

ANNEX

Explanation of exemptions applied

Section 30(b)(ii): An exemption under section 30(b)(ii) (free and frank exchange of views for the purposes of deliberation) applies to some of the information requested. The exemption under s.30(b)(ii) applies because disclosure would, or would be likely to, inhibit substantially the free and frank exchange of views for the purposes of deliberation. This exemption recognises the need for officials and clinical advisers to have a private space within which to discuss and explore options before the Scottish Government reaches a settled public view.

The exemption under s.30(b)(ii) is subject to the 'public interest test'. Taking account of all the circumstances of this case, we have therefore considered whether the public interest in disclosing the information outweighs the public interest in applying the exemptions. We have found that, on balance, the public interest lies in favour of upholding the exemption. We recognise that there is a public interest in disclosing information as part of open, transparent and accountable government, and to inform public debate. However, on this occasion, there is a greater public interest in allowing officials and clinical advisers a private space within which policy positions can be explored and refined until the Government as a whole can adopt policies that are sound and likely to be effective. This private thinking space also allows for all options to be properly considered, so that advice is sound and good decisions can be taken. Disclosure is likely to undermine the full and frank discussion of issues between officials and clinical advisers, which in turn will undermine the quality of the decision-making process, which would not be in the public interest.

Section 36(1): An exemption under section 36(1) of FOISA (confidentiality in legal proceedings) applies to some of the information requested. This exemption applies because the information is legal advice and disclosure would breach legal professional privilege.

As the exemption is conditional we have again applied the 'public interest test' and have found that, on balance, the public interest lies in favour of upholding the exemption. We recognise that there is some public interest in release as part of open and transparent government, and to inform public debate. However, this is outweighed by the greater public interest in maintaining the right to confidentiality of communications between legal advisers and clients, to ensure that Ministers and officials are able to receive legal advice in confidence, like any other public or private organisation. The release of the content of such legal advice is likely to be appropriate only in highly compelling cases.

Section 37(1)(b): An exemption under section 37(1)(b) of FOISA applies to documents that are (i) lodged with a person conducting an inquiry or arbitration, for the purposes of that inquiry or arbitration or (ii) created by a person conducting an inquiry or arbitration for the purposes of that inquiry or arbitration. This exemption is not subject to the 'public interest test', so we are not required to consider if the public interest in disclosing the information outweighs the public interest in applying the exemption. It has been applied here only to the group discussions discussed above supplied to the SG by the UK Covid-19 Inquiry and subject to their general restriction

order (under s.38(1)(b)(ii)), and to brief personal exchanges from the individual conversations that do not constitute government business (under s.38(1)(b)(i)).

Section 38(1)(b): An exemption under section 38(1)(b) (personal information) of FOISA applies to some of the information in the message exchanges because it comprises personal data of a third party and disclosing it would contravene the data protection principles in Schedule 1 to the Data Protection Act 1998.

Group conversation: 'PPE'

[27/03/2020, 15:49:41] PPE: Messages and calls are end-to-end encrypted. No one outside of this chat, not even WhatsApp, can read or listen to them.

[27/03/2020, 15:49:41] Gregor Smith: Gregor Smith created group "PPE"

[27/03/2020, 15:49:41] PPE: Gregor Smith added you

[27/03/2020, 15:50:10] Gregor Smith: Creating another stream for us to discuss PPE quickly and away from PAG.

[27/03/2020, 15:51:39] ~ Diane Murray: I have so many WhatsApp don't be surprised if you get the odd recipe or picture as I mix up who I'm replying to

[27/03/2020, 15:52:08] Gregor Smith: I've missed it somewhere, but what is our advice on PPE for HCW visiting those who are shielding in both groups? Is it just normal ICP?

[27/03/2020, 15:53:05] ~ Diane Murray: I think just normal IPC. Will I add Lesley to group.

[27/03/2020, 15:53:21] Gregor Smith: Yes - thanks.

[27/03/2020, 15:53:41] Gregor Smith: You may need to send me her details.

[27/03/2020, 15:54:26] ~ Diane Murray: Will do

[27/03/2020, 15:56:22] ~ Diane Murray: <attached: 00000011-Lesley Shepard.vcf>

[27/03/2020, 15:59:27] Gregor Smith: I don't think Lesley is on WhatsApp?

[27/03/2020, 16:00:00] ~ Diane Murray: I'll call her to see

[27/03/2020, 16:08:47] ~ Diane Murray: <attached: 00000014-Lesley Shepard.vcf>

[27/03/2020, 16:12:58] ~ Diane Murray: lesley advises that if we are protecting the patient from us the patient should be wearing a fluid resistant surgical mask. To protect patients when staff may be in the prodromal face.

[27/03/2020, 16:27:05] Gregor Smith: So what is the advice we're issuing for shielding? I don't think I've seen this?

[27/03/2020, 16:27:45] [Redacted - s.38(1).] : Gregor Smith added [Redacted - s.38(1).]

[27/03/2020, 16:29:31] ~ Diane Murray: We haven't issued any guidance but if we did it would be about the patients protection.

This would need a lot more discussion and thought

[27/03/2020, 16:32:32] [Redacted - s.38(1).]

Advice_for_patients_with_new_onset_anosmia_during_COVID_19_pandemic.pdf.pdf • 3 pages <attached: 00000019-Advice_for_patients_with_new_onset_anosmia_during_COVID_19_pandemic.pdf.pdf>

[27/03/2020, 16:34:38] [Redacted - s.38(1).] Interesting guidance around anosmia and asymptomatic basal and throat carriage. These were the only symptoms I had however fortunately I was self isolating at the time.

[27/03/2020, 19:56:57] Fiona Mcqueen: Just FYI- I don't have details for call

[27/03/2020, 19:57:18] Gregor Smith: Still waiting on them too - office is chasing.

[27/03/2020, 20:01:27] Gregor Smith: Fiona - I've sent them on.

[27/03/2020, 20:03:30] Fiona Mcqueen: Ty

[27/03/2020, 20:04:17] Gregor Smith: Apparently call was switched to 630. I wasn't in the loop.

[27/03/2020, 20:04:33] Cath: No it's at 7 but late

[27/03/2020, 20:04:55] Cath: Quint

[27/03/2020, 20:05:25] Gregor Smith: I've just dialed in with the details I was given and it was another PHE call.

[27/03/2020, 20:05:25] Fiona Mcqueen: Ok

[27/03/2020, 20:06:15] Fiona Mcqueen: . Same - I have left the call and will wait

[27/03/2020, 20:07:56] Gregor Smith: Those figures from Jacquie are scary

[27/03/2020, 20:08:08] Fiona Mcqueen: Gregor- have sent on HPS view on matters. Should have sent them sooner. Think there is four country IPC advice which is the tracked changes in the table. Not sure who is pressing for the change

[27/03/2020, 20:08:48] Fiona Mcqueen: Agreed- and in HPS view unnecessary. Would be fine if needed - but not- and could cause confusion

[27/03/2020, 20:09:40] [Redacted - s.38(1).] Hi. Just to say that NHS England agree with our view. Lisa Ritchie new head of IPC there as of Monday and has given comments.

[27/03/2020, 20:15:41] Fiona Mcqueen: Thanks Lesley

Gregor/Catherine - are you on the call yet?

[27/03/2020, 20:17:49] Gregor Smith: I'm just going to rejoin. Spoke to Chris's PS and it seems to be the

correct call. CMOs not joined yet.

[27/03/2020, 20:18:03] Cath: I'm on

[27/03/2020, 20:21:50] Gregor Smith: [Redacted - s.37(1)(b).]

[27/03/2020, 20:22:38] Fiona Mcqueen: What numbers. Are you talking about care homes just now?

[27/03/2020, 20:22:56] Gregor Smith: Discharges

[27/03/2020, 20:23:14] Fiona Mcqueen: Ok- on right call

[27/03/2020, 20:28:57] Fiona Mcqueen: I'm only interested in PPE- have I missed it?

[27/03/2020, 20:29:28] Cath: Not yet. Are we doing this in SAS

[27/03/2020, 20:30:00] Fiona Mcqueen: Don't know - assume they talk to each other?

[27/03/2020, 20:30:06] Cath: Ha

[27/03/2020, 20:35:51] Gregor Smith: I think Jim is sending us something similar - looking for air cover.

[27/03/2020, 20:36:29] Fiona Mcqueen: We need to make sure 4 country IPC advice is taken

[27/03/2020, 20:38:39] Fiona Mcqueen: Our comments have gone in - and they will send back to us - so seems fine

[27/03/2020, 20:41:04] Gregor Smith: I've raised on CMO group too

[27/03/2020, 20:41:48] Fiona Mcqueen:

[27/03/2020, 20:45:55] Cath: Was that useful? As long as we are aligned and Cab sec gets a brief

[27/03/2020, 20:48:23] [Redacted - s.38(1).] Have they agreed to our comments?

[27/03/2020, 20:50:56] Fiona Mcqueen: Going for further discussion - with the academies and others - they said they had our comments and will send something out by lunch time tomorrow Hoping to get agreement by Sunday/Monday. They are very focused on place based in the hospital and not so much community

[27/03/2020, 20:54:47] [Redacted - s.38(1).] That's a bit concerning

[27/03/2020, 21:05:49] Fiona Mcqueen: Indeed

[10/04/2020, 14:42:19] ~ Diane Murray: <attached: 00000056-PHOTO-2020-04-10-14-42-19.jpg>

[10/04/2020, 14:45:26] Fiona Mcqueen: U.K.

[10/04/2020, 14:46:10] ~ Diane Murray: Theresa has just told cab sec they are not doing a survey it is a group of academics

[10/04/2020, 14:50:42] [Redacted - s.38(1)(b).] : What PPE in particular? Also are they looking at perception versus actual risk?

[10/04/2020, 15:13:26] ~ Diane Murray: Not a brilliant survey and very uk centric

[10/04/2020, 16:08:02] ~ Diane Murray: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[10/04/2020, 17:04:44] [Redacted - s.38(1)(b).] : [Redacted - s.37(1)(b).]

[10/04/2020, 17:05:41] ~ Diane Murray: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[10/04/2020, 17:06:31] [Redacted - s.37(1)(b).] : [Redacted - s.37(1)(b).]

[10/04/2020, 17:06:55] ~ Diane Murray:

[25/03/2021, 08:50:37] Fiona Mcqueen: Fiona Mcqueen left

Group conversation: HSC Directors

[13/03/2019, 21:25:50] The Incredibles (HSCMB): Messages and calls are end-to-end encrypted. No one outside of this chat, not even WhatsApp, can read or listen to them.

[25/01/2020, 15:19:08] ~ Richard Foggo: John, hope things are not too hectic! Just to let you and other Directors know that Derek Grieve and I have agreed to stand up Directorate arrangements for outbreaks to cope with sheer quantity of media enquiries etc. That is the step before Health Resilience Hub. It means having 3 team members in the office tomorrow focused on this and subsequently, until it calms down. [REDACTED] doing a fantastic job but one person not enough. R

[25/01/2020, 15:20:01] ~ Richard Foggo: Catherine, let me know if you or Gregor need anything.

[25/01/2020, 15:20:44] Catherine Calderwood: Thanks R. Gregor and I watching the emails too. I am in touch with the other CMOs too if a rapid response is needed from us. C

[25/01/2020, 15:21:06] ~ Richard Foggo: Great, thanks!

[25/01/2020, 15:22:12] ~ Richard Foggo: All cases negative so far

[25/01/2020, 15:25:25] ~ Fiona: Excellent news

[25/01/2020, 15:39:33] ~ Elinor Mitchell: That's brilliant. Thanks Richard

[25/01/2020, 15:42:52] M:

[26/01/2020, 22:43:24] John Connaghan: Folks. We had a call this morning on a couple of operational issues that arose over the weekend. There is a note in the system. John

[26/01/2020, 22:47:51] ~ Donna: Thanks John, can't see a note. Has it gone to all? Thanks

[26/01/2020, 22:49:49] ~ Donna: Ps don't worry not desperate to see it unless I need to do something!

[27/01/2020, 07:54:24] ~ Elinor Mitchell: Yeah I don't see it either. But I'll keep an eye out

[27/01/2020, 08:17:17] ~ Fiona: Have copied you both in

[27/01/2020, 08:18:13] ~ Richard Foggo: Coronavirus and SAS

[27/01/2020, 08:19:55] ~ Elinor Mitchell: Thanks both. Just read it. Thinking we need to involve nhs24 both from a protocols perspective (ie they need to know what to say) but also a useful barometer on general mood (panic, or more calm) when they develop similar symptoms - I'll speak to Aidan

[27/01/2020, 13:32:07] Catherine Calderwood: Just finished 4 CMOs call. PHE developing guidance re self isolation and transport. It is hopeful this will be ready today but not guaranteed. I'll keep you posted.

Catherine

[27/01/2020, 14:03:31] ~ Elinor Mitchell: Thanks - not sure you were in the room when cab sec said she wanted notes on this for cabinet tomorrow

[27/01/2020, 14:09:45] Catherine Calderwood: Thanks- I'll tie in with that. Further Scottish call at 2.30

[27/01/2020, 14:10:31] ~ Richard Foggo: Thanks. Various emails circulating on this. We are on it.

[27/01/2020, 14:11:05] ~ Elinor Mitchell: Great - I spoke the nhs24 . She said it was quiet in they front over the weekend but she's keen to be engaged so they give right info to people who call in

[28/01/2020, 11:57:43] ~ Elinor Mitchell: Donna - just in case you were going to come along - portfolio is cancelled

[28/01/2020, 12:00:16] ~ Richard Foggo: GIF omitted

[28/01/2020, 12:16:41] ~ Donna: Thanks Jack popped in to let us know.

[29/01/2020, 18:45:58] ~ Richard Foggo: Colleagues, email sent round about call tomorrow 10:30 if possible to feed back from COBR and SGoRR. Resilience arrangements being stood up. Appropriate deputies would be fine if you can't make it.

[29/01/2020, 19:06:58] John Connaghan: Thanks Richard. John

[29/01/2020, 19:10:44] ~ Fiona: Will do Richard

[29/01/2020, 19:39:18] ~ Donna: Great thanks.

[29/01/2020, 20:22:53] ~ Elinor Mitchell: Thanks for the heads up

[31/01/2020, 11:48:32] ~ Richard Foggo: Hi, SGoRR(O) at 14:30 subject to SGoRR(M) and COBR. Later today I will be asking Malcolm to authorise establishing 7am-10pm Health Hub from Wednesday. Each Director will be asked initially to provide a shift equivalent group of staff (5 staff) to fill rota. Happy to have Director call today to talk that through if there are concerns.

[31/01/2020, 11:49:21] Catherine Calderwood: Any news re COBR today? I've agreed to speak to media at 1.30

[31/01/2020, 11:49:52] ~ Richard Foggo: No COBR(O) at 11:30. No word on COBR(M)

[31/01/2020, 12:07:30] Catherine Calderwood: Thanks

[31/01/2020, 12:08:16] ~ Fiona: Richard- I appreciate others are likely to say the same- but I would be unlikely to be able to release staff- is there is a call one of my team could join? Should we be looking at taking a head count and a proportion of the headcount ? Are we having a director call? However I will do

what is needed

[31/01/2020, 12:12:11] ~ Richard Foggo: Thanks. I am very keen to discuss this to ensure proportionate response inc staff contribution and hub opening. Could we do a call at 13:00?

[31/01/2020, 12:14:24] Jason Leitch: I can

[31/01/2020, 12:18:27] ~ Donna: Yes, I can. I will look at how we can release staff. One thing to think about in terms of opening hours is information flow. We need to think about what new information will be available and when, and who needs to be briefed on it. We can speak at 1.

[31/01/2020, 12:25:09] Catherine Calderwood: Can you let Gregor know. I have press at 1.30

[31/01/2020, 12:32:25] ~ Elinor Mitchell: So are we speaking at 1pm or 2.30pm or both

[31/01/2020, 12:43:57] ~ Richard Foggo: HSC Directors at 13:00. SGoRR(M) at 14:30. I will send conference details for 13:00

[31/01/2020, 12:55:49] ~ Richard Foggo: image omitted

[31/01/2020, 12:56:34] ~ Donna: Are you doing it in your room? I'll just come along.

[31/01/2020, 12:56:41] ~ Richard Foggo: Yes

[01/02/2020, 16:24:11] Catherine Calderwood: image omitted

[01/02/2020, 16:24:38] Jason Leitch:

[01/02/2020, 16:24:59] Jason Leitch: image omitted

[01/02/2020, 17:07:47] ~ Fiona: image omitted

[01/02/2020, 17:10:08] ~ Richard Foggo: [Redacted - s.37(1)]

[01/02/2020, 17:17:16] Catherine Calderwood: [Redacted - s.37(1)]

[01/02/2020, 17:17:23] ~ Fiona: [Redacted - s.37(1)]

[01/02/2020, 17:18:02] M: [Redacted - s.37(1)]

[01/02/2020, 17:18:53] Catherine Calderwood: [Redacted - s.37(1)]

[Redacted - s.37(1)]

[01/02/2020, 17:20:39] ~ Fiona: [Redacted - s.37(1)]

[01/02/2020, 17:21:38] Jason Leitch: [Redacted - s.37(1)]

[01/02/2020, 18:44:36] Caroline Lamb: [Redacted - s.37(1).]

[Redacted - s.37(1)]

[01/02/2020, 18:47:05] ~ Elinor Mitchell: [Redacted - s.37(1)]

[08/02/2020, 09:57:02] Catherine Calderwood: Friends- given the volume of coronavirus emails I have only just noticed that I'm not getting emails from the DG box. Is someone else picking these up?

[08/02/2020, 10:02:19] Jason Leitch: You mean the forwarded ones??

[08/02/2020, 10:02:35] Jason Leitch: I'm not.

[08/02/2020, 10:03:59] Catherine Calderwood: Yes the forwarded ones

[08/02/2020, 10:04:48] Jason Leitch: You're probably getting the vast majority by other routes.

[08/02/2020, 10:04:59] Jason Leitch: It would only be annoying!

[08/02/2020, 10:06:31] ~ Elinor Mitchell: I've picked up a couple of press queries but I'm not getting emails from the DG box

[08/02/2020, 10:10:22] ~ Donna: No I'm not either. You will be getting the bulk of them. I can text Tracey and see if she can put the auto forward on? I'll ask her to do it to me if you like as it sounds like you've got enough to do. I can forward on anything that looks corona virus related that you're not already copied into and deal with the rest (ie hopefully nothing!). Does that work?

[08/02/2020, 10:13:11] ~ Donna: Or can autoforward to you if you'd prefer of course.

[08/02/2020, 10:14:41] Catherine Calderwood: Send to me - usually not urgent to deal with anyway. If I get overwhelmed I'll ask for help! Thanks

[08/02/2020, 10:16:00] ~ Donna: Ok will do. Just shout if you need help.

[08/02/2020, 10:16:44] ~ Elinor Mitchell: Yes - do shout!

[08/02/2020, 11:13:21] ~ Donna: Tracey is on the case.

[08/02/2020, 16:36:24] ~ Elinor Mitchell: Catherine - I'm sorry to bother you but there is a mesh question come in in Email which I don't know the answer to and it's really urgent . Richard M has picked up but you might want to read?

[08/02/2020, 16:49:26] Catherine Calderwood: I've sent suggested lines Thanks

[09/02/2020, 15:19:20] ~ Elinor Mitchell: Sorry to bother folk - call from comms about medicinal cannabis (query from Scotsman) - they can't get hold of any any policy official. Hope one do you can help? Contact

[Redacted] (comms) on [Redacted - s.38(1)] Thanks

[09/02/2020, 15:27:13] Catherine Calderwood: I'll take a look
[09/02/2020, 15:34:29] ~ Elinor Mitchell: Thank you
[09/02/2020, 16:20:02] ~ Elinor Mitchell: Rose Marie has picked it up - thanks all
[09/02/2020, 16:26:14] Catherine Calderwood: I've spoken to Comms and replied. I'll contact CPO
[20/02/2020, 22:36:44] Shirley Rogers: Shirley Rogers left
[25/02/2020, 16:57:08] Caroline Lamb: Hi folks. Is anyone able to swap on call for me 14/15 March [Redacted - s.38(1)]
[25/02/2020, 16:58:29] ~ Elinor Mitchell: Sorry - I'm on leave [Redacted - s.38(1)]
[25/02/2020, 17:08:48] ~ Donna: I can swap for 7/8 March if that works? [Redacted - s.38(1)]
[Redacted - s.38(1)]
[25/02/2020, 17:16:08] Caroline Lamb: That would be great. Thanks!
[25/02/2020, 17:17:56] ~ Donna: No probs will respond to your email so dg office know.
[25/02/2020, 17:30:20] Caroline Lamb: Thanks.
[26/02/2020, 08:59:56] Catherine Calderwood: I'm unlikely to make it to HSCMB. Media and calls. Gregor is there. Enjoy!
[26/02/2020, 09:10:48] ~ Elinor Mitchell: Neither Richard or I will be there either - with cab sec
[29/02/2020, 11:41:19] ~ Richard Foggo: Hi I am on call today for Elinor but am not copied in to DG box. Is anyone else in error?
[29/02/2020, 11:52:15] ~ Fiona: Richard- with hindsight that happened to me last week- I assumed it was a new arrangement but perhaps not?
[29/02/2020, 11:55:42] Catherine Calderwood: This happened to me too. Actually I got all the relevant stuff anyway but possibly worth letting Comms know in case they assume.
[29/02/2020, 12:00:34] ~ Donna: I think they keep forgetting to put the autoforward on. I texted Tracy the last time and she did it. Do you want me to text her just now?
[29/02/2020, 12:02:03] ~ Richard Foggo: I emailed her but yes text her.
[29/02/2020, 12:02:41] ~ Elinor Mitchell: I will if that's ok Donna - I'll remind her it's Richard today and me tomorrow. Or I can get it for the weekend and pass stuff on if easier for her....
[29/02/2020, 12:04:23] ~ Elinor Mitchell: I've texted
[29/02/2020, 12:04:38] ~ Donna:
[29/02/2020, 12:10:25] Jason Leitch: I think you'll get everything you need from comms and PO. It just clogs up....
[29/02/2020, 12:10:47] Jason Leitch: He gets a lot of nonsense and some stuff we shouldn't see.
[29/02/2020, 12:13:50] ~ Richard Foggo: I am happy enough not to get it and do it all by phone. Much easier.
[04/03/2020, 07:50:12] Jason Leitch: [Redacted - s.37(1)]
[Redacted - s.37(1)]
[04/03/2020, 07:50:15] Jason Leitch: [Redacted - s.37(1)]
[04/03/2020, 07:53:18] ~ Elinor Mitchell: [Redacted - s.37(1)]
[Redacted - s.37(1)]
[04/03/2020, 07:54:04] ~ Fiona: [Redacted - s.37(1).]
[04/03/2020, 07:55:55] ~ Richard Foggo: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[04/03/2020, 08:45:58] ~ Donna: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[05/03/2020, 08:54:24] ~ Elinor Mitchell: Who's heading down to Parliament from sah - I don't know where the meeting room is so can I chum someone?
[05/03/2020, 08:54:54] M: I'll be heading down in 10 mins
[05/03/2020, 08:59:37] Caroline Lamb: [Redacted - s.37(1).]
[05/03/2020, 09:00:24] ~ Fiona: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[05/03/2020, 09:01:26] Jason Leitch: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[05/03/2020, 09:02:09] ~ Elinor Mitchell: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[05/03/2020, 09:04:55] Caroline Lamb: [Redacted - s.37(1).]
[Redacted - s.37(1).]

[05/03/2020, 09:06:16] ~ Richard Foggo: [Redacted - s.37(1).]
[05/03/2020, 09:11:08] ~ Fiona: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[05/03/2020, 09:12:04] ~ Richard Foggo: [Redacted - s.37(1).]
[05/03/2020, 09:13:52] Jason Leitch: [Redacted - s.37(1).]
[05/03/2020, 11:48:44] ~ Fiona: [Redacted - s.37(1).]
[05/03/2020, 11:52:21] Jason Leitch: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[05/03/2020, 11:53:13] ~ Fiona: [Redacted - s.37(1).]
[05/03/2020, 11:54:49] Jason Leitch: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[05/03/2020, 11:56:12] John Connaghan: [Redacted - s.37(1).]
[05/03/2020, 11:56:13] ~ Fiona: [Redacted - s.37(1).]
[05/03/2020, 11:58:29] Jason Leitch: [Redacted - s.37(1).]
[05/03/2020, 19:51:14] ~ Elinor Mitchell: [Redacted - s.37(1).]
[05/03/2020, 20:16:49] Jason Leitch: [Redacted - s.37(1).]
[05/03/2020, 21:02:49] ~ Fiona:
[05/03/2020, 21:09:04] ~ Elinor Mitchell: [Redacted - s.37(1).]
[05/03/2020, 21:09:27] ~ Elinor Mitchell: [Redacted - s.37(1).]
[05/03/2020, 21:09:42] ~ Elinor Mitchell: [Redacted - s.37(1).]
[06/03/2020, 20:50:30] Jason Leitch: Who's 'on call'
[06/03/2020, 20:50:33] Jason Leitch: ?
[06/03/2020, 20:51:00] ~ Richard Foggo: Me
[06/03/2020, 20:51:08] Jason Leitch: Did you see the email from [REDACTED]?
[06/03/2020, 20:51:22] ~ Richard Foggo: Just checking now. Thanks.
[06/03/2020, 20:51:26] Jason Leitch:
[06/03/2020, 20:51:33] Jason Leitch: I can do whatever you need.
[06/03/2020, 20:52:46] ~ Richard Foggo: [REDACTED]'s on it
[06/03/2020, 20:53:14] Jason Leitch:
[06/03/2020, 20:55:59] ~ Elinor Mitchell: I don't have an email from [REDACTED] Can I help?
[06/03/2020, 20:57:00] ~ Richard Foggo: Cab Sec on call with Matt H tomorrow at 10. The team are briefing. Thanks.
[06/03/2020, 20:59:38] Jason Leitch: [Redacted - s.30.]
[06/03/2020, 20:59:43] Jason Leitch: [Redacted - s.30.]
[06/03/2020, 21:02:33] ~ Fiona:
[06/03/2020, 21:06:00] Caroline Lamb: I'm on call.
[06/03/2020, 21:06:05] Caroline Lamb: Will contact Donna.
[06/03/2020, 21:07:28] Caroline Lamb: Yup. I swapped with Donna. Just got a text from [REDACTED] about the email
[06/03/2020, 21:08:30] ~ Richard Foggo: [REDACTED] and [REDACTED] have responded to email.
[06/03/2020, 21:08:46] ~ Elinor Mitchell: I'm not being funny but I don't have the email. If I can help I will happily do so
[06/03/2020, 21:09:20] ~ Richard Foggo: I have sent you it
[06/03/2020, 21:09:45] Caroline Lamb: Donna is on the case. Thanks folks.
[06/03/2020, 21:10:54] ~ Donna: Likewise don't have that email but let me know I'm needed. Caroline think this is a different thing [Redacted - s.38(1)]
[06/03/2020, 21:11:10] Caroline Lamb: Yes. Different things.
[06/03/2020, 21:11:43] Caroline Lamb: 1. Briefing for call with Matt Hancock tomorrow
[Redacted - s.38(1)]
[06/03/2020, 21:15:10] ~ Elinor Mitchell: I'll forward it on to you Donna - I have it now! Caroline you are copied in presumably because the system has you as on call!
[06/03/2020, 21:16:14] Caroline Lamb: Yes that's right. And that's where I thought I was too!
[06/03/2020, 21:17:12] ~ Richard Foggo: Apologies for confusion. Caroline is on call this weekend. I will step back and focus on supporting my team on CV over weekend, if needed.
[07/03/2020, 16:34:30] Caroline Lamb: Folks. Email: Cab Sec looking for urgent briefings on proposed removal of measures from Covid-19 UK Bill. Specifically removal of clause concerning mandatory vaccinations of health & social care workers.

Needed tomorrow.

[07/03/2020, 16:35:23] ~ Fiona: Caroline- will have a look F
[07/03/2020, 16:35:30] ~ Richard Foggo: Hi, that's being handled.
[07/03/2020, 16:35:50] Caroline Lamb: Perfect. Many thanks. Who has got it?
[07/03/2020, 16:36:42] Catherine Calderwood: I can contribute. Back home in an hour
[07/03/2020, 16:36:45] ~ Richard Foggo: [REDACTED] who is clarifying briefing request with PO.
[07/03/2020, 16:37:20] Caroline Lamb: Thanks again. And just seen email come in from [REDACTED].
[07/03/2020, 16:37:39] ~ Richard Foggo: That would be helpful. Cab Sec is annoyed this was not covered in script for SoS call.
[07/03/2020, 16:39:13] Caroline Lamb: Agreed. She's looking for a briefing tomorrow.
[07/03/2020, 16:43:20] ~ Richard Foggo: I am not sure she'll appreciate [REDACTED] request for clarification! She's clear she needs it before Monday.
[07/03/2020, 16:46:01] Caroline Lamb: Yup. I've just forwarded [REDACTED]'s request to him [REDACTED] is out briefly)
[07/03/2020, 16:47:20] ~ Richard Foggo: I am pressing him. We can regain ground if this can be covered on COBR(O) tomorrow. Means we don't go in to COBR(M) cold.
[07/03/2020, 16:47:29] ~ Richard Foggo: On Monday
[07/03/2020, 17:05:50] ~ Fiona: Caroline I am not seeing anything- not sure what is required- happy to help if needs be.

