surge Capacity. Mutual aid with GJNH for ICU available. Covid admissions plateauing.

### INTERNAL MANAGEMENT INFORMATION ONLY Health System Risk Summary

Data from 21st January 2021

Colour RAG status by Health Board

Black - immediate and urgent action - Probable High Impact

Red - significant impact - significant resources required

Amber - moderate impact - not alarming

Green - functioning - minor impact experienced

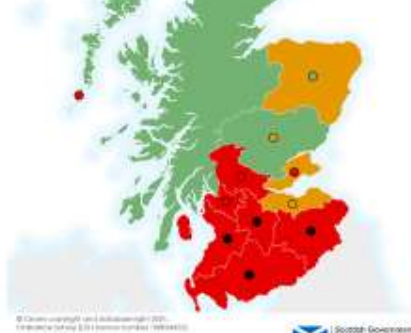
Indication of movement

● Likely to be Black

● Likely to be Red

● Likely to be Amber

● Likely to be Green



© Crown copyright and database right 2020. Information published by NHS permission: sc054568

Scottish Government  
SCOTTISH HEALTH BOARD  
gph.nhs.uk

## Essential Services - Update on Reform of Urgent Care

### Summary:

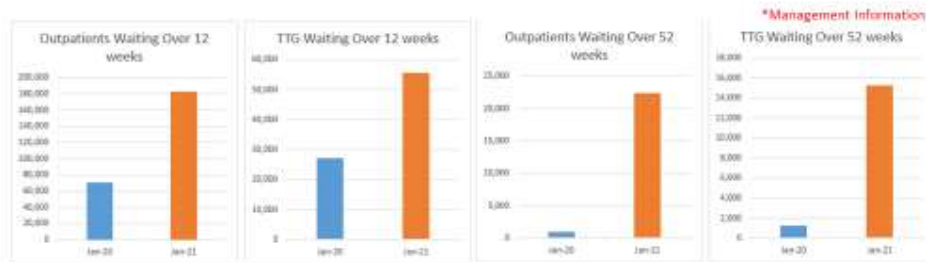
- The Redesign of Urgent Care programme continues with the Flow Navigation Centres (FNC) activity increasing daily. The intended principles of the FNC are being achieved with the split of 111 activity currently 54/46 FNC/ED with no issues being flagged by any board on the delivery of the FNC pathway.
- All boards are reporting that feedback from patients has been overwhelmingly positive. The common themes from patient feedback include a pleasant environment, accessibility, minimal waiting times and importantly lack of crowding.
- A workplan in development to establish key components of the next phase implementation, building on the de minimis specification and will include interfaces with: GP in hours; mental health hubs; community pharmacists and Scottish Ambulance Service.

### Key Points (Scotland and Scottish Boards summary data from week ending 10 January):

- Of all the ED outcomes, 53.6% (2,104) were referred to the FNCs in Boards with 46.4% (1,823) a direct 1 hour referral. This week marked a shift in the proportion of calls coming through the ED/MIU pathway via the flow navigation centre with a significant increase in FNC referrals up to 11.1%
- 461 of the 1,823 ED 1 hour referrals (25%) were children under 12; this proportion is very consistent week on week. Children under 12 urgent care records totalled 1,736 for the week, representing 9.1% of the total records created, very consistent week on week.
- Across the week, 9.7% of all urgent care callers were advised to contact their own GP, an increase from the Christmas week. Consistently, around 18% of 111 calls during the in hours period are being advised to contact their own GP. Referrals to the out of hours service returned to pre Festive levels at 47.1%, although these were higher across the weekend, but still maintained below the normal rate of c60% for 111 calls.
- Self-care outcomes fell marginally at 14.2%, however, if added to the advice to contact another healthcare professional then 24.5% of all calls resulted in no onward referral.
- Of the 1,588 mental health calls through the 111 mental health hub, only 12 were referred to ED (0.8%), with 77 ambulance outcomes (4.8%) below general 999 referral pattern. There were a total of 99 DBI referrals (6.2%) and 756 (47.1%) of callers to the hub were given self-care with no onward referral. 17.4% of callers were advised to contact their own GP, which accounts for the reduction in direct self-care.

## Essential Services - Elective Activity

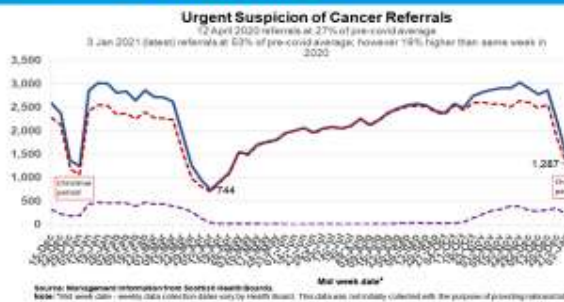
- Elective Activity levels are down by around 50% on last year with NHS Boards prioritising urgent elective activity. Current assessment is that of TTG patients waiting, approximately 74% are P4.
- Published information shows a 56% reduction in new outpatient activity during the six months ending 30 September 2020 compared to the same period in 2019.
- Similarly, published information shows a 62% reduction in TTG activity during the six months ending 30 September 2020 compared to the same period in 2019.
- Reduced activity has resulted in increased waiting times as follows (note graphs have different scales)
- All available private sector capacity in Scotland is now booked, effective 18 January. Urgent and Cancers.



Source: SG MMI and Weekly MI

DRAFT | OFFICIAL - SENSITIVE

## Cancer Waiting Times



Source: Management information from Scottish Health Boards  
Note: 700 week later - weekly data collection date only by Health Board. This data was initially collected with the purpose of providing information.

### USC referrals

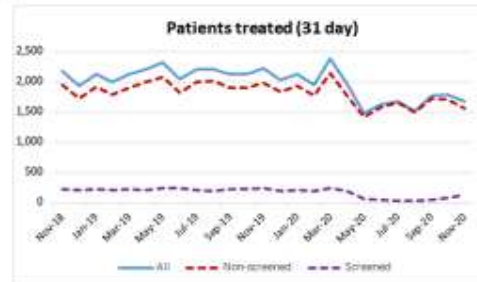
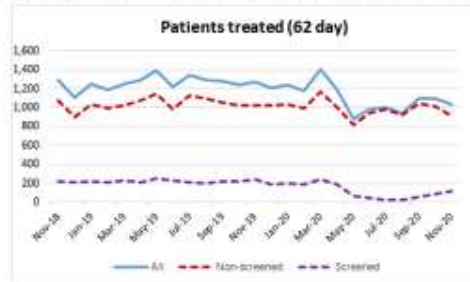
- USC referrals dropped to 27% of pre-covid levels in week ending 12 April 2020 before increasing steadily to reach normal levels at the start of November 2020.
- Symptomatic USC referrals recovered to normal levels in late August 2020.
- There was a 33% reduction in referrals during the week ending 5 January, however this dip is seen each year during the Christmas period. The number of referrals was still 18% higher than in the same week of the previous year.

### Patients treated

- For Apr-Nov 2020, 23% fewer patients were treated (31 day) compared to Apr-Nov 2019.
- For this same period, we have treated 67% fewer screened patients.

### Backlog

- The backlog of patients who have breached the 62 day pathway but who are still awaiting a diagnosis was at around 260 in the pre-covid period. This increased to a peak of 2,534 patients in early June, before decreasing steadily to around 1,000 in Mid-October. It has remained stable at this level since then.
- This backlog reflects the challenges seen in diagnostics.



DRAFT | OFFICIAL - SENSITIVE

# Testing Expansion Plan – Update

Workstream	Milestone/Deliverable	Completion date	Progress / Commentary	Workstream	Milestone/Deliverable	Completion date	Progress
Hospital Admissions – Planned (PCB)	Full rollout of testing of planned admissions	Implemented	• Pathway delivery complete and all hospital admissions testing now live in all HUs	Social Care – Care at Home (S/CPC)	Testing of staff in Minimum Housing and residential settings	All testing by end March	• On schedule to complete with 18 <sup>th</sup> Jan
	Testing of all emergency admissions	Implemented	• Pathway delivery complete and all hospital admissions testing now live in all HUs		Testing of Care at Home service staff initially in phase 1/Local LA	All testing by end March	
Healthcare Workers (H)	Roll out to Healthcare workers (all patient facing staff in hospital, COVID-19 assessment centres, health care workers, nurses and COVID-19 assessments)	All HCW weekly testing by end January 2021	• Pathway delivery progressing to phase 2 • All HUs start receipt of test kits for staff testing • Discussions ongoing with all GPs where distribution of kits to HCW remains incomplete to discuss any challenges with full roll out	Higher and Further Education (H)	Provision of 12 per cent of kits for (HFEs)	Implemented	• Term 1 testing completed with 18-19th October • Term 2 testing commenced on 27 <sup>th</sup> Jan for healthcare workers, practical placements and those operating on campus over holiday period
	Roll out to residential care homes (with LA only where Care Homes, followed by 3 week roll out)	Implemented	• Care Home Worker testing implemented (open to residential) • Care home staff testing also now implemented		Provision of post Christmas tests for residents at sites of Term 2	18 <sup>th</sup> February	
Social Care – Care Home Workers (H)	Full roll out of Care Home worker testing	All testing from early February		Community Testing (CPC)	Roll out of kits across 8 communities	Implemented	• December rollout completed across 8 communities • Following agreement of approach, now on track to sign off 100% to commence community testing for 2-3 Local Authorities with 18 <sup>th</sup> Jan
	Care Home staff testing	Nil			Wider use of targeted community testing	End March	
	Care Home testing cost	Nil		Schools (H)	Finalisation rollout of testing for school staff and senior pupils	Nil	• On track to commence final rollout projects by end 18 <sup>th</sup> Jan using QR in Evidence for teachers and pupils and PCR at home kits for teachers from 9 educational areas HFEs authorities
Social Care – Volunteering Professionals (S/CPC)	Testing of non-NHS professional services	All testing by end February	• Non-NHS Professionals testing starting with 11 <sup>th</sup> Jan				
	Testing of non-NHS professional services	All testing by end February					

DRAFT | OFFICIAL - SENSITIVE

7

## Supporting our Staff - Workforce and Resilience

### Staff absence rates for the period 13-19 January 2021

- NHS staff absence; week ending 19th January 2021: On average, 5,199 NHS staff, or around 3.0% of the NHS workforce, reported absent each day for a range of reasons related to COVID-19.
- Non-Covid related sickness absence remains higher than Covid related absence in all HB's – except NHS Ayrshire & Arran.
- Approximately 67% of total leave entitlement had been taken in 2020 to mid-January (in 2019, around 93% of leave entitlement had been taken).
- The number of covid positive absences in the NHS workforce has increased by roughly 36% since Christmas, this is reflective of the overall increase in covid infection across the population.
- This national picture is likely to be under-representing the scale of challenges faced by boards based on demand for services, current bed occupancy and staffing challenges associated with red, amber and green pathways.
- Health Workforce have established a Gold Command structure to provide a workforce RAG assessment that feeds directly into SG Situation Reporting – allowing us to draw insight and be pre-emptive about potential interventions – specifically, we will look to supplement the available data with a qualitative assessment of risks, issues and pinch points.

### Staffing Pressures

- Reports from Health Boards and Scottish Government modelling suggest that the increase in transmissibility of the new COVID-19 variant and the impact of winter and the festive period will continue to compound existing capacity pressures in healthcare settings.
- NHS Boards are signalling that staffing / workforce / resourcing pressures are a key limiting factor to continue to deliver and meet growing demand of services
- Additional staffing capacity has already been made available to Boards through the Covid-19 Health and Social Care Accelerated Recruitment Portal and the GMC and NMC emergency registers.

### Actions:

#### Portal and Emergency Registers

- Of 1472 applicants, from the portal passed to territorial health boards, approx 520 have been employed and approx 620 are actively being considered or processed by boards.
- The GMC has granted 29,090 temporary registrations across the UK, which will be valid for the duration of the pandemic. In Scotland 2,834 have been granted, with details passed to Medical Directors in Boards.
- From the NMC's UK list of temporary registrations, details of 1,471 Scottish registrants have been passed to Nurse Directors in Boards.

#### Utilisation of Bank Staff and Agency Staff

- Advice is being provided to boards indicating that they should consider offering Fixed Term Contracts to all Bank staff who wish to take up these roles.
- Boards are now being encouraged to use agency staffing where available, notwithstanding costs and presentational issues.

#### Deployment of Students

- Guidance via a DL has been issued (18<sup>th</sup> January) to Boards indicating they should consider offering students on Banks less than full time contracts as another option through which they can enhance workforce capacity.
- A communication is being issued to healthcare students via universities and colleges – proactively inviting them to register with their local staff bank.

#### Vaccinations

- We have just issued instructions about diversifying vaccinations workforce to minimise issues around covid-19 surge.

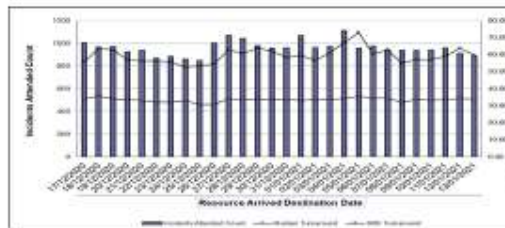
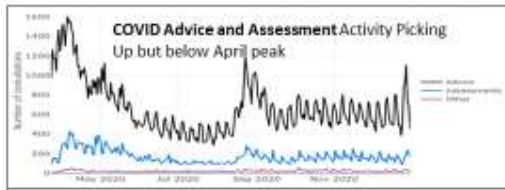
#### Staff Well-being

- We have set up a number of services dedicated to supporting the mental health and well-being of the workforce, including our National Wellbeing Hub ([www.apromis.scot](http://www.apromis.scot)) and a National Helpline staffed 24/7 (0800 111 4191) which can signpost colleagues to further support if necessary.
- Further work is ongoing with Boards and other stakeholders to develop specialist services for those staff who need timely access to more specialist psychological therapies and treatment.

DRAFT | OFFICIAL - SENSITIVE

8

# Essential Services - Primary Care Pressures



## Capacity Pressure:

- Pharmacy ■
- Dentistry ■
- Optometry ■
- GP In Hours ■
- GP OOH ■
- SAS ■
- NHS24 ■

## Ambulance call outs

Demand and performance on response times relatively Stable but turnaround times high in some areas (A&A, GGC, Gramp, Lan)

GP Service levels generally good, but some areas seeing routine services suspended due to COVID and VAX pressures

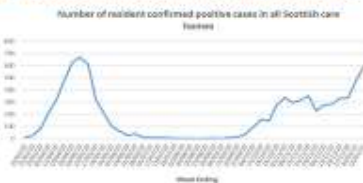
W = Worsening I = Improving



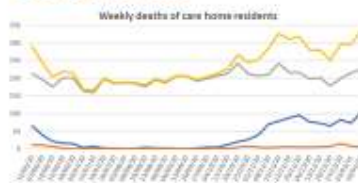
DRAFT | OFFICIAL - SENSITIVE

## OFFICIAL SENSITIVE

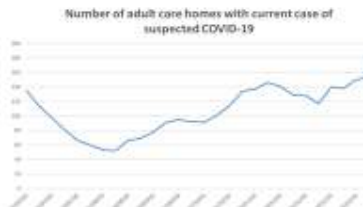
### Latest headline numbers – Care Homes



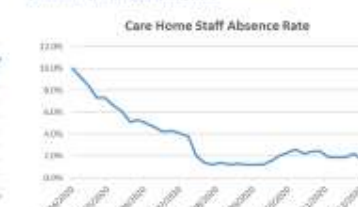
Week to 10/01/21: 588 positive COVID-19 cases for residents in all care homes. Highest number since week to 10/05/20.  
Source: PHIS  
Notes: Based on positive COVID-19 cases among care home residents were reported in SCOSS (Electronic Communication of Data to NHS for Scotland).



Confirmed COVID-19 deaths comprised 31% (102) in week ending 10<sup>th</sup> Jan 21. Highest proportion since reporting this data at 25<sup>th</sup> May.  
Source: Care Inspectorate  
Notes: Care Inspectorate categorises deaths in care home. Deaths based on verbal reports, not events.



Week to 13/01/21: 180 adult care homes with current suspected COVID-19 cases. Highest number since measure commenced in July.  
Source: Care Inspectorate  
Notes: Based on self-reported data by care homes.



Week to 12/01/21: 4.6% overall staff absence rate, up from 3.6% previous week and around 2% during Nov & Dec.  
Source: Care Inspectorate  
Notes: Based on self-reported data by care homes.

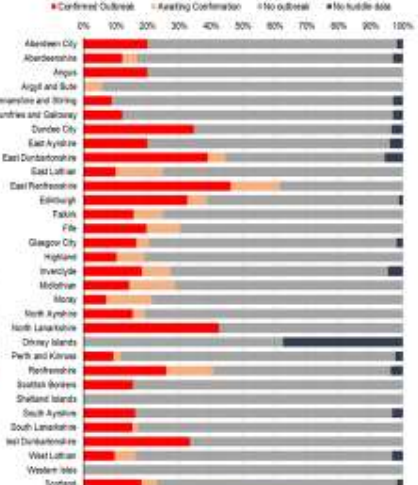
CONFIDENTIAL - DRAFT



Scottish Government  
Rìghdhalas na h-Alba  
gov.scot

12<sup>th</sup> - 18<sup>th</sup> Jan

### Care Homes Outbreak Status



Source: self-reporting by care homes on safety hub (see notes at 18 January 2021 for period 12-18 Jan)

DRAFT | OFFICIAL - SENSITIVE

## Summary

- The situation remains exceptionally busy but coping with mutual aid.
- There has been a rapid rise in the number of COVID-19 hospitalisations in the past two weeks, fuelled by the new variant strain: we are at the highest rate in the pandemic to date.
- Acute and primary care continue to be under pressure but coping. The increased COVID-19 presentations are combining with usual seasonal pressures on capacity, such as increased trauma presentations due to weather conditions, and high levels of staff absence.
- The Winter Planning Response Group is working with boards and partners to ensure a coordinated and effective response. The group meets weekly and has done so since the start of November.
- We are looking at all options to increase capacity within the system, for example:
  - We have already doubled ICU capacity since the start of the pandemic, and have the ability to treble it, subject to staffing.
  - The independent sector is also supporting NHS Scotland with elective care to ensure clinically urgent patients can continue to be seen and treated.
  - Extra capacity already being provided by NHS Golden Jubilee and NHS Louisa Jordan for a number of elective treatments and outpatient appointments.
  - Staffing: weekend contracts for students, contracts for bank staff, release of clinically qualified staff.
- We continue to keep the effects of EU Exit under constant review.

## Vaccinations Programme

Mobilisation Recovery Group – Friday 22 January 2021

MANAGEMENT INFORMATION – NOT FOR ONWARD RELEASE

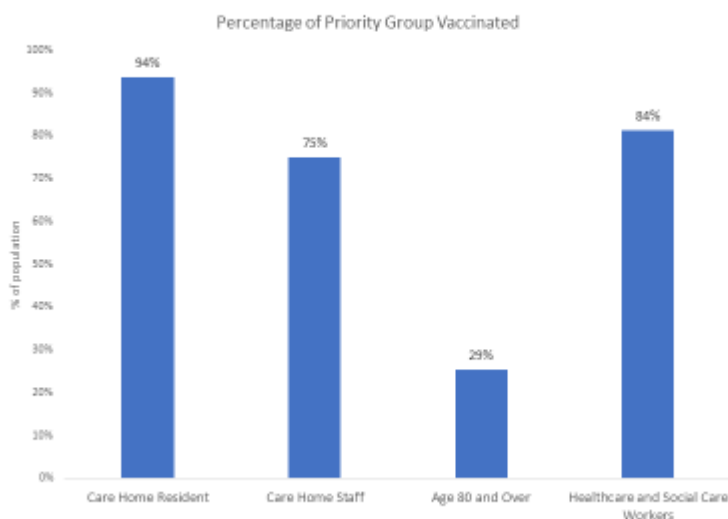


### Progress – Nationally

- 334,871 people have received the first dose of the Covid vaccination in the period 8 December to 8:30 am Thursday 21 January.
- Last 2 days we have seen sharp increase in daily uptake – circa 25k per day compared to around 17k in the last week.
- All Health Boards have confirmed they are on track to complete first doses for priority groups 1 and 2 by 5 February.
- All boards have submitted wave two planning (priority groups 3-5), these are being reviewed with a particular focus on workforce, locations, and offers of support, communications and national scheduling system.
- The national scheduling tool, while gone live, is undergoing final checks.
- 3 board have gone live - Fife, Lothian and Forth Valley, with Glasgow, Lanarkshire and Grampian hoping to go live in next few days - this is for the invites for February clinic's for cohorts 3/4/5

MANAGEMENT INFORMATION – NOT FOR ONWARD RELEASE

## Progress to Date – Priority Groups 1 & 2



MANAGEMENT INFORMATION – NOT FOR ONWARD RELEASE

## Scaling up to deliver in February

### Work underway:

- Supporting scaling up of Vaccine Supply
- Increasing Vaccination Workforce (both Vaccinators and others)
- Standing up additional Vaccination Locations

### Key Messages:

- **100,000 vaccinations per week through January**
- **400,000 vaccinations per week from end of February**
- Supply should be the only constraint to delivery
- Vaccine in / vaccine out
- Working with partners to review stock distribution

MANAGEMENT INFORMATION – NOT FOR ONWARD RELEASE

## Workforce Requirements - Delivering 400,000 doses per week

- Current master assumptions for modelling workforce requirements are as follows:
  - Vaccine delivery takes c. 7 mins; administrative support c. 4 mins; there are 330 productive minutes in a whole-time equivalent shift – that equates to 5.5 hours of a 7.5 hour shift.
  - Whole-time equivalent national workforce requirements to deliver 400,000 doses can therefore be calculated as follows:

Vaccinators WTE	Support Staff WTE
c. 1700 (1696.96)	c. 970 (969.69)

MANAGEMENT INFORMATION – NOT FOR ONWARD RELEASE

**Friday 12 February**

*Agenda*

**MOBILISATION RECOVERY GROUP  
AGENDA**

**12 February 2021 via [Click here to join the meeting](#)  
09:00 to 11:00 hours**

<b>Item</b>	<b>Lead Official/Stakeholder</b>	<b>Paper Reference</b>	<b>Time (mins)</b>
1. Apologies, Welcome & Introductions	Cabinet Secretary for Health and Sport		5
2. Note of Meeting Held on 22 January 2021, Action Log, Matters Arising	(Redacted)		5
3. Review of the Current Situation (state of the pandemic, winter planning, and vaccinations)	Jason Leitch/John Connaghan/Paul Hawkins	MRG(12/01)	20
4. Independent Review of Adult Social Care	Kate Hall/Gillian Barclay	MRG(12/02)	30
5. Health Board Remobilisation Plans	(Redacted)/John Burns	MRG(12/03)	25
6. The Lived Experience of COVID-19	Lynsey Cleland, Health Improvement Scotland Ian Welsh, Chief Executive of the ALLIANCE	MRG(12/04) MRG(12/05)	25
7. AOB			

<b>Admin</b>	
<b>Date of the Next Meeting(s):</b>	Meeting 13: Friday 05 March, 0900-1100 Meeting 14: Friday 26 March, 0900-1100 Meeting 15: Friday 16 April, 0900-1100
<b>To access the meeting:</b>	<b>Join on your computer or mobile app</b> Click here to join the meeting <b>Or call in (audio only)</b> (Redacted), United Kingdom, Edinburgh Phone Conference ID: (Redacted) Find a local number   Reset PIN
<b>Official Support</b>	(Redacted) – (Redacted) (Redacted) – (Redacted)

Year	Month	Dates	
2021	January	22-Jan	
	February	12-Feb	
	March	05-Mar	26-Mar
	April	16-Apr	
	May	07-May	
	June	04-Jun	25-Jun
	July	16-Jul	
	August	06-Aug	27-Aug
	September	24-Sep	
	October	15-Oct	
	November	05-Nov	
	December	03-Dec	

MRG(12/01) - Overall SitRep (State of Pandemic/Winter Planning/Vaccination)

Some of the information you have requested which is held by SG is available from gov.scot at <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>. Under section 25(1) of FOISA, we do not have to give you information which is already reasonably accessible to you. If, however, you do not have internet access to obtain this information from the website listed, then please contact me again and I will send you a paper copy.

## Mobilisation Recovery Group Meeting

### 12 February 2021

### MRG(12/01)

Overall SitRep

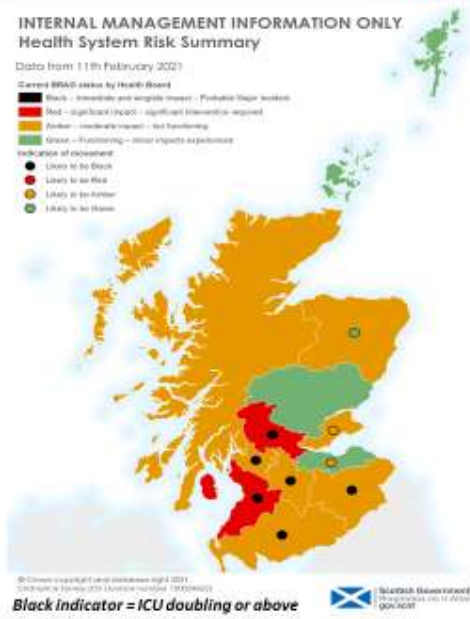
- State of the Pandemic
- Winter Planning Update
- Vaccinations Update

SOME SLIDES CONTAIN MANAGEMENT INFORMATION NOT FOR ONWARD DISTRIBUTION



Winter Planning Update – NHS Acute Capacity
Official Sensitive

<p><b>COVID Acute: 1499</b>                  Peak COVID: 2053 (Jan21)                  Previous Peak 1520 (Apr 20)                  63% COVID capacity</p>	↓
<p><b>COVID ICU: 109</b>                  COVID ICU peak: 220 (Apr20)                  Covid Peak 161 (Jan21)                  COVID ICU over 28 days: 28                  Total ICU 295 (84% of double surge capacity)</p>	→
<p><b>A&amp;E</b>                  12 hours wait (Jan 20): 1071                  12 hours waits (Jan 21): 670                  Overall ED perf Jan 20: 84.4%                  Overall ED perf Jan 21: 84.7%                  Current ED Performance 88% (10<sup>th</sup> Feb)</p>	↑
AMBER	IMPROVING







## The Independent Review of Adult Social Care

### Background

- Announced on 1st September 2020 as part of the Programme for Government.
- Chaired by Derek Feeley, a former Scottish Government Director-General of Health and Social Care and Chief Executive of NHS Scotland.
- Mr Feeley was supported by an advisory panel of experts.
- Principal aim was to consider **how to improve adult social care support for people who use supports and services, their families, their carers and the workforce.**
- The Review's report was published on 3 February 2021.
- The report sets out the Review's findings and makes 53 recommendations.

### Stakeholder engagement

- An extensive programme of engagement was undertaken to inform the Review.
- This resulted in:
  - **228 written submissions** – submitted by various individuals and organisations;
  - **13 engagement events** – each with a unique focus, e.g. mental health or experience of carers;
  - **128 meetings with stakeholders** – including carer representatives, trade unions, IJB Chief Officers and regulation and scrutiny bodies.

DRAFT | OFFICIAL - SENSITIVE

2

## The Independent Review of Adult Social Care – Next Steps

### **Next Steps**

#### Response

- The Scottish Government will respond to the 53 recommendations in due course.
- On publication of the report, the First Minister thanked Derek Feeley and his advisory panel and said:

*"The pandemic has shown us more starkly than ever before just how much our care services matter, the Review's report provides us with a basis for significantly improving those services and, of course, is a vital first step towards the creation of a National Care Service."*

#### Parliamentary Debate

- The Cabinet Secretary for Health and Sport will lead a debate on Tuesday 16th February.
- This will give the Scottish Parliament the opportunity to discuss the Independent Review's report and its recommendations.

DRAFT | OFFICIAL - SENSITIVE

5

### *MRG(12/03) - Remobilisations Plans 21-22*

This item did not form part of the meeting on the day.

*MRG(12/04) – Citizen Panel Presentation*

Healthcare Improvement Scotland - Community Engagement surveyed their Citizens' Panel for health and social care on their experiences during the COVID-19 pandemic and priorities for the future. A [report on the outcomes of this survey](#) was published on 3 March 2021.

Under section 25(1) of FOISA, we do not have to give you information which is already reasonably accessible to you. If, however, you do not have internet access to obtain this information from the website listed, then please contact me again and I will send you a paper copy.

*MRG(12/04) – The ALLIANCE Presentation*

During the People at the Centre programme, [short papers and updates](#) were regularly prepared and submitted to the MRG. A [final report summarising the overall findings](#) was published by The ALLIANCE on 18 February 2021.

Under section 25(1) of FOISA, we do not have to give you information which is already reasonably accessible to you. If, however, you do not have internet access to obtain this information from the website listed, then please contact me again and I will send you a paper copy.

Friday 5 March

Agenda

**MOBILISATION RECOVERY GROUP  
AGENDA**

**5 March 2021 via [Click here to join the meeting](#)  
09:00 to 11:00 hours**

Item	Lead Official/Stakeholder	Paper Reference	Time (mins)
8. Apologies, Welcome & Introductions	Cabinet Secretary for Health and Sport		5
9. Note of Meeting Held on 12 February 2021, Action Log, Matters Arising	(Redacted)		5
10. Strategic Framework	John Connaghan/(Redacted)/(Redacted)	MRG(13/01)	45
11. Overall SitRep	Dave Caesar/(Redacted)/Stephen Gallagher	MRG(13/02)	30
12. AOB			

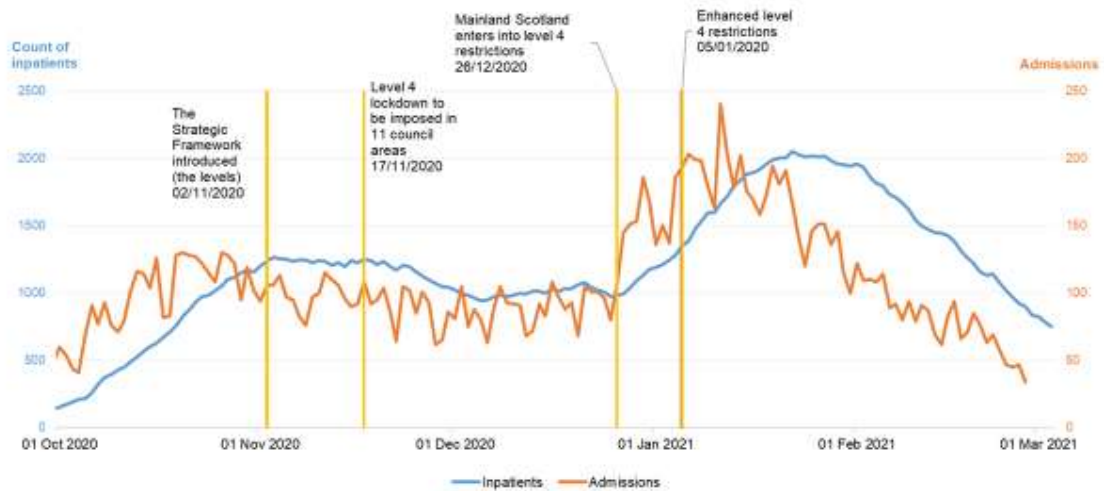
Admin	
<b>Date of the Next Meeting(s):</b>	Meeting 14: Friday 26 March, 0900-1100 Meeting 15: Friday 16 April, 0900-1100  No meeting on Friday 7 May 2021 due to election.
<b>To access the meeting:</b>	<b>Join on your computer or mobile app</b> Click here to join the meeting <b>Or call in (audio only)</b> (Redacted) United Kingdom, Edinburgh Phone Conference ID: (Redacted) Find a local number   Reset PIN
<b>Official Support</b>	(Redacted) – (Redacted) Andrew Fleming – (Redacted)

Year	Month	Dates	
2021	March	26-Mar	
	April	16-Apr	
	June	04-Jun	25-Jun
	July	16-Jul	
	August	06-Aug	27-Aug
	September	24-Sep	
	October	15-Oct	
	November	05-Nov	
	December	03-Dec	

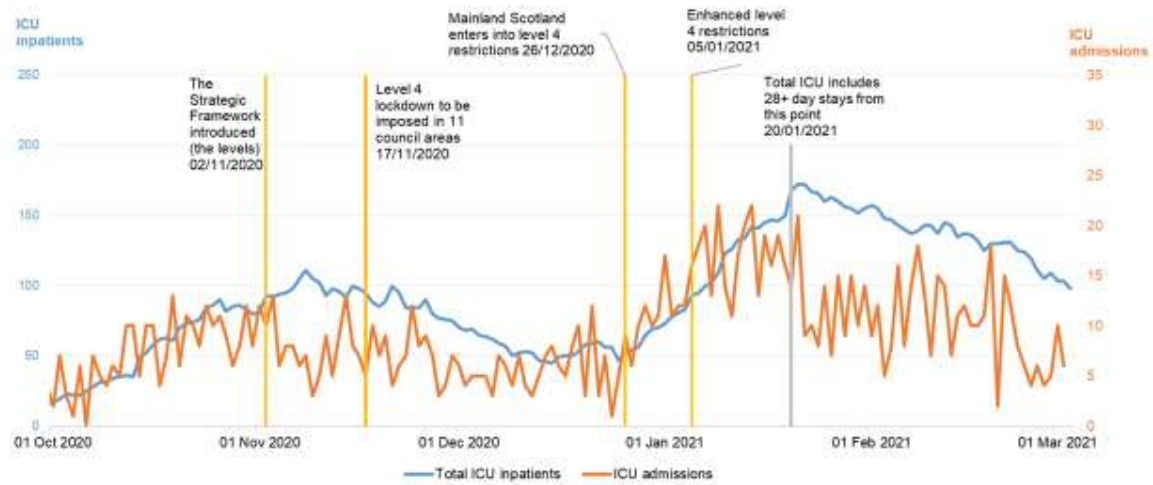
**Re-mobilise, Recover, Re-design:  
The Framework for NHS Scotland**

**The Strategic Framework and Remobilisation**

**Patients in hospital and admitted to hospital (including ICU) with confirmed COVID-19 positive test, up to 03 Mar 2021**



### Total Patients in ICU and patients admitted to ICU with confirmed COVID-19 positive test, up to 03 Mar 2021



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

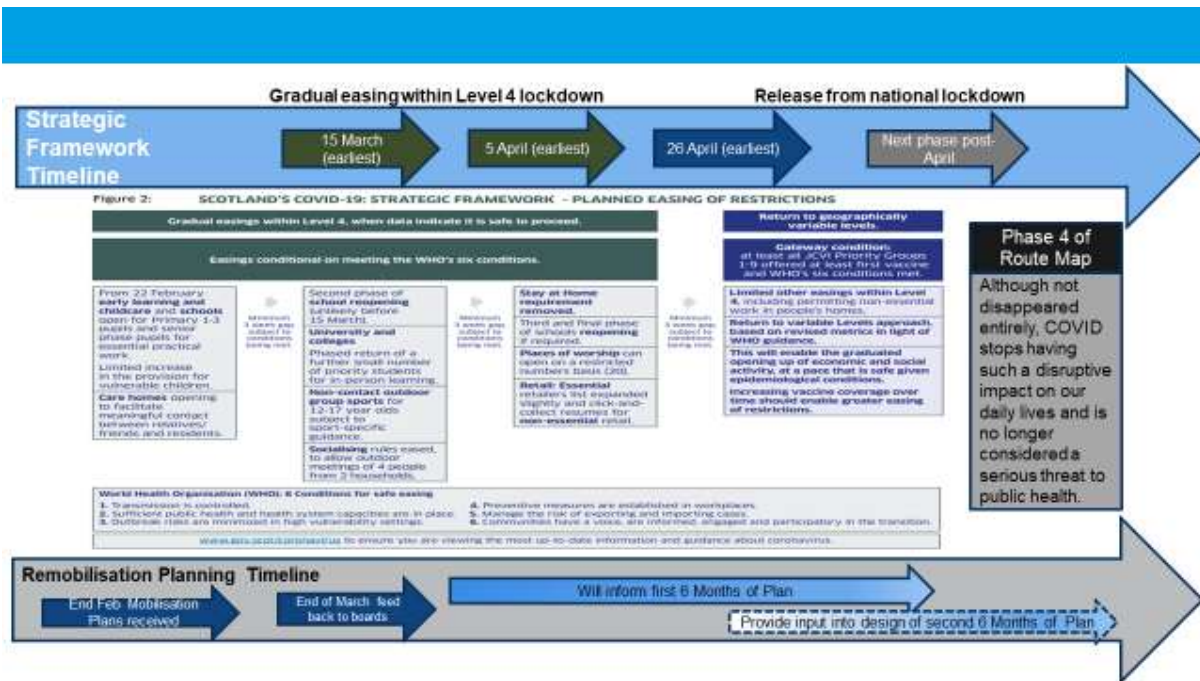
## Strategic Framework: Approach

- **suppress the virus** through compliance, with physical distancing and hygiene measures, ensuring the reproduction number remains below 1 and our NHS remains within capacity
- **care for those who need it**, whether infected by the virus or not
- do everything we can to **support people, business and organisations**
- **recover as a society and an economy**, carefully easing restrictions when safe to do so while maintaining necessary measures and ensuring that transmission remains controlled, supported by developments in medicine and technology
- **protect against this and future pandemics**, including through effective testing, contact tracing and isolation
- **renew our country**, building a fairer and more sustainable economy and society

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

# Strategic Framework: Actions

- **the quickest practical roll-out of vaccinations**, in line with advice from the Joint Committee on Vaccination and Immunisation (JCVI)
- **the most effective use of testing and contact tracing**, including maximising community and workplace testing and integrating our testing plans with vaccine roll-out
- **applying proportionate protective measures** (rules and guidance) to suppress transmission of the virus
- effective measures to **manage the risk of importation of the virus** from areas of high prevalence, including travel restrictions and managed isolation
- **supporting individuals, businesses and organisations** to adhere to protective measures
- **providing care and support** to mitigate the harms of the crisis



## Objectives for Safe and Effective Mobilisation

Meet immediate individual needs			Changing Priorities		Renew to a better health and care system		
Covid Treatment Infrastructure	Non-Covid Urgent Care	Elective Care	Pandemic Response	Staff and Carer Wellbeing	Innovation and Integration	Ensure Equity	Better Outcomes
<b>We will retain and build resilience</b>	<b>We will minimise excess mortality and morbidity from non-covid disease</b>	<b>We will re-establish services, prioritised to clinical need reflecting population demand</b>	<b>We will focus on approaches that create better population health and wellbeing</b>	<b>We will support people to recover, including their mental health and wellbeing.</b>	<b>We will embed innovations and digital approaches</b>	<b>We will ensure the health and social care support system is focused on reducing health inequalities</b>	<b>We will engage with the people of Scotland to agree the basis of our future HSSC system</b>
Maintain & enhance the total system infrastructure needed to sustain readiness for future Covid demand and future pandemics	Take action to identify the risks, act to minimise risks as much as possible; develop plans to mitigate risk post pandemic	Quantify the backlog and put up domestic take action to manage the backlog and referrals over time to reduce delay, taking opportunity to reform wherever possible	Continuing to take action to suppress transmission of the virus including Test and Protect and action on nosocomial and care home infection	Capture the interventions currently in place; identify additional actions required to support staff and include in the plan for recovery	Identify, and support innovation (including digital first); and other positive policy and reform opportunities.	Understand the needs of people and places; who are the most impacted by inequalities.	Focus on improved population health and wellbeing; reductions in health inequalities; more sustainable and resilient services and communities; and better value.
Including: Covid community hubs, capacity and surge capability in primary care, critical care, equipment, workforce, transportation, supply chain, strict segregation of health and care infrastructure; treatment innovation; role of the NHS Louisa Jordan	Including recognised risks relating to reductions in presentations; reduced access for cancer diagnostics and treatment; implications of temporary suspension of screening programme; care for those with long-term conditions	Including: prevention and community-based treatment; managing the delays on referral and increase in long delays for treatment; establish the capacity required to diagnose and treat; including the use of independent sector to minimise waiting times	Recognising and dealing with the mental illness, domestic violence, child abuse, other safeguarding issues, lack of exercise, economic hardship; reviewing best practice such as hand/washing/ acceptance of vaccination and increased self care planning	Emphasise the importance of wellbeing, kindness	In every approach we will further integration.	Produce models of care based on what matters to them	Including: Reform the system, services and our measurement framework based on co-production with public and workforce and rooted in HPP. Streamline decision-making processes. Maximise opportunities for capital investment based on new priorities

## Planning for 2021/22: key themes and challenges

- Planning context: volatile, uncertain, complex and ambiguous
- Flexible and agile in response
- Comprehensive support for mental health and wellbeing (citizens and staff)
- Staffing/workforce sustainability will be a key focus
- The future will be different – how to embed reform as we move forward
- Importance of identifying space to learn from (and work out how to apply) the lessons of the past year
- How to make best use of the data – modelling and real world experience – that we have gathered to help us understand, learn and plan through recovery and renewal

## Key Emerging Themes from AOP's 21/22:

- Good coverage of priorities as set out in Commissioning Letter; encompassing **acute, primary, community and social care**;
- Evidence of whole system approaches to mental health from forensic and emergency services to community and virtual provision;
- Importance of looking after staff wellbeing; recognising that staff need time and support to recover and 'decompress' to be able to give of their best going forward;
- High levels of uncertainty over the coming weeks, particularly in relation to the future trajectory of the virus; the need to retain the capacity to respond to possible future demands on the health and care services;
- The need for flexibility and agility in responding to those demands;
- Expanded role of public health and need to ensure this is adequately resourced;
- Workforce sustainability; impact of untaken leave, retirements, recruitment challenges, staff skill mix, redeployment and impact of pandemic on training;
- Continuing need for robust IPC and consequent impact on service capacity;
- Consequent impact of all of these on the pace of remobilisation and expansion of services (and importance of prioritisation) – as true for GPs and community/social care as it is for hospital staff;
- Clear commitment to doing things differently; building on lessons learned and on innovations (most obviously RUC, Near Me and other digital innovations);
- Importance of working in partnership; with public sector and third sector partners, with staff and clinical colleagues, with local communities.

*MRG(13/02) - Overall SitRep (State of Pandemic/Winter Planning/Vaccination)*

Under section 25(1) of FOISA, we do not have to give you information which is already reasonably accessible to you. If, however, you do not have internet access to obtain this information from the website listed, then please contact me again and I will send you a paper copy.

Some of the information you have requested which is held by SG is available from gov.scot at <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>.

Healthcare Improvement Scotland - Community Engagement surveyed their Citizens' Panel for health and social care on their experiences during the COVID-19 pandemic and priorities for the future. A [report on the outcomes of this survey](#) was published on 3 March 2021.

During the People at the Centre programme, [short papers and updates](#) were regularly prepared and submitted to the MRG. A [final report summarising the overall findings](#) was published by The ALLIANCE on 18 February 2021.