I will e-mail a view on mandatory fly vacc

[07/03/2020, 17:08:50] Caroline Lamb: Have forwarded to you.
[07/03/2020, 17:09:51] Caroline Lamb: [REDACTED] is pulling together. Thanks!
[07/03/2020, 19:02:18] Catherine Calderwood: This advice
[Redacted - s.36.]

[07/03/2020, 19:03:37] Caroline Lamb: Thanks Catherine. Have you seen the request for your clearance of some lines? Just came into the email.
[07/03/2020, 19:03:58] Catherine Calderwood: Yes. On it now
[08/03/2020, 10:26:25] ~ Richard Foggo: Morning, [REDACTED] FM asking questions about surge.

I have circulated a draft Cabinet paper, can I get comments please? It will need updated after COBR but want to have a draft round SG contacts before then.

[08/03/2020, 10:32:43] ~ Fiona: Will do Richard
[08/03/2020, 10:33:02] ~ Richard Foggo:
[08/03/2020, 10:51:34] Caroline Lamb: John has dictated a note to [REDACTED]. Should be with us shortly.
[08/03/2020, 10:52:21] ~ Richard Foggo: "Dictated a note" do we not have a digital solution
[08/03/2020, 10:52:48] ~ Richard Foggo: Ideal though thanks John
[08/03/2020, 10:57:28] ~ Elinor Mitchell: I'll have a look too
[08/03/2020, 10:59:13] ~ Richard Foggo:
[08/03/2020, 11:00:12] ~ Elinor Mitchell: Ah ok. Nothing for me in this. [Redacted - s.30.]
[Redacted - s.30.]

[08/03/2020, 11:00:38] Caroline Lamb: O365 has digital dictation built in.....but only available in NHSS, not SG.

Just saying.

[08/03/2020, 11:10:58] M: In terms of demand and capacity modelling...How do we best get a handle on care home and nursing home capacity across Scotland and scope for expansion as well as risk assessment re staff sickness? Do we do this through local authorities and/or engage national organisations such as Scottish care? Also do we need to be quickly engaging national 3rd sector bodies to complement and reinforce the work which will happen in local partnerships? Malcolm
[08/03/2020, 11:21:30] ~ Fiona: Elinor- agree re maximising Care Home sector. In particular how we maintain residents in the CH - so increase clinical intervention as far as we can. IJBs should be best places to determine capacity and also preparedness for additional staffing - however agree Malcolm it needs national overview. In particular at the boundaries of LA and Boards where we may need flexibility to access capacity. Fiona
[08/03/2020, 11:46:30] ~ Donna: Yes to the 3rd sector as well. Particularly for learning disabled and elderly.
[08/03/2020, 11:48:09] M: I have to go out for a couple of hours. Plan to be in SAH for 230. Pls text or

message if you need me. Malcolm

[08/03/2020, 11:48:37] ~ Elinor Mitchell: Malcolm the team are already on this - held locally at Hscp level. Other issues we need to bottom out are workforce, skills needed (if asking homes to care for sicker people, including those who will die from covid-19, and relaxation of some regulations
[08/03/2020, 11:50:40] ~ Donna: We can mobilise the LD and dementia nationals tmrw. Will speak to Elinor about what we need to say to them. Probs need a script for comms.

[08/03/2020, 11:55:49] M: Do you think we should engage nationally with Scottish Care too? Malcolm

[08/03/2020, 12:12:16] ~ Donna: We probably need to engage with the 3rd sector across the board? Eg cancer care/diabetes/underlying conditions support- will give it some thought.

[08/03/2020, 12:57:16] ~ Fiona: [Redacted - s.30.]

[Redacted - s.30.]

CCPS as well? Fiona

[08/03/2020, 13:10:46] ~ Elinor Mitchell: We are already working with them

[08/03/2020, 18:51:14] John Connaghan: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[Redacted - s.37(1).] Malcolm's council is to let Ministers see our fugures at 9.00 tomorrow

[08/03/2020, 19:05:27] ~ Richard Foggo: Ok I have confirmed that with SGoRR. They may ask you direct given COBR note asks for Scottish data for 19:30. We can clear tomorrow. I can't see why is essential for COBR(M) which should focus on principle of whether we are happy with 3 delay measures.

[08/03/2020, 19:06:04] ~ Richard Foggo: I know you are seeing FM tomorrow at 13:30. Data could go after that.

[09/03/2020, 14:04:00] John Connaghan: Richard I have the Incredibles on my personal phone rather than business phone so I only look at this number now and again. Can you stick any urgent queries through

[09/03/2020, 14:22:30] ~ Richard Foggo: Ok

[11/03/2020, 08:28:49] Jason Leitch: Elinor: Cab Sec on GMS and it's deteriorated into "GPs have no kit". She will ask urgently when she comes off....

[11/03/2020, 08:55:48] Caroline Lamb: And that's part of the roll out and scale up programme....on it!

[11/03/2020, 08:56:54] Jason Leitch: It was protective kit but yes to digital kit too

[11/03/2020, 09:00:23] ~ Elinor Mitchell: Thanks I've asked the team to proactively send what we have done/been distributed to her office

[11/03/2020, 09:00:58] Caroline Lamb: Cheers. I'm chasing same details re Digital.

[11/03/2020, 10:04:58] ~ Fiona: There has either been call yesterday or today on advice re kit. It should never have been FFP3- so should be masks, gloves and aprons- so we do need to wait on advice

[13/03/2020, 18:30:42] John Connaghan: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[13/03/2020, 18:31:28] John Connaghan: IMG_20200313_182808385_MP.jpg document omitted

[13/03/2020, 18:31:51] Jason Leitch: [Redacted - s.37(1).]

[13/03/2020, 18:34:02] ~ Elinor Mitchell: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[13/03/2020, 18:35:02] Catherine Calderwood: [Redacted - s.37(1).]

[13/03/2020, 18:35:09] Jason Leitch: [Redacted - s.37(1).]

[13/03/2020, 18:35:36] Catherine Calderwood: video omitted

[13/03/2020, 18:35:54] Catherine Calderwood: [Redacted - s.37(1).]

[13/03/2020, 18:35:59] John Connaghan: [Redacted - s.37(1).]

[13/03/2020, 18:36:13] John Connaghan: IMG_20200313_183512956_MP.jpg document omitted

[13/03/2020, 18:36:13] ~ Elinor Mitchell: [Redacted - s.37(1).]

[13/03/2020, 18:36:48] Jason Leitch: [Redacted - s.37(1).]

[13/03/2020, 18:37:33] Catherine Calderwood: [Redacted - s.37(1).]

[13/03/2020, 18:37:44] ~ Elinor Mitchell: [Redacted - s.37(1).]

[13/03/2020, 18:38:18] John Connaghan: [Redacted - s.37(1).]

[13/03/2020, 18:38:42] John Connaghan: IMG_20200313_183746685_MP.jpg document omitted

[13/03/2020, 18:53:37] ~ Richard Foggo: Does someone have Michael Dickson's (NHS Shetland) number?

[13/03/2020, 18:54:26] John Connaghan: I may have. Let me look

[13/03/2020, 18:55:35] John Connaghan: Nope. I don't have it. It's back home and I am away. Just now

[13/03/2020, 18:57:08] M: I've got it

[13/03/2020, 18:57:45] M: [Redacted]

[13/03/2020, 18:58:18] M: Or. [Redacted]

[13/03/2020, 18:58:48] ~ Richard Foggo: Thanks
[13/03/2020, 19:08:42] Jason Leitch: Richard, are you calling him? I'm back home briefly so can if you can't.
[13/03/2020, 19:15:32] ~ Richard Foggo: I've done it. I will email something into system.
[13/03/2020, 19:36:25] Jason Leitch: Thank you
[13/03/2020, 19:36:27] Jason Leitch: [Redacted - s.37(1).]
[13/03/2020, 19:37:45] ~ Richard Foggo: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[13/03/2020, 19:43:41] ~ Elinor Mitchell: [Redacted - s.37(1).]
[13/03/2020, 19:43:49] Caroline Lamb: [Redacted - s.37(1).]
[13/03/2020, 19:53:59] Caroline Lamb: image omitted
[13/03/2020, 20:00:39] Catherine Calderwood: R. Is this about SAS transfers. I got on to Jim last weeks and again today about this.
[13/03/2020, 20:01:12] ~ Richard Foggo: No, don't worry. Something else.
[13/03/2020, 20:02:01] ~ Fiona: [Redacted - s.37(1).]
Jason . However listening to BBC
[13/03/2020, 20:04:53] ~ Richard Foggo: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[13/03/2020, 20:05:23] ~ Fiona: [Redacted - s.37(1).]
[13/03/2020, 20:27:54] Jason Leitch: [Redacted - s.37(1).]
[13/03/2020, 20:28:15] Jason Leitch: One more interview to do. Each to their skill.....
[13/03/2020, 20:38:37] ~ Fiona:
[13/03/2020, 21:14:50] Jason Leitch: [Redacted - s.37(1).]
[13/03/2020, 21:53:25] ~ Fiona: [Redacted - s.37(1).]
[13/03/2020, 22:00:08] Jason Leitch: [Redacted - s.37(1).]
[13/03/2020, 22:00:35] ~ Fiona: . Have you still to go on?
[13/03/2020, 22:08:12] Jason Leitch: Done.
[13/03/2020, 22:08:22] Jason Leitch:
[13/03/2020, 22:09:07] ~ Fiona: . [Redacted - s.37(1).]
[13/03/2020, 22:18:25] John Connaghan: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[13/03/2020, 22:18:54] John Connaghan: Well done Jason. Good work and important stuff
[13/03/2020, 22:25:13] ~ Fiona: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[13/03/2020, 22:27:46] John Connaghan:
[14/03/2020, 00:13:22] Catherine Calderwood: <https://www.pressandjournal.co.uk/fp/news/politics/scottish-politics/2070949/profile-dr-catherine-calderwood-the-doctor-who-is-advising-the-scottish-government-on-coronavirus/>
[14/03/2020, 06:52:11] ~ Fiona: Lovely piece Catherine
[15/03/2020, 12:18:25] John Connaghan: Hi. Anyone know how the cab secs bit went this morning
[15/03/2020, 12:22:38] Jason Leitch: Very well
[15/03/2020, 12:25:07] M: Where on iPlayer is it
[15/03/2020, 12:34:00] ~ Fiona: Sunday Politics 10am BBC Scotland. Think comms have asked for transcript.
Catherine was also v good on Radio 4
[15/03/2020, 12:41:22] John Connaghan: Actually folks I think everyone is doing well. Good supportive teamwork s what it feels like to me
[15/03/2020, 12:41:44] Caroline Lamb: Just listened to Catherine on Broadcasting House, really good.
[15/03/2020, 12:43:23] ~ Fiona:
[15/03/2020, 13:17:30] ~ Elinor Mitchell: Including you John and your incredible insight into purchasing ventilators ahead of the curve
[15/03/2020, 13:29:50] John Connaghan: Actually spurred into action by Jason on that one.
[15/03/2020, 14:54:56] Jason Leitch: [Redacted - s.37(1).]
[15/03/2020, 15:02:15] John Connaghan: Brilliant.
[16/03/2020, 18:38:22] John Connaghan: Jason.got a call from Calum saying that there is a need item around saying that anyone who had a flu jab for health reasons should isolate. I presume that's a rumour??
[16/03/2020, 18:38:36] John Connaghan: News item
[16/03/2020, 18:53:55] Jason Leitch: No. That's true.

[16/03/2020, 18:54:14] Jason Leitch: Over 70s. Those who got the flu jab and pregnant women

[16/03/2020, 18:56:00] Jason Leitch: "Significantly reduce social contact"

[16/03/2020, 19:03:51] John Connaghan: So message is misunderstood out there as folks are interpreting that Anyone (even under 70s) who had a flu jab for health reasons are to self isolate. I will reassure Calum

[16/03/2020, 19:10:20] Jason Leitch: It's potentially confusing.

[16/03/2020, 19:10:35] Jason Leitch: image omitted

[16/03/2020, 21:46:07] ~ Fiona: But it is going to be a challenge for our workforce- we need to agree what it means ASAP

[16/03/2020, 22:06:02] Jason Leitch: Do pregnant women go to work?

[16/03/2020, 22:14:30] ~ Richard Foggo: [Redacted - s.37(1).]

[16/03/2020, 22:14:58] Jason Leitch: [Redacted - s.37(1).]

[16/03/2020, 22:15:01] ~ Fiona: [Redacted - s.37(1).]

[16/03/2020, 22:17:03] John Connaghan: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[16/03/2020, 22:17:10] ~ Fiona: If I believe news at 10- pregnant woman should stay at home (and not work). The same for many others - we can pick up tomorrow

[16/03/2020, 22:18:23] ~ Fiona: [Redacted - s.37(1).]

[16/03/2020, 22:20:23] Jason Leitch: [Redacted - s.37(1).]

[16/03/2020, 22:20:47] Jason Leitch: I don't have until tomorrow. FM on at 8 and I'm on immediately after her.

[16/03/2020, 22:21:17] ~ Elinor Mitchell: Yeah. So the sitrep that came round today in advance of the sgorr meeting said that pregnant women were in the vulnerable group. And folks in that group should follow social distancing measures. So - the page on social distancing advice summary - pregnant woman strongly advised to do it all

[16/03/2020, 22:22:24] ~ Elinor Mitchell: But - doesn't say specifically if pregnant woman need to stay away from work if they can't home work. This is tough stuff

[16/03/2020, 22:22:26] Jason Leitch: Ok. So

- 1) symptomatic - household isolation for 14 days. Extra seven if someone gets it. Original person can leave.
- 2) VERY sick. Individual contact and isolated
- 3) over 70s, all age flu vaccines, and pregnant women only essential contacts. No work. No travel.
- 4) everyone else- reduce as much as possible. Work from home etc.

[16/03/2020, 22:23:34] ~ Elinor Mitchell: image omitted

[16/03/2020, 22:23:46] ~ Elinor Mitchell: No idea why this is upside down (sorry)

[16/03/2020, 22:24:00] ~ Fiona: So we are carefully considering how to best shield our staff who fall into this category

Suspect if we follow it our staff numbers will be decimated

Jason- your category 3 people can work from home - no travel on public transport - assume private car is ok

[16/03/2020, 22:25:34] Jason Leitch: The advise vs strongly advise is the weakness

[16/03/2020, 22:25:51] Jason Leitch: This is helpful Elinor. Thanks

[16/03/2020, 22:25:53] ~ Elinor Mitchell: Yes, I agree.

[16/03/2020, 22:27:11] ~ Fiona: [Redacted - s.37(1).]

[16/03/2020, 22:28:49] John Connaghan: Jason on a different tack we are not picking up any issues on oxygen. But.....

[16/03/2020, 22:31:25] ~ Elinor Mitchell: And on another different tack - NSS is anxious about being asked to distribute ppe to social care service providers. Colin has asked me how we procure to restock. I thought that's what they did? Is there something else I should be doing?

[16/03/2020, 22:31:42] Jason Leitch: But what????

[16/03/2020, 22:31:53] Jason Leitch: He procures. Everything he can get.

[16/03/2020, 22:32:58] ~ Elinor Mitchell: Thanks Jason

[16/03/2020, 22:33:01] ~ Fiona: But NSS don't necessarily procure for Care Homes. I think we should be saying they provide for all HSC

[16/03/2020, 22:35:08] John Connaghan: Let's pick that up at our next PAG meeting as lots for us to sort. We should meet Wednesday latest.

[16/03/2020, 22:35:43] ~ Fiona: Agreed

[16/03/2020, 22:36:50] ~ Elinor Mitchell: Yeah that's his point. This is a new ask and he wants cover from me that it's ok for him to distribute behind the nhs. I've given that cover but he is worried about impact on the nhs. We're in a new place I guess where we're seeing this from a service users perspective rather than

the normal organisational boundaries.

[16/03/2020, 22:38:13] ~ Elinor Mitchell: And to be fair Colin is keen to procure for the whole HSC - but that's not what he's be doing up to now

[16/03/2020, 22:38:44] ~ Fiona: But you are right Elinor- people need the PPE regardless of who their employer is- a new normal that we should hold on to

[16/03/2020, 22:42:54] ~ Elinor Mitchell: Watching the Scottish news - Catherine you are doing such a great job of being the front line of medical advice.

[16/03/2020, 22:43:25] ~ Fiona: Same- and she is indeed

[16/03/2020, 22:43:52] ~ Fiona: [Redacted - s.37(1)(b).]

[16/03/2020, 22:44:36] ~ Elinor Mitchell: And Jason - everyone has been talking about how brilliant you were the breakfast show this morning. You are a legend!!

[16/03/2020, 22:48:00] Catherine Calderwood: Thanks for support - all of you are playing a blinder. Can we maybe just have a total 'download' where we rattle off stuff we are all dealing with and others can chip in with the answers. Donna and I had a brilliant example of this in the corridor at 8pm this eve. Thanks for all your support

[16/03/2020, 22:48:34] Jason Leitch: [Redacted - s.37(1).]

[16/03/2020, 22:49:04] Catherine Calderwood: [Redacted - s.37(1).]

[Redacted -

[16/03/2020, 22:50:23] Jason Leitch: [Redacted - s.37(1).]

[16/03/2020, 22:50:27] ~ Elinor Mitchell: HSCMB on Wednesday? Would that timing work?

[16/03/2020, 22:50:44] ~ Gillian Russell: ~ Donna added ~ Gillian Russell

[16/03/2020, 22:50:47] Jason Leitch: Catherine- all trimesters?

[16/03/2020, 22:51:16] ~ Donna: Adding Gillian so she can be in yet another WhatsApp group. Join us for more fun Gillian.

[16/03/2020, 22:51:43] ~ Elinor Mitchell: Yah! Welcome Gillian

[16/03/2020, 22:51:56] Jason Leitch: Hi.....

[16/03/2020, 22:52:06] Jason Leitch: image omitted

[16/03/2020, 22:53:12] Catherine Calderwood: Pregnancy -we will stratify. 3rd trimester most risk. All on it RCIG , midwives. Even me. Middle through for a few days and we'll have it.

[16/03/2020, 22:53:58] ~ Fiona:

[16/03/2020, 22:54:46] ~ Fiona: Great - worried about pregnant staff

[16/03/2020, 22:55:20] Catherine Calderwood: video omitted

[16/03/2020, 22:56:22] ~ Gillian Russell: [Redacted - s.37(1).]

[Redacted - s.37(1).]

Looking forward to working with you all. [Redacted - s.37(1).]

[Redacted - s.37(1).]

[16/03/2020, 22:58:43] ~ Elinor Mitchell: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[16/03/2020, 23:00:33] Jason Leitch: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[Redacted - s.37(1).]

[16/03/2020, 23:00:44] Jason Leitch: [Redacted - s.37(1)(b).]

[16/03/2020, 23:00:56] ~ Elinor Mitchell: Hi Gillian [Redacted - s.37(1).]

[Redacted - s.37(1).]

[16/03/2020, 23:11:33] John Connaghan: [Redacted - s.37(1).]

[16/03/2020, 23:15:43] Jason Leitch: [Redacted - s.37(1).]

[16/03/2020, 23:15:51] Jason Leitch: [Redacted - s.37(1).]

[16/03/2020, 23:16:05] ~ Donna: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[16/03/2020, 23:17:51] Jason Leitch: [Redacted - s.37(1).]

[16/03/2020, 23:17:58] Jason Leitch: [Redacted - s.37(1).]

[16/03/2020, 23:26:39] ~ Gillian Russell: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[16/03/2020, 23:27:24] ~ Donna: [Redacted - s.37(1).]

[17/03/2020, 14:00:53] ~ Gillian Russell: image omitted

[17/03/2020, 14:01:10] ~ Gillian Russell: This has now been circulated round Edin Uni

[17/03/2020, 18:15:51] ~ Gillian Russell: 180 people signed up immediately Scott said

[17/03/2020, 18:17:38] ~ Elinor Mitchell: That's encouraging

[17/03/2020, 18:19:06] ~ Gillian Russell: All scientists.

[17/03/2020, 18:19:45] ~ Gillian Russell: image omitted

[17/03/2020, 19:47:51] John Connaghan: [Redacted - s.37(1.)]

[Redacted - s.37(1.)]

[17/03/2020, 19:49:58] Jason Leitch: image omitted

[17/03/2020, 19:50:21] ~ Gillian Russell: image omitted

[17/03/2020, 19:50:56] ~ Gillian Russell: [Redacted - s.37(1.)]

[17/03/2020, 19:51:07] Jason Leitch: [Redacted - s.37(1.)]

[Redacted - s.37(1.)]

[17/03/2020, 19:52:05] ~ Gillian Russell: Ok.

[17/03/2020, 19:52:35] ~ Gillian Russell: [Redacted - s.37(1.)]

[17/03/2020, 19:53:11] ~ Gillian Russell: [Redacted - s.37(1.)]

[17/03/2020, 19:53:41] ~ Gillian Russell: [Redacted - s.37(1.)]

[17/03/2020, 19:54:01] ~ Gillian Russell: [Redacted - s.37(1.)]

[17/03/2020, 21:14:43] ~ Elinor Mitchell: [Redacted - s.37(1.)]

[17/03/2020, 21:38:19] ~ Gillian Russell: [Redacted - s.37(1.)]

[Redacted - s.37(1.)]

[Redacted - s.37(1.)]

[18/03/2020, 19:24:14] ~ Gillian Russell: [Redacted - s.37(1.)]

[18/03/2020, 19:24:56] ~ Gillian Russell: [Redacted - s.37(1.)]

[18/03/2020, 19:28:09] ~ Gillian Russell: [Redacted - s.37(1.)]

[18/03/2020, 19:28:30] ~ Gillian Russell: [Redacted - s.37(1.)]

[19/03/2020, 06:40:41] ~ Gillian Russell: This is short and very helpful.

<https://buildingstatecapability.com/2020/03/16/public-leadership-through-crisis-3-be-brave-calm-adaptive-there-is-no-perfect-crisis-response/>

[19/03/2020, 08:10:49] ~ Elinor Mitchell: We all know deadlines are crazy. This did make me smile though - subject heading of email sent at 19.34 last night "NOT IMMEDIATE: REVIEW BY 8AM TOMORROW".

[19/03/2020, 08:11:31] ~ Fiona:

[19/03/2020, 08:22:05] Jason Leitch: [Redacted - s.37(1.)]

[Redacted - s.37(1.)]

[Redacted - s.37(1).]

[19/03/2020, 08:53:18] ~ Elinor Mitchell: [Redacted - s.37(1).]
[19/03/2020, 08:55:01] ~ Gillian Russell:
[19/03/2020, 10:20:58] Catherine Calderwood: Is there a call? [Redacted - s.37(1).]
[19/03/2020, 10:22:08] Jason Leitch:
[19/03/2020, 20:34:29] ~ Richard Foggo: Came up at SGoRR, who's looking at use of hotels for healthcare staff who don't want to household isolate? Kimpton Edinburgh have got in touch with me.
[19/03/2020, 20:35:09] ~ Richard Foggo: [Redacted - s.37(1).]
[19/03/2020, 20:37:36] ~ Fiona: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[19/03/2020, 20:39:52] ~ Richard Foggo: [Redacted - s.37(1).]
[19/03/2020, 20:40:27] ~ Gillian Russell: Sent you something on this Richard
[19/03/2020, 20:43:36] ~ Fiona: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[19/03/2020, 20:49:59] Catherine Calderwood: Royal college of surgeons have offered 130 rooms in hill place in Edinburgh
[19/03/2020, 20:51:41] ~ Gillian Russell: Picked that up too. Tx
[19/03/2020, 20:56:24] John Connaghan: Ok can you pass to Andrew Fleming who is our Hotels Master. He has cruise ships, tents field hospitals and an entire wing of one of my country houses to consider.
[19/03/2020, 20:57:51] John Connaghan: PS Jason we have tried several times on the Pond. No reply!!!
[19/03/2020, 20:59:28] ~ Fiona: And I will take one for the team and sample each of them
[19/03/2020, 21:02:31] ~ Gillian Russell: I am sure there could be a market in on line hotel accommodation...
[19/03/2020, 21:06:26] ~ Richard Foggo: I have hooked Andrew F up with Kimpton guy
[19/03/2020, 21:07:41] ~ Gillian Russell: Me too. He will be overwhelmed. Copied Sean Neill as well.
[19/03/2020, 21:18:48] John Connaghan: Good work folks just to complete the circle talked to 3 CEOs to ensure that a hotel will be useful. We will need careful management with social colleagues to Max our usage.
[20/03/2020, 18:36:50] Caroline Lamb: [Redacted - s.37(1).]
[20/03/2020, 18:39:04] Jason Leitch: [Redacted - s.37(1).]
[20/03/2020, 18:49:20] ~ Fiona: [Redacted - s.37(1).]
[Redacted - s.37(1).]
[20/03/2020, 19:14:41] Jason Leitch: [Redacted - s.37(1).]
[20/03/2020, 19:28:18] ~ Fiona:
[20/03/2020, 20:16:52] ~ Richard Foggo: Evening, can I check whether any Director plans to instruct for the emergency bill? If so can you update me on 10am call?
[20/03/2020, 22:40:17] John Connaghan: Yes I do. Powers to take over private hospitals and also dispense with planning regs. J
[21/03/2020, 08:27:33] ~ Aidan: ~ Elinor Mitchell added ~ Aidan
[21/03/2020, 07:19:58] Caroline Lamb: ICO has been supportive to date but still barriers at an

organisational level. We might need powers to direct organisations to share data, gathering views. C
[21/03/2020, 07:29:41] ~ Richard Foggo: Ok can you keep me updated. [Redacted - s.36(1).]
so these are needed immediately.

[21/03/2020, 07:33:13] Caroline Lamb: Will do. Have also emailed you about NES powers. [Redacted - s.36(1).]
[Redacted - s.36(1).]

[21/03/2020, 07:57:50] ~ Gillian Russell: <https://twitter.com/KateForbesMSP/status/1241109046289207305?s=09>

Also Kate Forbes now on it. H

Richard
Not sure how much of an issue this is but follow up on issue around people moving to second homes/ more remote locations where there is little service provision

[21/03/2020, 08:23:06] ~ Gillian Russell: Nothing for me re further legislation. There is cross cutting policy issue on "volunteers". Will pick up on Monday

[21/03/2020, 08:28:30] ~ Elinor Mitchell: Adding Aidan to group as he's been TRSD to Director for the duration of this.

[21/03/2020, 08:31:35] ~ Donna: Sharing data is a good one - likely to be needed for shielding.

[21/03/2020, 08:49:19] Jason Leitch: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[21/03/2020, 08:56:43] ~ Richard Foggo: [Redacted - s.38(1)(b).]

[21/03/2020, 09:11:54] Jason Leitch:

[21/03/2020, 10:56:22] Jason Leitch: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[21/03/2020, 10:59:13] Gregor Smith: ~ Donna added Gregor Smith

[21/03/2020, 11:00:01] ~ Donna: Welcome Gregor

[21/03/2020, 11:00:16] ~ Richard Foggo:

[21/03/2020, 11:00:21] The Incredibles (HSCMB): You're now an admin

[21/03/2020, 11:00:34] Jason Leitch: Thank heavens for that

[21/03/2020, 11:02:12] Gregor Smith: image omitted

[21/03/2020, 11:06:03] M:

[21/03/2020, 11:09:53] ~ Gillian Russell: image omitted

[21/03/2020, 11:13:01] M:

[21/03/2020, 11:55:01] Jason Leitch: image omitted

[21/03/2020, 11:56:40] ~ Gillian Russell: image omitted

[21/03/2020, 11:58:47] ~ Fiona: CNO England is linking the U.K. CNOs into a discussion with Aiden Fowler about testing. I assume we are managing things ourselves- or are we doing what England are doing?

[21/03/2020, 11:59:15] Jason Leitch: Derek is in touch with Aidan.

[21/03/2020, 11:59:31] ~ Richard Foggo: I spoke to Jason's pal Aiden yesterday. We want a testing centre in Scotland.

[21/03/2020, 11:59:41] ~ Fiona: Ok- will leave it with Derek

[21/03/2020, 12:00:06] Jason Leitch:

[21/03/2020, 12:53:38] ~ Gillian Russell: Can I ask what we think our critical path is to get in workforce. I am concerned that we are not going to deliver what is needed quickly enough. Over 500 calls/ enquiries so far.

[21/03/2020, 12:57:24] Caroline Lamb: In my view we need to set up a simple web based system that allows is to get details, screen registrations and identify where folk want to work.

stop going via individual banks and issue FT contracts.

Do that on a once for Scotland basis through a single point, allocate to the location of preference and ideally transmit payroll information automatically to be paid, and accounted for from a single point.

We already have a lot of the digital infrastructure to do this. But there will be resistance in the system to a central approach.

[21/03/2020, 12:58:42] Caroline Lamb: Need to think about approach in Social Care. Many more potential employers.

[21/03/2020, 12:59:19] ~ Gillian Russell: I think there is too much bureaucracy and we need a new short and sharp process otherwise we will not sort this in timeframe.

I think the timeframe might concentrate minds about why a new central process for COVID is right approach [21/03/2020, 12:59:58] ~ Elinor Mitchell: Agree. And linked to that be clear with what we're looking for for different roles (grades) and do all the screening online. Easy for all the roles with professional qualifications - then just set out for other sort of posts - eg support workers- what's needed eg nursing, AHP or medical student in what year etc etc

[21/03/2020, 13:03:13] Caroline Lamb: There is a potential here to look at what a Board like NES can do to help. They have cancelled all non Covid training events and so will have capacity. Will need some familiarisation, but it's not rocket science!