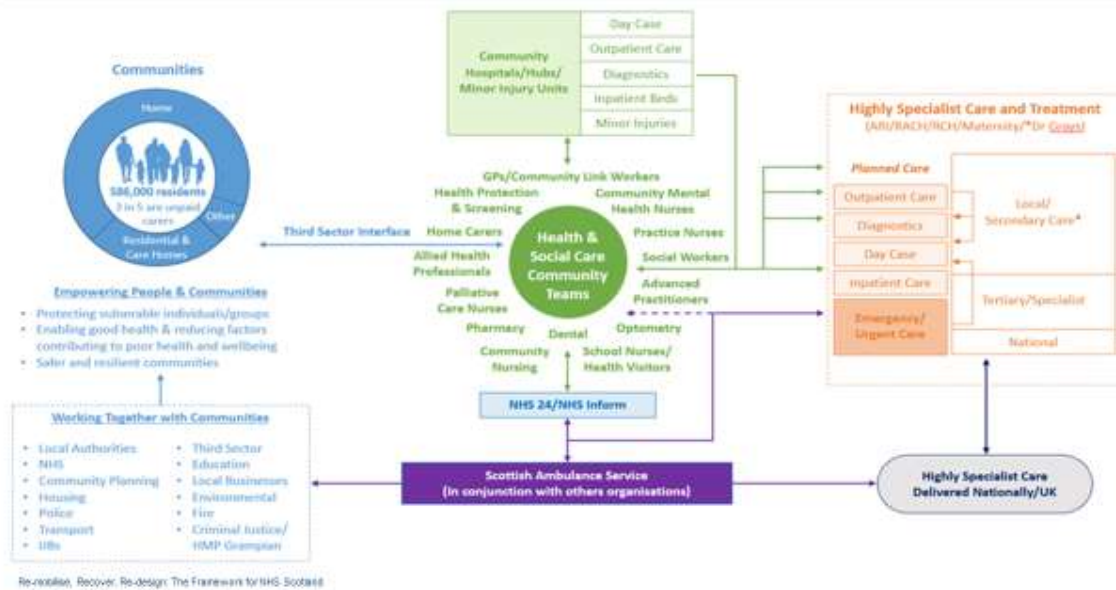
**Mobilisation Recovery Group Meeting  
Friday 5 March 2021  
MRG(13/02)**

**Overall SitRep**

- State of the Pandemic (Dave Caesar)
- Winter Planning Update (Policy Leads)
- Vaccinations Update (Stephen Gallagher)



**Management Information – NOT FOR ONWARD CIRCULATION**



**Where are we now? Why do we need to transform?**

(A fragmented view of the whole system)

- Our whole system is pressurised and has become unsustainable.
- Medicines, treatments and technology have evolved greatly meaning people are living longer, have more access to health information and means more demands placed on our health service.
- Whilst individual staff show compassion and diligence, we still face challenges often experienced most by our patients whose care journey takes them through different parts of our system.
- Our world has changed because of COVID-19 but we can take away the positives of how well we have worked together through learning from COVID-19, how well our teams have performed under pressure and worked in partnership with colleagues across the system to provide the best care possible for our patients.

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

**Where do we want to be?**

"Deliver true sustainable integrated care that merges boundaries between primary, community, hospital, social care, third and voluntary sectors"

**This means:**

- We will enable people to take more responsibility for their own health and well-being.
- As far as possible, we will support people to stay well in their own homes and communities.
- We want to make sure people can access the right care, right place, right time by the right person, and when that care is complex, it should be timely and appropriate.
- We want to get the best possible outcomes for our population across our systems within the resources we have available in Grampian.

**Integrated care system**

**What are our immediate actions? "To get there, we will develop our approach to plan for RECOVERY and work towards TRANSFORMATION"**

Key phases	Key elements	Staff Wellbeing	Public Confidence	Service Delivery	Key activities that will enable transformation
Living with COVID-19	We will ensure that our staff are safe whilst working during the pandemic and support them in maintaining their wellbeing.	We will inform our population of the changes for the delivery of health and care during the pandemic, the implications of those changes and we will engage our population to minimise harm during the pandemic.	We will remain open for business for critical and protected services ensuring that delivery is safe.	Put in place a governance structure i.e. Programme Board and define the transformation agenda and Objective 1.	
Recovery	The recovery of our staff is the number one priority to ensure that, since we start to resume services, these can be maintained with a robust, recuperated and well-recovered staff group.	We will develop, co-create and share, with our population, a clear plan which sets out the future of health and care in the Grampian region.	We will establish re-designed services which have developed during the pandemic to undertake activity which has been suspended / reduced, as well as exploring with the population alternatives to traditional treatment approaches.	Engagement with staff in partnership and with the public to understand the key priority areas, enable teams to work together and make improvements.	
Embedding Transformation	We will work with staff and partners to design and deliver a balanced work system which is sustainable and enables staff to thrive.	We will engage with our population to co-produce a health and care system which is fit for the long-term future, enables people to take more responsibility for their own health and reduces the inequalities in the population.	We will transform our system, in partnership with our population, to create sustainable services.	Establish digital, facilities and other areas cutting supporting infrastructure readiness.	
				Communicate and engage with joint groups across the system on the case for change and approach, receive feedback and preparation for wider rollout.	
				Draw in specialist groups of expertise to support and enable teams to deliver the key areas of transformation.	
				Establish Organisational Development (OD) support and programmes to support our staff as part of the transition towards transformation.	

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

Official Sensitive: These slides use Management Information. Not for wider circulation.

## Waiting Times (1)

Indicator	Standard/ Target	2019 (Ongoing/Completed)	2020 (Ongoing/Completed)
62 Days Cancer (Completed waits)	95%	83.7% (Oct-Dec 2019)	85.3% (Oct-Dec 2020)
31 Days Cancer (Completed waits)	95%	96.6% (Oct-Dec 2019)	98.7% (Oct-Dec 2020)
12 Week TTG (Completed waits)	100%	71.5% (Oct-Dec 2019)	55.7% (Jul-Sep 2020)
[Featured in WTIP] 12 Week TTG (Ongoing waits)	0 waiting over 12 weeks (100% performance)	26,075 (67.5% performance) (31/12/2019)	55,276 (36.4% performance) (MI 01/01/21)
[Featured in WTIP] 12 Week New Outpatient (Ongoing waits)	Circa 17,000 waiting over 12 weeks (95% performance)	76,687 (72.8% performance) (31/12/2019)	180,742 (47.1% performance) (MI 04/01/21)
6 Week Key Diagnostic Tests (Ongoing waits)	0 waiting over 6 weeks (100% performance)	17,906 (79.5% performance) (31/12/2019)	44,516 (55.9% performance) (31/12/2020)
	All Endoscopy	6,990 (68.1% performance) (31/12/2019)	21,460 (32.2% performance) (31/12/2020)
	All Radiology	10,916 (83.4% performance) (31/12/2019)	23,056 (66.7% performance) (31/12/2020)
18 Week Referral to Treatment (excl. Grampian and Lothian) – Month Ending	90%	80.2% Dec 19	73.8% Dec 20

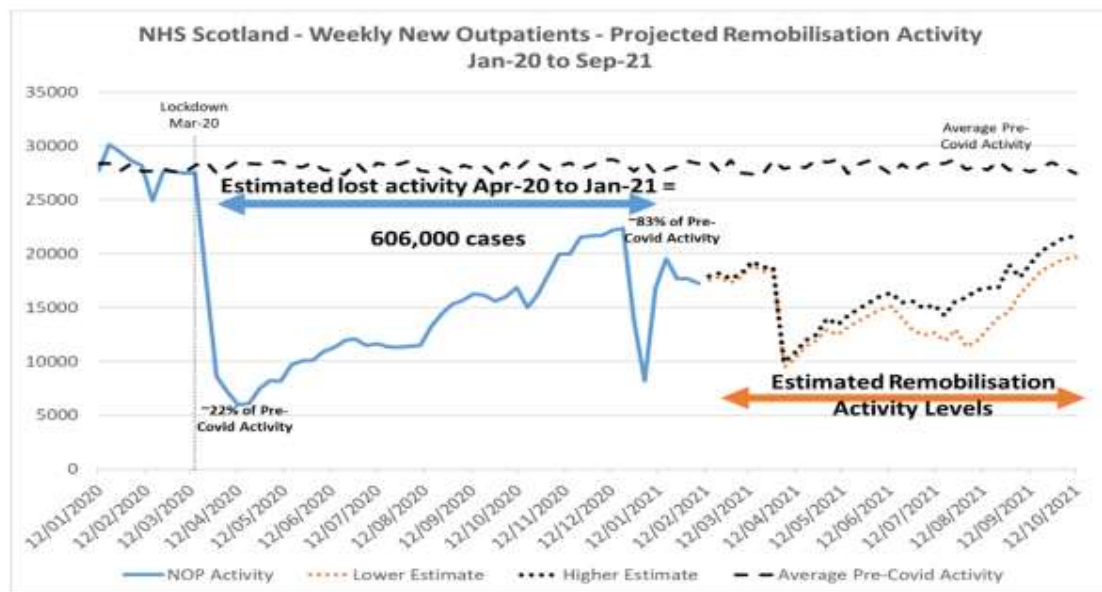
Official Sensitive: These slides use Management Information. Not for wider circulation.

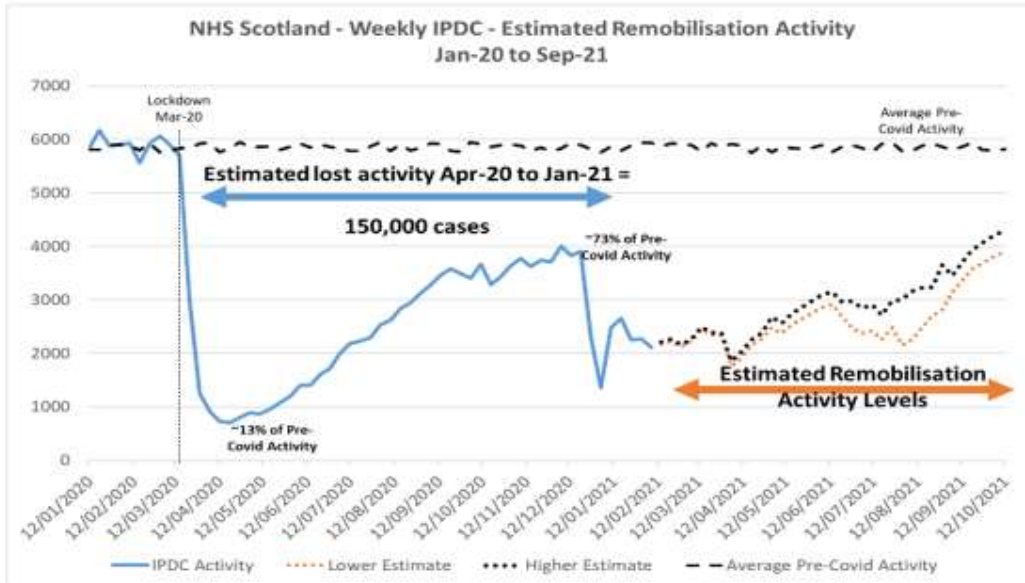
## Waiting Times (1)

Indicator	Standard/ Target	2019 (Ongoing/Completed)	2020 (Ongoing/Completed)
62 Days Cancer (Completed waits)	95%	83.7% (Oct-Dec 2019)	85.3% (Oct-Dec 2020)
31 Days Cancer (Completed waits)	95%	96.6% (Oct-Dec 2019)	98.7% (Oct-Dec 2020)
12 Week TTG (Completed waits)	100%	71.5% (Oct-Dec 2019)	55.7% (Jul-Sep 2020)
[Featured in WTIP] 12 Week TTG (Ongoing waits)	0 waiting over 12 weeks (100% performance)	26,075 (67.5% performance) (31/12/2019)	55,276 (36.4% performance) (MI 01/01/21)
[Featured in WTIP] 12 Week New Outpatient (Ongoing waits)	Circa 17,000 waiting over 12 weeks (95% performance)	76,687 (72.8% performance) (31/12/2019)	180,742 (47.1% performance) (MI 04/01/21)
6 Week Key Diagnostic Tests (Ongoing waits)	0 waiting over 6 weeks (100% performance)	17,906 (79.5% performance) (31/12/2019)	44,516 (55.9% performance) (31/12/2020)
	All Endoscopy	6,990 (68.1% performance) (31/12/2019)	21,460 (32.2% performance) (31/12/2020)
	All Radiology	10,916 (83.4% performance) (31/12/2019)	23,056 (66.7% performance) (31/12/2020)
18 Week Referral to Treatment (excl. Grampian and Lothian) – Month Ending	90%	80.2% Dec 19	73.8% Dec 20

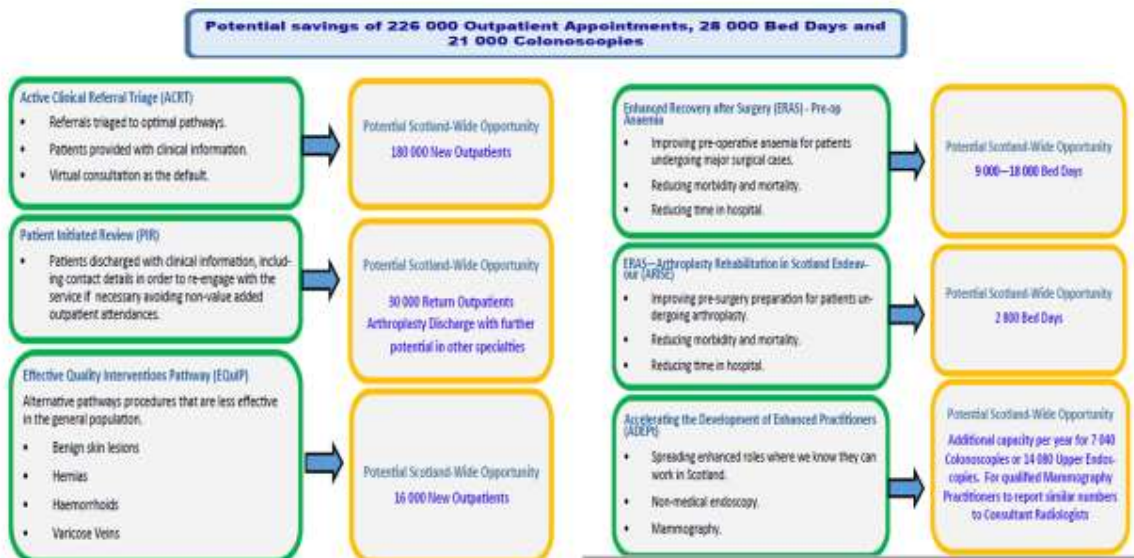
## Activity

Activity	April to December 2019	April to December 2020
Cancer – 31 Day treatments	19,488	15,350
Cancer – 62 Day treatments	11,544	9,448
CAMHS	11,798	11,671
Psychological Therapies	52,566	42,861
New Outpatients	1,090,999	562,080
TTG	208,959	98,662
A&E Attendances (Core Sites)	1,096,747	783,492

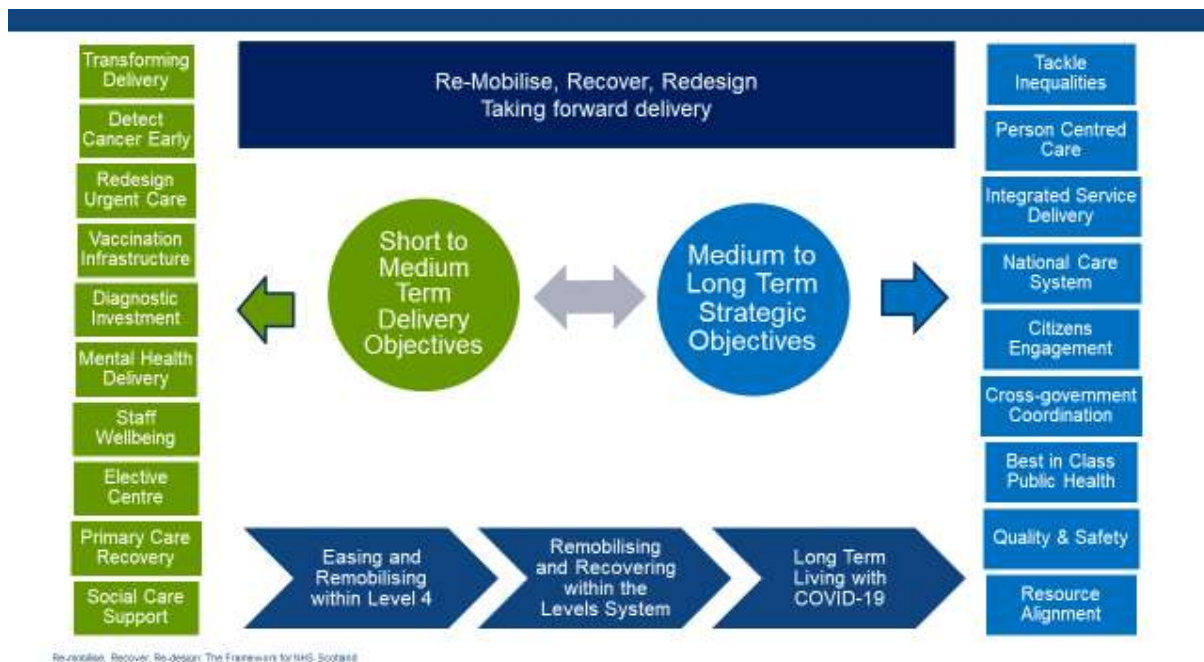




Re-installed, Recover, Re-design: The Framework for NHS Scotland



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



*MRG(13/02) - Overall SitRep (State of Pandemic/Winter Planning/Vaccination)*




Some of the information you have requested which is held by SG is available from gov.scot at <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>. Under section 25(1) of FOISA, we do not have to give you information which is already reasonably accessible to you. If, however, you do not have internet access to obtain this information from the website listed, then please contact me again and I will send you a paper copy.

**Mobilisation Recovery Group Meeting**  
**Friday 5 March 2021**  
**MRG(13/02)**

**Overall SitRep**

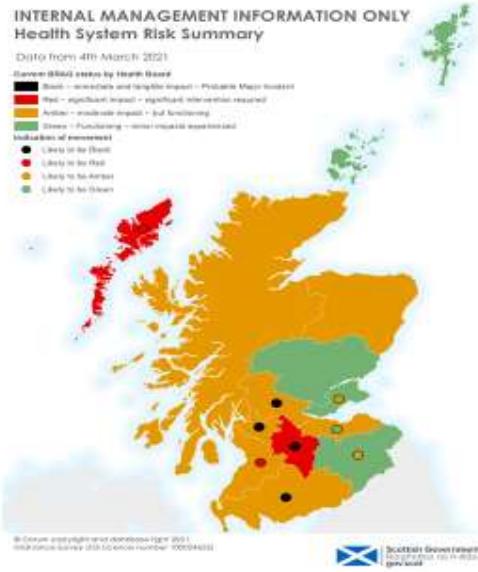
- State of the Pandemic (Dave Caesar)
- Winter Planning Update (Policy Leads)
- Vaccinations Update (Stephen Gallagher)



<p><b>COVID Acute beds: 726</b>                  Peak COVID: 2053 (Jan 21)                  Previous Peak 1520 (Apr 20)                  At 30% COVID capacity</p>	
<p><b>COVID ICU beds (&lt; 28 days): 68</b>                  COVID ICU beds (&gt; 28 days): 27                  COVID ICU peak: 220 (Apr 20)</p>	
<p><b>Total ICU (Covid &amp; non-Covid) beds: 267</b>                  (76% of double surge capacity)</p>	
<p><b>A&amp;E</b>                  Overall ED perf Feb 21: 84.7%                  Current ED Performance: 83.1%                  (4 hr target)</p>	

AMBER

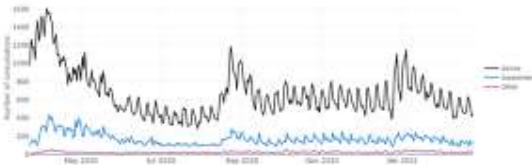
IMPROVING



Black indicator = ICU doubling or above

AMBER PLATEAUIING

COVID-19 Hubs and CAC consultations – daily trends since 23 March



**Pharmacy** ■  
**Optometry** ■

**GP In Hours** ■  
**GP OOH** ■  
**SAS** ■  
**NHS 24** ■  
**Dentistry** ■





## Winter Planning Update: Validated Test and Protect Pathways

Symptomatic - TBC	Patient Care	Protecting the vulnerable	Outbreak and high incidence	Supporting safe essential services	Other pathways
<b>EXISTING AREAS OF TESTING</b>					
Baseline Group / User Pathways	Elective Surgery	Care Homes	Universities		Close Contacts
Under 5s	Medical Admissions	Care at Home	Schools 1		Private Labs
Rural Testing	Emergency Admissions	Care Home Visitors	Community Testing		Outbound & Income Support
Walkthrough Test Centres		Visiting Professionals in Care Settings			ONS Survey (Data)
Satellite Testing		Patient Facing Health Care Workers			Border
<b>TESTING EXPANSION FEBRUARY 2021 ONWARDS</b>					
		Healthcare Workers - Primary Care	Close Contacts (of index cases)	Schools (Senior phase pupils)	
		Other Social Care Settings (staff)	Higher & Further Education (students)	Schools (staff - inc ELC)	
		Hospices (staff)	Community Testing additional daily capacity	ELC - (non-school based staff)	
		Prison Service (staff) - TBC		Food Processing and Distribution (staff)	
		Prison Service (prisoner admissions) - TBC		ABIS 24 AND SAS Emergency Service Control Rooms	
				Fire & Police Control Rooms	

**KEY:**

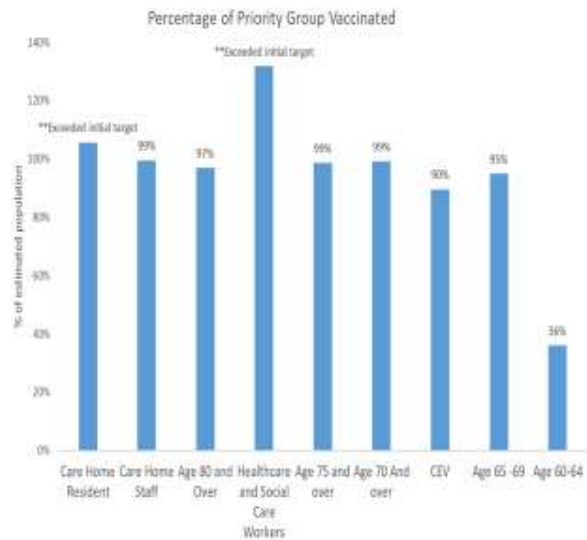
- Implemented
- In delivery
- New
- New extension to existing pathway

1 - incident and outbreak management  
2 - asymptomatic PCR home testing

DRAFT | OFFICIAL - SENSITIVE

## Vaccination Roll Out Progress Update

- **1,688,608 people** have received the first dose of the Covid vaccination in the period 8 December to 7:30 am Thursday 4 March.
- **100,058 people** have received the **second dose** of the Covid vaccination
- On Tuesday 2nd March the **helpline received 11,927 calls**, of which 99.76% of these calls were answered.
- Of these 1,375 were from priority groups, 2,154 calls were from the general public, and 8,398 from the re-booking service.
- The average wait time for the enquiries line (priority + general) was 1 second. The **average wait time** for the re-booking line was 6 seconds.



## Vaccination Update – Forward Focus

- **Programme acceleration** for groups 1-9 now aim to be complete by mid-April and 18-50 years olds by end of July
- Focus on working with HBs around **variability of supply** that is expected to even out from mid-March with higher quantities to allow daily average to increase substantially
- Key focus on **cohort 6** (1,010,000) noting that this number includes those who are 'self-identified' carers and therefore are challenging to quantify and identify.
- Steps in place to have **self-registration** live for self-identified carers from 15.3.21 and ongoing updates on volumes against projections for monitoring.
- First meeting of new Planning Group to look at **longer term planning** including: Vaccination Transformation Programme; alignment to existing vac programmes; Programme Legacy; future blueprint
- Ongoing work to ensure **fully inclusive** programme as communications plan.

DRAFT / OFFICIAL - SENSITIVE 41

## Vaccination Update - Risk and Issue Overview

Risks and Issue	Mitigation Summary	Ref
<b>Vaccine supply and stability</b> <ul style="list-style-type: none"> <li>• <b>Vaccine supply</b> continues to be unpredictable</li> <li>• <b>Risk of Insufficient Supply</b> to be able to roll out the second dose</li> <li>• Short life of vaccine from w/b 8.3.21</li> </ul>	<p><b>National modelling team</b> provided 2 weekly cycle, however, 4 day delay expected</p> <p>MDT have already advised HBs that Pfizer deliveries from the 26.3.21 should be used for <b>second dose only</b></p> <p>MDT confident that short life can be used</p>	RIS123 / 2040 ISS036
<b>Confidence in the Programme</b> owing to: <ul style="list-style-type: none"> <li>• <b>Pace of the Programme</b>, rapid decisions are having to be made and / or operationalised at pace.</li> <li>• <b>Making sure that vaccinators are up to date</b> with changes in the PGDs</li> <li>• <b>Serious Side Effects</b></li> <li>• <b>Outbreaks</b> in care homes where vaccinations has taken place</li> <li>• <b>Covid 19 Mutations</b></li> </ul>	<p>Clear <b>central communications</b> will be issued, working alongside local board communication teams to agree key messages to the general public, MSPs and others.</p> <p>Ongoing work in communication and in <b>surveillance of vaccine effectiveness</b>.</p>	RIS2048 RI2051 RIS035/2003 RIS2053 RIS124/2027 ISS048
<b>Equalities</b> <ul style="list-style-type: none"> <li>• <b>Vaccination programme not being fully inclusive</b></li> <li>• Significant interest in the <b>pay disparity</b> which exists between different professional groups engaged as vaccinators</li> </ul>	<p><b>Inclusive Vaccination Plan</b> Paper share with PB following meeting on 02/03; approach was approved by Cabinet Secretary 02/03.</p> <p>Ongoing Communications plan with focus on ensuring inclusiveness as central</p>	RIS2042 ISS054

**Friday 26 March**

*Agenda*

**MOBILISATION RECOVERY GROUP  
AGENDA**

**26 March 2021 via [Click here to join the meeting](#)  
09:00 to 10:00 hours**

<b>Item</b>	<b>Lead Official/Stakeholder</b>	<b>Paper Reference</b>	<b>Time (mins)</b>
13. Apologies, Welcome & Introductions	DG Health and Social Care		5
14. Note of Meeting Held on 5 March 2021, Action Log, Matters Arising	(Redacted)		5
15. HSC Overall SitRep  State of the Pandemic Winter Planning Update Test and Protect Vaccinations Update	Dave Caesar/Jason Leitch Policy Leads Christine McLaughlin Stephen Gallagher	MRG(14/01)	30
16. AOB			

<b>Items for Information</b>	<b>Lead Official/Stakeholder</b>	<b>Paper Reference</b>
17. Update to the Strategic Framework	Jason Leitch	MRG(14/02)

<b>Admin</b>	
<b>Date of the Next Meeting(s):</b>	Meeting 15: Friday 16 April, 0900-1100  No meeting on Friday 7 May 2021 due to election.
<b>To access the meeting:</b>	<b>Join on your computer or mobile app</b> Click here to join the meeting <b>Or call in (audio only)</b> (Redacted), United Kingdom, Edinburgh Phone Conference ID: (Redacted) Find a local number   Reset PIN
<b>Official Support</b>	(Redacted) – (Redacted) (Redacted) – (Redacted) (Redacted) – (Redacted)

Year	Month	Dates	
2021	April	16-Apr	
	June	04-Jun	25-Jun
	July	16-Jul	
	August	06-Aug	27-Aug
	September	24-Sep	
	October	15-Oct	
	November	05-Nov	
	December	03-Dec	

*MRG(14/01) - Overall SitRep (State of Pandemic/Winter Planning/Vaccination)*

Some of the information you have requested which is held by SG is available from gov.scot at <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>. Under section 25(1) of FOISA, we do not have to give you information which is already reasonably accessible to you. If, however, you do not have internet access to obtain this information from the website listed, then please contact me again and I will send you a paper copy.



# Winter Planning – Health Workforce



File	Key Points	Indicator
<b>Forth Valley</b>	<ul style="list-style-type: none"> <li>Workforce challenges continue as a result of increasing demand, however operational plans are used including the utilisation of bank/supplementary workforce</li> <li>Board is enhancing staff by deploying staff from other areas and further utilising staff bank and agencies</li> <li>Covid numbers are down, releasing areas now have improved capacity</li> <li>ICU now reports vast improvement and the situation remains stable</li> <li>The board has stood down from whole system capacity meetings</li> </ul>	→
<b>Highland</b>	<ul style="list-style-type: none"> <li>Intense pressures on capacity and flow still of concern at Raigmore due to the acuity of patients presenting and requiring care, and getting flow out into the community</li> <li>Hopeful that system wide actions to consistently improve flow will start to make traction on this situation in the coming weeks</li> <li>Raigmore bed and performance position remained challenging across the weekend but is being managed locally and no change to status is expected over the coming days</li> </ul>	→
<b>Grampian</b>	<ul style="list-style-type: none"> <li>Pressure on unscheduled care and of maintaining system flow remain. Workforce well-being whilst an ongoing concern is not a source of alarm. Still some dilution of RMI ratios</li> </ul>	→
<b>NHS 24</b>	<ul style="list-style-type: none"> <li>The Board has now vaccinated 838 staff with a plan in place to complete a further 800 over the coming weeks (supply permitting). LPT – Board now has 1034 registered to pick up kits with 722 of these now registered on-line with only 1 positive outcome</li> <li>Working with SG looking at attendance management which will hopefully have some benefits on board statistics</li> <li>Covid and sickness absence has increased over the past week, with Covid absence increasing significantly. Highest reported absence in line with reported figures from February</li> <li>Hopeful that these figures will improve and reduce over the next few weeks</li> </ul>	→
<b>Western Isles</b>	<ul style="list-style-type: none"> <li>Staffing levels remain stable within Western Isles Hospital</li> <li>After 8 days no further outbreaks have occurred within Western Isles Hospital</li> <li>All wards including Medical within Western Isles Hospital have reopened</li> <li>Uist &amp; Barra Hospital are stable</li> <li>St Bernards Hospital in Barra is stable</li> </ul>	→

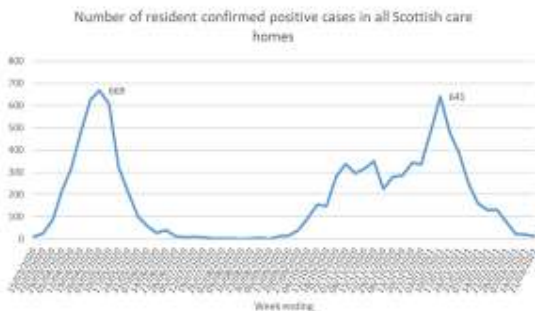
HOT ISSUES - Headlines	
<b>NHS 24</b>	<ul style="list-style-type: none"> <li>Covid and sickness absence has increased over the past week, with Covid absence increasing significantly. Highest reported absences in line with reported figures from February</li> <li>Hopeful that these figures will improve and reduce over the next few weeks</li> </ul>
<b>24/3</b>	<ul style="list-style-type: none"> <li>Remains red at present, due to working pressures in the West, West Central and AOC</li> <li>The pressures are due to a combination of Covid 19 absences (largely contributed to staff who are shielding and restrictions with staff taking accumulated annual leave along with some staff on short term absence)</li> </ul>

- NHS Scotland Staffing Levels stand at c. 148,500 WTE.
- The scale of the workforce and growth need to be considered in the context of the reduced productivity as a result of physical capacity constraints, which will continue throughout 2021, and the need to deliver new Public Health services (Vax, T&P etc.)
- Staff Absence remains relatively stable, following a second peak in covid-19 related absence which corresponded with increased infection rates in the wider population. Sick absence continues to be affected by COVID absence. Absence remains one of many indicators of staff engagement and well-being and we will continue to monitor and respond to this.

- Well-being**
- We have created a comprehensive package of support offers for all staff – including psychosocial support. There have been 80,000 users of National Wellbeing Hub since 11 May, approx. 1400 per week (75% new)
  - Officials are working with partners to identify options for 'decompression' following this wave of the pandemic to allow staff adequate time to recover
  - To measure staff well-being and engagement we have made use of pulse surveys, but have found due to the nature of the pandemic that utilising self-reporting mechanisms and more qualitative sources is providing richer results more reflective of current well-being issues.

- Untaken Annual Leave**
- At the end of Jan 2020, staff had around 6 days of their 2020-21 entitlement still to take, on average, as compared to around 4.4 days at the same point in 2019-20.
  - The impacts of this will continue to be monitored.

## Care Homes – COVID Cases, Deaths & Outbreaks



Source: PHN  
Notes: Based on positive COVID-19 cases among care home residents were identified in SCQG (Structure Communication of 2) performance in Scotland.

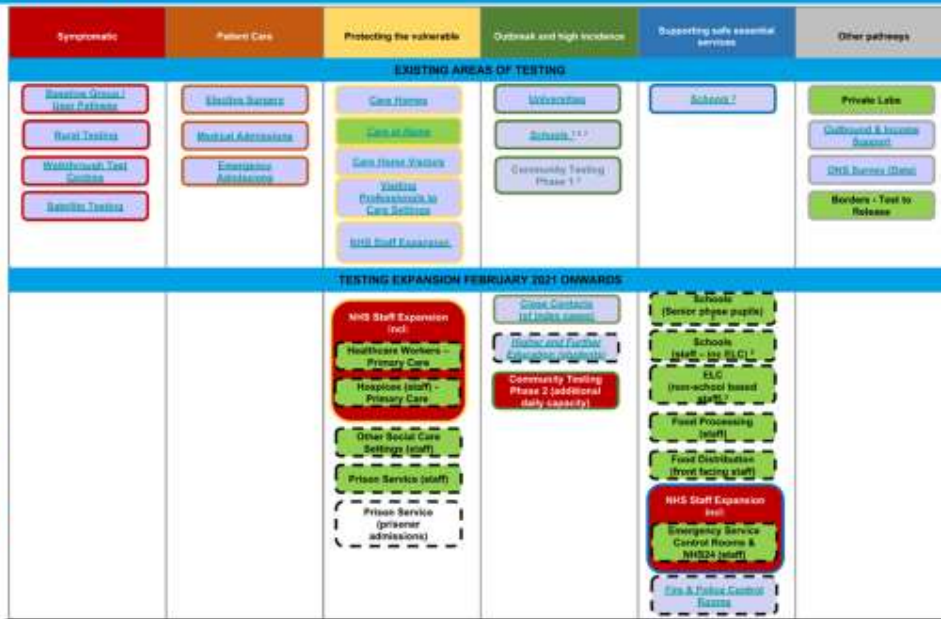


Source: Care Inspectorate  
Notes: Care Inspectorate notified total of deaths in care home. Deaths based on week reported, not of event

- Cases**
- In the most recent peak, the number of confirmed positive COVID-19 cases in residents in all care homes reached 641 (week ending 10 January 2021). This number has been on a decreasing trend since then.
  - In the week ending 21 March 2021, there were 11 confirmed positive COVID-19 cases in residents in all care homes. This is a decrease on previous week (8).
- Deaths**
- There has been a steady decrease in confirmed COVID-19 deaths in care home residents since the recent peak in mid January.
  - Confirmed COVID-19 deaths comprised 4% (7) of all care home deaths in week ending 21 March 2021. This is a decrease on the previous week (7% (13)).
- Outbreaks**
- The percentage of care homes with a confirmed outbreak continues to decrease steadily.
  - 2% of care homes had a confirmed outbreak in week ending 22 Mar 2021. This is a decrease on previous week (3%) and from the peak in week ending 19 January (18%).
  - 2% of care homes awaiting confirmation, a slight increase on previous week (1%).
  - This data is self-reported by care homes on safetyhuddle tool (Unpublished Management Information).

# Test and Protect

Validated Test and Protect Pathways for each Testing Strategic Priority  
Updated 17/03/21



**KEY**

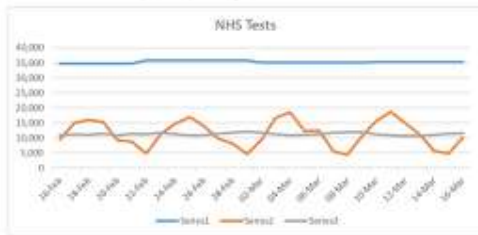
- Implemented
- In progress
- Now - TEP2
- New extension to existing Testing pathway

1 - incident and outbreak management  
2 - asymptomatic PCR home testing  
3 - follow using a SOP only (a pathway was not required)

SENSITIVE 20

# Test and Protect

## Testing Capacity and Volumes



Utilisation for NHS at average 33.0% this period - a decrease vs 33.3% last period. Average volume has increased by 1%.



Utilisation for UKG is average 19.7% this period - an increase vs 17.5% last period. Average volume has increased by 6%.

## Strategic Update

- Testing Strategy refresh published
- Expansion of Whole Genome Sequencing service to be developed
- All pathways (previous slide) either implemented or on track for implementation March/April
- Extension of healthcare worker testing to staff in non patient facing roles
- Testing for prison workforce to begin end of March

## Operational Update

- PCR Capacity at > 75k tests per day
- Turnaround times consistently within 24 hours
- 8 drive through Regional Test Sites
- 35 walk through Local Test Sites
- 42 Mobile Test Units
- 21 small scale test sites in NHS Highland
- 30 Asymptomatic Test Sites for Community Testing

DRAFT | OFFICIAL - SENSITIVE

21

## Vaccination Programme Update: Performance as at 25.03

- **2,285,711 people** have received the first dose of the Covid vaccination – **over half of all adult population (50.3%)**.
- **263,236 people** have received the second dose of the Covid vaccination
- **164,497 people who are Clinically Extremely Vulnerable** (CEV: 93% of those on the shielding list) have received their first dose.
- Group 6 – 9 well underway – group 7 is 95% complete; group 8 is 67% complete and group 9 is 44% complete.
- **619,200 people** in group 6 have received first dose – 81% complete.
- Over 68,000 unpaid carers have accessed the portal since it went live on 15 March.
- Over 55,000 have now successfully registered with more than 33,000 having now received an appointment.
- 87,706 unpaid carers have received a first dose of the vaccine

DRAFT | OFFICIAL - SENSITIVE

22

## Vaccination Programme Forward Focus

- **Developing NVSS** to allow for local flexibility in scheduling second doses. Interim scheduling planning
- Ongoing liaison with Boards on **Performance against Projections**
- Exploration of the reasons for **DNA** and developing mitigations
- Moving to **Phase 2** (Cohort 10 onwards) in line with JCVI advice
- First meeting of new **Planning Group** to look at longer term planning including: Vaccination Transformation Programme; alignment to existing vac programmes; Programme Legacy; future blueprint.
- Equalities Plan and **Inclusive Programme Steering Group** with LHB Inclusion Plans being collated
- Planning is underway in preparation for **Moderna** Vaccine, currently scheduled to be available over the Easter weekend although key items are required around JCVI confirmation of dosing gap and the implications of the gap itself

DRAFT | OFFICIAL - SENSITIVE

23

## Vaccination Programme: Risks and Issues Overview

Risk / Issue Theme	Mitigation Summary
<b>Vaccine supply and stability of supply</b> <ul style="list-style-type: none"> <li>Risk of cancellation where supply schedule changes</li> <li>Issue around <b>planning with unstable and unpredictable supply</b></li> <li>Risk to second doses</li> </ul>	Currently mitigated through strong weekly MOT process and recently supplemented by additional local performance against projection process at individual board level.
<b>Development to NVSS to allow flexibility to schedule second doses</b> <ul style="list-style-type: none"> <li>Current risk associated with temporary manual 'workaround'</li> <li>Potential drop in delivery of second doses during 'down' time of NVSS</li> <li>Second dose being pushed back</li> </ul>	NVSS national developments supported with additional resource where required; working with Royal Mail to reduce scheduling time to minimise impact of 'down' time; liaison with Boards for local solutions to ensure ongoing high volume of vaccinations
<b>Confidence in the Programme</b> <ul style="list-style-type: none"> <li><b>Pace of the Programme</b>, rapid decisions are having to be made and / or operationalised at pace</li> <li><b>DNAs</b> currently higher than expected</li> <li>High media coverage on European <b>pausing of use of AZ</b></li> <li>Breakouts in <b>Care Homes</b> where vaccination has taken place</li> </ul>	Ongoing Communications Plan included targeted local communications Exploration of reasons for DNA including in Deep Dives Stakeholder reassurance re AZ / Clinical reassurance
<b>Vaccine Uptake</b> <ul style="list-style-type: none"> <li><b>AstraZeneca in Europe</b> may affect vaccine confidence</li> <li><b>Lower vaccine uptake</b> by healthy younger adults</li> <li>Reluctance to <b>attend for a second dose</b></li> </ul>	Ongoing Communications Plan included targeted local communications Insight Exploration
<b>Clinical</b> <ul style="list-style-type: none"> <li><b>Vaccine Safety</b></li> <li><b>Covid 19 Mutations</b></li> <li><b>Need for Annual Vaccinations / Boosters</b></li> </ul>	Programme attend regular JCVI meetings and follow JCVI advice Escalation process and Yellow Card Scheme well embedded in practice Planning Group for future vaccinations being scheduled
<b>Equalities</b> <ul style="list-style-type: none"> <li>Vaccination programme <b>not being fully inclusive</b></li> <li>"immunisation documentation/certification" increases the risk of equality issues</li> </ul>	Equalities Plan in development including an Inclusive Programme Steering Group and current request to bring in all LHB's inclusion plans Analysis of Data and Intelligence Gathering re uptake

### MRG(14/02) - Strategic Framework Indicative Timetable (for info)

All of the information you have requested which is held by SG is available from gov.scot at [Coronavirus \(COVID-19\): timetable for easing restrictions - gov.scot \(webarchive.org.uk\)](https://www.gov.scot/Topics/healthandcare/coronavirus/covid-19/timetable). Under section 25(1) of FOISA, we do not have to give you information which is already reasonably accessible to you. If, however, you do not have internet access to obtain this information from the website listed, then please contact me again and I will send you a paper copy.

Friday 16 April

Agenda

**MOBILISATION RECOVERY GROUP  
AGENDA**

**16 April 2021** via [Click here to join the meeting](#)  
**09:00 to 10:30 hours**

Item	Lead	Paper Reference	Time (mins)
18. Apologies, Welcome & Introductions	John Connaghan		5
19. Note of Meeting Held on 26 March 2021, Action Log, Matters Arising	Andrew Fleming		5
20. HSC Overall SitRep  State of the Pandemic Primary Care: Data and Activity Vaccinations Update	Dave Caesar Policy Leads Stephen Gallagher	MRG(15/01)	30
21. Update on NHS Board Remobilisation Plans	(Redacted)	MRG(15/02)	30
22. AOB			5

Admin	
<b>Date of the Next Meeting(s):</b>	No meeting on Friday 7 May 2021 due to election. The next meeting is expected in June but this will depend on the views and expectations of the new Cabinet Secretary.
<b>To access the meeting:</b>	<b>Join on your computer or mobile app</b> Click here to join the meeting <b>Or call in (audio only)</b> +44 (Redacted) United Kingdom, Edinburgh Phone Conference ID: (Redacted) Find a local number   Reset PIN
<b>Official Support</b>	(Redacted) – (Redacted) Andrew Fleming – (Redacted)

Year	Month	Dates	
2021	June	04-Jun	25-Jun
	July	16-Jul	
	August	06-Aug	27-Aug
	September	24-Sep	
	October	15-Oct	
	November	05-Nov	
	December	03-Dec	
<b>ALL DATES AFTER FRIDAY 16 APRIL ARE SUBJECT TO CHANGE FOLLOWING THE APPOINTMENT OF A NEW CABINET SECRETARY</b>			

MRG(15/01) - Overall HSC SitRep

Some of the information you have requested which is held by SG is available from gov.scot at <https://www.gov.scot/collections/coronavirus-covid-19-the-state-of-the-epidemic/>. Under section 25(1) of FOISA, we do not have to give you information which is already reasonably accessible to you. If, however, you do not have internet access to obtain this information from the website listed, then please contact me again and I will send you a paper copy.

Please note that the date and paper reference is incorrect. This presentation was delivered on Friday 16 April.