[21/03/2020, 13:04:18] ~ Fiona: We probably need to think about LA or NHS as employers- I don't think the smaller organisations have the resilience to deal with it.

Agree too much bureaucracy- need a national approach and up and running over next few days. We have people desperate to help and we are telling them they have to wait their turn. There are people we could ask to do this - or NES. We should have target for starting by Wednesday- and in post Friday/ a week in Monday ?

Third year students should start to filter through next week

[21/03/2020, 13:05:01] ~ Elinor Mitchell: I agree - a single portal with online questions which take most to completion and award contract nationally. Then have a matching service with what boards and social care needs are (let's not forget primary and social care workforce needs!)

[21/03/2020, 13:06:26] ~ Elinor Mitchell: Shirley was working on an approach to national employment status wasn't she? Presume that can be fast forwarded for this temporary workforce?

NES would be great at this. I agree Caroline

[21/03/2020, 13:08:25] ~ Gillian Russell: Agreed. Can we just do that and present as what we are doing because of lack of time and need to get these people into roles? Who do we need to make this happen? I will see what we have. Will turn these comments into a note.

How long will it take to design.

Gregor mentioned on call we are 7 to 10 days behind London. Advice on when we need this in place would really help focus minds.

[21/03/2020, 13:08:31] Caroline Lamb: We can deliver the single portal very quickly. 2-3 days, to include preferencing where people want to work.

Matching might be a bit more complex.

[21/03/2020, 13:08:58] M: I agree with the above. Now that we have single workforce policies what do we actually mean by single employer?

[21/03/2020, 13:10:13] ~ Fiona: Elinor- couldn't agree more about community and social care. A central distribution point for staff must include the whole system for staff allocation .

I don't think we are ready for single employer at the moment but we should find a way for staff to be allocated to boards by the national/regional recruitment

[21/03/2020, 13:10:42] ~ Elinor Mitchell: So simplest way would be for nes to employ the whole temporary workforce for the duration of their contract. Then effectively loan them out to boards or councils (assuming we wanted to support the social care workforce in the same way)

[21/03/2020, 13:11:42] ~ Gillian Russell: That's what I wondered. Get a national Board to contract and then deploy. If there is a problem with any of this then that would be a reason for emergency legislation

[21/03/2020, 13:12:19] ~ Elinor Mitchell: Very short life working group Gillian? With various strands - the portal - job requirements - partnership engagement- links to councils. I'd be delighted to help

[21/03/2020, 13:12:31] Caroline Lamb: I'm not sure we do have a complete suite of single workforce policies. And agreeing a single national contract would normally be a long term job....hopefully not in these circumstance.

We can already on-board and do a number of pre-employment checks digitally.

Elinor, potentially yes. Follows the Lead employer model already established for DiTs. Either NES or NES plus 3 regional employers.

[21/03/2020, 13:12:39] Caroline Lamb: Equally very happy to play in.

[21/03/2020, 13:19:34] ~ Fiona: NES sounds like a plan- one (or more) of my team can play in please ?

[21/03/2020, 13:45:00] ~ Gillian Russell: I have sent an email into system.

[21/03/2020, 13:46:11] ~ Gillian Russell: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[21/03/2020, 13:47:02] M: We will be very lucky to get a slot. Early morning opening for older people?

[21/03/2020, 13:51:06] ~ Gillian Russell: We need to enforce staggering of access to shops so people we are shielding if they have to go out are going out separately. Clearly people still panic buying although shops down in [REDACTED] reasonable well stocked but unusually busy at 8.30. Apparently pubs rammed last night as well. Contrast France and Spain where people are now confined to their homes

[21/03/2020, 13:53:30] M: Coronavirus: Concern over Glasgow's QEUH super hospital hand hygiene
<https://www.bbc.co.uk/news/uk-scotland-51987909>

[21/03/2020, 13:59:52] ~ Fiona: Have already raised lack of cleanliness with Angela Wallace who is looking at it

[21/03/2020, 19:31:05] ~ Gillian Russell: We should if we have one sometimes I just put a scarf .You can only go into the supermarket if first you put alcohol on your hands and then gloves ,then there are red markers all over the supermarket where you can stand and not stand. The girls at the till are now behind plastic screens X

[21/03/2020, 19:32:34] ~ Gillian Russell: The above is from friend who is a former nurse living in Spain. Whether it is based on science I don't know but clearly now very directive re any public space

[21/03/2020, 19:57:11] ~ Gillian Russell: There is quite a bit of this on Twitter. Noted Bruce Crawford also concerned re Aberfoyle. This may increase as approach Easter. Are there plans for stronger messages around this?

Gillian

https://twitter.com/ianblackford_mp/status/1241437362628026369?s=12

[21/03/2020, 19:59:51] ~ Fiona: Not sure if our current legislation covers this or whether we need something to allow police to move people on

[21/03/2020, 20:26:22] ~ Gillian Russell: To see.

<https://leithspirits.com/sanitise>

[21/03/2020, 20:30:53] Catherine Calderwood: It's maybe just me. I'm receiving >500 emails a day. I really want to stay connected to you guys and this platform is an important way to get our updates across. Should we maybe have 2 groups- the lighthearted and anecdotes and the serious stuff we need each other to know please. I recognise that I am the 'doctor who stopped all the fun'!! So don't want to do it here too....

[21/03/2020, 20:31:31] ~ Gillian Russell: This message was deleted.

[21/03/2020, 20:34:20] ~ Gillian Russell: Sorry Catherine. The post was a serious one as there may be ways to get things like hand sanitisers for at risk groups from people like this if we are not finding it through other ways. I appreciate other things have been light hearted and I am sorry if I have misunderstood the nature of this group.

[21/03/2020, 20:35:49] Caroline Lamb: I think we need the lighthearted stuff to keep us sane. And we need a less clogged channel to communicate urgent issues.

[21/03/2020, 20:36:14] ~ Elinor Mitchell: Catherine that's a good idea. I agree - having own group that's asking about plans for emergency legislation in the same space as general chat is not really helpful right now.

I'll take an action to set up a separate space where we can share non essential work stuff - and keep this for work.

[21/03/2020, 20:37:02] ~ Fiona: I think it started off as a way to quickly alert each other to things - mainly if one of us was on call and needed a hand. We have all used it for both fun and also serious stuff - nothing that we can't fix - Elinor- sounds like a plan

[21/03/2020, 20:37:36] Caroline Lamb: Good plan.

We should have Teams as a more focussed channels for work stuff early next week too. And we can share documents there!

[21/03/2020, 20:38:06] Catherine Calderwood: Great. A plan. I like the fun stuff too....

[21/03/2020, 20:40:07] ~ Gillian Russell: Happy with that. I have tried to move serious stuff into official space too so we have an official record of decisions. As you say Caroline hopefully we can get things into the hub team space. Can we call the urgent work space group something serious.

[21/03/2020, 20:40:09] ~ Fiona: And you dear CMO need fun more than anyone . Now you are on TV am seeing much more of you!!

[21/03/2020, 20:42:07] ~ Elinor Mitchell: Right I'm on it. Setting up a new serious group chat for serious stuff. Going to call it Directors COVID

[21/03/2020, 20:42:28] ~ Gillian Russell:

[21/03/2020, 20:49:08] ~ Aidan: ~ Elinor Mitchell removed ~ Aidan

[21/03/2020, 20:50:46] Jason Leitch: [Redacted - s.37(1)(b).]

[21/03/2020, 20:51:08] Jason Leitch: [Redacted - s.37(1)(b).]

[22/03/2020, 08:51:15] John Connaghan: [Redacted - s.37(1)(b).]
[22/03/2020, 09:12:32] Jason Leitch: [Redacted - s.37(1)(b).]
[22/03/2020, 09:12:39] Jason Leitch: [Redacted - s.37(1)(b).]
[22/03/2020, 09:12:57] ~ Gillian Russell: Catherine on radio 4 just now.
[22/03/2020, 09:20:36] ~ Elinor Mitchell: Reassuring and informative as ever. Well done Catherine
[22/03/2020, 09:21:23] ~ Gillian Russell: Excellent.
[22/03/2020, 09:22:32] John Connaghan: Folks. We have a couple of medja stars in Jason and Catherine.
[22/03/2020, 09:23:09] ~ Gillian Russell: We are lucky in Scotland to have such excellent communicators.
[22/03/2020, 09:30:23] Caroline Lamb: Both doing a brilliant job.
[22/03/2020, 09:35:11] Catherine Calderwood:
[22/03/2020, 09:40:41] Jason Leitch: Great job Catherine. "Sunday Summary"
[22/03/2020, 09:42:53] ~ Elinor Mitchell: And invited back!!
[22/03/2020, 09:58:01] M:
[22/03/2020, 10:00:55] Jason Leitch: I'm live streaming Q&A with SCOTLANDs churches at 10. Michael Kellet who has rejoined temporarily will be on the call.
[22/03/2020, 10:02:24] ~ Richard Foggo: Still on OROG joining soon
[22/03/2020, 17:46:12] Caroline Lamb: [Redacted - s.37(1)(b).]
[22/03/2020, 18:57:07] Catherine Calderwood: [Redacted - s.37(1)(b).]
[22/03/2020, 18:58:20] ~ Fiona:
[22/03/2020, 19:00:04] Jason Leitch: [Redacted - s.37(1)(b).]
[22/03/2020, 19:00:12] Jason Leitch: [Redacted - s.37(1)(b).]
[22/03/2020, 19:02:25] John Connaghan: [Redacted - s.37(1)(b).]
[22/03/2020, 19:04:52] ~ Gillian Russell:
[22/03/2020, 19:06:02] John Connaghan: [Redacted - s.37(1)(b).]
[22/03/2020, 19:40:14] Gregor Smith: [Redacted - s.37(1)(b).]
[22/03/2020, 19:40:34] Gregor Smith: [Redacted - s.37(1)(b).]
[22/03/2020, 19:41:12] M:
[22/03/2020, 19:47:21] Gregor Smith: [Redacted - s.37(1)(b).]
[22/03/2020, 19:55:45] ~ Elinor Mitchell: [Redacted - s.37(1)(b).]
[Redacted - s.37(1)(b).]
[22/03/2020, 20:10:42] ~ Fiona: [Redacted - s.37(1)(b).]
[22/03/2020, 20:12:35] Caroline Lamb: [Redacted - s.37(1)(b).]
[22/03/2020, 20:12:40] ~ Gillian Russell: [Redacted - s.37(1)(b).]
[22/03/2020, 20:14:27] Caroline Lamb: [Redacted - s.37(1)(b).]
[Redacted - s.37(1)(b).]
[22/03/2020, 20:15:08] ~ Gillian Russell: [Redacted - s.37(1)(b).]
[Redacted - s.37(1)(b).]
[22/03/2020, 20:15:48] ~ Fiona: [Redacted - s.37(1)(b).]
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[22/03/2020, 20:43:13] John Connaghan: [Redacted - s.37(1)(b).]
[22/03/2020, 20:43:46] John Connaghan: [Redacted - s.37(1)(b).]
[22/03/2020, 20:59:18] ~ Fiona: [Redacted - s.37(1)(b).]
[22/03/2020, 21:04:56] Gregor Smith: [Redacted - s.37(1)(b).]
[Redacted - s.37(1)(b).]
[22/03/2020, 21:16:08] ~ Fiona: [Redacted - s.37(1)(b).]
[23/03/2020, 20:26:04] ~ Richard Foggo: This message was deleted.
[23/03/2020, 21:13:28] ~ Elinor Mitchell: Picking up the chat from the work group to stop it getting clogged up
I go back to my previous point (once a director of HR, never leaves you!) that we need to be clear with folk. If people cannot work at home - and there are lots of reasons why folks can't (I have had a stream of people in tears in my office asking what is going to happen to them if they can't work from home because - they can't afford wifi, they don't have a laptop, they don't have their own space, they have tricky family circumstances etc etc) and I can offer personal assurance that it will be fine. And I have. Of course I have. But the question remains that if folk can't work at home - and their work is essential to our covid response - and it may be only a handful of people each - then if the building stays open - I think it is reasonable for us to say as directors we will agree that on an individual basis. Because if we don't we will have to give people

indefinite leave

[23/03/2020, 21:21:28] ~ Fiona: Elinor- I agree it needs to be dealt with sensitively. Assume we can get lap tops, if people have work phones and they don't have WiFi at home they can hot spot. Tricky domestic circumstances and no space are reasonable reasons - and also difficult for staff to admit to. Now we have moved to a different level- staff may change their position. Agree we should agree on an individual basis- along the lines of our business continuity plans?

[23/03/2020, 21:22:12] ~ Gillian Russell: On the IT stuff. We have been getting people options re WiFi etc. Agree that some people may have difficult home environments. We are going to try home working en masse. Expect a few bumps!

[23/03/2020, 21:31:26] ~ Gillian Russell: [Redacted - s.37(1)(b).]

[23/03/2020, 21:33:27] ~ Fiona: [Redacted - s.37(1)(b).]

[23/03/2020, 21:33:57] ~ Gillian Russell: Someone will make a fortune out of loungewear

[23/03/2020, 21:52:16] Gregor Smith: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[23/03/2020, 21:52:41] ~ Gillian Russell: [Redacted - s.37(1)(b).]

[23/03/2020, 21:54:12] John Connaghan: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[23/03/2020, 21:59:21] Caroline Lamb: [Redacted - s.37(1)(b).]

[23/03/2020, 22:01:48] Jason Leitch: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[23/03/2020, 22:01:53] Jason Leitch: [Redacted - s.37(1)(b).]

[23/03/2020, 22:02:34] ~ Fiona:

[23/03/2020, 22:02:45] ~ Gillian Russell: [Redacted - s.37(1)(b).]

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[23/03/2020, 22:03:06] Jason Leitch: [Redacted - s.37(1)(b).]

[23/03/2020, 22:03:10] ~ Fiona: [Redacted - s.37(1)(b).]

[23/03/2020, 22:03:40] Jason Leitch: [Redacted - s.37(1)(b).]

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[23/03/2020, 22:03:54] ~ Gillian Russell: [Redacted - s.37(1)(b).]

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[23/03/2020, 22:04:47] Gregor Smith: [Redacted - s.37(1)(b).]

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[23/03/2020, 22:05:42] ~ Gillian Russell: [Redacted - s.37(1)(b).]

[23/03/2020, 22:06:54] Caroline Lamb: [Redacted - s.37(1)(b).]

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[23/03/2020, 22:07:01] Jason Leitch: [Redacted - s.37(1)(b).]

[23/03/2020, 22:07:45] ~ Gillian Russell: [Redacted - s.37(1)(b).]

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[23/03/2020, 22:09:35] Gregor Smith:

[23/03/2020, 22:09:39] John Connaghan: [Redacted - s.37(1)(b).]

[23/03/2020, 22:11:37] John Connaghan: [Redacted - s.37(1)(b).]

[23/03/2020, 22:11:56] ~ Gillian Russell:

[23/03/2020, 22:12:11] Jason Leitch: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[23/03/2020, 22:12:42] Jason Leitch: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[23/03/2020, 22:13:42] John Connaghan: [Redacted - s.37(1)(b).]

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[23/03/2020, 22:14:28] Jason Leitch: [Redacted - s.37(1)(b).]

[23/03/2020, 22:14:35] Jason Leitch: [Redacted - s.37(1)(b).]

[23/03/2020, 22:17:27] ~ Elinor Mitchell: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[23/03/2020, 22:17:32] Caroline Lamb: [Redacted - s.37(1)(b).]

[Redacted - s.37(1)(b).]

[23/03/2020, 22:30:50] Jason Leitch: [Redacted - s.37(1)(b).]

[23/03/2020, 22:30:52] Jason Leitch: [Redacted - s.37(1)(b).]

[23/03/2020, 22:45:56] John Connaghan: Italy has dropped in new cases two days running 6500 3 days ago Then 5500. Yesterday 4700 now

[23/03/2020, 22:47:10] Caroline Lamb: That's good news.

[23/03/2020, 22:47:42] ~ Gillian Russell: Hopefully their measures are working

[23/03/2020, 22:48:15] John Connaghan: China. First day no new cases!!

[23/03/2020, 22:49:26] John Connaghan: So. Big thing in next two weeks is we test second wave theory. If social restrictions lifted what happens?

[23/03/2020, 22:54:56] ~ Richard Foggo: The virus hasn't gone anywhere.

[23/03/2020, 22:55:29] ~ Elinor Mitchell: Isn't that where herd immunity would kick in?

[23/03/2020, 22:56:23] ~ Richard Foggo: Safe herd immunity comes from a vaccine.

[23/03/2020, 22:57:24] ~ Elinor Mitchell: Ah ok. So significant numbers would be ok because they had been exposed (assuring you can't catch it twice) but not all?

[23/03/2020, 22:59:06] ~ Richard Foggo: There's a lot we don't know about this virus.

[23/03/2020, 23:03:56] Catherine Calderwood: Whilst I am the harbinger of doom - and therefore haven't got near this thread (nor do I intend to) and arguably need the support-Do you realise you have sent 41 messages in the past 90 minutes? . I'm afraid very reluctantly I am deleting myself from this group chat. I know you will understand. CMO

[23/03/2020, 23:03:56] Gregor Smith: Herd immunity is reached at peak of epidemic. You need about 60% or so of population to get that before it begins to be useful. Only exit strategies are vaccine development (12m plus implementation at scale) or pharmaceutical countermeasure (multiple trials, nothing concrete yet).

[23/03/2020, 23:07:55] Jason Leitch: Hong Kong having a second set of new cases.

[23/03/2020, 23:10:29] Catherine Calderwood: Catherine Calderwood left

Group conversation: 'Directors COVID'

[21/03/2020, 20:48:03] Directors COVID: Messages and calls are end-to-end encrypted. No one outside of this chat, not even WhatsApp, can read or listen to them.

[21/03/2020, 20:48:03] ~ Elinor Mitchell: ~ Elinor Mitchell created group "Directors COVID"

[21/03/2020, 20:48:03] Directors COVID: ~ Elinor Mitchell added you

[21/03/2020, 20:48:29] ~ Elinor Mitchell: Hi - this is our new work group for work chat

[21/03/2020, 20:49:44] ~ Gillian Russell: Thanks

[21/03/2020, 20:52:14] Jason Leitch:

[21/03/2020, 20:56:13] ~ Donna:

[21/03/2020, 20:59:22] M:

[22/03/2020, 10:37:33] ~ Richard Foggo: Catherine/Gregor - are you both on today? I have an urgent email that needs your input.

[22/03/2020, 10:38:17] Catherine Calderwood: I can look when I get home or phone me now.

[22/03/2020, 10:46:30] Gregor Smith: I had a pretty full day yesterday so was going to try and get some time today. But phone or text me if you need me.

[22/03/2020, 10:49:50] ~ Richard Foggo: Don't worry about it. I am on the phone to Catherine

[22/03/2020, 10:50:52] ~ Richard Foggo: I will email you so you know what's going on.

[22/03/2020, 10:53:44] ~ Richard Foggo: Catherine and I have spoken. She plans to look at the modelling and engage with other CMOs immediately. On basis of that we propose to agree how to engage with Ministers.

[22/03/2020, 10:57:33] ~ Gillian Russell: Noted

[22/03/2020, 11:05:01] M: Richard, could you send the modelling through to me please?

[22/03/2020, 11:06:57] Catherine Calderwood: I am now meeting FM at 1

[22/03/2020, 11:11:26] Gregor Smith: Ok. Sounds as though today is going to be just as busy. Let me know what is needed.

[22/03/2020, 11:23:19] ~ Fiona: Are we needing further restrictions to essential shops only (clothes, hairdressers, etc closed?). Supermarkets are unable to have social distancing due to public behaviour. Boots in Ayr only letting 20 people in to whole store at a time

[22/03/2020, 11:27:27] Gregor Smith: I've seen reports on our neighbours WhatsApp group of long queues in diy stores. Social media full of reports book shops still opening etc. [Redacted - s.38(1)]

[Redacted - s.38(1)] . I suspect restrictions are necessary and inevitable.

[22/03/2020, 11:27:51] Catherine Calderwood: Agree. I'm meeting FM at 1.30

[22/03/2020, 11:30:02] ~ Fiona: Thanks Catherine - seems not to be limiting older people - and not fair on shop workers - old people out buying seeds and soil - feels a bit reckless

[22/03/2020, 11:34:15] M: Agree with Gregor. I'm getting a lot through my networks calling for much stronger measures in shops and restricting travel. The pressure building up on local services in Perthshire highland will result in itu demand which won't be met and further demand on sas to transport. Message to stay put at home.

[22/03/2020, 11:37:09] ~ Gillian Russell: I sent something yesterday. Shops could do a lot more to create social distancing etc in those that need to stay open for essential items. Donna- one for George Burgess

[22/03/2020, 11:58:28] ~ Donna: George Burgess is denying all knowledge but have got Kevin quinlan activates.

[22/03/2020, 12:00:46] ~ Gillian Russell: Good

[22/03/2020, 16:44:17] ~ Gillian Russell: Is this of any interest?
https://twitter.com/_riut/status/1241621456041246720?s=12

[22/03/2020, 17:51:34] Catherine Calderwood: Small private art galleries are still open. Hopefully not after today but I don't know who should be closing them - they are small businesses.

[22/03/2020, 17:51:51] Catherine Calderwood: Can move to online viewing

[22/03/2020, 18:59:44] ~ Fiona: It feels to me as though there are too many places still open ?

[22/03/2020, 19:38:02] ~ Fiona: RCN asking when guidance in pregnant workers coming out? Anyone know?

[22/03/2020, 19:48:19] ~ Richard Foggo: Mr Fitzpatrick doesn't want it to do out until he's spoken to Catherine or someone in the team.

[22/03/2020, 19:48:53] Jason Leitch: The RCOG guidance is OUT

[22/03/2020, 19:49:32] ~ Richard Foggo: Oh. Can someone who understands it please speak to Mr F!!!

[22/03/2020, 20:09:36] ~ Fiona: But are we following RCOG guidance? Theresa Fyffe (rightly) saying getting stuff on social media and not from SG. NHS also need us to issue it. Have we issued guidance ?

[22/03/2020, 20:10:28] Jason Leitch: We haven't changed the NHS inform guidance. The CMOs chose not to yesterday. The RCOG is additional guidance....

[22/03/2020, 20:11:01] Catherine Calderwood: It's out. Issued. Lots of churn and imperfect. We don't need Mr Fs opinion. I'm not available

[22/03/2020, 20:14:33] ~ Fiona: I am clearly simple. The NHS inform guidance suggests to me pregnant women shouldn't be working? I have seen stuff that says no wiring from 28 weeks. We would normally issue guidance for staff to Boards- we did issue it- I thought we were nuancing first pregnant workers. I will get our teams to give me a guide to what we have done

[22/03/2020, 20:19:26] Catherine Calderwood: You are Not simple Fiona. We say pregnant women in risk group. Then RCOG guidance finesses it to >28 weeks being worse. May need to nuance the nhs inform wording a little. We are doing the same for HCWs who get flu jab too. Let them all settle down. Done will want to work and actually read it. Some will not want to work- that's ok. The advice will change. Probably quite quickly as we have more data. Literally there is no one who got coronavirus in early pregnancy who has had their baby yet as the virus has only been around for 4 months. We are working in a data vacuum here..... just 23 years looking after pregnant women guiding here. Nothing else.

[22/03/2020, 20:24:58] ~ Fiona: Thanks Catherine - SPF are likely to want guidance from us- think we have already issued and that causes confusion!! If it were my daughters I would not want them to work unless in protected environment

[22/03/2020, 20:31:46] Catherine Calderwood: I would be ok with daughters working in a protected environment even in healthcare. Not in icu etc. The >28 weeks is good advice. Probably not at more risk before then. Probably

[22/03/2020, 20:43:00] ~ Fiona:

[23/03/2020, 07:20:09] ~ Gillian Russell: Just checking in on an approach to getting more strategic command capacity to enable operational deployment across the NHS/ social care. Malcolm Graham has said he will help and see if he can free up some strategic command capacity to get this up and running. I also think we can call on the army. This is about logistics but potentially people depending on how the virus impacts ie hit spots and regional variation. John C. I know you are in effect the strategic command on the operational side but I think you need more boost around that.

Donna and Fiona both sighted and agree we should work up. Other views?

[23/03/2020, 07:22:26] ~ Richard Foggo: Cab Sec raised this with me yesterday. I suggested we all need about a new Directorates worth of useful help. Immediately. Perm Sec has agreed to repurpose whole Directorates to respond. In delivery space, probably better with more practical help.

[23/03/2020, 07:22:56] ~ Richard Foggo: Police command might suit.

[23/03/2020, 07:23:47] ~ Gillian Russell: Thinking also former senior fire strategic commanders. If I get a green light I will make some calls this morning.

[23/03/2020, 07:40:56] Catherine Calderwood: Army is difficult- whole UK response. The medics have a rapid field hospital response which can be requested via MACA and is available now. Gill- I'll send you an email which Ken Thomson is looking at. Former senior army leaders offering assistance.

[23/03/2020, 07:41:39] ~ Gillian Russell: That sounds promising.

[23/03/2020, 07:43:33] ~ Gillian Russell: I think we are looking for their command and planning expertise at this stage. Navy were also potentially considering naval hospitals on ships? Not sure where that idea has got to within navy. I have a contact if interested

[23/03/2020, 07:54:47] John Connaghan: Gillian I am not tuned into the strategic command idea. Is this about field hospitals. Or is it something connected with how our Health Boards and CEOs respond???

[23/03/2020, 08:01:31] M: Let's work up these ideas quickly. We are well into delivery and response mode. Do we need a discreet division to manage operations across the system. I had a very useful conversation with CS late last night. Support for JC and the delivery function needed. Let's discuss at 10.

[23/03/2020, 08:05:47] ~ Fiona: Are there such things as Naval Hospitals as ships? If so I do think we need to think about it

[23/03/2020, 08:06:53] ~ Gillian Russell: That can happen but would need to be discussed with UKG

[23/03/2020, 08:08:55] ~ Gillian Russell: Not field hospitals per se but field hospitals could be part of the logistical response. Really about being able to run the NHS more through a central command and control structure if that makes sense

[23/03/2020, 08:29:43] Gregor Smith: I'm less concerned about hospital system than community. That's not to say we don't need it beefed up but there's a response structure that is tangible. In community care we're trying to build a series of disparate units into a cohesive and mutually supportive response. It's here that the battle could be won - the more we keep at home, oxygenate early and isolate the better. Plus all the BAU

illness too.

[23/03/2020, 08:30:46] ~ Gillian Russell: Happy to be advised about how wide to go. I see the complete logic in that Gregor.

[23/03/2020, 08:31:11] Gregor Smith: Getting our strategic command right here might make all the difference. Good paper in NEJM at weekend suggesting that this is another lesson from Italy - keep as many OUT the hospitals as possible. It's community based care that is important.

[23/03/2020, 08:32:11] ~ Gillian Russell: Ok.

[23/03/2020, 08:33:16] Gregor Smith: <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0080#>

[23/03/2020, 08:39:49] ~ Aidan: Transport to and from assessment centres likely to be an issue as numbers grow. Can't rely on sas for that I don't think. Army one option, but Opportunity to use black cab fleet and cabbies with screens/cleaning plan/training arrangements? Unused community resource now? If it's got legs as an idea I could get transport Scotland to lead with clinical input?

[23/03/2020, 08:42:46] ~ Gillian Russell: Aidan

I know resilience had a lot of offers from coach/ taxi firms who are in desperate straits. I suggested this needed to be collected and considered. I think that is in economic hub. I would make links with them ASAP as I think some of these businesses were clearly in difficulty

[23/03/2020, 08:43:48] Jason Leitch: I agree with Gregor. I have confidence in the secondary care likes of communication and "command and control" of John and is. I'm less confident outside and even less confident in food supplies and other supports.

[23/03/2020, 08:44:29] Jason Leitch: Resources are a different point and we should quickly work out "what" is available and at what pace.

[23/03/2020, 08:46:01] ~ Donna: Yes on resources - [REDACTED] needs help to run the acute function.

[23/03/2020, 08:46:44] ~ Donna: I sent on about 20 emails re ppe etc yesterday and that's the tip of the iceberg

[23/03/2020, 08:50:36] Gregor Smith: Military logistics for stock resupply? They're the experts.

[23/03/2020, 08:50:55] ~ Elinor Mitchell: Yes I agree about our capacity and coordination on the community side. Local government doing a phenomenal job - way ahead of us in terms of redeploying their workforce - but care at home services are a real challenge - even to know how we distribute available resource is something we've never had to do before. It's a much a different model we need - but not sure what that looks like

[23/03/2020, 09:07:15] ~ Elinor Mitchell: We have strategic leadership locally in the form out the LG chief execs and we're engaging solace on all this too. I'm thinking a paper/note on where we are and what's happening on the primary and community side would help get wider engagement and so we can identify gaps and overlaps. I'm taking that as an action

[23/03/2020, 09:10:29] ~ Fiona: Elinor- that would be helpful- and also where the IJB intersection is with wider health board channels

[23/03/2020, 09:23:44] ~ Donna: [Redacted - s.38(1)(b).] is giving out a bit of disinformation. Not sure who it is. Telling all pregnant women not to leave the house and to self isolate for 12 weeks. Might be where we end up but not now?

[23/03/2020, 09:25:50] ~ Fiona: That was my concern about what guidance we are giving.m to staff- think that is for last 12 weeks

[23/03/2020, 09:27:31] ~ Donna: It's [Redacted - s.38(1)(b).] . Some of it is ok but a bit alarmist.