## Mobilisation Recovery Group Meeting Friday 26 March 2021 MRG(14/01)

### Overall SitRep

State of the Pandemic (Dave Caesar)  
Update on Primary Care (Redacted)  
Update on Vaccinations (Stephen Gallagher)



Management Information – NOT FOR ONWARD CIRCULATION

### Primary Care – Measuring Activity in General Practice

- SG officials have been working closely with PHS colleagues, SGPC, RCGP and other stakeholders for some time to establish ways to **better understand the level and type of activity within General Practice**.
- A **pilot electronic data extract from GP systems** via SPIRE in summer 2020 highlighted **technological and data quality issues** with that approach.
- A **survey to General Practices**, established in partnership with PHS, rolled out start Dec 2020 to provide a measure of **activity within General Practice** and indication of **capacity**.
- **Electronic data extraction remains the goal**. GP IT upgrades – the key enabler for improved GP data – expected to roll out later in 2021. This will move practices towards a cloud based server.
- Work has begun with NSS and PHS to better understand the options for **data analysis from the cloud**. This should become an increasing part of the team's work in the next 6-12 months.

## Primary Care – Positive Recent Data Developments

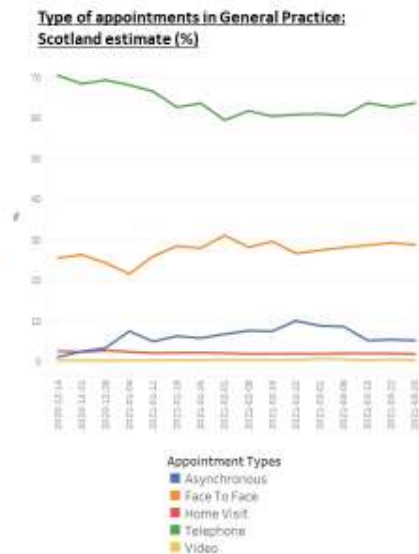
- PHS analysis of data from the **General Practice survey** is **nationally representative**, allowing us to begin to feed this into wider system monitoring process going forward;
- **Primary Care Data and Intelligence Oversight Group**, chaired by Sir Lewis Ritchie, meeting regularly and sub-groups making progress, in particular with “data asks” and “data quality” workstreams;
- Agreement in principle reached with SGPC to allow **automatic opt-in of practices to digital data extractions** that focus on aggregated data extractions. This should improve response rates to future digital extractions **although concerns around data quality from digital extractions persist**;
- **Additional Scottish Government resource**: advert went out for additional dedicated policy staff, and we should be in a position to appoint an inward secondee from the NHS to this post in the next couple of weeks. This will greatly increase day-to-day policy support for this work.

DRAFT | OFFICIAL - SENSITIVE

4

## The General Practice Survey

- RCGP and SGPC representatives confirmed that the initial results are broadly in line with what they are hearing and experiencing.
- 80 to 100 practices responding each week. But not the same 80-100 each week.
- PHS analyse practice level data weekly, and update a secure dashboard which **allows practices to easily see their own data trends in simple-to-interpret charts**. The potential to see this info will hopefully encourage greater participation.
- PHS are also able to produce Scotland level estimates, which show:
  - For practices who responded, around **10% of GP sessions/staff hours per week had been lost to either to Covid or non-Covid reasons** and could not be covered (e.g. by a locum) over Jan and Feb. Very few lost due to Covid;
  - PHS are able to **estimate from the survey that there are around 500,000 appointments** in GP practices each week, broadly in line with previous estimates of GP practice activity;
  - Percentage of telephone appointments which started at around 70% has levelled to around 60%, with a corresponding increase in face to face and asynchronous appointments;
  - This increase in face-to-face appointments could be result of practices providing COVID-19 vaccinations to certain cohorts of the population.



DRAFT | OFFICIAL - SENSITIVE

5

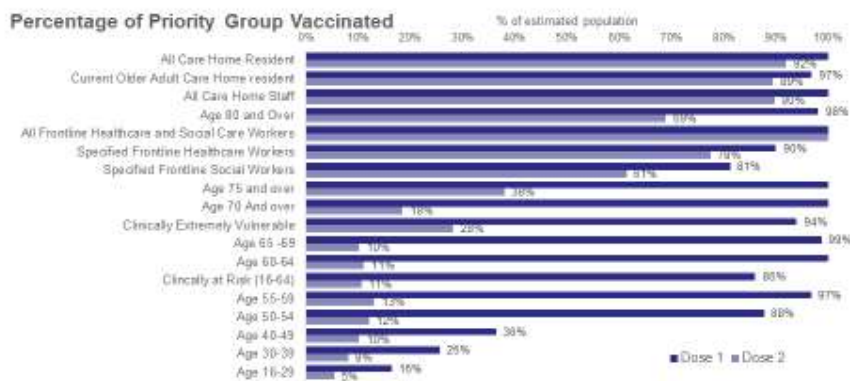
## Primary Care – Next Steps

- We hope to **continue the survey until a longer term (digital) solution can be tested and implemented**, assuming response rates remain high enough.
- We will continue to **work with PHS, and our colleagues at SGPC and RCGP, to understand the quality of the data coming from the survey.**
- We need to **understand the quality of the data in practice systems that can be extracted digitally**, so we know if this is a viable solution. We also need to explore if options exist to **digitally extracting data on staff capacity**. Digital extractions could be undertaken by SPIRE or Albasoft, and capacity constraints and analytical capability will inform when this can be done.
- Step- up work with NSS and GP stakeholders to **understand what data will be available for analysis once the GP IT systems are re-provisioned** from later this year so we can take full advantage of this when it happens.
- Work continues to understand exactly what questions we want to answer, so we know we are extracting the most appropriate data from the systems including through **Sir Lewis' Data and Intelligence group's enquiry into Primary Care data needs.**

DRAFT | OFFICIAL - SENSITIVE

## Vaccination Programme Update: Performance as at 15 April 2021

- **2,708,691** people have received the first dose of the Covid vaccination in the period from 8 December to 7:30 am Thursday 15 April.
- **661,975** have received the second dose of the Covid vaccination
- **170,584 people who are Clinically Extremely Vulnerable** (CEV: 94% of those on the shielding list – around 182,000 compared to 110,000 in the deployment plan) have received their first dose – these figures include people vaccinated in other priority groups.
- **Online registration for unpaid self-identified carers live** from 15.3.21; **140,006 online registrations** from self identified carers as at 1030 on 15.4.21
- We are currently on-track to have offered all of Cohort 1-9 a vaccination appointment by the middle of April



DRAFT | OFFICIAL - SENSITIVE

## Vaccination Programme Forward Focus

- Working through revised supply schedules to ascertain impact on anticipated scheduling and completion of cohorts
- Developing plans to recognise revised JCVI guidance for under 30's and achieve overall goal of every adult being offered a vaccine by end of July.
- Work underway to ensure twelve week second dose timeline is met – around 10,000 exceeded twelve weeks
- Focus on 2nd dose planning over next few weeks with NVSS now reconfigured to give flexibility in 2nd dose appointing between 9 and 12 weeks.
- DNA submissions now received from all boards with analysis work now underway, including any impact as a result of AZ media coverage – average DNA rate at around 13%
- Ongoing work to ensure fully inclusive programme in terms of equalities and harder to reach communities or those with lower uptake to date
- New Planning Short Life Working Group being planned, to look at longer term planning including: Vaccination Transformation Programme; alignment to existing vac programmes Programme Legacy

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

### Update on Remobilisation Plans for 2021-2022

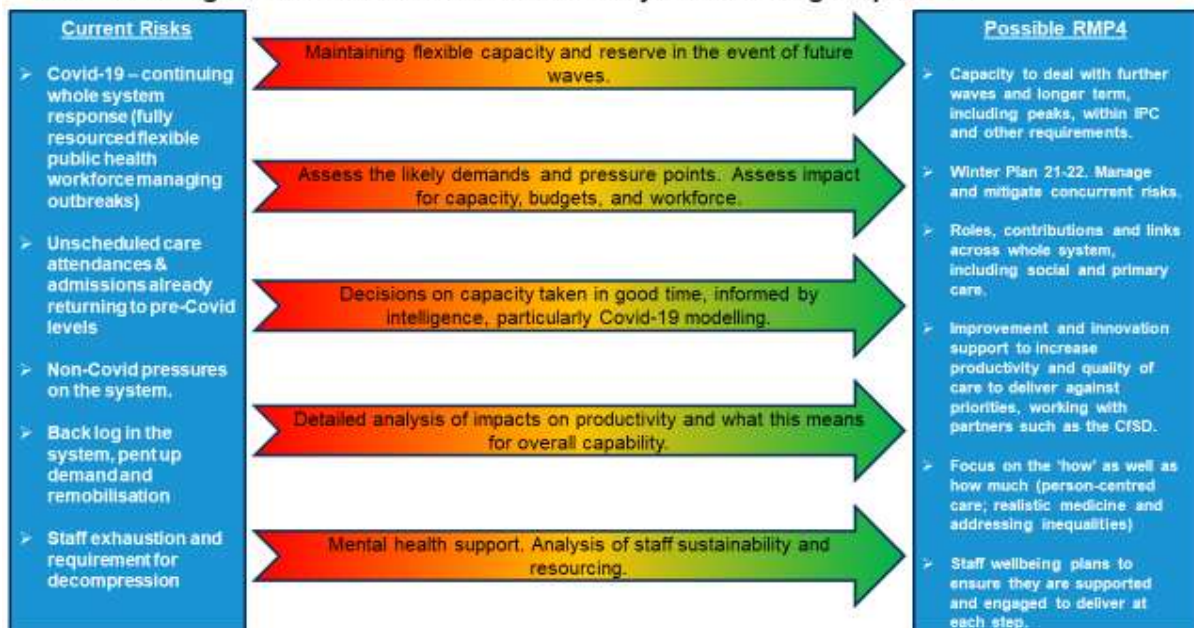
#### Key Risks Identified in RMP3

- High levels of uncertainty over the coming months, particularly in relation to the future trajectory of the virus; the associated need to retain the capacity across the system to respond to possible future demands on the health and care services;
- Need to ensure existing staff get time and support to recover and 'decompress' to be able to give of their best going forward;
- Workforce sustainability; impact of untaken leave, retirements, recruitment challenges, staff skill mix, redeployment and impact of pandemic on training;
- Longer term impact of COVID-19 on the health of the population;
- Requirement to maintain and further develop the expanded role of public health and need to ensure this is adequately resourced;
- Continuing need for robust IPC arrangements to be observed and maintained;
- Impacts of unmet and unidentified health and care needs/demands on delivery systems and partners;
- Consequent impact of all of the above issues on the pace of remobilisation, expansion and redesign of services;
- Risk of returning to previous ways of doing things; failing to build on lessons learned and on innovations developed during the pandemic (eg RUC, Near Me and other digital innovations);
- Loss of focus on 'common purpose' and working in partnership; with public sector and third sector partners, with staff and clinical colleagues, with local communities;
- Ability to fund the programme of actions required to mitigate and respond to these risks.

## Next Steps

- Recognising the competing pressures which Boards are facing, Boards were asked to submit one year Remobilisation Plans covering 2021/22.
- Initial draft plans were submitted to the Scottish Government at the end of February for assessment and feedback.
- The Chief Operating Officer has now written to all territorial boards to sign off the latest plans. National Board Sponsor Teams also finalising sign off letters.
- Boards have been asked to publish the latest plans following the election period, once they have been through the Boards' own internal governance processes.
- We will continue to work closely with Boards over the coming months on the implementation of the Plans, including on additional funding allocations to maximise activity levels and pace of remobilisation.
- This process will allow us the flexibility to feed in and respond to specific requirements of the new administration.
- Substantive Mid-Year Reviews are planned for the autumn to assess progress and – where necessary – allow Boards to revise or refresh their plans for the remainder of the financial year and into 2022/23.
- This will also enable us to seek assurance around Board preparations for next winter (22/23).

### Risks – moving from Current to Desired state: a way of visualising the problem



## Shifting the Paradigm: How do we transform services to be more sustainable?



Action Log

**MOBILISATION RECOVERY GROUP  
ACTION LOG**

#	Date	Action			Owner
#	Meeting Date	Action	Update	Date Closed	Owner
3	29/06/2020	Mobilisation Plan Letter to Boards – comments invited from members by C McLaughlin by 30 June 2020.	Deadline expired.	30/06/2020	ALL
1	29/06/2020	Dates of Future Meetings (call for dates)	On agenda/closed	14/07/2020	ALL/AF
2	29/06/2020	Forward Agenda Planning (call for items)	On agenda/closed	14/07/2020	ALL/AF
5	14/07/2020	Share slides with the removal of MMI information	Closed	31/07/2020	HM/AF
6	14/07/2020	Next steps for Primary Care – update (see para 51)	Closed	31/07/2020	CS
4	14/07/2020	The Cabinet Secretary keen to receive thoughts on future meetings and to please send these to the secretariat.	Closed	28/08/2020	All
7	31/07/2020 14/08/2020	Unscheduled Care Redesign be a standing item on future agenda from 28 August 2020	Closed	28/28/2020	JC HM/AF
8	31/07/2020	A report with recommendations from the Primary & Community Care Sub Group to be remitted at a later meeting - possibly in September - current target date is 18 <sup>th</sup> Sept	Closed	28/08/2020	HM/AF/AG
9	14/08/2020	Confirmation of agenda items to be send when available	Closed	28/08/2020	HM/AF
10	14/08/2020	Meetings to be rescheduled to 3 weekly to enable members to participate in Sub Groups and report back	Closed	28.08/2020	HM/AF
11	14/08/2020	Updates from Sub Groups to feature on future agenda.	Closed	28/08/2020	HM/AF
12	14/08/2020	More detail to the Group on the four programmes and respective sub-groups in the coming weeks.	Superseded by action 14	28/08/2020	CMcL/HM/AF

#	Date	Action			Owner
13	28/08/2020	Minutes from Meeting 4 (14/08/2020) ratified and to be published in the SG website when possible.	Closed when published.	15/09/2020	HM/AF
14	28/08/2020	(Redacted) to provide more information on the questions being raised around approval process for Board mobilisation plans to Christine McLaughlin.	Closed	15/09/2020	(Redacted)
15	28/08/2020	(Redacted) to provide specific examples on the issues around restarting services in non-health settings to Marion Bain. 15/09- CR collating examples to send to MB.	Closed – sent	17/09/2020	(Redacted)
16	28/08/2020	Discussion around ICT and social care to be scheduled tying in with Meeting 7.	Discussion had - Closed	15/09/2020	HM/AF
17	28/28/2020	Public Health, Primary Care and Community Sub-Group report on priorities, and Programme for Government to feature on the agenda for the next meeting.	On the agenda – Closed	15/09/2020	HM/AF
18	28/08/2020	More detailed information on the establishment of a portfolio board and the role of the Sub Groups to be sent out moving forward so that members can feed into their formation.	Closed – sent	17/09/2020	CMcL/AF
19	28/08/2020	Regular updates from ALLIANCE's person-centred user focus to be provided at future meetings – IW to provide proposals.	Updates provided - Closed	15/09/2020	IW/AF
20	28/08/2020	(Redacted) to liaise with IW on development of links with trade union organisations.	Closed	15/09/2020	(Redacted)
21	28/08/2020	Ian Welsh to share EQIA with MRG.	Shared -Closed	15/09/2020	IW/AF
22	28/08/2020	Webex chat to be forwarded to IW to pick up points specially around EQIA's.	Sent - Closed	15/09/2020	HM/AF
23	28/08/2020	Engage with Education colleagues about prospect of education around health in schools featuring in Curriculum for Excellence	Contact made- Closed	15/09/2020	AF/(Redacted)

#	Date	Action			Owner
24	18/09/2020	The Cabinet Secretary asked that her thanks be relayed back to the staff undertaking the work on the ground.	Closed	02/09/2020	SW
25	18/09/2020	Richard Foggo and colleagues to come to a future meeting to set out Public Health's key points, next steps and plan to ensure support is there when moving to next phase out of the pandemic.	Discussions with Secretariat ongoing – Closed	02/09/2020	RF/AL/GD/AF
26	18/09/2020	Group members asked that the sub group Primary and Community Health Mobilisation's membership list be circulated.	Closed	02/09/2020	AG/AF
27	18/09/2020	Survey to be circulated to members consulting their preferred platform to host MRG meetings.	Closed	23/09/2020	AF
28	09/10/2020	The secretariat should investigate how best to incorporate those important points in the chat narrative in the formal note, e.g., by either appending or integrating them.	Closed	22/09/2020	(Redacted)/AF
29	09/10/2020	Group members to contact Jonathan Cameron directly with their views and thoughts as to how digital technology might support recovery for long Covid patients.	Closed	22/09/2020	JC/ ALL
30	09/10/2020	Peter Macleod to share the Plan developed by the Digitally Enabled Citizen Board to members for their perusal, through the secretariat.	Closed	22/09/2020	PMac/AF
31	30/10/2020	Minutes from Meeting 8 (30/10/2020) ratified and to be published in the SG website when possible.	Closed	2/10/2020	AF/AG
32	30/10/2020	Secretariat to schedule a future substantive agenda item on the changing delivery methods of care, including digital innovations, and how they will be integral to the longer term renewal plans.	Closed - added to the list of proposed agenda items		AF/MS/CM

#	Date	Action			Owner
33	30/10/2020	A FAQ for staff on testing to be developed in partnership with staff-side representatives.  To investigate what further engagement, dialogue and support would be helpful to support critical public health teams.	Closed - Partnership groups have been consulted on the FAQs and were sent a near final draft. Final FAQ now issued to Health Boards		NO'C/GR/RF/AC
34	30/10/2020	Members to approach Secretariat with any suggestions for future agenda items	Ongoing		ALL
35	20/11/2020	David Chung, Chair Royal College of Emergency Medicine (now replaced by John Thomson) Lewis Morrison, Chair of Scottish Council, British Medical Association (now being replaced by Graeme Eunson)	Closed	20/11/2020	AF
36	20/11/2020	A further update on the vaccination programme to be provided at the 11 December meeting.	Closed	To be discussed at next meeting	AF
37	20/11/2020	Sir Lewis Ritchie's paper on Redesign urgent care has now been shared with this group with an update on the programme to be provided by John Connaghan in his update to the group on winter planning.	Closed		HM
38	11/12/2020	John Connaghan suggested that the Group may wish to discuss in more detail the plans for the rapid recovery of electives from Q2 of 2021/22 at a future meeting.	Closed – Secretariat has added to forward agenda planner.		JC

#	Date	Action			Owner
39	11/12/2020	On the reform of urgent care, and the effectiveness of changes across all board, Helen Maitland subsequently undertook to follow this up with colleagues in NHS Highland.	Closed – HM has taken forward.	05/02/2021	HM

40	11/12/2020	<p>The Cabinet Secretary recognised and reiterated the need for clear and effective communications. In addition to the very significant marketing campaign that is planned, Ms Freeman asked SG colleagues to ensure that a letter is drafted for a range of primary care providers including pharmacy, audiology and optometry: clearly setting out the approach that will be taken to the COVID-19 vaccination programme; as well as providing information leaflets and posters for the benefit of the public in such settings, including general practices.</p>	<p>Closed – Since 8 December 2020 people are sent an explanatory leaflet with their letter of invitation to receive a vaccination. They also receive a leaflet immediately after receiving a vaccination in the vaccination centre. Leaflets are updated on an ongoing basis, with the same information being available on the NHS Inform website. Leaflets are available in 22 languages, with an easy read and braille version also available in addition to an audio version</p>	18/03/2021	ALL SG POLICY COLLEAGUES
----	------------	--	---	------------	--------------------------

#	Date	Action			Owner
			with a full translation service on the telephone National Helpline		
41	22/01/2021	Ms Freeman asked that work be taken forward to ensure that the Group can consider the planning assumptions and framework which is informing NHS Boards' remobilisation plans for 2021/22 at the next meeting.	Closed – this work is coming to the meeting in conjunction with the refreshed Strategic Framework.	05/03/2021	Secretariat/YS
42	12/02/2021	Key topic of remobilisation, not least in the context of ensuring staff wellbeing and recovery, should come back to the MRG as a substantive agenda item.	Closed – this item is on the agenda for 26 March meeting		Health Workforce
43	12/02/2021	The Group Secretariat undertook to provide members with a link to the final report when it is published.	Closed – link provided		Secretariat
44	12/02/2021	Peter Macleod offered Ian Welsh the opportunity to take the PatC work to the Digital Citizen Board (DCB) to understand how this can inform the further development of <i>Near Me</i> and similar digital access initiatives.	Closed – part of the DCB discussions	23/03/2021	Peter Macleod
40	05/03/2021	The Cabinet Secretary asked that a substantive item on workforce planning be considered in conjunction with strengthening public health at the next meeting of the Group.	Closed – this item was unable to be considered due to the pre-election period.	30/03/2021	Secretariat

Correspondence sent to members of the Mobilisation Recovery Group since the start of March 2021 regarding meetings of the Group

From: (Redacted) <(Redacted)@gov.scot>

Sent: 24 March 2021 16:31

To: Cabinet Secretary for Health and Sport <CabSecHS@gov.scot>; Minister for Mental Health <MinisterMH@gov.scot>; Minister for Public Health and Sport <MinisterPHS@gov.scot>; John Thomson, Vice-President, Royal College of Emergency Medicine (Scotland) <john.thomson4@nhs.scot>; Miles Mack, Chair, Academy of Medical Royal Colleges and Faculties in Scotland <miles.mack@rcgp.org.uk>; Alison Strath, Interim Chief Pharmaceutical Officer <Alison.Strath@gov.scot>; (Redacted), Royal College of Nursing <(Redacted)@rcn.org.uk>; Andrea Wilson, Convener, Allied Health Professions Federation Scotland (AHPFS) <andrea.wilson3@nhs.scot>; Andrew Buist, Chair, British Medical Association GP Committee (Scotland) <andrew.buist@opalunityone.net>; Angela Leitch, Chief Executive, Public Health Scotland <angela.leitch@nhs.scot>; Annie Gunner Logan, Coalition of Care and Support Providers <annie.gunner\_logan@ccpscotland.org>; Bain MB (Marion) <Marion.Bain@gov.scot>; (Redacted) <(Redacted)@gov.scot>; Carolyn McDonald, Chief Allied Health Professions Office <Carolyn.Mcdonald@gov.scot>; Chair Adult Social Care Standing Committee Joanna MacDonald (joanna.macdonald2@nhs.scot); Chair Health Improvement Carole Wilkinson (his.chair@nhs.scot); Chief Executive, Public Health Scotland <AngelaLeitch<Angela.Leitch@phs.scot>>; Chief Nursing Officer <CNO@gov.scot>; Christine McLaughlin, Director of Test & Protect <Christine.McLaughlin@gov.scot>; (Redacted), Chartered Society of Physiotherapy, National Staff Side representative <(Redacted)@csp.org.uk>; Cleland Sneddon, Chief Executive, SOLACE, Health and Social Care Representative <cleland.sneddon@southlanarkshire.gov.uk>; Cllr Kieron Green, Vice Chair, IJB Chairs & Vice Chairs Group <Kieron.Green@argyll-bute.gov.uk>; Cllr. Stuart Currie, Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA); supported by (Redacted) (Redacted) <scurrie@eastlothian.gov.uk>; Colin Sinclair, Director of Vaccination Delivery <Colin.Sinclair@nhs.scot>; Dave Caesar, Interim Deputy Chief Medical Officer <David.Caesar@gov.scot>; David Garbutt, NHS Board Chairs Group representative <David.Garbutt@nes.scot.nhs.uk>; David Quigley, Chair, Optometry Scotland <david@optometryscotland.org.uk>; DCMO Health COVID19 (DCMOHealth.COVID19@gov.scot); DG Health & Social Care <DGHSC@gov.scot>; Director, Royal College of Nursing (Scotland) <Theresa.Fyffe@rcn.org.uk>; Donald MacAskill, Chief Executive, Scottish Care <donald.macaskill@scottishcare.org>; Donna Bell, Director for Mental Health and Social Care <Donna.Bell@gov.scot>; Dr David Shackles, Chair, Royal College of General Practitioners (Scotland) <David.Shackles@rcgp.org.uk>; Dr Graeme Eunson, Chairman of Scottish Consultant Committee, British Medical Association <GEunson@mybma.org.uk>; Eddie Fraser, Chief Officers Group representative <eddie.fraser@east-ayrshire.gov.uk>; (Redacted) <(Redacted)@gov.scot>; George Crooks, Chief Executive, Digital Health & Care Institute <george.crooks@dhi-scotland.com>; Harry McQuillan, Chair, Community Pharmacy (Scotland) <harry.mcquillan@cps.scot>; Ian Welsh, Chief Executive, The ALLIANCE <Ian.Welsh@alliance-scotland.org.uk>; Iona Colvin, Chief Social Work Adviser <Iona.Colvin@gov.scot>; (Redacted), Unite, National Staff Side representative <(Redacted)@unitetheunion.org>; Jason Leitch,

National Clinical Director <Jason.Leitch@gov.scot>; John Burns, NHS Board Chief Executive's representatives <john.burns4@aapct.scot.nhs.uk>; John Connaghan, Chief Operating Officer NHS Scotland <John.Connaghan2@gov.scot>; (Redacted) UNISON National Staff Side representative <(Redacted)@nhs.scot>; (Redacted), GMB, National Staff Side representative (Redacted)@gmbactivist.org.uk>; Maitland H (Helen) <Helen.Maitland@gov.scot>; Marion McCormack, Interim Deputy Director Vaccines <marion.mccormack@gov.scot>; McCallum R (Richard) <Richard.McCallum@gov.scot>; Paul Hawkins, Vaccine Delivery Director <Paul.Hawkins2@nhs.scot>; Pauline Howie, NHS National Boards <Pauline.Howie@nhs.scot>; Peter Macleod, Chief Executive, Care Inspectorate <peter.macleod@careinspectorate.gov.scot>; Peter Murray, Chair IJB, Chairs & Vice Chairs Group <Peter.Murray@sssc.uk.com>; Philip Grigor, Scotland Director, British Dental Association <Philip.Grigor@bda.org>; Richard Foggo, Covid-19 Director <covid-19.director@gov.scot>; Richard Foggo, Director of Covid Population Health <richard.foggo@gov.scot>; Sandra Campbell, Convenor, Scottish Social Services Council <sandra.campbell@sssc.uk.com>; Sir Lewis Ritchie, Mackenzie Professor of General Practice <l.d.ritchie@abdn.ac.uk>; (Redacted) <(Redacted)@gov.scot>  
Subject: Mobilisation Recovery Group - Friday 26 March  
Attachments: Mobilisation Recovery Group - Meeting 14 - Action Log.docx; Mobilisation Recovery Group - Meeting 13 - Draft Minute of 5 March (2).docx; Mobilisation Recovery Group - Meeting 13 - Text Chat of 5 March (2).docx; Mobilisation Recovery Group - Meeting 14 - MRG(14-04) - Strategic Framework Indicative Timetable (for info).docx; Mobilisation Recovery Group - Meeting 14 - Agenda (26 March 2021).docx

Dear Colleagues,

Please find attached the agenda for the next meeting of the MRG on Friday 26 March. I have also attached the draft minute of the last meeting, text chat, and action log, for reference. You may be aware that the formal election period starts tomorrow, Thursday 25 March, and will be in place until the Scottish Parliament election on Thursday 6 May. During this time, special arrangements apply to government business, focused on the need for the Civil Service to remain impartial and ensure the appropriate use of official resources. As such, the Cabinet Secretary will not be in attendance and the meeting will be chaired by DG Health and Social Care. Items of business for discussion focus solely on responding to the ongoing public health emergency. There is also a paper provided for information which outlines the indicative route map out of lockdown.

The meeting has therefore been shortened and will take place between 09:00 and 10:00. I will update the calendar invite in due course.

Please let me know if you have any questions.

Kind Regards,  
(Redacted)

(Redacted)  
(Redacted)

Territorial Board Sponsorship & Ministerial Support  
Directorate for Performance and Delivery  
Health and Social Care  
St Andrews House, Edinburgh, EH1 3DG

From(Redacted) <(Redacted)@gov.scot>

Sent: 15 April 2021 18:37

To: (Redacted) <(Redacted)@gov.scot>

Cc: (Redacted) (Redacted)@gov.scot

Bcc: John Thomson, Vice-President, Royal College of Emergency Medicine (Scotland) <john.thomson4@nhs.scot>; Miles Mack, Chair, Academy of Medical Royal Colleges and Faculties in Scotland <miles.mack@rcgp.org.uk>; Alison Strath, Interim Chief Pharmaceutical Officer <Alison.Strath@gov.scot>; (Redacted), Royal College of Nursing <(Redacted)@rcn.org.uk>; Andrea Wilson, Convener, Allied Health Professions Federation Scotland (AHPFS) <andrea.wilson3@nhs.scot>; Andrew Buist, Chair, British Medical Association GP Committee (Scotland) <andrew.buist@opalitvone.net>; Angela Leitch, Chief Executive, Public Health Scotland <angela.leitch@nhs.scot>; Annie Gunner Logan, Coalition of Care and Support Providers <annie.gunner\_logan@ccpscotland.org>; Bain MB (Marion) <Marion.Bain@gov.scot>; Cameron M (Mairi) <Mairi.Cameron@gov.scot>; Carolyn McDonald, Chief Allied Health Professions Office <Carolyn.Mcdonald@gov.scot>; Chair Adult Social Care Standing Committee Joanna MacDonald (joanna.macdonald2@nhs.scot); Chair Health Improvement Carole Wilkinson (his.chair@nhs.scot); Chief Executive, Public Health Scotland <AngelaLeitch@Angela.Leitch@phs.scot>; Chief Nursing Officer <CNO@gov.scot>; Christine McLaughlin, Director of Test & Protect <Christine.McLaughlin@gov.scot>; (Redacted), Chartered Society of Physiotherapy, National Staff Side representative <(Redacted)@csp.org.uk>; Cleland Sneddon, Chief Executive, SOLACE, Health and Social Care Representative <cleland.sneddon@southlanarkshire.gov.uk>; Cllr Kieron Green, Vice Chair, IJB Chairs & Vice Chairs Group <Kieron.Green@argyll-bute.gov.uk>; Cllr. Stuart Currie, Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA); supported by (Redacted) (Redacted) <scurrie@eastlothian.gov.uk>; Colin Sinclair, Director of Vaccination Delivery <Colin.Sinclair@nhs.scot>; Dave Caesar, Interim Deputy Chief Medical Officer <David.Caesar@gov.scot>; David Garbutt, NHS Board Chairs Group representative <David.Garbutt@nhs.scot.nhs.uk>; David Quigley, Chair, Optometry Scotland <david@optometryscotland.org.uk>; DCMO Health COVID19 (DCMOHealth.COVID19@gov.scot); DG Health & Social Care <DGHSC@gov.scot>; Director, Royal College of Nursing (Scotland) <Theresa.Fyffe@rcn.org.uk>; Donald MacAskill, Chief Executive, Scottish Care <donald.macaskill@scottishcare.org>; Donna Bell, Director for Mental Health and Social Care <Donna.Bell@gov.scot>; Dr David Shackles, Chair, Royal College of General Practitioners (Scotland) <David.Shackles@rcgp.org.uk>; Dr Graeme Eunson, Chairman of Scottish Consultant Committee, British Medical Association <GEunson@mybma.org.uk>; Eddie Fraser, Chief Officers Group representative <eddie.fraser@east-ayrshire.gov.uk>; George Crooks, Chief Executive, Digital Health & Care Institute <george.crooks@dhi-scotland.com>; Harry McQuillan, Chair, Community Pharmacy (Scotland) <harry.mcquillan@cps.scot>; Ian Welsh, Chief Executive, The ALLIANCE <Ian.Welsh@alliance-scotland.org.uk>; Iona Colvin, Chief Social Work Adviser

<lona.Colvin@gov.scot>; (Redacted), Unite, National Staff Side representative <(Redacted)@unitetheunion.org>; Jason Leitch, National Clinical Director <Jason.Leitch@gov.scot>; John Burns, NHS Board Chief Executive's representatives <john.burns4@aapct.scot.nhs.uk>; John Connaghan, Chief Operating Officer NHS Scotland <John.Connaghan2@gov.scot>; (redacted), UNISON National Staff Side representative <(Redacted)@nhs.scot>; (Redacted) GMB, National Staff Side representative (Redacted)@gmbactivist.org.uk>; Maitland H (Helen) <Helen.Maitland@gov.scot>; Marion McCormack, Interim Deputy Director Vaccines <marion.mccormack@gov.scot>; McCallum R (Richard) <Richard.McCallum@gov.scot>; Paul Hawkins, Vaccine Delivery Director <Paul.Hawkins2@nhs.scot>; Pauline Howie, NHS National Boards <Pauline.Howie@nhs.scot>; Peter Macleod, Chief Executive, Care Inspectorate <peter.macleod@careinspectorate.gov.scot>; Peter Murray, Chair IJB, Chairs & Vice Chairs Group <Peter.Murray@sssc.uk.com>; Philip Grigor, Scotland Director, British Dental Association <Philip.Grigor@bda.org>; Richard Foggo, Covid-19 Director <covid-19.director@gov.scot>; Richard Foggo, Director of Covid Population Health <richard.foggo@gov.scot>; Sandra Campbell, Convenor, Scottish Social Services Council <sandra.campbell@sssc.uk.com>; Sir Lewis Ritchie, Mackenzie Professor of General Practice <l.d.ritchie@abdn.ac.uk>; (Redacted) (Redacted)@gov.scot>  
Subject: Mobilisation Recovery Group - Friday 16 April  
Attachments: Mobilisation Recovery Group - Meeting 15 - Agenda (16 April 2021) (2).docx;  
Mobilisation Recovery Group - Meeting 14 - Draft Minute of 26 March.docx;  
Mobilisation Recovery  
Group - Meeting 15 - Action Log (1).docx

Colleagues,

In advance of tomorrow's meeting of the Mobilisation Recovery Group, please find attached the agenda, note of the last meeting, and action log.

We look forward to seeing you all for the last meeting of the group – in its current iteration – and encourage you all to provide feedback if you have not already done so.

Kind Regards,

Redacted

(Redacted)

(Redacted)

Territorial Board Sponsorship & Ministerial Support

Directorate for Performance and Delivery

Health and Social Care

St Andrews House, Edinburgh, EH1 3DG

Subject: Cancelled: Mobilisation Recovery Group  
Location: Microsoft Teams Meeting

From: (Redacted) <(Redacted)@gov.scot>

Sent: 20 April 2021 15:30

To: (Redacted) <(Redacted)@gov.scot>

Cc: (Redacted) <(Redacted)@gov.scot>; John Thomson, Vice-President, Royal College of Emergency Medicine (Scotland) <john.thomson4@nhs.scot>; Miles Mack, Chair, Academy of Medical Royal Colleges and Faculties in Scotland <miles.mack@rcgp.org.uk>; Chair, Adult Social Care Standing Committee <joanna.macdonald2@nhs.net>; George Crooks, Chief Executive, Digital Health & Care Institute <george.crooks@dhi-scotland.com>; (Redacted), Unite, National Staff Side representative <(Redacted)@unitetheunion.org>; (Redacted) GMB, National Staff Side representative <(Redacted)@gmbactivist.org.uk>; (Redacted) UNISON National Staff Side representative <(Redacted)@nhs.scot>; David Garbutt, NHS Board Chairs Group representative <David.Garbutt@nes.scot.nhs.uk>; Pauline Howie, NHS National Boards <Pauline.Howie@nhs.scot>; John Burns, NHS Board Chief Executive's representatives <john.burns4@aapct.scot.nhs.uk>; Chair IJB, Chairs & Vice Chairs Group; <petermurray1@nhs.net>; Cllr Kieron Green, Vice Chair, IJB Chairs & Vice Chairs Group <Kieron.Green@argyll-bute.gov.uk>; Eddie Fraser, Chief Officers Group representative <eddie.fraser@east-ayrshire.gov.uk>; Cleland Sneddon, Chief Executive, SOLACE, Health and Social Care Representative <cleland.sneddon@southlanarkshire.gov.uk>; Annie Gunner Logan, Coalition of Care and Support Providers <annie.gunner\_logan@ccpscotland.org>; Andrew Buist, Chair, British Medical Association GP Committee (Scotland) <andrew.buist@opalityone.net>; Philip Grigor, Scotland Director, British Dental Association <Philip.Grigor@bda.org>; Donald MacAskill, Chief Executive, Scottish Care <donald.macaskill@scottishcare.org>; Peter Macleod, Chief Executive, Care Inspectorate <peter.macleod@careinspectorate.gov.scot>; Ian Welsh, Chief Executive, The ALLIANCE <Ian.Welsh@alliance-scotland.org.uk>

Subject: Mobilisation Recovery Group - Request for Feedback

Importance: High

Colleagues,

I hope you all had a great weekend.

In advance of the new Cabinet Secretary being appointed, I would like to encourage and invite those of you who have not already done so to provide any feedback, whether it be positive or negative, on how the group has worked over the last year.

Your views are invaluable to us and will allow officials to ensure that the Cabinet Secretary and wider Scottish Government can continue to work constructively and effectively with key stakeholders as we remobilise and recover health and social care throughout the next period.

I look forward to hearing from you.

Kind Regards,

(Redacted)

(Redacted)

(Redacted)

Territorial Board Sponsorship & Ministerial Support

Directorate for Performance and Delivery

Health and Social Care

St Andrews House, Edinburgh, EH1 3DG

From: (Redacted) <(Redacted)@gov.scot>

Sent: 26 April 2021 16:06

To: (Redacted) <(Redacted)@gov.scot>

Cc: Sir Lewis Ritchie, Mackenzie Professor of General Practice <l.d.ritchie@abdn.ac.uk>; John Thomson, Vice-President, Royal College of Emergency Medicine (Scotland) <john.thomson4@nhs.scot>; Miles Mack, Chair, Academy of Medical Royal Colleges and Faculties in Scotland <miles.mack@rcgp.org.uk>; Angela Thomas <A.Thomas@rcpe.ac.uk>; Chair Adult Social Care Standing Committee Joanna MacDonald (joanna.macdonald2@nhs.scot); George Crooks, Chief Executive, Digital Health & Care Institute <george.crooks@dhi-scotland.com>; (Redacted), Unite, National Staff Side representative <(Redacted)@unitetheunion.org>; (Redacted), GMB, National Staff Side representative (Redacted)@gmbactivist.org.uk>; (Redacted), UNISON National Staff Side representative (Redacted)@nhs.scot>; David Garbutt, NHS Board Chairs Group representative <David.Garbutt@nes.scot.nhs.uk>; Pauline Howie, NHS National Boards <Pauline.Howie@nhs.scot>; Chair IJB Chairs & Vice Chairs Group Peter Murray (peter.murray1@nhs.scot); Cllr Kieron Green, Vice Chair, IJB Chairs & Vice Chairs Group <Kieron.Green@argyll-bute.gov.uk>; Cleland Sneddon, Chief Executive, SOLACE, Health and Social Care Representative <cleland.sneddon@southlanarkshire.gov.uk>; Annie Gunner Logan, Coalition of Care and Support Providers <annie.gunner\_logan@ccpscotland.org>; Andrew Buist, Chair, British Medical Association GP Committee (Scotland) <andrew.buist@opalityone.net>; Philip Grigor, Scotland Director, British Dental Association <Philip.Grigor@bda.org>; Peter Macleod, Chief Executive, Care Inspectorate <peter.macleod@careinspectorate.gov.scot>; Ian Welsh, Chief Executive, The ALLIANCE <Ian.Welsh@alliance-scotland.org.uk>

Subject: Mobilisation Recovery Group - Request for Feedback

Importance: High

Colleagues,

I hope you all had a great weekend.

In advance of the new Cabinet Secretary being appointed, I would again like to encourage and invite those of you who have not already done so to provide any feedback, whether it be positive or negative, on how the group has worked over the last year.

Your views are invaluable to us and will allow officials to ensure that the Cabinet Secretary and wider Scottish Government can continue to work constructively and effectively with key stakeholders as we remobilise and recover health and social care throughout the next period.

I look forward to hearing from you.

Kind Regards,  
(Redacted)

(Redacted)

(Redacted)  
Territorial Board Sponsorship & Ministerial Support  
Directorate for Performance and Delivery  
Health and Social Care  
St Andrews House, Edinburgh, EH1 3DG

Start: Fri 07/05/2021 09:00  
End: Fri 07/05/2021 11:00  
Show Time As: Free

Recurrence: Weekly  
Recurrence Pattern: every 3 week(s) on Friday from 09:00 to 11:00

Meeting Status: Not yet responded

Organizer: (Redacted) (Redacted) <(Redacted)@gov.scot>  
Required Attendees: (Redacted) (Redacted) <(Redacted)@gov.scot>; Cabinet Secretary for Health and Sport <CabSecHS@gov.scot>; McLaughlin C (Christine) <Christine.McLaughlin@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; Director of Health Workforce <directorofhealthworkforce@gov.scot>; Bell D (Donna) <Donna.Bell@gov.scot>; McQueen F (Fiona) <Fiona.McQueen@gov.scot>; Smith G (Gregor) <Gregor.Smith@gov.scot>; Colvin I (Iona) <Iona.Colvin@gov.scot>; Leitch J (Jason) <Jason.Leitch@gov.scot>; Connaghan J (John) (Health) <John.Connaghan2@gov.scot>; Chalmers MJ (Michael) <Michael.Chalmers2@gov.scot>; Minister for Mental Health <MinisterMH@gov.scot>; PS/CDO <CDO@gov.scot>; McCallum R (Richard) <Richard.McCallum@gov.scot>; Chair IJB, Chairs & Vice Chairs Group; <petermurray1@nhs.net>; Chair of Scottish Council, British Medical <lmorrison@mybma.org.uk>; Chair, Academy of Medical Royal Colleges and Faculties <Miles.Mack@rcgp.org.uk>; Chair, Adult Social Care Standing Committee <joanna.macdonald2@nhs.net>; Chair, British Medical Association GP Committee <andrew.buist@opalityone.net>; Chair, Community Pharmacy <harry.mcquillan@cps.scot>; Chair, Optometry Scotland; <david@optometryscotland.org.uk>; Chair, Royal College of Emergency Medicine <david.chung@nhs.net>; Chartered Society of Physiotherapy <(Redacted)@csp.org.uk>; Chief Executive, Digital Health & Care Institute. <george.crooks@dhi-scotland.com>; Chief Executive, Care Inspectorate <peter.macleod@careinspectorate.gov.scot>; Chief Executive, Scottish Care <donald.macaskill@scottishcare.org>  
Required Attendees: (Redacted) <(Redacted)@east-ayrshire.gcsx.gov.uk>; (Redacted) <(Redacted)@gov.scot>; (Redacted) <(Redacted)@gov.scot>; Director of Population Health <Directorofpopulationhealth@gov.scot>; (Redacted) <(Redacted)@gov.scot>; (Redacted) <(Redacted)@gov.scot>; 'Jeane.Freeman.msp@parliament.scot'; Freeman J (Jeane) <Jeane.Freeman@gov.scot>; (Redacted) <(Redacted)@gov.scot>; Director for Children and Families <DirectorforChildrenandFamilies@gov.scot>; Clare.Haughey.msp@parliament.scot; (Redacted) <(Redacted)@gov.scot>; Kellet M (Michael) <Michael.Kellet@gov.scot>; (Redacted) <(Redacted)@gov.scot>; (Redacted) <(Redacted)@cosla.gov.uk>; (Redacted) <(Redacted)@rcn.org.uk>; THOMSON, John (NHS GRAMPIAN <john.thomson@nhs.net>; Hall K (Kate)

<Kate.Hall@gov.scot>; Bell D (Derek) <Derek.Bell@gov.scot>; Neill S (Sean) <Sean.Neill@gov.scot>; (Redacted) <(Redacted)@gov.scot>; Caesar DH (David) <David.Caesar@gov.scot>; (redacted) (NHS Grampian <(Redacted)nhs.scot>; Cameron J (Jonathan) <Jonathan.Cameron@gov.scot>; Malcolm SUMMERS <MalcolmSUMMERS@nes.scot.nhs.uk>; Helen Maitland <HelenMaitland@nes.scot.nhs.uk>; Bell, Derek <d.bell@imperial.ac.uk>; Harden J (John) <John.Harden@gov.scot>; More S (Sean) <Sean.More@gov.scot>; Angela Leitch <Angela.Leitch@phs.scot>; Patricia Moultrie <patricia.moultrie@glasgow-lmc.co.uk>; (Redacted) <(Redacted)@gov.scot>; David Garbutt <David.Garbutt@nhs.scot>; 'Gougeon M (Mairi), MSP' <Mairi.Gougeon.msp@parliament.scot>; Freeman J (Jeane), MSP <Jeane.Freeman.msp@parliament.scot>; (Redacted) - Director of Pharmacy - NHS Lanarkshire <(Redacted)@lanarkshire.scot.nhs.uk>; (Redacted) (Redacted)

Importance: High

Dear Colleague,

The Mobilisation Recovery Group meets every three weeks between 0900 and 1100. Please join the meeting from 0850 hours so your attendance can be logged and enable the meeting to start promptly at 0900 hours.