[23/03/2020, 09:28:35] ~ Elinor Mitchell: More generally I think we need to consider a more nuanced message for our teams. We are considers to be key workers (as announced - public servants working on covid response) and there seems to be a bit of shaming going on about people who are choosing to come to work - when they are perfectly entitled to make that decision . Why don't I get something drafted and share round?

[23/03/2020, 09:29:21] Jason Leitch: They asked FM to stay on so replaced her with [Redacted - s.38(1)]

[23/03/2020, 09:33:18] Catherine Calderwood: [Redacted - s.38(1)(b).] . Usually v good. [Redacted - s.38(1)(b).]

[REDACTED] May not be up to date with RCOG guidance

[23/03/2020, 10:02:11] ~ Donna: Ok good.

[23/03/2020, 10:02:29] ~ Donna: Hearing music. Do I need to put in the chair code or is someone else

[23/03/2020, 10:26:33] ~ Richard Foggo: Can't hear anything on this call. Digital distortion suggesting bandwidth. There are hundreds of these calls happening.

[23/03/2020, 10:27:44] ~ Donna: Agree - it's difficult to hear. Can everyone phone in from their mobile with headphones and mute when not speaking.

[23/03/2020, 10:38:24] Caroline Lamb: Teams accounts coming out to all on this call today. As a starting point.

[23/03/2020, 10:39:28] ~ Richard Foggo: That's essential. I could only hear 50% of that.

[23/03/2020, 10:46:52] Gregor Smith: An insight from China to think about in our planning. Our response to surge and response to post-lockdown are two different things. First relies on "war fighting", second relies on "counterintelligence / search & destroy". Planning and capabilities for both these are important and different. So we need to think about both these in parallel.

[23/03/2020, 10:48:33] ~ Gillian Russell: That is really helpful

[23/03/2020, 12:42:18] ~ Fiona: Just wondering where we are with involving staff side? Rcn are really worried that they are not being involved and therefore don't have a view- I think BMA and Rcn are under pressure from their members Can we pick up as a matter of urgency please?

[23/03/2020, 12:43:52] ~ Gillian Russell: BMA was on the workforce call. RCN did not manage to field anyone. It is now a daily action focussed meeting. Seemed constructive. We are drafting and will circulate actions.

[23/03/2020, 12:46:34] ~ Gillian Russell: image omitted

[23/03/2020, 13:52:55] ~ Richard Foggo: COBR(M) 17:00

[23/03/2020, 15:49:42] ~ Fiona: Just FYI. there is a lot of stuff about no or the wrong PPE. The HPS guidance has it within it but I have asked for an info graphic to be developed and distributed. There is no doubt some people do not have the correct PPE - however I think there is a lot of misunderstanding (and therefore stuff being used unnecessarily) Fiona - will send it out through resilience channels

[23/03/2020, 17:21:51] Jason Leitch: Can someone send me sgorr m call details please?

[23/03/2020, 17:25:09] Jason Leitch: Or are we not doing it?

[23/03/2020, 17:25:55] ~ Richard Foggo: Cancelled. COBR happening now

[23/03/2020, 17:26:01] Jason Leitch:

[23/03/2020, 17:26:02] ~ Richard Foggo: New measures to be announced tonight

[23/03/2020, 17:27:47] ~ Fiona: Let us know what they are when you can Richard

[23/03/2020, 17:31:14] ~ Richard Foggo: All people to stay home, except essential activities (food shopping, 1 form of exercise, medical, travel to work).

Closure of all non essential retail and wider list of businesses, play parks etc

Ban all gatherings of more than 2 people

Ban all social events exc funeral with immediate family

[23/03/2020, 17:36:41] ~ Fiona: Sounds good

[23/03/2020, 18:16:57] John Connaghan: When from

[23/03/2020, 18:17:43] ~ Gillian Russell:

[23/03/2020, 18:19:31] ~ Richard Foggo: Tonight

[23/03/2020, 18:26:20] Jason Leitch: Feck

[23/03/2020, 18:27:45] ~ Elinor Mitchell: PM addressing the nation at 2030

[Redacted - s.37(1)]

[23/03/2020, 20:22:44] ~ Fiona: Is FM doing a briefing ? Or just PM?
[23/03/2020, 20:23:02] ~ Gillian Russell: I was just thinking the same thing
[23/03/2020, 20:23:17] ~ Richard Foggo: Sorry, this is the wrong chat for banter. Apologies.
[23/03/2020, 20:23:33] ~ Richard Foggo: FM and CMO doing 845 briefing
[23/03/2020, 20:25:42] ~ Fiona: [Redacted - s.37(1)]
[Redacted - s.37(1)]
[23/03/2020, 20:28:00] ~ Gillian Russell: Can I check whether we are now to work from home? [Redacted - s.37(1)]
[Redacted - s.37(1)]
[23/03/2020, 20:29:06] ~ Gillian Russell: [Redacted - s.37(1)]
[Redacted - s.37(1)]
[23/03/2020, 20:29:27] ~ Fiona: We probably need to have a conversation about it. My understanding is if it is possible to work from home you should. The more people circulate the more people are infected.
[23/03/2020, 20:30:15] ~ Fiona: I think we are planning to care for as many people at home as possible. That is our plan?
[23/03/2020, 20:31:35] ~ Gillian Russell: Nearly all of my Directorate are home working. A few of us are in. Maybe 5 out of 90.
[23/03/2020, 20:31:51] Jason Leitch: Stay home if you can and still do your job
[23/03/2020, 20:32:05] ~ Gillian Russell: Ok.
[23/03/2020, 20:46:07] Gregor Smith: I'm going to work from home as much as is possible from tomorrow. Realise that's not always possible but will at least try to start off that way tomorrow.
[23/03/2020, 20:46:26] Jason Leitch: Me too. I even bought an iPhone tripod for media.
[23/03/2020, 20:46:59] ~ Richard Foggo: Will parliament convene tomorrow?
[23/03/2020, 20:48:29] ~ Fiona: Think we need to role model and stay at home where possible - impossible to ignore the advice.
Interesting question about Parliament
[23/03/2020, 20:51:16] ~ Richard Foggo: Parliament will sit, reduced numbers, three seats apart, no public gallery.
[23/03/2020, 20:51:40] ~ Gillian Russell: That seems out of keeping with these messages
[23/03/2020, 20:51:48] ~ Elinor Mitchell: Parliament still on as far as I know. Some of my team are supporting cab secs
Like Gillian I don't need to use public transport to get to work . I find it almost impossible to work at home but will do my best to demonstrate leadership around staying at home
[23/03/2020, 20:54:12] ~ Fiona: [Redacted - s.38(1)]
[Redacted - s.38(1)]
[23/03/2020, 21:53:17] John Connaghan: [Redacted - s.37(1)]
[23/03/2020, 23:01:17] ~ Donna: Hi all, we are instituting home working for the covid response directorate with immediate effect. No real reason for people to be in as they do most of their work by email and phone. They have struggled to get responses from some hubs. Can I ask you to please reinforce deadlines, accuracy and quality to your hub teams please. They are spending a lot of unnecessary and stressful time chasing stuff up. I will let you know if there is specific action do you tomorrow and on an ongoing basis. Thanks in advance.
[23/03/2020, 23:12:09] Jason Leitch:
[23/03/2020, 23:14:33] Catherine Calderwood: Can we stop the dining room having full staff and food. So many levels this is wrong ... Richard F and I favour a trolley with sandwiches...
[23/03/2020, 23:15:37] ~ Richard Foggo: We will raise tomorrow at OROG but I suspect this evening changes the situation with the building.
[23/03/2020, 23:15:52] ~ Donna: I think [REDACTED] has plans to do this . I'll mention at orog tmrw that's it cmo advice to do so. People less likely to come in if they can't get fed.
[23/03/2020, 23:16:22] ~ Donna: Message crossed. We will raise
[23/03/2020, 23:24:04] Gregor Smith: Really important this isn't just SAH - VQ and AQ still staffed with external contractors in other DG families.
[23/03/2020, 23:25:42] ~ Donna: Plans for other buildings to close is in train. SAH can't as a national asset or something. Can be scaled right back though.
[23/03/2020, 23:36:10] ~ Gillian Russell: SAH has facilities in it like SGORr room which do need to function as communication. We also have higher level security room.
[24/03/2020, 08:29:51] ~ Gillian Russell:
<https://www.google.com/amp/s/www.cnbc.com/amp/2020/03/23/coronavirus-tracking-site-built-by-amazon->

apple-google-volunteers.html

[24/03/2020, 08:30:01] ~ Gillian Russell: Caroline- of interest

[24/03/2020, 08:32:33] Caroline Lamb: Thanks. Call with 4 nations on this topic later today and Richard is helpfully identifying a lead.

[24/03/2020, 08:43:39] ~ Gillian Russell:

[24/03/2020, 10:05:12] ~ Richard Foggo: Statement now 1:40 with FM first. So needs rewritten. I will stay off the call but need immediate response to drafting comments in statement.

[24/03/2020, 10:10:46] Jason Leitch: I've sent on

[24/03/2020, 10:11:37] ~ Richard Foggo:

[24/03/2020, 10:57:50] ~ Gillian Russell: Brigadier and planners in SAH 2pm

[24/03/2020, 11:51:24] ~ Donna: Dear all, for the past week We have been asking your hubs to provide core fmq briefs on their areas and on specific hot topics to support cab sec. these need to be updated daily alongside the sit reps. New issues need to be highlighted when they come up. We have not received these. The team are now again trying to cobble together briefing and q&a for the statement today. I realise this is hard for everyone, but getting into a routine so that we are not rewriting briefing every day is essential for us all. Can I ask you to speak with your hubs and get this running today please. We need to behave as if we have fmqs every day for the foreseeable future and get into that habit. Thanks

[24/03/2020, 16:35:54] Jason Leitch: https://twitter.com/los_fisher/status/1242444828497108999?s=21

[24/03/2020, 16:40:29] Catherine Calderwood: I've spoken to the Brigadier. It's a step down facility and will be nhs staff. For Covid patients. Military provide leadership and set up logistics. Speaking to Surgeon General at 5 to ask for details re a facility for Scotland but we would have to have workforce for it.

[24/03/2020, 16:40:55] Jason Leitch:

[24/03/2020, 16:41:00] Jason Leitch: Thanks Catherine

[24/03/2020, 17:18:50] ~ Gillian Russell: Hello all, for those that couldn't make this morning's session on learning from Singapore's handling of Covid-19, here are some points. With many thanks to Hassan for his insights and also other Fellows for offering to help each other with advice e.g Siobhan to Sarah on pregnant women on the army base and Suhaila offering to share tips on working from home.

Singapore was the first country after China to have a case identified (540 cases since January 15th). The country has managed to keep the spread of the virus quite controlled through:

1. Very rigorous backward and forward case tracing and testing – identifying how someone caught the virus and 3 levels of contact tracing and testing – all put in quarantine. Everyone was admitted to hospital with symptoms, even mild cases and only released when they were tested negative (on average after 22 days). All those who are suspected of coming in contact with a patient are tested.
2. Trust established through high level of communications – the Government sent 2 or 3 updates per day via a public What's App number and the details of each case was shared transparently (without their name, that's the only privacy)– where they live, where they work, when they contracted it, what shops they've visited etc. People felt information was more important than privacy. The PM and Ministers communicated frequently and health updates are posted on their website 2 or 3 times a day. There was also a lot of behaviour change messaging and the Government hasn't tried to build a narrative that all is good but rather it will just look at it every day and decide what's needed.
3. Fight fake news. Within a few hours, the Government picked up rumours or fake news and debunked it on their website and Govt WhatsApp. They were very tough on people sharing fake info.
4. Avoid creating panic; behaviours changed and people have adapted to new norms. All schools, offices and shops are still open, with guidance on safety measures. Nothing is locked down. A lot of businesses created team A and team B – work one week each in the office, over the weekend the office gets disinfected, which allows for business continuity. Singaporeans are very law-abiding citizens so the restrictions worked.

Other points discussed:

- In other Asian countries where Save the Children works there are more challenging contexts to deal with an outbreak with weaker health systems.

- With a decentralised organisation, the enormity of the challenge didn't hit until the virus hit Europe so decision-making was difficult. Advice is to take decisions locally, not centrally in these circumstances.
 - How to deal with pregnant women. There is currently an incomplete picture of whether they are higher risk but recommend treating them as the 'vulnerable group'.
 - On the Army base in Cyprus everyone is asked to keep a running physical contact list, which also makes them more conscious of who they are coming into contact with.
 - Tips for working from home and managing children who are not at school.
- [24/03/2020, 17:20:45] ~ Gillian Russell: Sent on my Leadership Programme read out from experience of how Singapore has handed in case of interest
- [24/03/2020, 20:29:24] John Connaghan: Richard. Don't know if you were in the call but modelling looks more positive with latest measures factored in.]
- [24/03/2020, 20:29:45] John Connaghan: They now need to work
- [24/03/2020, 20:30:05] ~ Richard Foggo: Yes. You happy to clear?
- [24/03/2020, 20:30:14] ~ Fiona: Now that is goodness is that SAGE?
- [24/03/2020, 20:32:03] Gregor Smith: I'm guessing that's our internal modelling. SAGE have asked SPI-M to produce revised RWCS now that basket of measures implemented.
- [24/03/2020, 20:32:22] ~ Richard Foggo: Running the latest numbers sees ICU demand at peak get as low as 500.

BUT more to come and SPI-M Thursday will add. Numbers can go up as well as down!

- [24/03/2020, 20:33:01] Gregor Smith: When does that peak come in?
- [24/03/2020, 20:33:15] ~ Richard Foggo: Week 11-12
- [24/03/2020, 20:35:06] ~ Fiona: Will be good to see the modelling and figures- fingers crossed (not much of a plan I know).
- [24/03/2020, 20:36:23] ~ Richard Foggo: Also worth saying that the deprivation effects are increasingly clear.
- [24/03/2020, 20:37:40] ~ Fiona: The underlying health stuff- disappointing but not surprising
- [24/03/2020, 21:05:32] John Connaghan: Big question is what week we are in. I think we may have a chance if matching capacity to demand if we are 3 weeks out. Depends on our doubling assumptions.
- [24/03/2020, 21:07:01] ~ Fiona: It feels doable if we have the machines - think we have a way for the nurse staffing for that number
- [24/03/2020, 21:17:31] Gregor Smith: I don't think 3w or more out is unreasonable - be close to that but if judgements of modellers in sage are sound we are probably no closer than that.
- [24/03/2020, 21:23:07] ~ Fiona: Can pick it up tomorrow but I'd like a number of us to understand where we are with kit and staff over the next month across the country
- [24/03/2020, 21:45:05] ~ Fiona: John- are we quadrupling the number of infusion pumps to match the increased number of ventilators?
- [24/03/2020, 21:46:31] John Connaghan: Yes. Just spent 1.5m on that today. But don't know the delivery dates. So don't know if delivery profiles match.
- [24/03/2020, 21:50:21] ~ Fiona: Excellent re buying
- [24/03/2020, 21:50:51] John Connaghan: Might be a good idea for me to send a complete list around tomorrow if what's on order.
- [24/03/2020, 21:50:59] John Connaghan: Of
- [24/03/2020, 21:53:30] ~ Fiona: Ideal John-thanks
- [24/03/2020, 21:57:13] ~ Elinor Mitchell: I was talking to Malcolm today about the importance of keeping a contemporaneous record of decision and spend etc. Makes like easier than doing it after the fact. So yes - let's all commit to keeping track of what we've decided. whose agreed what and why, so we have clear audit and governance trails
- [24/03/2020, 21:57:51] ~ Fiona: . Assume through the hub?
- [24/03/2020, 21:59:30] ~ Elinor Mitchell: I'd say yes Fiona. If - and that's a big if - these decisions are going thorough any of our hubs
- [24/03/2020, 22:01:41] ~ Fiona: Sounds like the proper way forwards
- [24/03/2020, 22:02:13] ~ Donna: Not if nobody tells us Fiona.....I have been going on about this for weeks.

I'm even boring myself now. Richard M also worried about it. Command and control stuff may help and even recording at daily directors would be a start. Some of it appears in the sit reps but no audit trail behind it that I know about. We can discuss again but entirely dependent on people declaring new work and associated spend.

[24/03/2020, 22:04:13] John Connaghan: Joe Welsh is in the case already

[24/03/2020, 22:04:42] John Connaghan: On

[24/03/2020, 22:05:06] John Connaghan: London looks bad

[24/03/2020, 22:05:21] ~ Donna: Great news. I know you're re big spender John but others are spending too.

[24/03/2020, 22:10:01] Gregor Smith: London is bad. Reports I'm getting sound awful and I know Jason is hearing similar. I guess we need to retain focus on what we can do here and be thankful we have slightly longer to prepare. The lessons we learn from there will be important.

[24/03/2020, 22:16:01] Jason Leitch: Agreed Gregor. It's bad

[24/03/2020, 22:23:36] John Connaghan: Reports on drug shortages in France. Do we know what that's about?

[24/03/2020, 22:28:25] ~ Donna: Was just looking at the old no-deal plan (not for fun-was commissioner to) and medicines is obviously in that. Do we need to do anything additional?

[24/03/2020, 22:42:37] ~ Gillian Russell: <https://ansm.sante.fr/S-informer/Informations-de-securite-Ruptures-de-stock-des-medicaments>

[24/03/2020, 22:43:26] ~ Gillian Russell: From my friends who is a French Health Economist

[24/03/2020, 22:46:37] ~ Gillian Russell: Above liste of current drugs in short supply from the french healthcare national authority

[24/03/2020, 22:48:50] ~ Gillian Russell: Aware of this?

<https://theface.com/life/oxvent-prototype-ventilator-health-nhs-covid-19>

[24/03/2020, 22:49:48] John Connaghan: Nope. Maybe others might know

[25/03/2020, 06:57:29] John Connaghan: image omitted

[Redacted - s.37(1)]

[25/03/2020, 08:13:01] Catherine Calderwood:
<https://twitter.com/mgalandajuana/status/1241764185740107782?s=12>
[25/03/2020, 08:17:00] Jason Leitch: It's excellent Catherine. I'll share.
[25/03/2020, 08:17:05] Gregor Smith: That's a really good piece Catherine - the +/- streams, buddy working and zoning in particular
[25/03/2020, 08:27:19] ~ Gillian Russell: Can I check how/ who advises on models like this to feed into workforce planning assumptions. Is it through your clinical group.
[25/03/2020, 08:28:41] ~ Fiona: Yes it will be Gillian.
[25/03/2020, 08:28:59] ~ Gillian Russell:
[25/03/2020, 09:39:55] John Connaghan: [Redacted - s.37(1)]
[Redacted - s.37(1)]

[25/03/2020, 09:41:25] John Connaghan: [Redacted - s.37(1)]
[25/03/2020, 09:41:28] ~ Fiona: [Redacted - s.37(1)]
[25/03/2020, 09:47:48] ~ Gillian Russell: [Redacted - s.37(1)]
[25/03/2020, 10:07:24] Jason Leitch: [Redacted - s.37(1)]
[25/03/2020, 10:07:29] Jason Leitch: [Redacted - s.37(1)]
[25/03/2020, 10:10:45] ~ Gillian Russell: Do they have that capacity?
[25/03/2020, 10:13:18] Jason Leitch: Excel. I'm about to tell you...
[25/03/2020, 14:06:58] Gregor Smith: John - touch base with me or Derek. I've put DB in touch with our respiratory adviser Dave Anderson as word from England was going for bilevel NIV rather than CPAP. He has confirmed a better option. Respiratory consultants more used to using this type of intervention
[25/03/2020, 14:07:48] ~ Fiona: And if Diane linked in for training of nursing staff really helpful
[25/03/2020, 14:11:26] ~ Donna: Agreed on daily updates - can we start adding detail to the sit rep please.
[25/03/2020, 14:11:50] Caroline Lamb: Diane is absolutely linked in around training is nursing staff.
[25/03/2020, 14:12:37] Caroline Lamb: Diane is working on planning projections today.
[25/03/2020, 14:12:50] ~ Fiona: Thanks Caroline - I had asked her to get a sense of ramping up and how we match nurse staffing - she says that's precisely what you are doing
[25/03/2020, 14:14:06] Gregor Smith: Sorry Caroline - is this more for you now than John?
[25/03/2020, 14:15:50] Catherine Calderwood: I have this offer from a friend at Baillie Gifford. He needs a shopping list with product codes.
[Redacted]

Hi Cath- I know you are very busy right now. We understand there are supply sides shortages of certain equipment / items and we might be able to help- for example with sourcing items from our overseas business contacts. E.g. We have a close relationship with Jack Ma in China, his Foundation has been sending protective equipment overseas. As a Partnership, we intend to commit several million pounds in aid and

support (we have already sent £100k today to the NHS Covid Appeal, and more is on its way) and if we can be of any other help, please let me know.

[25/03/2020, 14:17:57] Caroline Lamb: Gregor. Yes but Derek Bell is my key contact on this so all good.

[25/03/2020, 14:18:38] Gregor Smith: We should speak about DB

[25/03/2020, 14:19:06] Caroline Lamb: Ok. Happy to do that

[25/03/2020, 15:33:53] ~ Elinor Mitchell: Donna are you picking up Catherine's friend offer through the hub?

And conference calls - we need to use 0330 or 0800 numbers. There are usually options

[25/03/2020, 16:12:02] Jason Leitch: <https://twitter.com/chrisceohopson/status/1242844185025220608?s=12>

[25/03/2020, 16:35:26] ~ Donna: It's gone to the supply chain mailbox who are dealing. We will want to triage of that box though too- Baillie Gifford v man with old ventilator in his garage. Will speak to the army people about it at 5 when it's my turn. Ta

[25/03/2020, 16:36:29] ~ Donna: Are the numbers you suggest just the beep rather than "joined the conference" "left the conference" ones. It would do us all good to use them.

[25/03/2020, 16:38:58] Jason Leitch: The meeting tomorrow with the military and a rep from each of us. I am nominating Michael but I am not sending him into SAH for meetings.

[25/03/2020, 16:43:01] ~ Fiona: My person won't be in the building either -

Agree re the beep only numbers

[25/03/2020, 17:10:07] Gregor Smith: Is anyone else experiencing network problems trying to access outlook?

[25/03/2020, 17:10:48] Jason Leitch: Mine has been good all day but that's not true every day. On and off and on again fixed it yesterday.

[25/03/2020, 17:14:05] ~ Fiona: Same here - sometimes freezes - but blackberry works til it sorts

[25/03/2020, 19:06:16] M: Just off the phone to Simon Stevens. London field hospital just the first. Maybe up to another 9. Taking patients already ventilated and stable. Different staffing ratios. ? 1 CC nurse to 6. Plus RGNs and non qualifieds. I mentioned Jason's idea of getting someone in there to see how it works I think we should do this. Jason, could you progress with Catherine's advice?

[25/03/2020, 19:07:22] Jason Leitch: Gregor and I have identified someone. I'm waiting for England to agree.

[25/03/2020, 19:07:26] Jason Leitch: Agree

[25/03/2020, 19:08:33] Jason Leitch: He's wrong about the already ventilated thing. They want to move sick, not yet ventilated. But still....

[25/03/2020, 19:10:20] M: Thanks Jason. Scale and pace. Our analysis of the modelling data needs to be a catalyst for triggering this or something akin in scotland

[25/03/2020, 19:13:01] ~ Gillian Russell: My leadership partner Clare Warnes is senior public sector partner for KPMG. She is there in Excel working with military and DH. She had offered a chat when she gets a moment.

[25/03/2020, 19:15:05] ~ Fiona: We have been working on the nursing ratios for ITU and agreed a supervision model. This will be part of the work Caroline is leading . Four U.K. CNOs have worked on this in partnership with colleges and CC society. Not ideal but a stepped systematic approach . We're publishing it tonight

[25/03/2020, 19:18:24] Caroline Lamb: Had a call with Diane tonight. Guidance going out to Nurse Directors. Diane and team are also pulling together nursing workforce data from the mobilisation plans and will be going back to Board.

Gillian we will need to engage HRDs to establish a process by which we will deploy staff across Board boundaries where we need to. Will drop you a note .

[25/03/2020, 19:22:26] ~ Gillian Russell: Sure. Part of why I created the strategic leadership group. We have whole sector represented so we should consider how we socialise with them.

[25/03/2020, 19:29:01] Gregor Smith: Malcolm - I've identified an intensivist with military management experience. Set up ICU transfers at Bastion. If England signal it's ok then we'll approach DMS to request his secondment through formal channels. I know Peter or we'll go through other routes as appropriate. The doc has a young child but he's warm to the idea of doing this.

[25/03/2020, 21:16:42] M: I think we should pursue this. If appropriate I could approach NHSE

[25/03/2020, 21:17:48] Jason Leitch: We're pursuing it.

[25/03/2020, 21:33:00] Catherine Calderwood: I've spoken to JC and asked Doug Kennedy Commanding Officer of 205 field hospital (tours in camp Bastion & Basra) to chair a group looking at SECC or elsewhere and field hospital options for Scotland. He will also have ins to the Excel people to help. Recce of SECC at 1400 tomorrow. He's great and can be released from max fax in tayside (no pub brawls to mend). Can

discuss. Think complimentary to what you describe here. C

[25/03/2020, 21:34:29] ~ Gillian Russell: Catherine

Loads of planning has been done re SECC for COP26. Wonder whether some of that would be helpful? It was to be the blue zone.

[25/03/2020, 21:35:37] ~ Gillian Russell: ACC Higgins Gold Command. [REDACTED] has all the contacts?

[25/03/2020, 21:35:42] ~ Fiona: And we have other reservists who have been senior in Bastion who can help.

[25/03/2020, 21:36:22] John Connaghan: So I have Helen Maitland and reps from local Boards standing by as part of the team.

[25/03/2020, 21:37:02] Catherine Calderwood: Helpful. Gregor- Doug will have worked with the intensivist and others from 205. I spoke to Peter Shona this morning- he is happy to help in any way. No specifics asks from me this am but events have moved apace today

[25/03/2020, 21:37:59] Caroline Lamb: Martin Bell, currently working for NSS was previously army, Colonel. Set up Bastion and ran the training at Strensall for a while. He called me this evening. Keen to help..

[25/03/2020, 21:39:13] Catherine Calderwood: Doug will know them all. Let's let him decide who to involve. There are some military sensitivities here too and a chain of command.

[25/03/2020, 21:40:28] Caroline Lamb: Sounds good.

[25/03/2020, 21:41:13] John Connaghan: Brighter end to the day. it's a possibility we can use our remaining anaesthetic machines in theatre as surrogate Vents with adaptation. So meeting Med Physics tomorrow with all Boards on call. If it works we have a possible solution to getting more machines in a couple weeks or so. Caroline I might have another 250 for you to deploy.

[25/03/2020, 21:41:33] ~ Fiona: Agree Catherine - let the process take over and give military their head

[25/03/2020, 21:42:13] Caroline Lamb: That is good news. Will be on the call tomorrow John.

[25/03/2020, 21:47:20] ~ Fiona: Good news John

[26/03/2020, 09:20:43] Jason Leitch: image omitted

[26/03/2020, 09:21:33] ~ Gillian Russell: Interesting.

[26/03/2020, 09:28:37] Caroline Lamb: Does that mean we can send patients there?

[26/03/2020, 09:29:13] ~ Gillian Russell: I wondered that and whether from islands.

[26/03/2020, 09:29:16] Catherine Calderwood: No. It's for England

[26/03/2020, 09:57:20] ~ Aidan: In the army session in SAH. John, have you got a rep for it? Bit of a gap here

[26/03/2020, 09:58:04] John Connaghan: Are we dialling in at 10 or 10:15

[26/03/2020, 09:59:11] John Connaghan: Aidan. We have nominated Andrew Fleming was he invited? I will phone him

[26/03/2020, 09:59:26] ~ Elinor Mitchell: I thought 1015

[26/03/2020, 10:01:09] Jason Leitch: I'm chairing directors. 1015

[26/03/2020, 10:01:35] ~ Gillian Russell: With a firm hand

[26/03/2020, 10:02:27] Jason Leitch: I can do a variety of versions. Lol

[26/03/2020, 10:05:19] ~ Gillian Russell: Wait until the military move into the ET space...

[26/03/2020, 10:06:39] ~ Aidan: Thanks John

[26/03/2020, 10:14:18] ~ Aidan: Separate focus on nightingale this afternoon. Might be Andrews going to that

[26/03/2020, 10:14:33] ~ Elinor Mitchell: A friend sent me an email from GP Plus last night saying they are purchasing vibalytic analysers so that they can offer covid testing and results in a matter of hours. Seems odd to me? Whose leading on testing and I'll send on

[26/03/2020, 10:34:46] Gregor Smith: This call isn't working for me. We need opportunity to discuss things rather than just transmit. What is our mechanism of taking decisions and escalating issues/ agreeing mitigations?

[26/03/2020, 10:35:53] ~ Gillian Russell: Suggest you speak to [REDACTED] about that.

[26/03/2020, 10:36:00] ~ Fiona: If we give it a go- I'm waiting to see if we are offered anything at end.

[26/03/2020, 10:36:25] ~ Fiona: Maybe it is the planning group upstairs who will do the stuff and we oversee?

[26/03/2020, 10:36:49] Jason Leitch: I agree

[26/03/2020, 10:38:47] ~ Donna: There is a separate meeting request that Malcolm sent for the wider discussion I think.