You are encouraged to link via video to enable full participation. As we are expecting a large number of participants, it would be helpful if you could announce your name in the chat box when joining. Please then mute your microphone to minimise background noise, unless speaking.

If there are any technical issues on the day, please contact me on (Redacted) or email me at (Redacted)@gov.scot

Kind Regards,  
(Redacted)

(Redacted)  
(Redacted)

Territorial Board Sponsorship & Ministerial Support  
Directorate for Performance and Delivery  
Health and Social Care  
St Andrews House, Edinburgh, EH1 3DG

---

Microsoft Teams meeting  
Join on your computer or mobile app  
Click here to join the meeting  
Or call in (audio only)  
+(Redacted) United Kingdom, Edinburgh  
Phone Conference ID(Redacted)  
Find a local number | Reset PIN

From: (Redacted) (Health) <(Redacted)@gov.scot>

Sent: 04 June 2021 10:14

To: John Thomson, Vice-President, Royal College of Emergency Medicine (Scotland) <john.thomson4@nhs.scot>; Miles Mack, Chair, Academy of Medical Royal Colleges and Faculties in Scotland <miles.mack@rcgp.org.uk>; Alison Strath, Interim Chief Pharmaceutical Officer <Alison.Strath@gov.scot>; (Redacted), Royal College of Nursing <(Redacted)@rcn.org.uk>; Andrea Wilson, Convener, Allied Health Professions Federation Scotland (AHPFS) <andrea.wilson3@nhs.scot>; Andrew Buist, Chair, British Medical Association GP Committee (Scotland) <andrew.buist@opalitoyone.net>; Angela Leitch, Chiex Executive, Public Health Scotland <angela.leitch@nhs.scot>; Annie Gunner Logan, Coalition of Care and Support Providers <annie.gunner\_logan@ccpscotland.org>; Bain MB (Marion) <Marion.Bain@gov.scot>; (Redacted) <(Redacted)@gov.scot>; Carolyn McDonald, Chief Allied Health Professions Office <Carolyn.Mcdonald@gov.scot>; Chair Adult Social Care Standing Committee Joanna MacDonald (joanna.macdonald2@nhs.scot); Chair Health Improvement Carole Wilkinson (his.chair@nhs.scot); Chief Executive, Public Health Scotland <AngelaLeitch<Angela.Leitch@phs.scot>>; Chief Nursing Officer <CNO@gov.scot>; Christine McLaughlin, Director of Test & Protect <Christine.McLaughlin@gov.scot>; (Redacted), Chartered Society of Physiotherapy, National Staff Side representative <(Redacted)@csp.org.uk>; Cleland Sneddon, Chief Executive, SOLACE, Health and Social Care Representative <cleland.sneddon@southlanarkshire.gov.uk>; Cllr Kieron Green, Vice Chair, IJB Chairs & Vice Chairs Group <Kieron.Green@argyll-bute.gov.uk>; Cllr. Stuart Currie, Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA); supported by (Redacted) (Redacted) <scurrie@eastlothian.gov.uk>; Colin Sinclair, Director of Vaccination Delivery <Colin.Sinclair@nhs.scot>; Dave Caesar, Interim Deputy Chief Medical Officer <David.Caesar@gov.scot>; David Garbutt, NHS Board Chairs Group representative <David.Garbutt@nes.scot.nhs.uk>; David Quigley, Chair, Optometry Scotland <david@optometryscotland.org.uk>; DCMO Health COVID19 (DCMOHealth.COVID19@gov.scot); DG Health & Social Care <DGHSC@gov.scot>; Director, Royal College of Nursing (Scotland) <Theresa.Fyffe@rcn.org.uk>; Donald MacAskill, Chief Executive, Scottish Care <donald.macaskill@scottishcare.org>; Donna Bell, Director for Mental Health and Social Care <Donna.Bell@gov.scot>; Dr David Shackles, Chair, Royal College of General Practitioners (Scotland) <David.Shackles@rcgp.org.uk>; Dr Graeme Eunson, Chairman of Scottish Consultant Committee, British Medical Association <GEunson@mybma.org.uk>; Eddie Fraser, Chief Officers Group representative <eddie.fraser@east-ayrshire.gov.uk>; (Redacted) <(Redacted)@gov.scot>; George Crooks, Chief Executive, Digital Health & Care Institute <george.crooks@dhi-scotland.com>; Harry McQuillan, Chair, Community Pharmacy (Scotland) <harry.mcquillan@cps.scot>; Ian Welsh, Chief Executive, The ALLIANCE <Ian.Welsh@alliance-scotland.org.uk>; Iona Colvin, Chief Social Work Adviser <Iona.Colvin@gov.scot>; (Redacted), Unite, National Staff Side representative (Redacted)@unitetheunion.org>; Jason Leitch,

National Clinical Director <Jason.Leitch@gov.scot>; John Burns, NHS Board Chief Executive's representatives <john.burns4@aapct.scot.nhs.uk>; John Connaghan, Chief Operating Officer NHS Scotland <John.Connaghan2@gov.scot>; (Redacted) UNISON National Staff Side representative <(Redacted)@nhs.scot>; (Redacted) GMB, National Staff Side representative (Redacted)@gmbactivist.org.uk>; Maitland H (Helen) <Helen.Maitland@gov.scot>; Marion McCormack, Interim Deputy Director Vaccines <marion.mccormack@gov.scot>; McCallum R (Richard) <Richard.McCallum@gov.scot>; Paul Hawkins, Vaccine Delivery Director <Paul.Hawkins2@nhs.scot>; Pauline Howie, NHS National Boards <Pauline.Howie@nhs.scot>; Peter Macleod, Chief Executive, Care Inspectorate <peter.macleod@careinspectorate.gov.scot>; Peter Murray, Chair IJB, Chairs & Vice Chairs Group <Peter.Murray@sssc.uk.com>; Philip Grigor, Scotland Director, British Dental Association <Philip.Grigor@bda.org>; Richard Foggo, Covid-19 Director <covid-19.director@gov.scot>; Richard Foggo, Director of Covid Population Health <richard.foggo@gov.scot>; Sandra Campbell, Convenor, Scottish Social Services Council <sandra.campbell@sssc.uk.com>; Sir Lewis Ritchie, Mackenzie Professor of General Practice <l.d.ritchie@abdn.ac.uk>; (Redacted) <(Redacted)@gov.scot>

Subject: Mobilisation Recovery Group

Attachments: Mobilisation Recovery Group - Meeting 15 - Draft Minute of 16 April (1).docx

Dear Colleagues,

Following the pre-election period and the formation of a new administration, please find attached the minute of the last MRG meeting held on Friday 16 April. As always, I am happy to take any comments or amendments. Minutes previously agreed but delayed due to the election period will be published on the MRG website in the next week.

You will be aware that the next meeting, scheduled for 25 June, has been cancelled until we have further clarity on the future of the group. In the meantime, I'd like to reiterate our thanks to you all for your ongoing hard work and engagement at this critical time.

If you have any questions, please get in touch and I'll be happy to help.

Kind Regards,

(Redacted)

(Redacted)

Territorial Board Sponsorship & Ministerial Support

Directorate for Performance and Delivery

Health and Social Care

St Andrews House, Edinburgh, EH1 3DG

Subject: Cancelled: Mobilisation Recovery Group  
Location: Microsoft Teams Meeting

Start: Fri 04/06/2021 09:00  
End: Fri 04/06/2021 11:00  
Show Time As: Free

Recurrence: Weekly  
Recurrence Pattern: every 3 week(s) on Friday from 09:00 to 11:00

Meeting Status: Not yet responded

Organizer: (Redacted) <(Redacted)@gov.scot>

Required Attendees: John Connaghan, Chief Operating Officer NHS Scotland <John.Connaghan2@gov.scot>; John Thomson, Vice-President, Royal College of Emergency Medicine (Scotland) <john.thomson4@nhs.scot>; Miles Mack, Chair, Academy of Medical Royal Colleges and Faculties in Scotland <miles.mack@rcgp.org.uk>; Aidan Grisewood, Interim Director, Primary Care <Aidan.Grisewood@gov.scot>; Alison Strath, Interim Chief Pharmaceutical Officer <Alison.Strath@gov.scot>; Andrea Wilson, Convener, Allied Health Professions Federation Scotland (AHPFS) <andrea.wilson3@nhs.scot>; Andrew Buist, Chair, British Medical Association GP Committee (Scotland) <andrew.buist@opalitoyone.net>; Annie Gunner Logan, Coalition of Care and Support Providers <annie.gunner\_logan@ccpscotland.org>; Cabinet Secretary for Health and Sport <CabSecHS@gov.scot>; Chair Health Improvement Carole Wilkinson (his.chair@nhs.scot) <his.chair@nhs.net>; Caroline Lamb, Director General for Health & Social Care and Chief Executive Officer NHS Scotland <Caroline.Lamb@gov.scot>; Carolyn McDonald, Chief Allied Health Professions Office <Carolyn.Mcdonald@gov.scot>; Christine McLaughlin, Director of Test & Protect <Christine.McLaughlin@gov.scot>; (Redacted), Chartered Society of Physiotherapy, National Staff Side representative <(Redacted)@csp.org.uk>; Cleland Sneddon, Chief Executive, SOLACE, Health and Social Care Representative <cleland.sneddon@southlanarkshire.gov.uk>; Cllr Kieron Green, Vice Chair, IJB Chairs & Vice Chairs Group <Kieron.Green@argyll-bute.gov.uk>; Cllr. Stuart Currie, Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA); supported by (Redacted) (Redacted) <scurrie@eastlothian.gov.uk>; Dave Caesar, Interim Deputy Chief Medical Officer <David.Caesar@gov.scot>; David Garbutt, NHS Board Chairs Group representative <David.Garbutt@nes.scot.nhs.uk>; David Quigley, Chair, Optometry Scotland <david@optometryscotland.org.uk>; Director, Royal College of Nursing (Scotland) <Theresa.Fyffe@rcn.org.uk>; Donald MacAskill, Chief Executive, Scottish Care <donald.macaskill@scottishcare.org>; Donna Bell, Director for Mental Health and Social Care <Donna.Bell@gov.scot>; Dr David Shackles, Chair, Royal College of General Practitioners (Scotland) <Chair-Scottish-Council@rcgp.org.uk>; Dr Graeme Eunson, Chairman of Scottish Consultant Committee, British Medical Association <GEunson@mybma.org.uk>; Eddie Fraser, Chief Officers Group representative <eddie.fraser@east-ayrshire.gov.uk>; Fiona McQueen, Chief Nursing Officer <Fiona.McQueen@gov.scot>; (Redacted) <(Redacted)@gov.scot>; George Crooks, Chief Executive, Digital Health & Care Institute <george.crooks@dhi-scotland.com>; Harry McQuillan, Chair, Community Pharmacy (Scotland) <harry.mcquillan@cps.scot>; Ian Welsh, Chief Executive, The

ALLIANCE <Ian.Welsh@alliance-scotland.org.uk>; Iona Colvin, Chief Social Work Adviser <Iona.Colvin@gov.scot>; (Redacted), Unite, National Staff Side representative <(Redacted)@unitetheunion.org>; Jason Leitch, National Clinical Director <Jason.Leitch@gov.scot>; Chair Adult Social Care Standing Committee Joanna MacDonald (joanna.macdonald2@nhs.scot) <joanna.macdonald2@nhs.net>; John Burns, NHS Board Chief Executive's representatives <john.burns4@aapct.scot.nhs.uk>; (Redacted), UNISON National Staff Side representative <(Redacted)@nhs.scot>; (Redacted), GMB, National Staff Side representative (Redacted)@gmbactivist.org.uk>; Marion McCormack, Interim Deputy Director Vaccines <marion.mccormack@gov.scot>; Minister for Mental Health <MinisterMH@gov.scot>; Minister for Public Health and Sport <MinisterPHS@gov.scot>; Paul Hawkins, Vaccine Delivery Director <Paul.Hawkins2@nhs.scot>; Pauline Howie, NHS National Boards <Pauline.Howie@nhs.scot>; Peter Macleod, Chief Executive, Care Inspectorate <peter.macleod@careinspectorate.gov.scot>; Peter Murray, Chair IJB, Chairs & Vice Chairs Group <peter.murray1@nhs.net>; Philip Grigor, Scotland Director, British Dental Association <Philip.Grigor@bda.org>; Richard Foggo, Director of Covid Population Health <richard.foggo@gov.scot>; Sandra Campbell, Convenor, Scottish Social Services Council <sandra.campbell@sssc.uk.com>; Sir Lewis Ritchie, Mackenzie Professor of General Practice <l.d.ritchie@abdn.ac.uk>; Chief Executive, Public Health Scotland <AngelaLeitch<Angela.Leitch@phs.scot>>; 'Angela Leitch' <Angela.Leitch@phs.scot>; 'angela.leitch@nhs.scot'; Bain MB (Marion) <Marion.Bain@gov.scot>; Colin Sinclair, Director of Vaccination Delivery <Colin.Sinclair@nhs.scot>  
Optional Attendees: (Redacted) <(Redacted)@nhs.scot>; DG Health & Social Care <DGHSC@gov.scot>

Importance: High

Dear Colleague,

Please note the cancellation of this meeting on Friday 4 June to allow the Cabinet Secretary sufficient time to make a decision on the future form of the meeting. The next meeting is therefore scheduled to take place on Friday 25 June.

Kind Regards,  
(Redacted)

(Redacted)  
(Redacted)

Territorial Board Sponsorship & Ministerial Support  
Directorate for Performance and Delivery  
Health and Social Care  
St Andrews House, Edinburgh, EH1 3DG

---

Microsoft Teams meeting

Join on your computer or mobile app  
Click here to join the meeting  
Or call in (audio only)  
+(Redacted) United Kingdom, Edinburgh  
Phone Conference ID(Redacted)  
Find a local number | Reset PIN  
SCOTS Connect  
Learn More | Help | Meeting options

---

From (Redacted) (Redacted) (Health) <(Redacted)@gov.scot>  
Sent: 14 July 2021 09:18  
To: (Redacted), Royal College of Nursing <(Redacted)@rcn.org.uk>  
Subject: RE: Mobilisation Recovery Group

Dear (Redacted),

Many thanks for getting in touch and please accept my apologies for the slight delay in responding.

As you know, the Mobilisation Recovery Group (MRG) was paused following the election in May to give the new Cabinet Secretary and officials time to consider how best to undertake stakeholder engagement as we remobilise and recover the NHS in this next stage of the pandemic. We are really keen to get this right, and we are now close to finalising our plans for the future for the MRG and stakeholder engagement more generally.

I'm sorry I can't be more definitive at this stage – I will be in touch with you and the rest of the group at the earliest opportunity.

Best wishes  
(Redacted)

From: (Redacted) <(Redacted)@rcn.org.uk>  
Sent: 07 July 2021 09:29  
To: (Redacted) (Redacted) (Health) <(Redacted)@gov.scot>  
Subject: RE: Mobilisation Recovery Group

Dear (Redacted),

Please could you tell me if there is any update on the Mobilisation and Recovery Group or what alternative arrangements are being put in place for relevant stakeholders such as ourselves, as a Royal College, to input to health and care mobilisation and recovery as it progresses.

We have some concerns about current progress and it is unfortunate that there is no structure in place

just now to develop shared solutions, and ensure that our guidance to the profession is helpful to the aims of the SG, Boards and others.

Thanks,  
(Redacted)

(Redacted) (she/her)  
Policy Manager  
Royal College of Nursing Scotland, 42 South Oswald Road, Edinburgh EH9 2HH  
Direct: (Redacted)  
Mobile: (Redacted)  
Email: (Redacted)@rcn.org.uk

Stay engaged on our pay campaign

From: (Redacted)@gov.scot <(Redacted)@gov.scot>  
Sent: 04 June 2021 10:14  
To: (Redacted)@gov.scot  
Subject: Mobilisation Recovery Group

\*\*\*\*\*  
THIS EMAIL ORIGINATED OUTSIDE THE RCN  
\*\*\*\*\*

Dear Colleagues,

Following the pre-election period and the formation of a new administration, please find attached the minute of the last MRG meeting held on Friday 16 April. As always, I am happy to take any comments or amendments. Minutes previously agreed but delayed due to the election period will be published on the MRG website in the next week.

You will be aware that the next meeting, scheduled for 25 June, has been cancelled until we have further clarity on the future of the group. In the meantime, I'd like to reiterate our thanks to you all for your ongoing hard work and engagement at this critical time.

If you have any questions, please get in touch and I'll be happy to help.

Kind Regards,

(Redacted)  
(Redacted)  
Territorial Board Sponsorship & Ministerial Support  
Directorate for Performance and Delivery  
Health and Social Care  
St Andrews House, Edinburgh, EH1 3DG

\*\*\*\*\*

\*

This e-mail (and any files or other attachments transmitted with it) is intended solely for the attention of the addressee(s). Unauthorised use, disclosure, storage, copying or distribution of any part of this e-mail is not permitted. If you are not the intended recipient please destroy the email, remove any copies from your system and inform the sender immediately by return. Communications with the Scottish Government may be monitored or recorded in order to secure the effective operation of the system and for other lawful purposes. The views or opinions contained within this e-mail may not necessarily reflect those of the Scottish Government.

\*\*\*\*\*

\*

\*\*\*\*\*

THIS EMAIL ORIGINATED OUTSIDE THE RCN

\*\*\*\*\*

---

<http://www.rcn.org.uk>

This email is confidential and intended solely for the use of the individual to whom it is addressed. Any views or opinions presented are solely those of the author and do not necessarily represent those of the Royal College of Nursing or any of its affiliates.

If you are not the intended recipient be advised that you have received this email in error and that any use, dissemination, forwarding, printing or copying of this email is strictly prohibited. If you have received this email in error please return it to the sender immediately. The contents of this message may be legally privileged.

Royal College of Nursing of the United Kingdom  
20 Cavendish Square  
London W1G 0RN  
Tel: +44 (0) 345 772 6100

Subject: Cancelled: Mobilisation Recovery Group  
Location: Microsoft Teams Meeting

Start: Fri 25/06/2021 09:00  
End: Fri 25/06/2021 11:00  
Show Time As: Free

Recurrence: Weekly  
Recurrence Pattern: every 3 week(s) on Friday from 09:00 to 11:00

Meeting Status: Not yet responded

Organizer: (Redacted) (Redacted) (Health) <(Redacted)@gov.scot>  
Required Attendees: Bain MB (Marion) <Marion.Bain@gov.scot>; Aidan Grisewood, Interim Director, Primary Care <Aidan.Grisewood@gov.scot>; Minister for Public Health and Sport <MinisterPHS@gov.scot>; John Thomson, Vice-President, Royal College of Emergency Medicine (Scotland) <john.thomson4@nhs.scot>; Miles Mack, Chair, Academy of Medical Royal Colleges and Faculties in Scotland <miles.mack@rcgp.org.uk>; Alison Strath, Interim Chief Pharmaceutical Officer <Alison.Strath@gov.scot>; Andrea Wilson, Convener, Allied Health Professions Federation Scotland (AHPFS) <andrea.wilson3@nhs.scot>; Andrew Buist, Chair, British Medical Association GP Committee (Scotland) <andrew.buist@opalityone.net>; Annie Gunner Logan, Coalition of Care and Support Providers <annie.gunner\_logan@ccpscotland.org>; Cabinet Secretary for Health and Sport <CabSecHS@gov.scot>; Chair Health Improvement Carole Wilkinson (his.chair@nhs.scot) <his.chair@nhs.net>; Caroline Lamb, Director General for Health & Social Care and Chief Executive Officer NHS Scotland <Caroline.Lamb@gov.scot>; Carolyn McDonald, Chief Allied Health Professions Office <Carolyn.Mcdonald@gov.scot>; Christine McLaughlin, Director of Test & Protect <Christine.McLaughlin@gov.scot>; (Redacted), Chartered Society of Physiotherapy, National Staff Side representative <(Redacted)@csp.org.uk>; Cleland Sneddon, Chief Executive, SOLACE, Health and Social Care Representative <cleland.sneddon@southlanarkshire.gov.uk>; Cllr Kieron Green, Vice Chair, IJB Chairs & Vice Chairs Group <Kieron.Green@argyll-bute.gov.uk>; Cllr. Stuart Currie, Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA); supported by (Redacted) (Redacted) <scurrie@eastlothian.gov.uk>; Dave Caesar, Interim Deputy Chief Medical Officer <David.Caesar@gov.scot>; David Garbutt, NHS Board Chairs Group representative <David.Garbutt@nes.scot.nhs.uk>; David Quigley, Chair, Optometry Scotland <david@optometryscotland.org.uk>; Director, Royal College of Nursing (Scotland) <Theresa.Fyffe@rcn.org.uk>; Donald MacAskill, Chief Executive, Scottish Care <donald.macaskill@scottishcare.org>; Donna Bell, Director for Mental Health and Social Care <Donna.Bell@gov.scot>; Dr David Shackles, Chair, Royal College of General Practitioners (Scotland) <Chair-Scottish-Council@rcgp.org.uk>; Dr Graeme Eunson, Chairman of Scottish Consultant Committee, British Medical Association <GEunson@mybma.org.uk>; Eddie Fraser, Chief Officers Group representative <eddie.fraser@east-ayrshire.gov.uk>; Fiona McQueen, Chief Nursing Officer <Fiona.McQueen@gov.scot>; (Redacted) <(Redacted)@gov.scot>; George Crooks, Chief Executive, Digital Health & Care Institute <george.crooks@dhi-scotland.com>; Harry McQuillan, Chair, Community Pharmacy (Scotland) <harry.mcquillan@cps.scot>; Ian Welsh, Chief Executive, The

ALLIANCE <Ian.Welsh@alliance-scotland.org.uk>; Iona Colvin, Chief Social Work Adviser <Iona.Colvin@gov.scot>; (Redacted), Unite, National Staff Side representative <(Redacted)@unitetheunion.org>; Jason Leitch, National Clinical Director <Jason.Leitch@gov.scot>; Chair Adult Social Care Standing Committee Joanna MacDonald (joanna.macdonald2@nhs.scot) <joanna.macdonald2@nhs.net>; John Burns, NHS Board Chief Executive's representatives <john.burns4@aapct.scot.nhs.uk>; John Connaghan, Chief Operating Officer NHS Scotland <John.Connaghan2@gov.scot>; (Redacted), UNISON National Staff Side representative <(Redacted)@nhs.scot>; (Redacted), GMB, National Staff Side representative (Redacted)@gmbactivist.org.uk>; Marion McCormack, Interim Deputy Director Vaccines <marion.mccormack@gov.scot>; Minister for Mental Health <MinisterMH@gov.scot>; Paul Hawkins, Vaccine Delivery Director <Paul.Hawkins2@nhs.scot>; Pauline Howie, NHS National Boards <Pauline.Howie@nhs.scot>; Peter Macleod, Chief Executive, Care Inspectorate <peter.macleod@careinspectorate.gov.scot>; Peter Murray, Chair IJB, Chairs & Vice Chairs Group <peter.murray1@nhs.net>; Philip Grigor, Scotland Director, British Dental Association <Philip.Grigor@bda.org>; Richard Foggo, Director of Covid Population Health <richard.foggo@gov.scot>; Sandra Campbell, Convenor, Scottish Social Services Council <sandra.campbell@sssc.uk.com>; Sir Lewis Ritchie, Mackenzie Professor of General Practice <l.d.ritchie@abdn.ac.uk>; Chief Executive, Public Health Scotland <AngelaLeitch<Angela.Leitch@phs.scot>>; 'Angela Leitch' <Angela.Leitch@phs.scot>; 'angela.leitch@nhs.scot'; Colin Sinclair, Director of Vaccination Delivery <Colin.Sinclair@nhs.scot>  
Optional Attendees: (Redacted) <(Redacted@careinspectorate.gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; (Redacted) <(Redacted)@nhs.scot>

Importance: High

Dear Colleague,

Following the formation of the new administration, officials are currently developing an approach to the care programmes and a submission, which will outline proposals for the future of MRG, is due to be sent to the Cabinet Secretary in the near future. Please therefore note the cancellation of the next scheduled Mobilisation Recovery Group (MRG) meeting on 25 June 2021 to allow sufficient time for a decision to be made on the future of the group.