[26/03/2020, 10:40:31] Gregor Smith: I've not had anything but others may be involved

[26/03/2020, 10:41:32] Caroline Lamb: I'm a bit uncomfortable too. I'm concerned about the join up across

different streams of work, and our ability to sense check.

[26/03/2020, 10:42:41] ~ Fiona: Don't think I've seen a meeting request - agree we need a time to discuss - but I do like the no faffing

[26/03/2020, 10:43:09] Caroline Lamb: Yes. Agree with the no faffing!

[26/03/2020, 10:55:20] ~ Donna: We must get a new number that just beeps and not announcing us all.

[26/03/2020, 10:55:52] ~ Fiona: Agreed re number

Do we have a 10.45 call now?

[26/03/2020, 10:56:02] ~ Richard Foggo: Donna's point about how CEX chain of command connects to DG policy and coordination function critical.

[26/03/2020, 10:56:15] Catherine Calderwood: If you don't say your name but just press # you just join silently

[26/03/2020, 10:56:27] Jason Leitch:

[26/03/2020, 10:57:15] ~ Donna: But "silence- has joined the conference"

[26/03/2020, 10:57:32] ~ Donna: You don't just beep in. It's driving me mad.

[26/03/2020, 10:57:45] ~ Richard Foggo: We could consider Teams or Zoom.

[26/03/2020, 10:57:48] ~ Fiona: That's why you are top doc

[26/03/2020, 10:59:03] Jason Leitch: Donna's right. You still get the computer voice.

[26/03/2020, 10:59:57] ~ Donna: I'll speak to [REDACTED] In the scheme of things it's a small annoyance but it might be the one that ends me.

[26/03/2020, 11:00:21] Jason Leitch:

[26/03/2020, 11:03:58] M: Thanks colleagues for the call. I'd welcome feedback on how we develop this. I like the pace and focus. We also need to share and discuss to get the best outcomes/solutions.

[26/03/2020, 11:28:15] ~ Donna: We spoke and [REDACTED] will sort the phone thing.

[26/03/2020, 11:32:06] John Connaghan: If this is simply a phone call to report to DG and colleagues we can do that by sending a short brief in writing and spend our 30 minutes in discussion on where colleagues need help or guidance. We have lost that element and what's app is no substitute.

[26/03/2020, 11:33:08] ~ Elinor Mitchell: I liked the pace too and the fact we got round everyone in the time we had . I thought it was focused and there were clear actions at the end

[26/03/2020, 11:34:45] ~ Fiona: It's helpful to know what people are doing. I feel there are areas I can be making a contribution and I am not- so knowing what others are doing helps me then I can catch up- agree we need a conversation about things

[26/03/2020, 20:16:11] Jason Leitch: Well done Aiden and others...here's some unedited feedback from someone who did their first shift at the Fife hub today....

Hub was very well organised and prepared

Well staffed but in Scotland we are still waiting for the tsunami that has started in London

I have copied the email I sent my colleagues - I have just done a copy and paste job

'Hi

I just finished my shifts in the red zone

Main points are below:

- Please phone [REDACTED] prior to shift so that you can obtain an adastra log in - you will need to provide your GMC number. Computer system used is adastra (identical to OOH).
- Enter from the back door
- Well organised and set up
- Based in diabetes centre in VHK - just behind hospice. Car parking available next to this centre
- Very quiet at the moment - 2 patients during my 6 hour shift between 6 clinical staff - 4 GPs and 2 ANPs - that's is 2 patients between all 6 of us during my 5 hour shift. I saw one patient
- Very good PPE available - gowns and visors available.
- Scrubs also provided - no need to bring your own
- All equipment in rooms including medication e.g antibiotics/Steroids etc, no need to do scripts. Nurse

stethoscope in the room and so may want to bring your own stethoscope - only equipment needed. No need to bring anything else

- No shower facilities at the moment but this will change soon - maybe next week
- Healthcare assistant calls patient in when they arrive (waiting in car) and put on mask on patient and takes them to the room for GP to see
- Healthcare assistant is excellent and disinfectants the room immediately and thoroughly
- It is GP type cases that are presenting - full and detailed history has already been taken and so just examination required
- No specific criteria for hospital admission just to use your clinical judgement as normal
- Do not do CPR on a COVID patient - major infection risk and futile - generally due to respiratory cause and not cardiac. Can use defibrillator. I think [REDACTED] has sent more information on this
- Don't nebulise these patients - whilst nebulisation is not strictly considered an aerosol generating procedure, the red zone believe this is similar to an aerosol generating procedure and should be avoided. Can multidose with inhaler instead.

I have taken some screen shots of the information boards in the hub and I have attached this.

Just ask if any questions

Cheers

[26/03/2020, 20:18:36] ~ Fiona:

[26/03/2020, 20:18:58] Catherine Calderwood: [Redacted - s.37(1)]

[Redacted - s.37(1)]

[26/03/2020, 20:27:28] ~ Donna: [Redacted - s.37(1)]

[Redacted - s.37(1)]

[26/03/2020, 20:29:44] ~ Gillian Russell: [Redacted - s.37(1)]

[26/03/2020, 20:30:12] Caroline Lamb: [Redacted - s.37(1)]

[26/03/2020, 20:30:23] ~ Donna: [Redacted - s.37(1)]

[26/03/2020, 20:30:32] Caroline Lamb: [Redacted - s.37(1)]

[26/03/2020, 20:32:18] ~ Fiona: [Redacted - s.37(1)]

[26/03/2020, 20:41:01] Jason Leitch:

[26/03/2020, 21:27:14] John Connaghan: [Redacted - s.37(1)]

[26/03/2020, 21:28:50] John Connaghan: Does anyone know what time the dial in for the CEOs is? Is it 10 or 11

[26/03/2020, 21:39:45] ~ Fiona: I thought we had our call 10- not sure if CEO is 10.30 or 11

[26/03/2020, 21:39:52] M: It's 11. Directors at 10

[26/03/2020, 21:50:51] ~ Aidan: Thanks for the hub feedback Jason! Does sound good. I think they'd see more if 111 less busy. Still some ending up at gps.

[27/03/2020, 09:02:11] Catherine Calderwood: New SECC hospital will need governance structure- CEO, Med & nurse Director etc. ASAP I'm afraid

[27/03/2020, 09:05:43] ~ Fiona: Ok

[27/03/2020, 09:08:43] Jason Leitch: Malcolm and I discussed. We can report at 10

[27/03/2020, 09:54:18] Gregor Smith: Malcolm - have discussed with Alison Strath the email she sent to you Thurs 14:50 about supply of critical care medicines and her inability to get into discussion and information from DHSC. I've asked for short urgent SBAR for you with recommendations- this likely to require urgent intervention to ensure resilient Scottish supply of medicines to expanded ICU before ministers become aware.

[27/03/2020, 10:05:02] ~ Richard Foggo: Terrible line again

[27/03/2020, 10:49:38] Catherine Calderwood: Please no mention of decision tool until we have our ducks in a row. Then will brief Ministers no won't say anything until we are ready to brief so no one else must either or hates will run.....

[27/03/2020, 11:24:58] ~ Richard Foggo: [Redacted - s.37(1)]

[27/03/2020, 11:35:03] ~ Fiona:

[27/03/2020, 13:18:36] Caroline Lamb: [Redacted - s.37(1)]

[27/03/2020, 13:20:20] Jason Leitch: [Redacted - s.37(1)]

[27/03/2020, 21:11:10] ~ Gillian Russell: UKG is asking about ventilator capacity within UK in relation to imminent international procurement exercise. [REDACTED] in Scotland Office has asked question. He has

asked for numbers and whether NSS has been asked to join procurement. Seems imminent. E mail sent on [27/03/2020, 21:13:20] John Connaghan: Ok thanks. UKG declined to join the EU procurement exercise which we urged them to do. This must be another proposal. So let's see the e mail.

[27/03/2020, 21:14:04] ~ Gillian Russell: It should be in in box. [Redacted] very helpful and trustworthy so give him a call if you need more

[27/03/2020, 21:14:40] John Connaghan: Watching the nine we are getting a pasting on ppe

[27/03/2020, 21:16:11] ~ Gillian Russell: Says intl procure so maybe now joining in with EU? We will get that as now Difft org taking difft approach to risk as well. Further advice still in prep on this. Anxiety not just HSC workforce but more general

[27/03/2020, 21:17:56] Caroline Lamb: Is this a new procurement exercise or the one already being run from NHSE that we are already part of?

[27/03/2020, 21:19:16] John Connaghan: Don't know Gillian has sent an e mail. So we can look at that tmirrw

[27/03/2020, 21:20:35] Caroline Lamb: Seen it. A bit concerned that they want to 'fix numbers'. Talk tomorrow.

[27/03/2020, 21:28:41] John Connaghan: Ok. Maybe catch up after Directors.

[27/03/2020, 21:30:08] Caroline Lamb: Ok.

[27/03/2020, 22:47:12] M: Cab sec wants to know if we've had any indication of BMA coming to us with specific instances of PPE shortages? Following the nine broadcast. She intends to speak to Lewis Morrison on Monday. Also did we have any indication of rolling out tests across NHS Scotland with machines from South Korea. She hadn't picked this up through Comms. M

[27/03/2020, 23:39:12] John Connaghan: Nil from me. Unlikely I would have missed anything but need to check with [Redacted] if he has had contact.

[27/03/2020, 23:59:04] John Connaghan: There is correspondence 20 Mar re BMA meeting that mentions Protective Equipment . Colleagues from WFire can advise. J

[27/03/2020, 23:59:49] Jason Leitch: Nothing to me.

[28/03/2020, 07:19:27] John Connaghan: [Redacted] has had no contact with BMA.

[28/03/2020, 07:34:33] ~ Aidan: SGPC did a couple of weeks ago relating to GPs and lack off ppe/low quality but we sorted that a couple of weeks ago with new guidance and delivery of boxes of ppe to every practice which arrived last weekend. Issue largely gone away since.

[28/03/2020, 08:48:35] Gregor Smith: [Redacted - s.37(1)]

[Redacted - s.37(1)]

[28/03/2020, 08:56:31] ~ Gillian Russell: [Redacted - s.37(1)]

[28/03/2020, 10:07:07] ~ Gillian Russell: Fiona- I have set up a new small team to work with mental health colleagues on issues for staff support including welfare. New person starting Monday. Will link in with your staff in this

[28/03/2020, 10:12:56] ~ Donna: MH have plenty of ideas on this. Incl expansion of trauma work that rivers centre is doing with lifelines. We will work up the package and hope to have v soon.

[28/03/2020, 10:13:41] ~ Gillian Russell: Cat McMeechan starting on this

[28/03/2020, 10:25:46] ~ Fiona: Fab- thanks. England probably announcing something next week

[28/03/2020, 10:27:17] ~ Donna: Staff wellbeing also being massively impacted by things like ppe, transport and logistics. Understandably making people anxious. If some of that is sorted it will make a massive difference.

[28/03/2020, 10:27:43] ~ Gillian Russell: Yes. All of that sits in same work stream.

[28/03/2020, 10:32:50] ~ Fiona: Agreed

[28/03/2020, 11:02:38] ~ Gillian Russell: Can Michael Kellet get in touch with me?

[28/03/2020, 11:03:46] ~ Fiona: Will ask him to phone you Gillian

[28/03/2020, 11:08:27] ~ Gillian Russell: Thanks

[28/03/2020, 11:54:24] ~ Elinor Mitchell: [Redacted - s.37(1)]

[Redacted - s.37(1)]

[28/03/2020, 12:02:05] Gregor Smith: [Redacted - s.37(1)]

[Redacted - s.37(1)]

[28/03/2020, 12:04:57] ~ Fiona: [Redacted - s.37(1)]
[Redacted - s.37(1)]

[28/03/2020, 14:14:29] Jason Leitch: I have to do media so will miss the 2.30 and probably the 3. I'll try.

[28/03/2020, 14:21:19] ~ Fiona: No worries - you can comment on paper

[28/03/2020, 14:29:14] ~ Donna: Not planning to come on the 2.30 call. Just to ask though- have all other options been exhausted before the secc? Could you convert a prison or a university halls to do it rather than building from scratch?

[28/03/2020, 14:30:12] ~ Gillian Russell: Will ask. Maybe empty space better? Will need the experts to advise on that.

[28/03/2020, 14:34:12] ~ Fiona: Thanks - gill happy for you to raise ?

[28/03/2020, 14:34:59] ~ Gillian Russell: Yes. Will do.

[28/03/2020, 15:44:08] ~ Gillian Russell: NES Portal going live this evening - back office testing has shown good functionality. International recruitment unit reporting 2,000 expressions of interest... all will be written to at 09:30 tomorrow and be invited to next stage - I.e. logging details for pre-employment checking

Looking to process 3000 final year nurses by Weds.

Picking up a discussion with Rowan Parks on deployment of Medics on Mon.

Comms to boards tomorrow to clarify that local efforts should conclude and thereafter through the portal.

Press release on Mon/Tues to publicly announce.

COSLA/SSSC have offered to staff a parallel team to manage social care deployment through the portal

[28/03/2020, 15:44:16] ~ Gillian Russell: Some good progress.

[28/03/2020, 15:49:30] ~ Fiona: Just had some briefing from my team- good progress indeed - good to see

[28/03/2020, 15:50:48] Jason Leitch: Wow. Well done All

[28/03/2020, 15:50:56] ~ Donna: Great news. Well done.

[28/03/2020, 15:51:30] ~ Gillian Russell: NES have been excellent

[28/03/2020, 15:52:27] Caroline Lamb: That is very good to hear.

[28/03/2020, 15:53:38] M: Well done!

[28/03/2020, 15:54:01] ~ Elinor Mitchell: Wow!! That's truly amazing. What an amazing thing to have achieved in such a short timescale

[28/03/2020, 15:54:20] ~ Gillian Russell: Steve has been a star. Will keep fingers crossed that system can cope with numbers.

[28/03/2020, 15:56:08] Caroline Lamb: It's a really good example of what can be achieved really quickly with clear direction.

[28/03/2020, 16:31:15] John Connaghan: Gillian

[28/03/2020, 23:34:44] Gregor Smith: Just to be aware short notice calling of SAGE for tomorrow morning at 930. Looks like the only agenda items are further discussion on RWC and Optimistic scenarios.

[28/03/2020, 23:38:30] ~ Fiona: Will be good to hear how it goes

[28/03/2020, 23:54:08] Jason Leitch:

[29/03/2020, 08:18:45] John Connaghan: Chief Nurse of England Ruth May on telly this morning in her uniform asking for nurses to return to work.

[29/03/2020, 10:08:39] ~ Gillian Russell: Gove just said on Marr NHS workers can get tested in Boots. Do we know anything about this?

<https://twitter.com/chrimasonbbc/status/1244189342727311360?s=12>

[29/03/2020, 10:14:54] ~ Richard Foggo: Yes, it's the Amazon/Boots testing scheme thats been in development last few weeks. We are signed up to it but it's not operational yet.

[29/03/2020, 10:15:36] ~ Gillian Russell: Thanks. Now Jason in my living room!

[29/03/2020, 10:15:48] ~ Elinor Mitchell: Nice to see a friendly face!

[29/03/2020, 10:16:29] ~ Gillian Russell: Sorry hadn't known detail of Boots drive through part.

[29/03/2020, 10:17:05] ~ Gillian Russell: Now live.

[29/03/2020, 10:18:41] ~ Elinor Mitchell: Jason - you are a genuine star

[29/03/2020, 10:35:41] Jason Leitch: Awww....you're kind. [Redacted - s.37(1)]

[Redacted - s.37(1)]

[29/03/2020, 10:36:14] ~ Gillian Russell: [Redacted - s.37(1)]

[29/03/2020, 10:42:18] Jason Leitch: [Redacted - s.37(1)]

[29/03/2020, 10:45:52] Caroline Lamb: [Redacted - s.37(1)]

[29/03/2020, 11:00:18] ~ Fiona: I've been contacted by ICU nurse in Glasgow who is saying GGC not allowing them to cancel leave in April as it will mean a backlog later in the year. I suspect this is a combination of workforce and mobilisation plans. I find it hard to think that ITU nurses would be even allowed holidays at our peak and am astonished that management are not allowing them to cancel leave - thoughts?

[29/03/2020, 11:01:37] Jason Leitch: It's been all over social media. I think if their planning says they can do it the. It's probably smart. GRI ICU last night we're sitting about.

[29/03/2020, 11:09:22] ~ Fiona: Fair enough- but in mid April? Assume it will be on an as and when basis then?

[29/03/2020, 11:11:47] Jason Leitch: You're right to check though....

[29/03/2020, 11:30:33] ~ Elinor Mitchell: I thought we were now allowed to spread leave over 2 years? Might that help GGC's planning?

[29/03/2020, 11:36:24] Gregor Smith: SAGE: extraordinary meeting to agree parameters to 2 revised planning scenarios; RWCS & Optimistic; these were agreed, paper will be updated and I'll circulate this when I receive it later today.

[29/03/2020, 11:40:38] ~ Fiona: Elinor - hadn't heard over the two years- that makes sense - perhaps a civil service thing. ?

[29/03/2020, 11:49:09] Caroline Lamb: Not heard of 2 years in health.

[29/03/2020, 11:51:06] ~ Fiona: We may need to do something

[29/03/2020, 11:55:22] ~ Gillian Russell: UKG announced so think it applies generally will check this out.

[29/03/2020, 11:56:35] ~ Gillian Russell: Suggest I put this on Workforce Leadership Group agenda tomorrow. Also need to think about staff post peak and what they may need as part of the supporting workforce work stream which I am starting to staff up more.

[29/03/2020, 12:47:36] ~ Gillian Russell: For example on manufacturing capacity

<https://twitter.com/faisalislam/status/1244229170974134273?s=12>

[29/03/2020, 14:48:46] ~ Elinor Mitchell: Here's the 2 year announcement re annual leave

<https://www.cityam.com/coronavirus-employees-can-defer-annual-leave-for-two-years-says-business-secretary/>

[29/03/2020, 14:50:42] ~ Fiona: Ok- and in the DA's - Gillian assume will be taken up by your team?

[29/03/2020, 14:56:32] ~ Gillian Russell:

[30/03/2020, 10:33:30] ~ Donna: Hi just on another PPE note, PPE for other public/third sector came up on the org call. There is confusion about who should be wearing what, where in the same way as health. Eg police, prisons etc. There was a bit of confusion as to who is leading that. I will find out before it becomes our problem.

[30/03/2020, 10:35:34] ~ Fiona: Ok- there is some of that on the four country stuff- let me know if you need anything

[30/03/2020, 10:37:52] Catherine Calderwood: The police think they need FFP3 and 630 have had face fit tests. I have asked for an urgent reconsideration of their actual risks. As this seems to have been decided by the police themselves with no consideration of supplies. FM office looking in to this.

[30/03/2020, 10:41:29] ~ Donna: It came up on the call. They're looking at it a bit like armed response - specific officers in v specific situations. They have responded to FM/ Joe Griffin. Agree not a coherent picture though and not ideal re supply chain. We might also want to consider proper national procurement - Ian howie in Sg procurement is leading work on collaborative procurement for the wider public sector - needs to link in with NSS work. Not sure how much it is.

[30/03/2020, 10:42:16] ~ Donna: When I say armed response I mean they have a risk assessment process and clear deployment plans.

[30/03/2020, 10:44:19] ~ Gillian Russell: A note went at end of last week. It was a UKG decision making on policing.

[30/03/2020, 10:44:37] ~ Fiona: Happy to get HPS to give advice- or if decided- fine

[30/03/2020, 10:45:46] Jason Leitch: One source of truth. So HPS via Fiona M for all....

[30/03/2020, 10:48:19] Gregor Smith: Fiona - SA are not involved in PPE consultation. How do we get them involved? I've not seen any of the refreshed documentation either.

[30/03/2020, 10:49:01] ~ Donna: Think wider PS colleagues would welcome that. They are struggling with same issues. Loads of people looking for FFP3 etc who don't need it. They are referring everyone to HPS guidance but they're just doing what they like. Clearer, accessible guidance needed. Will get on to Paul J.

[30/03/2020, 10:49:41] ~ Fiona: Catherine's office should have details - will have a look to see if I have Carrie McEwan's details - she seems to be an organiser if things - do you know her?

[30/03/2020, 10:52:38] ~ Donna: No I don't. Have messaged Paul J to ask him to get someone on it. Will make the connection when he responds. Thanks

[30/03/2020, 10:53:25] Catherine Calderwood: [Redacted - s.38(1)]

[30/03/2020, 10:53:58] ~ Donna: Thanks

[30/03/2020, 10:58:52] Catherine Calderwood: Carrie is president of Academy of medical Colleges and has been liaising with them all weekend. She's v good.

[30/03/2020, 11:45:20] Gregor Smith: Anyone else having problems with network today?

[30/03/2020, 12:52:53] ~ Fiona: All- have just spoken to Northern Ireland colleague they are calling their SEC facility NI Nightingale. Can I suggest we call ours Scotland's Nightingale? (if we don't already have a name)

[30/03/2020, 13:41:55] John Connaghan: Fine don't have a problem with any name really. McQueen centre??

[30/03/2020, 13:47:33] ~ Fiona: Tempting - but no

[30/03/2020, 13:59:05] Gregor Smith: Updated SAGE scenarios still not authorised by Cabinet Office. I'm not sure there's anyone left in there now....

[30/03/2020, 15:31:15] Catherine Calderwood: Friend of mine. Partner at PWC. See Excellent offers below. Who would take forward?

1) Data and analytic support to understand the actual demand (Covid demand plus traditional health service demand) coupled helping understand and model availability of NHS, independent sector, field hospital beds/ventilators and people to service that demand. This include implementing mortality planning for body recovery and disposal (using an app that has been designed for this)

2) Project Management Office and support - coordination support of all covid activities across the NHS England region

3) Management of the use of NHS resource across multiple provider organisations

4) Establishing field hospitals for additional surge capacity

5) Coordination of CEO communications back into the system to make actions system based

6) Support the running of the Incident Command Centre 24/7

7) Establishing a recovery workstream - how will the NHS safely return back to Business as usual - although I suspect this could fundamentally change the ways we work.

Let me know if you or someone wants to chat through - life gets stranger by the day.

[30/03/2020, 15:49:15] ~ Donna: Interested in 1,2,6 &7 particularly. We'll get outputs from MoD colleagues later today or tomorrow and it will give us a set of next steps including those above. Would be useful to see what help we could get in shaping them. Particularly concerned about 6). Thanks

[30/03/2020, 16:03:40] ~ Fiona: 7 critically important

[30/03/2020, 16:07:21] Caroline Lamb: I think 1 is being picked up by a group that Andrew Morris is convening. Saw an early proposition today. Additional capacity might be helpful.

[30/03/2020, 16:08:15] Caroline Lamb: Agree 7 really important. What have we learned? What are we already doing differently? What were the key challenges/ constraints?

[30/03/2020, 16:11:22] Catherine Calderwood: I've let Malcolm and Cab Sec know. I've sent Malcolm the email from [Redacted - s.38(1)]

[30/03/2020, 16:13:06] ~ Fiona: Is there further info on the group Andrew Morris is chairing ?

[30/03/2020, 16:17:14] ~ Richard Foggo: Do you want to see ToR or do you mean very latest? They are meeting now.

[30/03/2020, 17:06:08] ~ Donna: Important that the SAG (Andrew Morris group) has a clear way into policy so that there is at least a short opportunity to think about what the findings are, the implications and how that translates into action. Also using our analysts to best effect. Richard F is on the case with that.

[30/03/2020, 17:06:49] Catherine Calderwood: Daniel Kleinberg and Roger Halliday on the SAG

[30/03/2020, 17:09:53] ~ Donna: Yes that's great. I meant policy in the wider sense too. We will want it to come to whatever version of directors we're running, for sharing and discussion of implications. Need to find the right route to do that and make sure it's timely, so action is based on that evidence as far as poss.

[30/03/2020, 17:18:56] ~ Elinor Mitchell: Really interested in this Catherine - can you share the email you sent to Malcolm. Questions from - how does this sit with the work that the army are doing. And on the recovery workstream - there is work being progressed at this at ET level - but Malcolm will of course know this. I suspect this might be something we keep in house . Agree we need help on the others

[30/03/2020, 17:21:07] Gregor Smith: Donna - good links into policy from Daniel Kleinberg and Niamh O'Connor and obviously links back through Roger to SG statistics networks too.

[30/03/2020, 17:23:23] ~ Donna: Great, are we expecting Daniel and Niamh to pull this into shape for directors then? Just want to get clarity about how it feeds all of our work. It's important that we're all aware and working on the same basis. Even if that is within a set of confidence levels. Let me know what you think? Thanks

[30/03/2020, 18:25:25] ~ Richard Foggo: On recovery Alyson Stafford is leading with Jennie Barugh doing at least some of the initial work. [Redacted - s.38(1)] has been repurposed to work on this for HSC, supporting rather than supplanting all the work everyone will be doing on recovery in their own patches

[30/03/2020, 19:39:13] M: [Redacted - s.30]

[Redacted - s.30]

[30/03/2020, 19:56:30] ~ Fiona: [Redacted - s.30]

[Redacted - s.30]

[30/03/2020, 19:59:23] Jason Leitch: [Redacted - s.30]

[30/03/2020, 19:59:49] Jason Leitch: [Redacted - s.30]

[30/03/2020, 20:00:46] Gregor Smith: [Redacted - s.30]

[30/03/2020, 20:01:33] Gregor Smith: [Redacted - s.30]

[30/03/2020, 22:36:46] ~ Elinor Mitchell: [Redacted - s.30]

[Redacted - s.30]

[31/03/2020, 07:34:22] Catherine Calderwood: Fiona there's a further call at 7 today re PPE. We got to a compromise last night with the group u dialled in on previously with me-C

[31/03/2020, 07:44:09] ~ Fiona: Ok- thanks-will pick up with team

[31/03/2020, 09:02:38] ~ Donna: Elinor, Nicky Richards will speak to you about mobilising other SG agency call handlers to support nhs 24. Came up at org this morning.

[31/03/2020, 09:31:20] ~ Fiona: Morning - I hear the name of the SEC facility is NHS Louisa Jordan - anyone know where this came from?

[31/03/2020, 09:32:01] Catherine Calderwood: FM !

[31/03/2020, 09:32:13] ~ Gillian Russell: Found this

<http://www.scotlandswar.co.uk/jordan.html>

[31/03/2020, 09:33:13] ~ Fiona: Never heard of her - although have now

[31/03/2020, 09:38:06] Catherine Calderwood: Nurse. V important part of Scottish women's hospital. Lots of people will hear of her now....

[31/03/2020, 09:49:53] ~ Gillian Russell: I have an offer from Chief Fire Officer Martin Blunden for SFRS to help in any way they can. Especially around local logistics etc. Happy to facilitate a call with him if that would be helpful. Gillian

[31/03/2020, 10:04:38] ~ Elinor Mitchell: My sense the bigger issues are around messaging/comms/usage. And lack of supply rather than logistics? But that's maybe just perception from my stakeholders

[31/03/2020, 10:05:26] ~ Gillian Russell: SFRS are offering support to us so maybe for Donna to pick up.

[31/03/2020, 10:06:02] ~ Donna: Yes will take that help please

[31/03/2020, 10:13:55] ~ Gillian Russell: Donna

Also Davie McGowan is about to retire. He is Deputy Chief Officer and excellent if you needed command and control support. Really good on wider partnership working too.

Martin is on [REDACTED]

[31/03/2020, 10:45:29] ~ Gillian Russell: I would like feedback on quality and timeliness of material being provided for Sitep and related issues. We need more real time data going forward. It would be good to know if this is being considered as a more general issue so we all have shared daily dataset. Thanks

[31/03/2020, 10:50:53] ~ Donna: Yes it is. HSCA have a data pack now which is great. We are shaping that up into a more focussed sit rep.

[31/03/2020, 10:56:16] ~ Donna: Wider issue about timeliness, accuracy and nature of ministerial support (briefing and comms) which Richard mentioned at directors is linked to this.

[31/03/2020, 11:00:17] ~ Richard Foggo: A very simple point, all briefing (for statements, core briefs and sitreps) needs to be of FMQ standard inc sign off. Short, factual, up to date, and on time. Not enough is.

[31/03/2020, 13:07:51] ~ Fiona: I am hearing music on portfolio- have in the wrong number ?

[31/03/2020, 13:07:58] Jason Leitch: You must have.

[31/03/2020, 13:08:16] Jason Leitch: image omitted

[31/03/2020, 13:08:29] ~ Fiona: Ah

[31/03/2020, 13:09:25] ~ Fiona: In now- thanks

[31/03/2020, 13:10:53] ~ Donna: Gregor - Just to be clear that modelling info needs to go to resilience partners as well. Probably even more important than boards given that they currently have nothing. Richard and/or I Happy to speak before you speak to cab sec. I got absolute pelters on the SCG call earlier and Dfm likely to pile on if we don't give them something.

[31/03/2020, 13:13:49] ~ Donna: Taking on board points made about board positions of course.

[31/03/2020, 13:14:28] John Connaghan: I thought we already had FM clearance to send out national level modelling data to everyone. Only decision that remains us whether or not we send out localised data. I think that national level is enough at this stage. ..

[31/03/2020, 13:15:54] ~ Richard Foggo: Cab Sec has not endorsed FM's agreement and is now saying FM agrees with her.

[31/03/2020, 13:16:47] John Connaghan: Okay. But odd. So we don't release national now.

[31/03/2020, 13:17:51] John Connaghan: I think I send same message then. All Boards must plan to absolute Max. You content?

[31/03/2020, 13:19:56] Jason Leitch: Yep

[31/03/2020, 13:20:46] ~ Donna: we need national data for all other resilience partners. Boards must still plan to the max. Both things need to be said.

[31/03/2020, 13:21:21] ~ Fiona: Agreed

[31/03/2020, 13:30:17] Gregor Smith: We can get this data out - it just needs to be the right data and the stuff I saw last night wasn't. Roger is on it and hopes to have this by later today.

[31/03/2020, 13:41:43] ~ Richard Foggo: We will circulate draft of letter to HS Committee just mentioned for further development shortly. Quick turnaround needed.

[31/03/2020, 13:42:18] John Connaghan: Ok. Is it just for checking it do you need material?

[31/03/2020, 13:43:03] ~ Donna: I am totally relaxed about what the modelling is. Happy to be told. But we need to give resilience partners something they can work from/with.

[31/03/2020, 13:43:39] ~ Richard Foggo: Needs checked, updated, and gaps filled.

[31/03/2020, 13:48:25] Caroline Lamb: Fiona. Email just referred to has been sent to Michael Kellett.

[31/03/2020, 13:49:07] ~ Fiona: Thanks

[31/03/2020, 14:03:51] ~ Richard McCallum: ~ Elinor Mitchell added ~ Richard McCallum

[31/03/2020, 14:22:36] ~ Donna: Hi Richard, welcome, this is the serious, work related chat. The incredibles one is for nonsense and things of interest.

[31/03/2020, 14:37:32] ~ Richard Foggo:

[31/03/2020, 15:58:42] ~ Richard McCallum: Delighted to be here!!

[31/03/2020, 21:14:17] John Connaghan: Jason my cousin is royal mail distribution Director in Scotland with two local strikes . Posties scared of handling mail. Who can advise?

[31/03/2020, 21:15:31] John Connaghan: Lochgelly is one Depot asking for ppe before they go back out

[31/03/2020, 21:21:31] ~ Fiona: John- assume just gloves? Do they not provide that anyway. There has been a commission to HPS to ask for advice on PPE for the general workforce

[31/03/2020, 21:32:27] Jason Leitch: They don't need anything at all except some hand sanitizer. Gloves if they'd like.

[31/03/2020, 21:33:52] John Connaghan: Ok helpful

[31/03/2020, 23:10:38] ~ Elinor Mitchell: So presumably (without stating the obvious) this is the kind of chat Fiona and Jason are going to get on the teleconf with the unions tomorrow. I just want to check you guys have what you need from us. And if you don't - what do you need?

[01/04/2020, 07:22:12] ~ Fiona: Think we should be ok thanks Elinor. Have we sorted the distribution and purchase of PPE for all organisations - I heard that the Edinburgh Hospice we're struggling

[01/04/2020, 07:56:27] ~ Elinor Mitchell: I'll check

[01/04/2020, 08:20:59] Catherine Calderwood: I talked to Malcolm about whole Govt procurement of PPE for public sector so health & social care aren't fighting with the police for their supplies nor ordering from the same stocks and competing. I dint know if HPS will have capacity to advise other sectors but it would help. Police are going on HSE advice that FFP3 masks are 'gold standard' ! No risk assessment across sectors nor cognisance of limited supplies.

[01/04/2020, 08:23:36] ~ Fiona: Ok- will chase HPS - don't think they'll be able to advise on an individual basis. But can put guidance out. For the big PS orgs though they should be available to advise. Someone has picked this up - will check

[01/04/2020, 08:30:26] ~ Elinor Mitchell: Checked round team - no intellegence about Edinburgh hospices

running out of ppe

[01/04/2020, 08:32:09] ~ Fiona: Thanks Elinor. Do all social care orgs now get supplied by NSS -so all care homes and care at home ?

[01/04/2020, 09:06:29] ~ Elinor Mitchell: Yes they do, in theory. Heard from Scottish care this morning that they have had contact from all but 2 HSCPs to agree distribution routes (the two are Edinburgh and Renfrewshire). And we're chasing that up

[01/04/2020, 09:12:42] ~ Donna: Shirley R holds the responsibility for cross PS ppe advice and procurement. I know they are trying to get guidance out for proper, risk based procurement and use. Ian howie in Sg procurement is doing a cross sector approach. Richard M is it worth talking to her/him?

[01/04/2020, 09:18:43] ~ Fiona: Thanks Elinor

[01/04/2020, 09:20:53] ~ Richard McCallum: Donna. Thanks - was picking up with Alan Johnston who is leading on non-health PPE. R

[01/04/2020, 09:27:45] Jason Leitch: Fiona and I will be on with COSLA at 10. Michael should be on call but is at SEC. nothing urgent but a couple of updates someone could feed in;

1) London coping with ICU surge and reconsidering nightingale's role to look more like us. No patients today as planned. Maybe Friday. Regulators have inspected and HATE it. On every level.

2) Duke and Duchess of Cambridge calling Monklands at 2.40pm. Comms afterwards. News release and social media.

3) discussing briefings for staff with Andrew and Michael at 1

[01/04/2020, 10:34:51] ~ Donna: Sorry have been on a very productive call about data flows and info. Will catch up in due course.

[01/04/2020, 14:45:44] ~ Gillian Russell: Jason

On reagents. Has anyone been in touch with GSK in Montrose?

[01/04/2020, 14:53:02] ~ Fiona: They have plants in Irvine as well

[01/04/2020, 14:53:40] Jason Leitch: I don't know. But it's a good idea. My understanding is the two SCOTTISH factories are faulty specialised. One makes penicillin, the other makes ventolin. They're both needed at scale so I'm not sure they'll adapt. BUT - I bet they know people who can.

[01/04/2020, 14:57:50] ~ Gillian Russell: My other half said need preparatory recipes but he thinks Roche have made these available. I know someone in senior management there if you want a contact?

[01/04/2020, 14:58:24] ~ Gillian Russell: "Recipes for reagent systems"

[01/04/2020, 15:02:16] ~ Fiona: Elinor, Gillian - think we need to more closely examine returners and also student workforce - I hear Elinor saying something similar - needs a look

[01/04/2020, 15:03:35] ~ Gillian Russell: Sorry Fiona- examine for what- I will action through Steve.

[01/04/2020, 15:04:07] ~ Elinor Mitchell: Yeah - boards and councils saying there is no workforce available. So mobilisation plans talk about hotels - yet we do have people sitting waiting - so what's getting in the way? Is it that the social care and community side isn't being clear about its workforce needs?

[01/04/2020, 15:06:17] ~ Fiona: Gillian - Examine where the returners want to work and what skills they have - are we going to place them in boards

[01/04/2020, 15:07:41] ~ Gillian Russell: Yes. That is part of the daily process. They are segmenting and taking through in phases. Will ask Steve to send round a note. SC colleagues leading on that side

[01/04/2020, 15:08:33] ~ Fiona: Elinor - jut sure. I think year 1 students could do care at home work - other students in Care Homes - and the year three students embedded in community teams.

Gillian- I'll check with Steve how we are taking this forwards - thanks re note coming round

[01/04/2020, 15:11:17] Jason Leitch: I'm not sure who's the techy contact for testing Richard?? Still Derek?

[01/04/2020, 19:11:50] ~ Gillian Russell: So the demand profile for social care needs to be led by IJB chief officers and their designated HR folk. In terms of the NES portal, SSSC and COSLA jointly take responsibility for matching and employing staff once NES have done the front end stuff. SSSC are writing to 51000 former registrants and anticipate take up of c. 10% - but see behind GMC and NMC etc.

[01/04/2020, 19:12:13] ~ Gillian Russell: Elinor- from Steve on returnees.

[01/04/2020, 19:28:41] ~ Fiona: Understand that TURAS will be up and running from Friday for getting people through. ITU nurses and doctors being prioritised - not sure if we can bring that forwards -still 5 or 6000 people to be processed. I will be speaking to nurse directors about placing and deployment of staff- they should not be 'interviewing' but accepting and deploying. Also 4-6000 students going into workforce- as well year ones- who could do social care. Two & 3 should be deployed into community and care homes not just hospitals- am keeping eye on where - in particular year 3s are deployed to make sure sufficient in community

[01/04/2020, 22:08:13] Catherine Calderwood: I've asked Paul Knight and Ian Finlay to deal with this for the

doctors. Who should they co ordinate with from policy?

[01/04/2020, 22:09:39] ~ Fiona: [REDACTED] (can't remember his surname) one of Steve LR team

[Redacted - s.37(1)(b).]

[02/04/2020, 09:05:50] Caroline Lamb: image omitted

[02/04/2020, 09:07:58] ~ Fiona: Fab

[02/04/2020, 09:08:48] Jason Leitch: Well that looks good. Well done Caroline.

[02/04/2020, 09:09:47] Caroline Lamb: Not me. A whole team.

[02/04/2020, 09:10:19] Jason Leitch: Of course. Thanks anyway.

[02/04/2020, 09:11:17] Caroline Lamb:

[02/04/2020, 09:11:54] Jason Leitch: I deleted the directors agenda. Can someone send me the dial in please???

[02/04/2020, 09:16:27] ~ Fiona: image omitted

[02/04/2020, 09:16:40] Jason Leitch:

[02/04/2020, 09:17:54] ~ Donna: Sent

[02/04/2020, 09:31:01] ~ Donna: Hi all, discussion at orog about getting NSS to take over procurement of ppe for public sector. Likely to come up at sgorr later today and questions asked about why they can't do it if we say no. I exposed the issues about need to focus on HSC and also the resilience of NSS. We could however use this to our advantage and manage who gets what? Ie ffp3 not to bin men but to nhs? We will come under pressure if we don't have a good answer. Happy to raise at directors meeting.

[02/04/2020, 09:35:13] ~ Richard McCallum: Donna. I got an email to this end last night which I'll send on to you. My concern is capacity within NSS. Focus needs to be on health and social care. I'll speak to Colin now though.

[02/04/2020, 09:37:43] ~ Donna: Colin apparently happy to do it?! Think Shirley has spoken to him.....I made the point on orog that they're not doing a super job for hsc, never mind anyone else so they can't be further distracted. Would need to come with concrete assurances that they will have more people to do procurement and that other services need to sort out their own distribution.

[02/04/2020, 09:39:42] ~ Fiona: Would we not be better to say yes and increase capacity?

[02/04/2020, 09:49:53] ~ Richard McCallum: Colin's not mentioned any conversations with Shirley and when we just spoke there it certainly seemed like news to him. His definite worry is over-promising and under-delivery. On procurement side I think capacity could be built by bringing in Scotland Excel. It's the logistics/supply that I'd have more concern about.

[02/04/2020, 09:59:57] ~ Donna: I think if they can do a partnership with Scotland excel that would be great. Leave distribution to the other services to sort. NSS still not quite there with hsc distribution. Shirley has definitely spoken to someone at nss - she clearly said they were agreeable but not sure who said it.

[02/04/2020, 10:05:16] Caroline Lamb: We are now starting to see significant amounts of ICU ancillary kit and consumables arriving and concern being expressed by the NSS Procurement Leads about whether the NDS is sufficiently resourced to be able to handle those urgent supplies being distributed in a timely fashion. Can we factor that in too?

[02/04/2020, 10:13:00] Jason Leitch: London position overnight is new layer of surge beds now being opened. Nightingale admissions postponed. Now scheduled for next Tuesday at the earliest. Stepping back from 'ventilated' to less sick. Hoping to not need at all.

[02/04/2020, 10:33:38] ~ Richard Foggo: Can we not use speakers. If there are colleagues in SAH can they call separately please.

[02/04/2020, 10:33:46] Jason Leitch: Yep

[02/04/2020, 10:33:54] ~ Richard Foggo: It's impossible to hear

[02/04/2020, 10:33:59] ~ Donna: Agreed, the echo is shocking

[02/04/2020, 10:34:55] Caroline Lamb: Trying to move to Teams in the next couple of days. People will still be able to call in if that suits them better. Tracy is on it.

[02/04/2020, 10:41:22] Jason Leitch: Can I also just remind everyone we are all over the media telling everyone to stay at home as much as they can.

[02/04/2020, 10:54:26] ~ Donna: Elinor on your point about shielding people - they know they are shielding for 12 weeks minimum so not the first time they will have heard it.

[02/04/2020, 11:04:34] ~ Elinor Mitchell: Is this not for everyone though? It talks about keeping schools and universities etc closed. I think they are huge ramifications beyond health and I'm just wondering how the rest of SG policies are getting played in

[02/04/2020, 11:05:07] ~ Elinor Mitchell: Jason - is the increase in deaths point because we are now counting care home deaths? There has been real confusion over this point?

[02/04/2020, 11:06:26] ~ Gillian Russell: From Directors this morning it seemed like there was recognition of need to bring all this together ie relative risk health/ economic/ communities. Is Ken in strategic lead?

[02/04/2020, 11:07:01] ~ Richard Foggo: [REDACTED] We are leading a SGoRR deep dive on countermeasures and release etc next week. That's to prepare for COBR. More info to follow.

[02/04/2020, 11:09:29] ~ Elinor Mitchell: Great thanks. Happy to be involved or not. But some big societal issues - eg some groups saying now we've signed DNRs and don't need or want my life prolonged so why can't I live the life I want. Not to mention impact of social distancing on our list vulnerable and the trauma of not being able to visit loved ones in care homes. It's so so complex

[02/04/2020, 11:38:50] Jason Leitch: No. It's because we're not waiting to be sure families are informed and therefore waiting for 14 different responses.

[02/04/2020, 11:39:39] Jason Leitch: I need Pauline Howie's mobile number please someone.

[02/04/2020, 11:43:20] M: [REDACTED]

[02/04/2020, 12:10:10] Jason Leitch:

[02/04/2020, 13:10:58] Jason Leitch: Gillian. What's the headline figure for NHS absence. Last I read was 7%. The RCN again told the BBC 14%

[02/04/2020, 13:11:03] Jason Leitch: Have*

[02/04/2020, 13:30:24] Catherine Calderwood: Problem with reagent for antigen testing. Who do I speak to?

[02/04/2020, 13:30:37] Catherine Calderwood: In lothian and soon in Aberdeen

[02/04/2020, 13:40:05] ~ Gillian Russell: Catherine [REDACTED] advised me that these issues were being led by [REDACTED] in procurement

[02/04/2020, 13:45:42] Jason Leitch: image omitted

[02/04/2020, 13:48:28] ~ Fiona: USA will be opened by Easter

[02/04/2020, 14:03:44] ~ Gillian Russell: As of last night overall 6% of workforce absent due to having COVID, displaying symptoms or self isolating.

[02/04/2020, 14:21:38] Jason Leitch: Thanks Gillian

[02/04/2020, 15:40:59] ~ Elinor Mitchell: Oh nhs staff? Higher in sas and mhs24 and anecdotally in social care

[02/04/2020, 16:00:44] ~ Gillian Russell: 9,719 today (5.9%) of workforce absent due to Coronavirus.

[02/04/2020, 16:06:01] ~ Gillian Russell: No national oversight because of the system of c. 2,000 private providers of service and most LA services will be commissioned also from private providers. The fig is directly employed health board staff

[02/04/2020, 16:11:37] Jason Leitch: Thanks villainy

[02/04/2020, 18:02:40] ~ Donna: Catherine/Gregor commission for sgorr deep dive on Monday on social distancing is live. This will probably be your lead on the day but we need to get the cross government data and evidence together. There's an email in your inboxes which sets out the dimensions. Gregor, can we have a quick call tmrw morning to set out what we want to present and then we can get that aligned with the economic and social impacts please. Keen to get people elsewhere working on this before the weekend. Thanks Donna

[02/04/2020, 18:18:37] Gregor Smith: Absolutely- topic of discussion at sage today. Incomplete information to make decisions before 13/4. Let's speak tomorrow

[02/04/2020, 18:20:14] ~ Richard Foggo: This was covered in SGoRR(M). FM wants to "lay the ground" for future decisions.

[02/04/2020, 18:22:55] ~ Donna: Great. Have emailed to get some time early ish tmrw Gregor.

[02/04/2020, 18:41:03] ~ Elinor Mitchell: The Scottish aquaculture marine centre in Oban has 2 PCR testing machines which they are offering us. Who should that offer go to?

[02/04/2020, 18:56:39] ~ Aidan: Donna/Gregor, just to flag I'm happy to help on this.

[02/04/2020, 18:56:56] Gregor Smith:

[02/04/2020, 19:11:48] ~ Elinor Mitchell: Yes me too.

[03/04/2020, 08:03:50] ~ Gillian Russell: Hi All

I am representing DGHSC at the Strategic Resilience Group this morning. I had asked for a brief note on what I could now say re Health overview including modelling. Can I get an update. Call is at 9.30.

Thanks

[03/04/2020, 08:07:11] ~ Gillian Russell: Richard see at 6.15am we don't have a response. Is there anything more general I can say. Week we are in? Expected peak? Expectation people prepare for X. Or simply note waiting decision from Ministers who are considering urgently?

[03/04/2020, 08:13:32] Gregor Smith: I e got a meeting later on this morning with FM about it. The latest Scottish modelling work is at odds with what is coming out if the SAGE modelling groups and there's anxiety across all 4 NHS that SAGE scenarios don't fit for planning purposes.

[03/04/2020, 08:16:02] ~ Gillian Russell: Ok. So in light of that can I have a steer on what I can say. It may be high level and broad brush.

Thanks

[03/04/2020, 08:17:12] ~ Richard Foggo: [REDACTED] I don't think we can offer views on weeks etc due to not having ministerial agreement and also because we are still working through modelling.

[03/04/2020, 08:18:23] ~ Gillian Russell: Ok. That's no problem. Last time I used top lines in Sitrep. Maybe just do that again and say bear with on the modelling

[03/04/2020, 08:18:47] ~ Richard Foggo: Exactly. That's best. The sitrep is good.

[03/04/2020, 11:11:05] Gregor Smith: Just to let you know I'm on BCE call now. Got caught by another call.

[03/04/2020, 11:29:56] ~ Donna: image omitted

[03/04/2020, 11:30:59] ~ Donna: Sorry mainly for Gregor - meant to send to him however comments from others welcomed. Excuse my tech drawing skills.

[03/04/2020, 11:34:27] ~ Donna: I am dipping out of cexs call.

[03/04/2020, 12:37:10] ~ Elinor Mitchell: Donna I'm not sure if it's covered in your notes but is there not something in modelling the impact of keeping the vulnerable shielded for longer but letting other get back into the economy? I think that's what the Swedish are doing?

[03/04/2020, 12:39:33] ~ Donna: Thanks Elinor- not that sophisticated yet but will get that fed in. Ta

[03/04/2020, 12:44:54] ~ Elinor Mitchell: Thanks - it's getting the balance between getting the economy back while protecting the vulnerable and not overwhelming the nhs. There has to be a sweet spot there somewhere?!?

[03/04/2020, 12:55:07] Jason Leitch: The Swedish are off in an entire world of their own....

[03/04/2020, 14:38:17] Catherine Calderwood: I think we need to be careful here about who is asking what and be clear also about what is being considered elsewhere. Andrew Morris group has Roger Halliday on it and has been set up to do exactly this analysis on request so this needs to go through the proper channels and then have expert scrutiny and discussion before presentation to directors and then ministers. There is no governance in individual directors making requests of SG analysts without broader context and scientific and clinical advice.

[03/04/2020, 14:57:43] Gregor Smith: Separate issue: I'm hearing locally of coffee shops and McDonalds planning on reopening to provide take-away. This doesn't sound like essential work - any intelligence on this? I thought they'd been advised to close.

[03/04/2020, 15:14:18] ~ Elinor Mitchell: Thought take away food and drink was allowed? Plenty of take away seat me open?

[03/04/2020, 15:14:51] ~ Fiona: Same - delivery and pick up?

[03/04/2020, 15:26:55] Caroline Lamb: Yes. Same near me. Delivery and pick up.

[Redacted - s.37(1)]

[03/04/2020, 15:41:10] ~ Fiona: [Redacted - s.37(1)]

[03/04/2020, 15:55:08] Gregor Smith: I'd thought we moved away from it with last round of measures. I'm a coffee shop lover but hardly essential...

[03/04/2020, 15:55:41] ~ Fiona: Agree re not essential

[03/04/2020, 16:02:59] ~ Donna: Thanks all. Monday's deep dive won't be a decision making forum and there are obviously a lot of uncertainties as discussed with Gregor this morning. We will pull together what we have across HSC, economy and public services and see where we get to. I expect Monday will result in more work for Andrew Morris and co, as well as our analysts to get into, so rest assured we're not commissioning anything other than an overview to inform Ministers for COBRA. That might just be a straight NO to any change next week, but we need to get them thinking ahead as pressure to lift SD measures is significant from various factions, both immediately and in the medium term. We need to present the evidence we have now to refute or support that. I'll copy CMO/DCMO in to the commissioning note but don't expect you to provide anything at this point (unless you particularly want to?) Expect to have a worked up version by Sunday which we'll share and then perhaps a call on Sunday/Monday am would be helpful? Sgorr see this as a health lead so assume CMO/DCMO in the lead for the meeting? You can let me know. Thanks Donna

[03/04/2020, 16:13:23] ~ Elinor Mitchell: Thanks - that's really helpful Donna. And I know [REDACTED] is leading evidence gathering on the DG economy front, with of course Chief economic adviser input. It's all coming together! Sounds like Monday will be a great session for whoever is there. Happy to discuss anytime Donna

[03/04/2020, 17:20:11] ~ Gillian Russell: Thanks for sharing and taking forward. Critical to bring all factors together as you are suggesting. Good to get read out and let me know if you need anything from me

[04/04/2020, 14:30:21] Jason Leitch: Colin Sinclair's mobile number please someone?

[04/04/2020, 14:31:23] ~ Richard McCallum: Contact card omitted

[04/04/2020, 14:32:57] Jason Leitch:

[04/04/2020, 14:33:10] Jason Leitch: I need to talk to him about commodes. I kid you not!!!

[04/04/2020, 14:40:44] ~ Richard McCallum: You get all the glamour jobs

[04/04/2020, 14:41:15] ~ Fiona: Good enough for him

[04/04/2020, 14:44:40] Jason Leitch: Livin' my best life....

[04/04/2020, 14:44:44] Jason Leitch: No job tomorrow small....

[04/04/2020, 14:44:48] Jason Leitch: Too*

[04/04/2020, 16:31:50] ~ Gillian Russell: I can see we are now working through bodily functions. Let me know what the commode issue is.

[04/04/2020, 16:38:04] Jason Leitch: It's lack of at Louisa JordN....Colin is, so to speak, ON IT!

[05/04/2020, 10:21:31] Caroline Lamb: Anyone got a mobile number for Carol Potter?

[05/04/2020, 10:40:19] ~ Richard McCallum: Contact card omitted

[05/04/2020, 10:43:26] Caroline Lamb: Thanks!

[05/04/2020, 11:01:11] Caroline Lamb: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[05/04/2020, 11:03:11] Catherine Calderwood: [Redacted - s.37(1).]

[05/04/2020, 12:05:42] ~ Elinor Mitchell: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[05/04/2020, 12:10:45] ~ Gillian Russell:

[05/04/2020, 13:12:43] ~ Richard Foggo: [Redacted - s.37(1).]

[05/04/2020, 15:02:02] ~ Elinor Mitchell: [Redacted - s.37(1).]

[Redacted - s.37(1).]

[05/04/2020, 16:51:25] John Connaghan: [Redacted - s.37(1).]

[05/04/2020, 17:48:14] Catherine Calderwood: [Redacted - s.37(1)]

[Redacted - s.37(1)]

[05/04/2020, 17:58:22] ~ Gillian Russell: [Redacted - s.37(1)]

[Redacted - s.37(1)]

[Redacted - s.37(1)]

[05/04/2020, 19:55:49] ~ Richard Foggo: [Redacted - s.38(1)] from PO looking for you to clear a line. Liz Lloyd chasing apparently.

[05/04/2020, 20:13:52] ~ Fiona: Yes- think it is CMO territory

[05/04/2020, 20:24:18] ~ Richard Foggo:

[05/04/2020, 20:24:36] Catherine Calderwood: Ok. I'll look now.

[05/04/2020, 21:40:56] Catherine Calderwood: [Redacted - s.37(1)]

[Redacted - s.37(1)]

[Redacted - s.37(1)]

[08/04/2020, 10:44:26] ~ Donna: Elinor sorry I can pick up risks. I was chatting away on mute.

[08/04/2020, 12:42:11] ~ Gillian Russell: CSH does not want letter withdrawn. Should hold that space.

[08/04/2020, 12:42:55] ~ Elinor Mitchell: Where is pressure to rescind come from

[08/04/2020, 12:44:13] ~ Fiona: Should I just accept that rather than trying to persuade her? She has asked for other words that give greater clarity- ?

[08/04/2020, 12:46:10] ~ Gillian Russell: Very strong views from all the TUs that it undermines 4 nations Guidance. That was not intent do question is how they are talked down.

Steve is doing a note.

She thinks your advice is right. She sees this as a COSLA/ LG issue although our TUS see this as an issue in round. CSH also thinks we have 6/8 weeks of supply of masks so I think advice needed on risk around supply.

[08/04/2020, 13:04:40] ~ Fiona: Thanks Gillian

[08/04/2020, 13:19:00] ~ Gillian Russell: There is a clear view that the letter and COSLA issues are separate from our arrangements with Health. However there is a broader point that other Cab Secs have been speaking to TUs on HSC issues and CSH would like all of that to be better aligned. This is in Colin McAllister space.

[08/04/2020, 13:22:28] Catherine Calderwood: ~ Elinor Mitchell removed Catherine Calderwood

[Out of scope.]

Group conversation: 'Professional Adviser Group'

[25/02/2020, 15:47:05] Professional Adviser Gp: Messages and calls are end-to-end encrypted. No one outside of this chat, not even WhatsApp, can read or listen to them.

[25/02/2020, 15:47:05] Gregor Smith: Gregor Smith created group "MAG"

[25/02/2020, 15:47:05] Professional Adviser Gp: Gregor Smith added you

[25/02/2020, 15:48:01] Gregor Smith: Afternoon folks - just checking each of you content to be included in this group chat. Will add others as permissions come in.

[25/02/2020, 16:25:38] [REDACTED] Thank you,

[25/02/2020, 16:27:21] [REDACTED] Happy to be included

[25/02/2020, 16:37:45] Mini Mishra: Happy to be included too
Mini

[25/02/2020, 16:44:04] Corrine Love: Happy too. Corinne

[25/02/2020, 17:10:50] Cath: Happy to. Catherine

[25/02/2020, 18:13:54] [REDACTED] Gregor Smith added [REDACTED]

[25/02/2020, 18:24:20] ~ John Harden: Yes, happy to be included.

[25/02/2020, 18:41:49] graham Ellis:

[25/02/2020, 19:54:59] [REDACTED] And me

[25/02/2020, 19:59:22] Gregor Smith: Thanks Everyone. We can use this as a way of rapid communication and discussion. We should treat it as more secure than normal texting but not completely secure and no patient details should be passed on.

[25/02/2020, 20:00:58] Gregor Smith: If there is news relevant to Scotland, we can quickly inform you of this. Or particular queries / requests that any of us may have.

[26/02/2020, 00:04:06] John Colvin: Fine with me. John

[26/02/2020, 13:51:00] Gregor Smith: Will send out by email a briefing on surveillance and non-pharmaceutical countermeasures I've just done for Cab Sec.

[26/02/2020, 14:00:37] [REDACTED] Hi Gregor, for info we are meeting with SGPC this avo, if there's anything specific to/ from them.
Michelle

[26/02/2020, 14:05:41] Gregor Smith: Nothing specific but be aware AB has been tweeting about failure to deliver masks to his practice. Other than that it is changing tone to one of increasing inevitability and spotter practice surveillance will be extended to inc SARS-CoV-2 if given Caldicott approval (amongst other surveillance measures too).

[26/02/2020, 14:07:36] [REDACTED] Thanks- aware of tweet and have been in touch with board.

[27/02/2020, 18:47:29] Gregor Smith: A few things going on; GP sentinel practice scheme up and running today, ICU/ECMO surveillance following over next few days; announcement from CMO E this morning of 2 new cases; SAGE 11 took place - considered new modelling assumptions which are significant- dial-in facility failed before meeting - feedback on outcome keenly awaited; guidance for educational establishments published; thanks for useful feedback and discussion on pathway - AR has provided feedback; tomorrow - meetings of SGoRR(O) and COBR(O) - I'll provide feedback.

[27/02/2020, 18:50:39] Gregor Smith: Also - marked increase in testing last 24 hours following change case definition. Emphasises again need to encourage boards to address any capacity constraints in testing and important role of community based testing in providing solutions.

[27/02/2020, 21:21:11] ~ John Harden: Thanks for the update.

[28/02/2020, 08:45:30] Gregor Smith: You'll have seen announcement last night from NI. Further announcement to follow from elsewhere this morning. CMOs will discuss future initial placement in their call today with aim if establishing proportionate flexibility.

[28/02/2020, 08:51:47] [REDACTED] I will pass update via SMVN to address testing capacity and support community testing

[28/02/2020, 15:10:18] [REDACTED] Gregor Smith added [REDACTED]

[28/02/2020, 21:11:23] Gregor Smith: Another busy day... main points:

Interim Pathway for management COVID-19 agreed and will be sent out tonight; CMOs agreed move to proportionate and flexible locus of care within hospital setting rather than always HCID; SAGE 11 revised aspects of RWCS - fatality revised down to 1% of infection rate (ie symptomatic and asymptomatic 80% population) |; further work needed on hospital and ICU admission rates for consideration tues; further cases as reported in media but one with origins N Italian ski resort and one with ambiguous / credible foreign links.