Please do let me know if you have any questions in the meantime. We look forward to having everyone round the virtual table again very soon.

Kind Regards,  
(Redacted)

(Redacted)  
(Redacted)

Territorial Board Sponsorship & Ministerial Support  
Directorate for Performance and Delivery  
Health and Social Care  
St Andrews House, Edinburgh, EH1 3DG

---

Microsoft Teams meeting  
Join on your computer or mobile app  
Click here to join the meeting  
Or call in (audio only)  
+(Redacted) United Kingdom, Edinburgh  
Phone Conference ID: (Redacted)  
Find a local number | Reset PIN  
SCOTS Connect  
Learn More | Help | Meeting options

---

Subject: Cancelled: Mobilisation Recovery Group  
Location: Microsoft Teams Meeting

Start: Fri 16/07/2021 09:00  
End: Fri 16/07/2021 11:00  
Show Time As: Free

Recurrence: Weekly  
Recurrence Pattern: every 3 week(s) on Friday from 09:00 to 11:00

Meeting Status: Not yet responded

Organizer: (Redacted) (Health) <(Redacted)@gov.scot>  
Required Attendees: Aidan Grisewood, Interim Director, Primary Care <Aidan.Grisewood@gov.scot>; Bain MB (Marion) <Marion.Bain@gov.scot>; Minister for Public Health and Sport <MinisterPHS@gov.scot>; Carolyn McDonald, Chief Allied Health Professions Office <Carolyn.Mcdonald@gov.scot>; Cleland Sneddon, Chief Executive, SOLACE, Health and Social Care Representative <cleland.sneddon@southlanarkshire.gov.uk>; John Thomson, Vice-President, Royal College of Emergency Medicine (Scotland) <john.thomson4@nhs.scot>; Miles Mack, Chair, Academy of Medical Royal Colleges and Faculties in Scotland <miles.mack@rcgp.org.uk>; Alison Strath, Interim Chief Pharmaceutical Officer <Alison.Strath@gov.scot>; Andrea Wilson, Convener, Allied Health Professions Federation Scotland (AHPFS) <andrea.wilson3@nhs.scot>; Andrew Buist, Chair, British Medical Association GP Committee (Scotland) <andrew.buist@opalityone.net>; Annie Gunner Logan, Coalition of Care and Support Providers <annie.gunner\_logan@ccpscotland.org>; Cabinet Secretary for Health and Sport <CabSecHS@gov.scot>; Chair Health Improvement Carole Wilkinson (his.chair@nhs.scot) <his.chair@nhs.net>; Caroline Lamb, Director General for Health & Social Care and Chief Executive Officer NHS Scotland <Caroline.Lamb@gov.scot>; Christine McLaughlin, Director of Test & Protect <Christine.McLaughlin@gov.scot>; (Redacted), Chartered Society of Physiotherapy, National Staff Side representative <(Redacted)@csp.org.uk>; Cllr Kieron Green, Vice Chair, IJB Chairs & Vice Chairs Group <Kieron.Green@argyll-bute.gov.uk>; Cllr.

Stuart Currie, Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA); supported by (Redacted) (Redacted) <scurrie@eastlothian.gov.uk>; Dave Caesar, Interim Deputy Chief Medical Officer <David.Caesar@gov.scot>; David Garbutt, NHS Board Chairs Group representative <David.Garbutt@nes.scot.nhs.uk>; David Quigley, Chair, Optometry Scotland <david@optometryscotland.org.uk>; Director, Royal College of Nursing (Scotland) <Theresa.Fyffe@rcn.org.uk>; Donald MacAskill, Chief Executive, Scottish Care <donald.macaskill@scottishcare.org>; Donna Bell, Director for Mental Health and Social Care <Donna.Bell@gov.scot>; Dr David Shackles, Chair, Royal College of General Practitioners (Scotland) <Chair-Scottish-Council@rcgp.org.uk>; Dr Graeme Eunson, Chairman of Scottish Consultant Committee, British Medical Association <GEunson@mybma.org.uk>; Eddie Fraser, Chief Officers Group representative <eddie.fraser@east-ayrshire.gov.uk>; Fiona McQueen, Chief Nursing Officer <Fiona.McQueen@gov.scot>; (Redacted) (Redacted)@gov.scot>; George Crooks, Chief Executive, Digital Health & Care Institute <george.crooks@dhi-scotland.com>; Harry McQuillan, Chair, Community Pharmacy (Scotland) <harry.mcquillan@cps.scot>; Ian Welsh, Chief Executive, The ALLIANCE <Ian.Welsh@alliance-scotland.org.uk>; Iona Colvin, Chief Social Work Adviser <Iona.Colvin@gov.scot>; (Redacted), Unite, National Staff Side representative <(Redacted)@unitetheunion.org>; Jason Leitch, National Clinical Director <Jason.Leitch@gov.scot>; Chair Adult Social Care Standing Committee Joanna MacDonald (joanna.macdonald2@nhs.scot) <joanna.macdonald2@nhs.net>; John Burns, NHS Board Chief Executive's representatives <john.burns4@aapct.scot.nhs.uk>; John Connaghan, Chief Operating Officer NHS Scotland <John.Connaghan2@gov.scot>; (Redacted), UNISON National Staff Side representative <(Redacted)@nhs.scot>; (Redacted), GMB, National Staff Side representative (Redacted)@gmbactivist.org.uk>; Marion McCormack, Interim Deputy Director Vaccines <marion.mccormack@gov.scot>; Minister for Mental Health <MinisterMH@gov.scot>; Paul Hawkins, Vaccine Delivery Director <Paul.Hawkins2@nhs.scot>; Pauline Howie, NHS National Boards <Pauline.Howie@nhs.scot>; Peter Macleod, Chief Executive, Care Inspectorate <peter.macleod@careinspectorate.gov.scot>; Peter Murray, Chair IJB, Chairs & Vice Chairs Group <peter.murray1@nhs.net>; Philip Grigor, Scotland Director, British Dental Association <Philip.Grigor@bda.org>; Richard Foggo, Director of Covid Population Health <richard.foggo@gov.scot>; Sandra Campbell, Convenor, Scottish Social Services Council <sandra.campbell@sssc.uk.com>; Sir Lewis Ritchie, Mackenzie Professor of General Practice <l.d.ritchie@abdn.ac.uk>; Chief Executive, Public Health Scotland <AngelaLeitch<Angela.Leitch@phs.scot>>; 'Angela Leitch' <Angela.Leitch@phs.scot>; 'angela.leitch@nhs.scot'; Colin Sinclair, Director of Vaccination Delivery <Colin.Sinclair@nhs.scot>  
Optional Attendees: DG Health & Social Care <DGHSC@gov.scot>; (Redacted) <(Redacted)@careinspectorate.gov.scot>; Burns J (John) <John.Burns@gov.scot>; (Redacted) <(Redacted)@nhs.scot>

Importance: High

Dear Colleague,

Please note the cancellation of this meeting and remove from diaries. Officials are developing proposals for future stakeholder engagement and we will update at the earliest opportunity.

Kind Regards,  
(redacted)

(redacted)

(Redacted)

Territorial Board Sponsorship & Ministerial Support  
Directorate for Performance and Delivery  
Health and Social Care  
St Andrews House, Edinburgh, EH1 3DG

---

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

+44 (Redacted) United Kingdom, Edinburgh

Phone Conference ID (Redacted)

[Find a local number](#) | [Reset PIN](#)

SCOTS Connect

[Learn More](#) | [Help](#) | [Meeting options](#)

---

Subject: Cancelled: Mobilisation Recovery Group

Location: Microsoft Teams Meeting

Start: Fri 06/08/2021 09:00

End: Fri 06/08/2021 11:00

Show Time As: Free

Recurrence: Weekly

Recurrence Pattern: every 3 week(s) on Friday from 09:00 to 11:00

Meeting Status: Not yet responded

Organizer: (Redacted) (Redacted) (Health) <(Redacted)@gov.scot>

Required Attendees: Subject: Cancelled: Mobilisation Recovery Group

Location: Microsoft Teams Meeting

Start: Fri 06/08/2021 09:00

End: Fri 06/08/2021 11:00

Show Time As: Free

Recurrence: Weekly

Recurrence Pattern: every 3 week(s) on Friday from 09:00 to 11:00

Meeting Status: Not yet responded

Organizer:

Required Attendees: Aidan Grisewood, Interim Director, Primary Care <Aidan.Grisewood@gov.scot>; Bain MB (Marion) <Marion.Bain@gov.scot>; Christine McLaughlin, Director of Test & Protect <Christine.McLaughlin@gov.scot>; Jason Leitch, National Clinical Director <Jason.Leitch@gov.scot>; John Thomson, Vice-President, Royal College of Emergency Medicine (Scotland) <john.thomson4@nhs.scot>; Miles Mack, Chair, Academy of Medical Royal Colleges and Faculties in Scotland <miles.mack@rcgp.org.uk>; Alison Strath, Interim Chief Pharmaceutical Officer <Alison.Strath@gov.scot>; Andrea Wilson, Convener, Allied Health Professions Federation Scotland (AHPFS) <andrea.wilson3@nhs.scot>; Andrew Buist, Chair, British Medical Association GP Committee (Scotland) <andrew.buist@opalinityone.net>; Annie Gunner Logan, Coalition of Care and Support Providers <annie.gunner\_logan@ccpscotland.org>; Cabinet Secretary for Health and Sport <CabSecHS@gov.scot>; Chair Health Improvement Carole Wilkinson (his.chair@nhs.scot) <his.chair@nhs.net>; Caroline Lamb, Director General for Health & Social Care and Chief Executive Officer NHS Scotland <Caroline.Lamb@gov.scot>; Carolyn McDonald, Chief Allied Health Professions Office <Carolyn.Mcdonald@gov.scot>; (Redacted), Chartered Society of Physiotherapy, National Staff Side representative <(Redacted)@csp.org.uk>; Cleland Sneddon, Chief Executive, SOLACE, Health and Social Care Representative <cleland.sneddon@southlanarkshire.gov.uk>; Cllr Kieron Green, Vice Chair, IJB Chairs & Vice Chairs Group <Kieron.Green@argyll-bute.gov.uk>; Cllr. Stuart Currie, Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA); supported by (Redacted) (Redacted) <scurrie@eastlothian.gov.uk>; Dave Caesar, Interim Deputy Chief Medical Officer <David.Caesar@gov.scot>; David Garbutt, NHS Board Chairs Group representative <David.Garbutt@nes.scot.nhs.uk>; David Quigley, Chair, Optometry Scotland <david@optometryscotland.org.uk>; Director, Royal College of Nursing (Scotland) <Theresa.Fyffe@rcn.org.uk>; Donald MacAskill, Chief Executive, Scottish Care <donald.macaskill@scottishcare.org>; Donna Bell, Director for Mental Health and Social Care <Donna.Bell@gov.scot>; Dr David Shackles, Chair, Royal College of General Practitioners (Scotland) <Chair-Scottish-Council@rcgp.org.uk>; Dr Graeme Eunson, Chairman of Scottish Consultant Committee, British Medical Association <GEunson@mybma.org.uk>; Eddie Fraser, Chief Officers Group representative <eddie.fraser@east-ayrshire.gov.uk>; Fiona McQueen, Chief Nursing Officer <Fiona.McQueen@gov.scot>; (Redacted) <(Redacted)@gov.scot>; George Crooks, Chief Executive, Digital Health & Care Institute <george.crooks@dhi-scotland.com>; Harry McQuillan, Chair, Community Pharmacy (Scotland) <harry.mcquillan@cps.scot>; Ian Welsh, Chief Executive, The ALLIANCE <Ian.Welsh@alliance-scotland.org.uk>; Iona Colvin, Chief Social Work Adviser <Iona.Colvin@gov.scot>; (Redacted), Unite, National Staff Side representative <(Redacted)@unitetheunion.org>; Chair Adult Social Care Standing Committee Joanna MacDonald (joanna.macdonald2@nhs.scot) <joanna.macdonald2@nhs.net>; John Burns, NHS Board Chief Executive's representatives <john.burns4@aapct.scot.nhs.uk>; John Connaghan, Chief Operating Officer NHS Scotland <John.Connaghan2@gov.scot>; (Redacted),

UNISON National Staff Side representative <(Redacted)@nhs.scot>; Redacted, GMB, National Staff Side representative <(Redacted)@gmbactivist.org.uk>; Marion McCormack, Interim Deputy Director Vaccines <marion.mccormack@gov.scot>; Minister for Mental Health <MinisterMH@gov.scot>; Minister for Public Health and Sport <MinisterPHS@gov.scot>; Paul Hawkins, Vaccine Delivery Director <Paul.Hawkins2@nhs.scot>; Pauline Howie, NHS National Boards <Pauline.Howie@nhs.scot>; Peter Macleod, Chief Executive, Care Inspectorate <peter.macleod@careinspectorate.gov.scot>; Peter Murray, Chair IJB, Chairs & Vice Chairs Group <peter.murray1@nhs.net>; Philip Grigor, Scotland Director, British Dental Association <Philip.Grigor@bda.org>; Richard Foggo, Director of Covid Population Health <richard.foggo@gov.scot>; Sandra Campbell, Convenor, Scottish Social Services Council <sandra.campbell@sssc.uk.com>; Sir Lewis Ritchie, Mackenzie Professor of General Practice <l.d.ritchie@abdn.ac.uk>; Chief Executive, Public Health Scotland <AngelaLeitch<Angela.Leitch@phs.scot>>; 'Angela Leitch' <Angela.Leitch@phs.scot>; 'angela.leitch@nhs.scot'; Colin Sinclair, Director of Vaccination Delivery <Colin.Sinclair@nhs.scot>  
Optional Attendees: (Redacted) <(Redacted)@nhs.scot>; DG Health & Social Care <DGHSC@gov.scot>; Burns J (John) <John.Burns@gov.scot>

Importance: High

Dear Colleague,

Please note the cancellation of this meeting and remove from diaries. Officials are continuing to develop proposals for future stakeholder engagement and we will update at the earliest opportunity. We look forward to meeting with you all again in the near future.

Kind Regards,  
(Redacted)

(Redacted)  
(Redacted)

Territorial Board Sponsorship & Ministerial Support  
Directorate for Performance and Delivery  
Health and Social Care  
St Andrews House, Edinburgh, EH1 3DG

---

Microsoft Teams meeting  
Join on your computer or mobile app  
[Click here to join the meeting](#)  
Or call in (audio only)  
+(Redacted) United Kingdom, Edinburgh  
Phone Conference ID: (Redacted)  
[Find a local number](#) | [Reset PIN](#)  
SCOTS Connect  
[Learn More](#) | [Help](#) | [Meeting options](#)

Subject: Canceled: Mobilisation Recovery Group

Location: Microsoft Teams Meeting

Start: Fri 03/12/2021 09:00

End: Fri 03/12/2021 11:00

Show Time As: Free

Recurrence: (none)

Meeting Status: Not yet responded

Organizer: (Redacted)

Required Attendees: John Thomson, Vice-President, Royal College of Emergency Medicine (Scotland); Miles Mack, Chair, Academy of Medical Royal Colleges and Faculties in Scotland; Aidan Grisewood, Interim Director, Primary Care; Alison Strath, Interim Chief Pharmaceutical Officer ; Andrea Wilson, Convener, Allied Health Professions Federation Scotland (AHPFS); Andrew Buist, Chair, British Medical Association GP Committee (Scotland); Annie Gunner Logan, Coalition of Care and Support Providers; Cabinet Secretary for Health and Sport; Chair Health Improvement Carole Wilkinson (his.chair@nhs.scot); Caroline Lamb, Director General for Health & Social Care and Chief Executive Officer NHS Scotland; Carolyn McDonald, Chief Allied Health Professions Office; Christine McLaughlin, Director of Test & Protect; (Redacted), Chartered Society of Physiotherapy, National Staff Side representative; Cleland Sneddon, Chief Executive, SOLACE, Health and Social Care Representative; Cllr Kieron Green, Vice Chair, IJB Chairs & Vice Chairs Group; Cllr. Stuart Currie, Health & Social Care Spokesperson, Convention of Scottish Local Authorities (COSLA); supported by (Redacted)/(Redacted) ; Dave Caesar, Interim Deputy Chief Medical Officer ; David Garbutt, NHS Board Chairs Group representative; David Quigley, Chair, Optometry Scotland; Director, Royal College of Nursing (Scotland); Donald MacAskill, Chief Executive, Scottish Care; Donna Bell, Director for Mental Health and Social Care; Dr David Shackles, Chair, Royal College of General Practitioners (Scotland); Dr Graeme Eunson, Chairman of Scottish Consultant Committee, British Medical Association; Eddie Fraser, Chief Officers Group representative; Fiona McQueen, Chief Nursing Officer; Fleming AG (Andrew); George Crooks, Chief Executive, Digital Health & Care Institute; Harry McQuillan, Chair, Community Pharmacy (Scotland); Ian Welsh, Chief Executive, The ALLIANCE ; Iona Colvin, Chief Social Work Adviser; James O'Connell, Unite, National Staff Side representative; Jason Leitch, National Clinical Director; Chair Adult Social Care Standing Committee Joanna MacDonald (joanna.macdonald2@nhs.scot); John Burns, NHS Board Chief Executive's representatives; John Connaghan, Chief Operating Officer NHS Scotland ; (Redacted), UNISON National Staff Side representative; (Redacted), GMB, National Staff Side representative ; Marion McCormack, Interim Deputy Director Vaccines ; Minister for Mental Health; Minister for Public Health and Sport ; Paul Hawkins, Vaccine Delivery Director; Pauline Howie, NHS National Boards; Peter Macleod, Chief Executive, Care Inspectorate ; Peter Murray, Chair IJB, Chairs & Vice Chairs Group; Philip Grigor, Scotland Director, British Dental Association ; Richard Foggo, Director of Covid Population Health; Sandra Campbell, Convenor, Scottish Social Services Council; Sir Lewis Ritchie, Mackenzie Professor of General Practice; Angela Leitch; angela.leitch@nhs.scot; Bain MB (Marion)

Optional Attendees: David Garbutt; DG Health & Social Care

Importance: High

Dear Colleague,

Please note the cancellation of all future MRG meetings and remove them from diaries. We hope this will provide greater clarity whilst officials develop and agree proposals for future stakeholder engagement. We will update at the earliest opportunity.

We look forward to meeting with you all again in the near future.

Kind Regards,  
(Redacted)

(Redacted)

(Redacted)

Territorial Board Sponsorship & Ministerial Support  
Directorate for Performance and Delivery  
Health and Social Care  
St Andrews House, Edinburgh, EH1 3DG

---

Microsoft Teams meeting  
Join on your computer or mobile app  
[Click here to join the meeting](#)  
Or call in (audio only)  
+44 (Redacted) # United Kingdom, Edinburgh  
Phone Conference ID: (Redacted)#  
[Find a local number](#) | [Reset PIN](#)  
SCOTS Connect  
[Learn More](#) | [Help](#) | [Meeting options](#)

---