That's all folks - have a good weekend.

[28/02/2020, 21:12:07] Dan Beckett: Gregor Smith added Dan Beckett

[28/02/2020, 21:14:05] Gregor Smith: Welcome to Sian (GP and OOH lead) and Dan (Acute Medicine)- just a reminder all I do shared here is between trusted colleagues and should remain within group unless for action.

[28/02/2020, 21:14:20] Gregor Smith: *info

[28/02/2020, 21:36:28] ~ John Harden: Thanks Gregor and welcome to Sian and Dan.

[28/02/2020, 21:45:25] Dan Beckett: Thanks.

[28/02/2020, 21:46:38] Cath: Welcome. C

[29/02/2020, 14:57:13] Gregor Smith: May find this of interest- WHO Mission to China Report. Just been published. <https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf>

[29/02/2020, 21:06:24] Gregor Smith: Hope you've all enjoyed some down time this weekend. Today has mainly been about media handling - interest remains very high. More cases in England and now in RoI. Internationally, evidence of community transmission remains strong in a number of countries. West coast USA and France latest to show increased evidence. No specific issues to deal with tonight so far.

[29/02/2020, 21:07:25] ██████████ Thanks Gregor, hope you are getting some time off too.

[29/02/2020, 21:46:43] ~ John Harden: Thanks Gregor. I wish I was but working last evening and today in ED at Wishaw!!

[29/02/2020, 22:26:07] Andrew Riley: Gregor Smith added Andrew Riley

[29/02/2020, 22:26:24] Gregor Smith: Adding Andrew to group now too

[29/02/2020, 22:27:23] Gregor Smith: image omitted

[29/02/2020, 22:33:04] ~ John Harden:

[29/02/2020, 23:21:19] graham Ellis:

[01/03/2020, 11:02:58] Gregor Smith: This is a fascinating analysis of genetics from a renowned geneticist; essentially, suggests there's been cryptic transmission in Washington state for 6 weeks or so that has gone undetected due to narrow case definition.

<https://twitter.com/trvrb/status/1233970271318503426?s=12>

[01/03/2020, 11:05:47] Gregor Smith: Clinical characteristics of COVID19 - published this weekend in NEJM. <https://t.co/iQKPkbfWca?ssr=true>

[01/03/2020, 20:21:05] Gregor Smith: All - prepare for busy day tomorrow and week ahead. There have been developments in Scotland this afternoon in relation to a returned traveller. Treat this as sensitive and confidential please. A PAG has taken place and SGoRR(M) has met. NR will follow soon.

[04/03/2020, 09:53:16] Gregor Smith: I've asked Diane to share a briefing I've done for FM / Cab Sec after SAGE12 yesterday. Has info on modelling assumptions and NPI. This is NOT for onward transmission and should be treated as Sensitive info.

[04/03/2020, 09:53:49] Gregor Smith: Further developments in Scotland overnight. Expect increasing numbers UK over next few days.

[04/03/2020, 10:02:50] ~ John Harden: Thanks Gregor.

[04/03/2020, 15:34:43] ~ John Harden: Gregor, has Diane sent the briefing as I haven't received it. J

[04/03/2020, 16:17:53] Gregor Smith: Mark will send out instead

[04/03/2020, 17:30:11] ~ John Harden: Thanks for this Gregor. Really interesting reading and useful to understand the implications for NPI. Food for thought!

[04/03/2020, 18:59:05] Corrine Love: Do we have an update on confirmed cases? Am hearing rumours but not sure how to get confirmation - other than through media channels.

[05/03/2020, 21:01:56] Andrew Riley: Guardian writes today:

UK patients with mild symptoms are being treated at home rather than in a hospital

In a major change of policy, some people who are confirmed to have contracted the virus, but display only mild symptoms are now being treated at home rather than in hospital.

Of the 115 confirmed cases across the UK since the outbreak began in late January, 18 have recovered, 52 are still being cared for in hospital and 45 are being treated at home, said Dr Susan Hopkins, the deputy director of Public Health England's national infection service.

"We've moved to a situation where people have minimal symptoms and they can self-isolate. It's safer for them to self-isolate in their own homes, with support," said Prof Chris Whitty, the chief medical officer for England and the government's chief medical adviser for the UK.

Prof Steve Powis, NHS England's national medical director, said: "If the symptoms are mild then it's appropriate for people to be in a home setting rather than a hospital setting."

Asked how the authorities are ensuring that infected patients are staying indoors, she said that all 45 people are displaying very responsible behaviour. "Many are isolating in their bedroom and only coming out of their room to get food and go back in. They are being very responsible."

Last Updated: 19:47 Thursday, 05 March 2020
2h ago

Not sure we knew this from sitreps maybe I missed this.

[05/03/2020, 21:12:30] [REDACTED] I understand that there are also Scottish patients who have declined admission and self managing at home.

[05/03/2020, 21:14:10] Andrew Riley: Yes it's the proportions being managed at home that I found surprising - welcome though.

[05/03/2020, 21:16:51] [REDACTED] A move that has occurred more quickly than was expected. However historically this was common in the past with smallpox

[05/03/2020, 21:18:54] Andrew Riley: Yes indeed, I have a copy of the 1942 Edinburgh smallpox outbreak report fascinating reading.

[05/03/2020, 21:22:56] [REDACTED] Andrew if you can send a copy to me I would be interested in reading. We can learn a lot from the past

[05/03/2020, 21:25:08] Andrew Riley: It is a personal copy in book form very happy for you to borrow if you wish.

[06/03/2020, 10:07:29] Andrew Riley: https://twitter.com/barnaby_flower/status/1235818389039271936?s=12

[06/03/2020, 21:39:37] Gregor Smith: Evening folks. Hard to believe it's Friday already. I wanted to thank you all for your support this week and to give a quick update on where we are. Very clearly we're still in containment but with escalating number of cases and still behind England in the curve (possibly 2-3w or so). This will continue to increase. SAGE has produced the new RWCS but this is NOT being shared outside at this point in time. However, it has triggered recommendations on 3 NPI on which further work will be done this weekend before a decision by 4 nations ministers next week. We'll speak more on this on Monday. The updated pathways have been produced and I've signed them off this evening. Thanks for your work on this. These will continue to be refined. FM and Cab Sec are paying close attention to NHS preparedness and there was a good call with chief execs today. This will be an increasing priority over the next week and we should play into this how we can. Please shout if you have any questions but otherwise have a good and restful weekend.

[06/03/2020, 23:22:05] [REDACTED] Thanks Gregor, you too

[06/03/2020, 23:59:44] ~ John Harden: Thanks Gregor. I had a useful call with the ED teams on Thursday which I can share with you all on Monday. Nothing urgent in it but some important issues raised. Have a good weekend everyone.

[09/03/2020, 08:53:53] ~ John Harden: I will dial in to today's meeting as working in Wishaw ED today.

[09/03/2020, 08:55:39] Gregor Smith: Thanks John. A lot to update on today from developments on Friday and work over weekend.

[09/03/2020, 09:01:00] graham Ellis: Also dialling in

[09/03/2020, 09:02:25] ~ John Harden: I will share a summary of my discussions with the ED leads with you directly Gregor in case there are any issues with me dialling in.

[09/03/2020, 09:25:35] [REDACTED] I'm also dialling in

[10/03/2020, 15:40:59] ~ John Harden: Hi all,

Message from the frontline: In light of the updated PHE guidance on the management of suspected cases there has been a bit of confusion in the clinical settings around what is the best thought to do as this increases the burden for testing and broadens the suspected group. I wonder if clarification is needed sooner rather than later to clinical teams re the guidance to follow in Scotland and the rationale behind this. John

[10/03/2020, 15:55:39] [REDACTED] John, HPS working on this. Current HPS guidance is for airborne

precautions for suspected cases, but PHE is recommending droplet precautions. Airborne precautions for AGP or confirmed COVID-19 positive. Problem with this what PPE should be used positive COVID-19 case in the community. The evidence so far is that this is droplet spread and therefore it should be droplet precautions for all patients and FFP3 mask for AGP.

[10/03/2020, 15:57:06] ~ John Harden: Thanks. I'll pass on to local teams to follow HPS guidance meantime and look for updated guidance.

[10/03/2020, 23:38:17] Corrine Love: First affected pregnant woman this evening.

[10/03/2020, 23:48:01] ~ John Harden: Hope she and baby are ok.

Lots of chat on ED group this pm about changes to PPE guidance from HPS. Main issue seems to be about what if any need there is for a staff member who uses FRSM when assessing a suspected case to self isolate if the index patient subsequently tests positive? This is making them worry about staffing issues and this they are reluctant to shift from FFP3 masks and full PPE.

Any advice or clarification on the need for isolation of staff in this scenario?

[10/03/2020, 23:55:03] Gregor Smith: Perhaps Keith and Andrew can pick this up respectively and provide definitive advice.

[11/03/2020, 08:18:42] [REDACTED]

One_Cancer_Voice_advice_on_coronavirus_for_people_with_cancer_FINAL.pdf • 6 pages document omitted

[11/03/2020, 08:19:18] [REDACTED] Came across this on Twitter,

[11/03/2020, 08:23:29] Cath: Corinne. I'm worried about pregnant women being at risk. H1N1 experience would tell us this. Numbers are small. I'm going to ask you and others to advise re social distancing measures. I'll email. Eddie Morris has done a paper for SAGE.

[11/03/2020, 08:27:47] Corrine Love: Been in regular contact with Eddie and Matthew and others. My concern too but no evidence to suggest this currently. Will work on advice.

[11/03/2020, 08:29:36] Cath: We will have to work on no evidence but extrapolate from H1N1. We are going to suggest those with immune compromise take measures to reduce contacts. I think pregnant women should too. But what gestation and how restrictive needs to be decided. It will be best guess. Have to suspend need for perfect science here.

[11/03/2020, 08:31:24] Corrine Love: Will do

[11/03/2020, 08:41:02] [REDACTED] John, I can understand Ed staff concerns and these will be the same for many HCW who use droplet precautions and subsequently learn a patient is SARS-COV-2 positive. Need constancy. I will chase up to day

[11/03/2020, 08:44:34] ~ John Harden: Thanks Keith. Also issue re PHE guidelines for management of suspected cases causing some to look to follow this in expectation that HPS will follow. I note that so far HPS has not gone in this direction but wonder if there needs to be a steer from Gregor or Catherine to direct clinical teams in Scotland towards HPS guidance and not PHE guidance?

See below re what I was sent with the tag of new guidance?

[11/03/2020, 08:45:03] ~ John Harden: Untitled.pdf • 1 page document omitted

[11/03/2020, 08:48:10] Dan Beckett: I agree the conflict between PHE and HPS advice is causing considerable confusion in AMUs at a time when clarity is important. A steer would be very useful indeed. Thanks.

[11/03/2020, 09:01:11] graham Ellis: Hospital at home teams asking too. Not sure how to advise yet.

[11/03/2020, 10:22:21] ~ John Harden: 202009- HPS Briefing Note - Update 13-10 03 20 final(3).pdf.pdf • 9 pages document omitted

[11/03/2020, 10:24:03] ~ John Harden: Keith this was sent to boards last night with piecemeal distribution to ED and other teams as far as I can gather.

[11/03/2020, 10:45:55] [REDACTED] John, the HPS briefing note is helpful. Basically answers questions raised. All suspect or proven SARS-COV-2 to be managed with droplet precautions. If AGP performed then airborne precautions. Patients in areas where AGP an on going risk ie ICU then wear airborne precautions. This advice is uniform across the community, hospital and Care home setting

[11/03/2020, 10:48:56] ~ John Harden: Thanks Keith,

The concerns that are being raised is around the large numbers that this will potentially result in needing to be treated wearing Droplet PPE. This will have a significant pressure effect on ED and Acute Medical receiving areas and leads to the initial point re staff needs for isolation in the event of contact using droplet PPE in a case that is later found to be positive.

[11/03/2020, 13:10:48] graham Ellis: That's really helpful Keith thanks

[11/03/2020, 13:14:12] [REDACTED] My understanding is that staff should not be at risk so long as they used droplet precautions when managing a suspect case who then is confirmed positive. This advice

wou3only hold if no AGP performed. AGP unlikely to be performed at home or in care homes however maybe performed in ED dept

[11/03/2020, 13:33:49] ~ John Harden: Thanks Keith. Are you happy for me to share this advice with the ED network?

[11/03/2020, 13:34:27] [REDACTED] Yes.

[11/03/2020, 13:34:57] ~ John Harden: Thanks.

[11/03/2020, 14:24:35] Dan Beckett: Two points coming across from a number of AMUs and sites

1. The new HPS guidance is proving challenging in an AMU setting (unsurprisingly) with concerns re sustainability. We are looking for sites that are doing it well to share best practice

2. Significant concern re ongoing elective work and ICUs already near capacity. Are there national plans to halt elective work or is this left to boards? Thanks.

[11/03/2020, 14:28:16] [REDACTED] Daniel, what parts of the new HPS guidance are the challenge? Access to PPE, the new testing criteria isolation etc.

[11/03/2020, 14:35:44] Dan Beckett: The broader requirement for isolation (particularly in sites with few side rooms) and patients arriving en masse and unfiltered. Plus the time for the test to come back. Are we close to any validated POCT? Tayside are apparently looking at dual entry streams for ILI/chest and 'others'. Hoping to learn from them. Dan.

[11/03/2020, 14:40:14] [REDACTED] Only three resting sites in Scotland. If commercial kits become available (PHE looking at some) local labs maybe able to perform the tests. Not sure if any POCT is under verification by PHE.

[11/03/2020, 14:46:11] [REDACTED] New HPS guidance also causing a challenge for primary care. Influenza like illness treated as ? Covid in hospital but not in community, real challenge when trying to admit.

[11/03/2020, 14:55:53] [REDACTED] New testing criteria has resulted in more individuals being tested. Would "drive through" testing take some of the pressure of EDs and allow more community testing? Lothian has this facility and possibly Fife. More testing performed away for hospital would seem to be one approach.

[11/03/2020, 14:56:19] Gregor Smith: Discussion this afternoon at chief execs about non-essential elective programme. My view is that it should begin winding down now.

[11/03/2020, 15:29:01] ~ John Harden: I would be keen to hear the outcome on that discussion.

[11/03/2020, 15:33:00] Dan Beckett: Likewise thanks. Re the 'drive through' testing suggestion - it's hard to see how this would help AMUs as our patients are being referred to hospital for admission rather than just for testing. It's the need to isolate them pending the result that is proving difficult. A large proportion of medical admissions have pneumonia/ILI.

[11/03/2020, 15:44:05] ~ John Harden: They have it set up in Inverness and it seems to have helped there with the initial testing issues but not sure what's happening now with changes to the guidelines.

I don't think the issue is with the testing but as Dan says, more with the isolation needed now.

[11/03/2020, 16:07:11] Dan Beckett: Some feedback that SAS seem unaware about new HPS guidance re PPE/isolation. I'm sure that it's just taking its time to filter through but just flagging to ensure it has been shared appropriately.

[11/03/2020, 16:14:06] Gregor Smith: Thanks. I've already discussed with HPS that there are issues with guidance cascading through the system and they'll consider how this might be improved. We need boards to get this out quickly once received.

[12/03/2020, 10:32:05] Cath: Can someone urgently source me the sort of advice given to patients currently on chemotherapy re limiting social contact and keeping away from infection. ASAP please. Doesn't need to be perfect or detailed. It's for media lines. Thanks

[12/03/2020, 11:07:24] Andrew Riley: Catherine, I was in the HPS t/c at the time and Jim has asked for urgent clarification. (See his email of 9:59) I am not aware of any specific guidance developed yet for this group. Best steer in the meantime would likely be social distancing for the over 70s and at risk groups as per SAGE advice.

[12/03/2020, 11:11:48] Cath: You misunderstand. Just something from a cancer unit. Basic Meantime. For 12 noon. We are doing the other detailed stuff.

[12/03/2020, 11:18:24] [REDACTED]
One_Cancer_Voice_advice_on_coronavirus_for_people_with_cancer_FINAL.pdf • 6 pages document omitted

[12/03/2020, 11:18:35] [REDACTED] Is this of any help?

[12/03/2020, 11:20:02] Andrew Riley: Looks good to me. If it's not enough I can go to one of the units as requested.

[12/03/2020, 11:39:00] ~ John Harden: I've just asked the Cancer policy team re this. They will send something to you ASAP

[12/03/2020, 12:04:33] ~ John Harden: They will send directly to you Catherine.
[12/03/2020, 19:33:30] ~ John Harden: ED COVID-19 Screening Tool.pdf.pdf • 1 page document omitted
[12/03/2020, 19:34:04] ~ John Harden: Being used in LOTHIAN to help with new case definitions. I think this is very useful.
[12/03/2020, 19:43:11] Dan Beckett: So they've defined ILI as cough/SOB/fever? Useful. We have something similar in FV. Can I share with AMU group?
[12/03/2020, 19:43:59] Dan Beckett: Also Gregor - was there a steer from CEO group re elective activity postponement?
[12/03/2020, 19:46:38] Gregor Smith: Letter gone out to chief execs group asking them for their mobilisation plans with steer to begin rolling back
[12/03/2020, 19:50:54] ~ John Harden: I'm happy for you to do this. I've asked HPS for definition on ILI.
[12/03/2020, 19:54:36] ~ John Harden: image omitted
[12/03/2020, 19:55:11] ~ John Harden: I'm guessing HPS will follow as they were waiting on this.
[12/03/2020, 19:55:22] Dan Beckett: Thanks. Helpful. Would be good to get a steer from HPS but agree unlikely to differ.
[12/03/2020, 21:34:00] ~ John Harden: ED COVID-19 Screening Tool.pdf.pdf • 1 page document omitted
[12/03/2020, 21:34:12] ~ John Harden: Updated.
[12/03/2020, 22:44:38] Gregor Smith: image omitted
[13/03/2020, 07:32:02] ~ John Harden:
[13/03/2020, 08:16:56] ~ John Harden: image omitted
[13/03/2020, 20:11:57] ~ John Harden: Corinne, is there any guidance for pregnant staff and what they should or shouldn't be involved in?
[13/03/2020, 20:14:41] Corrine Love: No, nothing different at this point in time.
[13/03/2020, 20:17:47] Corrine Love: Feels pragmatic, where there are enough staff around currently, to suggest pregnant staff avoid contact with positive patients where possible, but no evidence base for this.
[13/03/2020, 20:19:55] Dan Beckett: HPS guidance says that pregnant (or immunocompromised) staff should not provide direct care to suspected or confirmed COVID cases?
[13/03/2020, 20:20:48] Dan Beckett: Top of page 5

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2936/documents/1_covid-19-guidance-for-secondary-care.pdf

[13/03/2020, 20:31:06] Corrine Love: Thanks. Sorry I hadn't seen that. I need to speak with HPS about this.
[13/03/2020, 20:34:33] [REDACTED] Advice from occ health in Lothian consistent with Corinnes view not PHE
[13/03/2020, 20:34:40] ~ John Harden: Neither had I. Thanks for this. I note PHE has issues guidance re Healthcare Workers that seems quite sensible. I'm guessing HOS will follow.
[13/03/2020, 20:36:03] ~ John Harden: HPS
[13/03/2020, 20:39:24] Corrine Love: Does anyone have easy access to the PHE guidance on this?
[13/03/2020, 20:39:55] ~ John Harden: Just wondering if we should be getting sent a copy of any HPS briefings they send to health boards? I'm relying currently on NHS Lancashire sending them to me which is sometimes delayed.
[13/03/2020, 20:40:12] Corrine Love: Good idea
[13/03/2020, 21:04:29] Cath: All- we are drawing up guidance for pregnant women (not staff) at the moment but I will have them classified as Cat 2 vulnerable ie same advice re reducing social contacts as the >70s when that comes in - next few weeks.
[13/03/2020, 21:05:49] Cath: I think they are vulnerable and should not look after positive patients. Very firmly.
[13/03/2020, 21:07:10] ~ John Harden: Thanks Catherine.
[13/03/2020, 21:27:15] Corrine Love: Have spoken with Catherine.
I will get HPS to amend that wording based on my conversation with Catherine.
For this weekend - pregnant HCW in non ICU settings as per other HCW. In ICU settings should be wearing FFP3.
Will get definitive UK advice out over next few days.
[13/03/2020, 21:44:26] [REDACTED] All HPS guidance can be found at HPS Covid 19. Tap it into your favourite search engine. The updated guidance can be found there. Danger if you make local guidance it changes rapidly
[13/03/2020, 21:44:59] Dan Beckett: Absolutely. Have been living it for 72 hours.

[13/03/2020, 21:48:00] ~ John Harden: Thanks.

[13/03/2020, 21:48:43] ██████████ From a infection prevention purposes I would suggest pregnant women avoid COVID positive patients work with other patients and if not possible then airborne precautions. This is the same guidance for immynosuppressed HCW

[13/03/2020, 22:05:19] Corrine Love: We will get clarity and agreement from HPS and PHE for UK guidance for pregnant HCW

[13/03/2020, 22:36:05] ██████████ They could work in Covid hub if appropriate- non patient facing

[14/03/2020, 10:11:56] Dan Beckett: Many colleagues asking whether there will be high level guidance regarding appropriateness of admission to hospital once activity starts to ramp up. Some discussions regarding no admissions from care homes as an example. Will there be a view from CMOs office? Thanks.

[14/03/2020, 10:17:34] Gregor Smith: Needs to be a collective view on this across UK, critical care first. This is being looked at. But yes, this is something that we'll be looking at.

[14/03/2020, 10:21:17] ~ John Harden: Thanks for this Gregor. Similar questions likely to arise from ED's this week. I'll use to reassure them.

[14/03/2020, 10:58:22] graham Ellis: We have issued guidaamce recommending not to admit from nursing homes. They are also applying social distancing to care homes and isolation in rooms within homes to prevent spread. This has been a tough measure for homes and hopefully will be applied compassionately. Communities are trying to ramp up community support to care homes. Hospital at home will also offer support as able. We need to

Look at those receiving care at home next as well as high risk groups. Key to this is acp documentation and his working on a brief covid appropriate version for rapid use.

[14/03/2020, 10:59:27] graham Ellis: Please encourage acp use whenever you get the chance. Most people given a choice seem to prefer not to go into hospital. Documenting and sharing that information is critical.

[14/03/2020, 11:04:44] ██████████ That's also gone out in a letter to GPs, also relaxing consent for KIS. Nursing and community focussing on this too, and very supportive buy in from college and BMA.

[14/03/2020, 11:06:09] ~ John Harden: Thanks for this update Graham.

[14/03/2020, 11:50:48] Dan Beckett: Graham do you have a link to guidance not to admit from Nursing Homes? Thanks

[14/03/2020, 12:11:46] graham Ellis: I think it's on HPS site as an annex to their guidance for care home settings.

[14/03/2020, 12:15:43] ~ John Harden: Just looked. Nothing there to give that advice.

[14/03/2020, 12:35:28] graham Ellis: I don't see it on website - will need to pick this up on Monday. Went out with letter from cab sec

[14/03/2020, 12:35:43] Dan Beckett: That would be really helpful

[14/03/2020, 13:12:21] ██████████ COVID-19 - Letter from Cabinet Secretary for Health and Sport - Social care guidance - 13 March 2020.pdf • 5 pages document omitted

[14/03/2020, 13:32:18] Dan Beckett: Thanks Michelle. This is really useful. It seems to say that care home residents with CV19 shouldn't be admitted rather than a broader approach to all care home admissions. Am I misreading it?

[14/03/2020, 13:33:56] ██████████ A quick update from NHS 24- over 3,000 helpline calls, 98,000 hits on inform page.

20,000 accessed self help guide, with 40% of those coming out as advice to self isolate.

This morning already looking to overtake yesterday.

Request re any comms :

to encourage people to access website etc first- there is a helpful line in the CMO letter?

[14/03/2020, 15:34:30] graham Ellis: That is correct. I suspect it will have a wider effect.

[14/03/2020, 19:53:36] ██████████ image omitted

[15/03/2020, 20:50:29] Andrew Riley: image omitted

[15/03/2020, 20:57:11] ~ John Harden: Andrew, any idea if there are plans for Staff screening if unwell?

[15/03/2020, 20:57:43] graham Ellis: image omitted

[15/03/2020, 20:59:31] ~ John Harden: image omitted

[15/03/2020, 20:59:54] Andrew Riley: I remember mention of HCW being higher priority but not clear where that discussion got to. I can ask HPS tomorrow!

[15/03/2020, 21:00:18] ~ John Harden: Cheers. It's come a few times on the ED chat group.

[15/03/2020, 21:02:31] graham Ellis: News today - we had a local heads up Saturday.

<https://www.bbc.co.uk/news/uk-scotland-glasgow-west-51902133>

[15/03/2020, 21:38:20] Gregor Smith: Highgate has an interesting background and epidemiology. Will fill

you in tomorrow.

[15/03/2020, 21:40:33] Gregor Smith: Re HCW and testing - clinical cell will look at this but part of wider work on testing for critical workers in national infrastructure. We need to be mindful of testing capacity here - PHE have identified 5m key workers so this needs careful thought so not to swamp testing capacity and be unsustainable

[15/03/2020, 21:50:37] ~ John Harden: Thanks for this update Gregor. I guessed it would be a capacity issue.

[15/03/2020, 21:53:43] [REDACTED] Really good zoom conference tonight in Tayside- over 250 docs-GPs, pub health, respiratory physicians. Mass mobilisation virtual meetings, great dissemination of info. And really joined up working.

[15/03/2020, 22:29:18] graham Ellis: Can we set them up in each board? I think rapid grassroots communication is a priority.

[15/03/2020, 22:29:53] graham Ellis: Separate question. Are we thinking about whether we can fast track asylum seeking doctors to help out?

[15/03/2020, 22:47:03] ~ John Harden: Think might be useful to share that looking at the logistics of it but that need to determine the benefits vs overloading capacity for testing? Teams seem concerned that they will lose too many staff to self isolation when possibly not needed if tested negative. ? PoC testing an option.

[16/03/2020, 07:21:41] ~ John Harden: Gregor. I will dial in to the meeting today.

[16/03/2020, 10:44:16] [REDACTED] Gregor Smith added [REDACTED]

[16/03/2020, 10:45:34] Gregor Smith: All - adding [REDACTED] into group - [REDACTED] will be heading up my private office during COVID response. A meeting of SAGE has just been called for 1300 today. Can we delay MAG until 230 please?

[16/03/2020, 11:00:45] ~ John Harden: No problem.

[16/03/2020, 11:39:31] [REDACTED] These are questions in relation to hospitalised patients for meeting this pm. Have you been asked about visiting? Do we need more unambiguous guidance around visiting any hospitalised patient at this time. I am acutely aware most Norovirus outbreaks are the result of visitors bring in the virus

[16/03/2020, 11:43:32] graham Ellis: I would also like to bring up resourcing (staff for hospital at home). John Conaghans guidance suggests hospital at home are point of contact for managing at home but services will be rapidly overwhelmed. I think it could be perfect solution to covid cases but needs resource/support?

[16/03/2020, 11:44:01] ~ John Harden: Agree with both above.

[16/03/2020, 13:42:51] ~ John Harden: Question for infection control colleagues. The hand sanitiser on my ED (? Whole of NHS Lanarkshire) is Hydrogen Peroxide based and not alcohol based. Do we need to do anything about this. Other sites may be in the same situation?

[16/03/2020, 14:07:52] graham Ellis: Just don't drink it...

[16/03/2020, 14:10:32] [REDACTED] I will do a search and get back to you. Never heard of H2O2 being used in hand gel.

[16/03/2020, 14:13:56] ~ John Harden: Thanks.

[16/03/2020, 14:17:48] ~ John Harden: Think they have alcohol in them too.

[16/03/2020, 14:17:58] ~ John Harden: Ingredients not that clear.

[16/03/2020, 14:30:44] [REDACTED]: All - for info Gregor will be unable to dial in to the meeting. Mini will be chairing in his absence.

[16/03/2020, 14:37:07] [REDACTED] A quick search using Google did not find anything. It is used as a cleaning agent as it is bacteriocidal and sporicidal. However it depends on the concentration and contact time. I suggest the product sheet is consulted or the manufacturer is contacted and asked specifically.

[16/03/2020, 18:30:01] [REDACTED]: [REDACTED] changed the group name to "MAG,

[REDACTED]

[16/03/2020, 18:30:49] [REDACTED]: [REDACTED] changed the group name to "MAG"

[16/03/2020, 20:07:14] Dan Beckett: Corinne has there been any further guidance issued on pregnant HCW? Apologies if it's out there already. It's quite difficult keeping on top of everything. Thanks.

[16/03/2020, 20:35:38] Corrine Love: No nothing official yet.

RCOG still being blocked by NHSE. So still suggest pragmatic approach. If possible deploy pregnant HCW to look after non suspected / confirmed patients.

[16/03/2020, 20:41:13] Dan Beckett: Ok thanks.

[17/03/2020, 08:51:20] graham Ellis: Gregor, I have a growing concern that what may break us is not our ITU capacity but our social care capacity. With 100,000 people in Scotland in care or with care at home a sickness rate in the workforce of 10-20% could lead to incredible pressures in acute or preventable

morbidity. Is there more we need to do to prop up care services? Am in discussion with directorate but want to flag risk.

[17/03/2020, 10:25:50] Sara Davies: Gregor Smith added Sara Davies

[17/03/2020, 10:26:04] Gregor Smith: Adding Sara

[17/03/2020, 10:26:58] Gregor Smith: Graham - well recognised and work going on here to create more resilience inc pivot community health staff and deployment 3rd yr nursing students

[17/03/2020, 10:28:45] graham Ellis: Thanks

[17/03/2020, 14:45:09] ██████████: All, is there an opportunity to get some Very Clear guidance for HCWs - clarifying the "underlying conditions" comms. we have increasing numbers of community staff saying they can't work because they have high blood pressure, rumours that if you've had a flu jab you shouldn't be at work etc

Causing real worries for staffing, particularly OOH . Sure this is same in acute Not sure if clinical cell or other, but something ASAP if at all possible would be hugely helpful?

Thanks all

[17/03/2020, 14:47:09] Cath: SG Working on it. In next day or so. Only those with severe immune compromise need stay at home. Organ transplant, leukaemia, chemo etc.

[17/03/2020, 14:48:10] ~ John Harden: Can I ask, we have stopped contact tracing?

[17/03/2020, 14:49:21] Cath: For admitted cases still going ahead. Not for self isolating (not diagnosed).

[17/03/2020, 14:49:30] ~ John Harden: Thanks.

[18/03/2020, 08:30:11] ~ John Harden: Gregor, Catherine, I am hearing reports of some significant impacts on staffing as a result of the home isolation guidance.

Some departments are already down 4 or more consultants and other staff.

I think we need an urgent decision on what HCWs should do re this guidance. As it stand exposures result no isolation until symptomatic but home isolation results in 14day minimum if 1 in household has symptoms but you have none! Please see useful slide summary shared by my ED colleagues.

[18/03/2020, 08:30:26] ~ John Harden: COVID-19. Staff Isolation and Swabbing.pptx.pptx • 5 slides document omitted

[18/03/2020, 08:30:56] ~ John Harden: Accept my apologies if I may be missing something?

[18/03/2020, 08:39:21] ██████████: Also confusion about which staff with underlying health conditions can see patients face to face, lots of staff calling off due to this.

[18/03/2020, 08:41:23] ██████████: Hi john, same in primary care and practices closing. That's going to inevitably push into EDs. Appreciate this is so fast moving and complex, and ideally we would want to be in step with NHSE. Staff isolation and testing , along with need for more clarity re underlying health conditions will be our main cries (along with continued PPE worries).

Modelling numbers are out to the boards, and expect this will drive above.

What can we do to help ?

[18/03/2020, 08:44:46] ~ John Harden: I wonder if we go with just exposure guidance for HCWs and exempt them from Home isolation guidance?? That would limit them to 7 days off and remove impact of 14 days. Testing probably not really an option unless local capacity but that would lead to massive variation across the system.

[18/03/2020, 08:46:21] ~ John Harden: Needs approval - ? From workforce.

[18/03/2020, 08:47:53] graham Ellis: Sad to say the same applies to care workers and the risk of destabilising care for people at home.

[18/03/2020, 09:29:27] Cath: Key worker guidance being written. Of course this includes many other than HCWs (and which ones are key- laundry staff?), prison officers, nuclear power station staff etc. Limited number of tests and need to prioritise patient testing. I'll discuss the home isolation guidance on CMO call today.

[18/03/2020, 09:29:58] Gregor Smith: Folks - there is none of this that isn't recognised or known. We do need people to be flagging issues but I think you'll recognise that this is known and that people are working hard to try to mitigate it. But the bottom line is household transmission has been one of the main modes of spread in international experience and we can't ignore that. This is hard stuff. As soon as we can go out with a suggestion we will.

[18/03/2020, 09:41:50] ██████████ Thanks Gregor, I'll shut up now!

[18/03/2020, 09:44:33] graham Ellis:

[18/03/2020, 09:49:51] ~ John Harden:

[18/03/2020, 09:56:07] Dan Beckett: Catherine/Gregor. A different question. With the current four nation guidance having a broad case definition and strict guidance on PPE being single use only - we (AMUs) are

burning through it at an extraordinary rate. Nobody locally or elsewhere can tell me how long stocks will last at this rate (and use will only increase). Is there national information, and if limited should we be advocating pragmatism (for example reusing visors which is a contentious point)? DB.

[18/03/2020, 10:03:59] [REDACTED] This is a concern I have. If we use all the FRSN and FFP3 masks at this early stage of the pandemic there maybe very limited supplies when we are in the thick of it.

[18/03/2020, 10:04:40] ~ John Harden:

[18/03/2020, 10:15:42] ~ John Harden: image omitted

[18/03/2020, 10:19:19] [REDACTED] Yes the 3M mask has a failure rate of about 20%. The national stockpile mask is a different make which does appear to have a higher failure rate. However not sure why the failures are occurring.

[18/03/2020, 10:28:22] ~ John Harden: This may have an additive impact on your earlier concern. Is it worth re-evaluating the advice for certain procedures to preserve stocks?

[Redacted - s.37(1)(b).]

[18/03/2020, 16:39:57] ~ John Harden: Just had a call with. Clare Morrison, National Lead for NHS NearMe. Initial discussion was for clinical steer ins areas for expanding role of this into acute, but moved on to thinking about using to support virtual ward rounds by retired or self isolating consultants etc, or to provide support for remote sites caring for sick eg Shetland where we can't get the patients transferred off from. Any thoughts on this as an idea?

[18/03/2020, 16:42:29] graham Ellis: I presume it would be best to integrate this into Covid hubs so that best placed person can give advice? We don't yet have it installed in hospital at home but that would be the plan. (Still using face time...)

[18/03/2020, 16:44:56] ~ John Harden: I'm sure it could be. I've given her your email to get in touch directly as I thought of your work after our discussion last week.

[18/03/2020, 16:45:55] graham Ellis: I will pick up with her

[18/03/2020, 19:11:46] ~ John Harden: Michelle do you have any thoughts on this?

[18/03/2020, 20:20:09] [REDACTED]: Yes, we've suggested hubs as a priority area for this, could be really helpful. Really good (and growing) uptake from GP practices for it too.

Call with boards tonight, looks like they will be good to go with hubs by Monday, some still sorting plans for assessment centres.

[18/03/2020, 20:21:24] ~ John Harden: That's great news Michelle.

[18/03/2020, 20:46:21] Dan Beckett: Sorry another concern raised from AMU/HDU colleagues. Has the issue of total hospital O2 flow rates been looked at? Suggestions from some colleagues that they could only provide high flow O2 to a maximum of 25% of their beds. Apologies if duplication but I have not heard this before.

[18/03/2020, 20:51:38] ~ John Harden: Dan, I remember Gregor saying that this was being looked at as part of his update to the MAG on Monday.

[18/03/2020, 20:52:40] Dan Beckett: Thanks

[18/03/2020, 21:06:28] graham Ellis: It has been

[18/03/2020, 21:19:11] Gregor Smith: Adding some new names - Mike Gillies and Alastair Cook. Both are joining us to work directly with Catherine and I supporting work from our offices across government and especially in strengthening links with clinical cell and boards - more on this later. Mike is an AMD from critical care background in Lothian whilst Alastair is MD N Lanarkshire HSCP and our incoming PMO Mental Health.

[18/03/2020, 21:20:06] Professional Adviser Gp: Gregor Smith added Mike Gillies and [REDACTED]

[18/03/2020, 21:26:13] [REDACTED]: Anaesthetic colleagues will know more about this than me but HFOT would deplete the hospital O2 supply very quickly. Also some evidence from China it not a good option except as a bridging option while awaiting ventilation.

[18/03/2020, 21:29:10] Mike Gillies: High flow oxygen therapy is used as part of normal icu management but current evidence is not strong enough to support routine use and it is classified as an aerosol generating procedure therefore increased risk to staff. Not currently recommended in NHSE specialty guide for ITU in covid pandemic.

[18/03/2020, 21:31:51] ~ John Harden: Good to know and welcome to the group Mike. I'm in ED and this is

very helpful. Would you recommend advising against it to my ED colleagues unless only option for patient pending full ventilators support?

[18/03/2020, 21:34:30] Mike Gillies: We are advising early intubation in respiratory failure and avoiding NIV and HFOV as both are AGPs. However there will be a subgroup of COPD patient not suitable for Level 3 care who may benefit from NIV as ceiling of care is a suitable room or isolation area can be found to deliver it. On pages 4/5 of spec guide.

[18/03/2020, 21:35:35] ~ John Harden: Thanks for this Mike. I'll find the guide and highlight to ED colleagues.

[18/03/2020, 21:45:20] Mike Gillies: <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/specialty-guide-itu-and-coronavirus-v1-16-march-2020.pdf>

[18/03/2020, 21:58:13] Dan Beckett: That's very helpful thanks

[18/03/2020, 21:59:47] ~ John Harden: Thanks. Found it

[19/03/2020, 10:28:20] John Colvin: Welcome aboard, Mike. Good to have your support.

This is helpful guidance and interpretation of how it is translating into practice around intubation thresholds; this in line with our discussions last week in MAG and with Scottish Critical Care Delivery Group. There's also a lot of work being done on critical care surge and escalation capacity, equipment requirements etc between SG, NSS procurement and SCCDG. It would be helpful for us to catch up quickly to ensure coordination of all this. Are you free for a call this morning? John

[19/03/2020, 10:57:13] Mike Gillies:

[19/03/2020, 16:16:39] ~ John Harden: Saw the FM say that testing of staff now one of the objectives of the testing strategy. Do we know timescales as yet?

[19/03/2020, 16:18:36] Cath: Working on a critical list today. But caution. Lab capacity the limit here at present. Will change/expand in relatively short timeframe though- 1-2 months.

[19/03/2020, 16:27:52] ~ John Harden: Thanks for this Catherine.

[19/03/2020, 16:29:03] [REDACTED] John, all laboratories now working on capacity issue. Govt providing cash for more testing platforms but will take time to acquire them. In the mean time some local labs working hard to verify the PCR tests presently available to them. Expect a small increase in capacity in the next week and then significantly change as Catherine indicates

[19/03/2020, 16:44:24] ~ John Harden:

[20/03/2020, 07:58:49] [REDACTED]: Hi everybody

Staff testing important and recognise current limitation is availability. More people are off because they have a symptomatic family member than symptomatic themselves.

We are looking at reinstating drive through early next week for staff and family. Will need to prioritise according to availability of tests but testing family in some situations as good or better than staff we think. Can we get messaging to say symptomatic staff and symptomatic family that are requiring essential staff to isolate.

Think this would have good morale effect as well as helping us get well staff back to work

Is there a call today? Just joining group so don't have times in diary as yet

[20/03/2020, 08:13:47] [REDACTED]: Hi Alastair - there is a call today. Can you send me your email details and I will get the information to you. [REDACTED]

[20/03/2020, 08:15:28] [REDACTED]: [REDACTED]

[20/03/2020, 10:40:47] [REDACTED]: Thanks

Any discussion re Easter and May bank holidays yet? Although hospitals will be seven day working many community services have a four day weekend in diary still. Can SG cancel a bank holiday?

[20/03/2020, 11:20:57] [REDACTED]: Raised this with board primary care leads as well- consensus was to keep going, but will need national steer

[20/03/2020, 14:32:29] ~ John Harden: Was that it?

[20/03/2020, 19:07:47] [REDACTED]: Covid Community Hub Arrangements - To issue.pdf • 7 pages document omitted

[20/03/2020, 22:51:06] ~ John Harden: image omitted

[20/03/2020, 22:53:56] Mike Gillies: There is limited stock of FRSM as well as PPE. Have been dealing with PPE stock concerns from my organisation all day. I think it's one of the top issues we need to address in the next couple weeks as the indications seem to expand. If we can't sort PPE we can't driver care effectively.

[20/03/2020, 22:54:38] ~ John Harden: That's what is behind my concern!

[20/03/2020, 22:55:03] Mike Gillies: Sorry first sentence should read limited stocks of FRSM as well as FFP3!

[20/03/2020, 22:59:59] ~ John Harden:

[21/03/2020, 08:19:00] [REDACTED]: Get PPE to front line staff is causing genuine and fully justifiable

anxiety.

[21/03/2020, 10:28:48] Gregor Smith: Is it FFP3 Keith? Or across the board?

[21/03/2020, 10:37:21] Gregor Smith: Sorry - read back thread. Will discuss with HRU this morning.

[21/03/2020, 10:39:04] Mike Gillies: FFP3 is the primary concern and it is affecting confidence

[21/03/2020, 10:42:46] Gregor Smith: We have reserves of expired but revalidated stock that can be released - Mike going to release

[21/03/2020, 11:01:11] Mike Gillies: PPE and FFP3 in particular should definitely be in our top 3 issues

[21/03/2020, 17:56:04] Dan Beckett: Unsure how to progress this. Current HPS guideline (190320) on initial PPE for CPR directly contradicts current advice from resus council (even though it links to this from within the document). This sort of confusion is causing unnecessary strife for already anxious staff.

[21/03/2020, 17:56:54] Gregor Smith: You don't. There's a live discussion about it just now. Just off the phone with their CEO.

[21/03/2020, 17:57:39] Dan Beckett: Great. Could you let me know outcome and I can send heads-up to AMU teams. Thanks.

[21/03/2020, 17:58:20] Gregor Smith: I'll send you email trail

[22/03/2020, 16:06:52] ~ John Harden: image omitted

[22/03/2020, 17:09:09] Andrew Riley: Germany's low coronavirus mortality rate intrigues experts https://www.theguardian.com/world/2020/mar/22/germany-low-coronavirus-mortality-rate-puzzles-experts?CMP=Share_iOSApp_Other

[23/03/2020, 14:56:55] Mike Gillies: Anyone know who is coordinating purchase of additional sats probes for use in non critical care settings?

[23/03/2020, 15:01:41] Sara Davies: No but there is now a supply resilience oversight group run by Mike Healy with clinical input from John Colvin's team. NSS have a lead on supplies. Do you want this need added and who would know supply quantities/ qualities?

[23/03/2020, 15:03:07] Gregor Smith: Pulse oximetry may become very important for community based models of care.

[23/03/2020, 15:03:28] Gregor Smith: <https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0080#>

[23/03/2020, 15:03:29] Dan Beckett: Agree

[23/03/2020, 15:30:12] Mike Gillies: So Mike Healy? I'm seeing John Colvin later. Thanks.

[23/03/2020, 15:32:33] Gregor Smith: Could start there

[23/03/2020, 15:35:10] Sara Davies: I've alerted Yvonne Summers re the need, working with Mike Healy

[23/03/2020, 20:53:28] John Colvin: I'll ensure this has been picked up by Mike and team.

[23/03/2020, 21:30:12] ██████████: Gregor, I have been pulled back full time to Fife. I will give any support I can via the whatsapp group, but limited time to link in via the telephone calls. Every cloud has a silver lining. Individuals taking infection prevention and control seriously.

[23/03/2020, 22:01:37] ██████████: <https://twitter.com/trishgreenhalgh/status/1242188516869758978?s=12>

[24/03/2020, 17:06:58] graham Ellis: image omitted

[24/03/2020, 17:08:17] ~ John Harden:

[24/03/2020, 17:23:56] ~ John Harden: image omitted

[24/03/2020, 17:23:56] ~ John Harden: image omitted

[24/03/2020, 17:23:57] ~ John Harden: image omitted

[24/03/2020, 17:23:57] ~ John Harden: image omitted

[24/03/2020, 17:25:01] ~ John Harden: And here's the link to Turas. <https://learn.nes.nhs.scot/>

[24/03/2020, 21:10:29] Mike Gillies: <https://www.nice.org.uk/guidance/ng159>

[24/03/2020, 21:10:53] Mike Gillies: ...back to COVID...just our

[24/03/2020, 21:10:57] Mike Gillies: Out

[25/03/2020, 09:17:38] Gregor Smith: <https://twitter.com/mgalandajuana/status/1241764185740107782?s=12>

[25/03/2020, 09:17:51] Gregor Smith: Good stream via Catherine

[25/03/2020, 09:48:45] ██████████: On a different tack is there link in with the CLO at the moment, I spoke to them last night as they are getting a lot of questions from docs for advice in the current situation and were unsure the advice they were giving was right in the current fast moving situation. Thanks.

[25/03/2020, 10:04:36] Gregor Smith: SGLD is providing advice on a number of different policy issues. That is of course different from boards who may wish to access their own legal advice for operational reasons.

[25/03/2020, 10:07:02] ██████████: Thanks Gregor

[25/03/2020, 11:49:55] [REDACTED] Gregor Smith added [REDACTED]
[25/03/2020, 11:51:29] Professional Adviser Gp: Gregor Smith added Alison Strath, Fiona Mcqueen, and ~Syed
[25/03/2020, 11:51:52] Gregor Smith: Gregor Smith changed the group name to "Professional Adviser Gp"
[25/03/2020, 18:36:48] [REDACTED]: Gregor et al. To forewarn you. There are now different clinical specialties producing guidelines which are at odds with PHE and HPS i. e ENT which states all endoscopic procedures to be considered as aerosol generating. This does not take in to account the AGP list in the NIPCM or risk assessment.
[25/03/2020, 18:53:11] Gregor Smith: We know. It's a problem. Cell are looking at it and we've raised it at academy too.
[25/03/2020, 18:59:04] Fiona Mcqueen: Really important we stick with HPS guidance - if as we go along this journey there are areas we need to consider as needing full protection then we need to ask HPS to do this for us
[25/03/2020, 19:00:32] [REDACTED]: Agree- and same for colleagues in SAS who are awaiting outcome from nervtag
[25/03/2020, 19:14:02] Andrew Riley: On a different tack - I think the expectations raised by this sort of story will take some management.

UK coronavirus mass home testing to be made available 'within days'

https://www.theguardian.com/world/2020/mar/25/uk-coronavirus-mass-home-testing-to-be-made-available-within-days?CMP=Share_iOSApp_Other

[25/03/2020, 20:25:07] ~ Diane Murray: Gregor Smith added ~ Diane Murray

[25/03/2020, 20:27:38] ~ Diane Murray: Thanks Gregor

[25/03/2020, 20:35:43] Professional Adviser Gp: Gregor Smith added Craig Bell and [REDACTED]

[25/03/2020, 22:16:39] [REDACTED]

<https://twitter.com/trishgreenhalgh/status/1242188516869758978?s=12>

[25/03/2020, 22:27:31] ~ John Harden: Thanks Michelle. Helpful.

[25/03/2020, 23:14:50] ~ John Harden: Just brilliant!!

<https://twitter.com/bbcdoctorwho/status/1242783288571211776?s=12>

[27/03/2020, 12:37:55] Andrew Riley: My sister works in the Dutch Health service and reports they are sterilising FFP masks with UV-C light intending to allow re-use? Is this something we can do?

[27/03/2020, 12:38:26] Fiona Mcqueen: Will pass that to HPS to consider

[27/03/2020, 12:40:09] Mike Gillies: there is a UV machine called Trophon that can be used at point of care to sterilise ultrasound probes, but it does degrade them over time.

[27/03/2020, 12:40:53] ~ John Harden: There's a company in Lanarkshir that does this for air con systems and also can do it for rooms in hospitals.

[27/03/2020, 12:41:11] Fiona Mcqueen: Am asking HPS for a view

[27/03/2020, 12:44:30] Cath: Is HPS on board with no current change to PPE. CMOs stopped the proposed PHE changes but I see bbc news are reporting change imminent

[27/03/2020, 12:44:41] Cath: CMO call last night

[27/03/2020, 13:27:51] Fiona Mcqueen: Will check -yes they are as far as I know

[27/03/2020, 13:34:53] Fiona Mcqueen: I'm told CMOs signed off ?

[27/03/2020, 13:35:49] Cath: We have NOT signed it off. No supply of gowns. Can you make sure this is known

[27/03/2020, 14:26:57] Fiona Mcqueen: I am being told surgical face masks?

[27/03/2020, 14:28:34] Cath: The changes would be to wearing of gowns for whole shift plus own visor which would be cleaned at end of day. But not enough gowns at present so wrong time to announce this til supply. Further call at 6.30 this eve with CMOs

[27/03/2020, 14:30:59] Fiona Mcqueen: And face masks? We need HPS to lead our advice. PHE have put a draft round and we are replying - will make sure you have proper briefing

[27/03/2020, 14:33:28] Cath: Face masks worn til then become damp or soiled. Not changed between patients. Think it will be the same as we discussed last night. NOT signed off. There was a lot of arguing

[27/03/2020, 14:40:36] Fiona Mcqueen: I understand there is a call tonight - trying to get four country agreement. We will field HPS - not sure if governance mechanism. Ridiculous not changing surgical masks. Have sent e-mail though. you don't need to read it. Will make sure you have proper advice before you have a call - let us know when it is. I accept however that we will not be able to use less protection than England- main challenge will be to get agreement in sensible - no mask for non-COVID patients

[27/03/2020, 14:48:32] Cath: Call at 17.30. Main stumbling block is lack of gowns so we shouldn't say these are to be worn til have supply. Have you seen letter from SAMD and SEND re PPE ?

[27/03/2020, 14:50:00] Cath: Am just being handed a letter from both of us re ffp3 masks. Should this go? The AGP list not finalised

[27/03/2020, 14:52:15] Fiona Mcqueen: Yes - although on closer examination Alex said he hadn't checked with SEND- that was really just his view
HPS view that we would run out of equipment in two weeks - if we go with PHE - we need to go on evidence and what is being suggested not evidence based. So masks in care homes but not surgical wards
Think we need to hold off our letter until this shambles becomes clearer for our letter?

[27/03/2020, 14:52:51] Cath: Agree. Re holding off letter.

[27/03/2020, 15:19:26] Cath: PHE not expected to change guidance today.

[27/03/2020, 15:27:59] Fiona Mcqueen: So do we go with what we have and change next week? I think it will be a few days at least until we agree across four countries - also not sure if we are ready/need place based at the moment?

[27/03/2020, 15:30:29] Cath: Yes. Jennie Harries DCMO chairing an PHE/NHSE/DH meeting. Wants a lead here to feed info to- you Fiona?

[27/03/2020, 15:37:22] Fiona Mcqueen: Probably Lesley and HPS- can someone send the details ?

[27/03/2020, 15:38:58] Cath: I'll send your name and you can delegate. Marc Massey in CMO England office CO ordinating

[27/03/2020, 16:49:22] [REDACTED]: We need to give simple unambiguous message
Droplet precautions when in contact (within 2m of patient) with possible or confirmed case of COVID19.
If performing AGP then airborne precautions
SICP for all other types of contact
Need clear unambiguous guidance from all CMOs what are the AGP
Once AGP issue agreed the can align Royal Colleges guidelines with HPS and hopefully PHE.

[27/03/2020, 17:52:11] Fiona Mcqueen: Catherine is there a contact for the call so we can join?

[27/03/2020, 20:39:55] Craig Bell: Really positive piece on Channel 4 news just now on the community hubs and assessment centres- a uniquely Scottish approach- all of the staff involved in setting these hubs up and those that work in them should be extremely proud.

[27/03/2020, 20:40:59] [REDACTED] Too right - fully agree, Craig

[28/03/2020, 11:12:10] [REDACTED]
<https://www.facebook.com/lawrence.armour.7/videos/10222373330265451/>

[28/03/2020, 11:15:19] Alison Strath:

[28/03/2020, 11:20:22] [REDACTED] Thanks to the amazing efforts of the whole system these are now up and running across Scotland. Numbers through them are steadily increasing, and many are already getting fantastic input from acute. Still lots to do, but we are continuing to prepare!
From Monday GP and community teams will increase activity around care planning and KIS's for those at highest risk. Super proud of what we have achieved in Scotland- in just a few days. Covid-19 has in many ways been a super enema, unblocking a lot!

[28/03/2020, 11:40:08] ~ Syed: May also help to reduce pressure on PPE if staff can use one PPE per session rather than per patient where feasible and appropriate without compromising their own safety.

[28/03/2020, 11:42:18] Gregor Smith: Active discussion. Expect update on UK guidance early next week

[28/03/2020, 11:42:56] [REDACTED] Yes- we will wait for HPS, but PPE. Concerns still a big issue

[28/03/2020, 11:46:31] ~ John Harden: This is great Michelle. Well done to all the teams. I'm on call this weekend and last night was ok so far.

[28/03/2020, 11:47:57] Andrew Riley: What a superb video and a personal morale boost. How can we make sure all staff have a chance to see that?

[28/03/2020, 12:01:43] graham Ellis: Well done. Was visiting our hub yesterday. Great idea

[29/03/2020, 17:13:57] graham Ellis: Michelle hearing locally of problems with 111 line being overloaded (waits of an hour etc). Is that a local problem or are others experiencing?

[29/03/2020, 17:21:26] [REDACTED] It's all over yesterday average wait to answer call was 71 minutes.

[29/03/2020, 17:31:26] [REDACTED] Sian have you heard how things are today? I wasn't on this mornings call

[29/03/2020, 17:39:06] [REDACTED] Over 8000 calls yesterday, 44% of them about COVID. Helpline quieter and much quicker to answer (seconds) over 120k hits on inform.

[29/03/2020, 18:11:30] [REDACTED] Sorry that mean to say on 111 yesterday (autocorrect)

[29/03/2020, 18:30:53] graham Ellis: Th aks
[29/03/2020, 18:30:56] graham Ellis: Thanks
[31/03/2020, 12:45:03] Cath: From Fife OOH GPs. cid:A6100E5EF26D704D8D5ADD480A123D47@nhs.net
[31/03/2020, 12:45:34] Cath: COVID-OoH28_3_20 PDF.pdf • 1 page document omitted
[31/03/2020, 14:36:27] ~ Diane Murray: Gregor can Ian Wallace be included in the PAG as need to get advice on clinical modelling
[31/03/2020, 15:02:10] Gregor Smith: Diane - lets discuss. PAG and Directors calls have two different purposes. Discussion on modelling and sharing is a live one that FM and Cab Sec have views on.
[31/03/2020, 15:23:38] ~ Diane Murray: Yes let's I had thought PAG as Fiona is directly leading on this and they don't have any other routes to advice.
[31/03/2020, 15:23:58] ~ Diane Murray: Happy whatever you decide.
[31/03/2020, 16:07:50] Fiona Mcqueen: Is Ian not more like a medical director?
[31/03/2020, 16:39:07] Gregor Smith: Yes - the NHS call is more appropriate.
[01/04/2020, 00:14:54] John Colvin: image omitted
[03/04/2020, 10:51:12] Sara Davies: Could the daily National Procurement update on PPE be shared along with daily updates on Covid 19 figures? Might help let all healthcare workers know the state of play?
[03/04/2020, 10:52:37] Fiona Mcqueen: Good idea. And calm fevered brows - or alert people to shortages
[03/04/2020, 11:49:14] ~ John Harden: I agree with this.
[03/04/2020, 11:49:47] ~ Diane Murray: I think it would be really helpful
[03/04/2020, 18:49:05] Andrew Riley: Watching the BBC news conference. Excellent measured reassuring delivery by Jonathan Van Tam, first time I've seen him in this show. Delivered his information with empathy and with a high quality delivery. Best yet probably!
[03/04/2020, 18:51:15] Andrew Riley: No where near the quality of the Scottish media show of course
[03/04/2020, 18:52:28] ~ Syed: Yes, I have known him for over 20 years and he is a polished performer like all our Scottish media stars!!
[03/04/2020, 18:53:06] ~ Diane Murray: He was very good. Interesting to see Ruth May on the call.
[03/04/2020, 18:56:19] Andrew Riley: Yes the only issue with Ruth May is the wearing of the uniform - just doesn't look right in such an obvious non-clinical setting.
[03/04/2020, 19:18:38] ~ Diane Murray: Yes I don't think that was the right setting for a uniform.
[03/04/2020, 19:27:47] Fiona Mcqueen: Agreed- when we expect others not to wear uniform out with clinical setting
[04/04/2020, 11:02:49] [REDACTED]: Some wise words from a very wise man
<https://twitter.com/hlshearer/status/1246159204026630151?s=12>
[04/04/2020, 19:48:09] ~ John Harden: Coronavirus+%28COVID19%29+patient+discharge+leaflet.pptx • 2 slides document omitted
[04/04/2020, 19:48:29] ~ John Harden: For those working on discharge advice , this published today. Job less to do!
[Redacted - s.37(1)(b).]

[04/04/2020, 20:36:59] Gregor Smith: It's been a bit calmer all round today folks. All the work you've been putting in during the week paying off. Get some rest and relaxation while you can and have a great evening.
[04/04/2020, 20:38:46] ~ Diane Murray: You too Gregor and agree it is a bit calmer. Take care and try to switch off completely at least for a short while.

[04/04/2020, 22:33:55] Cath: image omitted
[04/04/2020, 22:34:26] Alison Strath:
[04/04/2020, 22:34:31] Cath: I laughed out loud! Hope everyone can enjoy their evening.
[04/04/2020, 22:35:07] ~ Diane Murray:
[04/04/2020, 22:35:30] Alison Strath: Indeed - hope you enjoy yours too
[04/04/2020, 22:35:54] [REDACTED]: Hilarious! Nice one
[04/04/2020, 22:36:52] Cath: Thanks for all the hard work again this week
[04/04/2020, 22:37:34] Alison Strath: And to you and Gregor too x
[04/04/2020, 22:37:44] ~ John Harden:
[04/04/2020, 22:38:19] Alison Strath: Laughter is surely the best medicine
[04/04/2020, 22:38:27] ~ John Harden: Indeed
[04/04/2020, 22:41:49] ~ John Harden: image omitted
[04/04/2020, 22:43:32] Andrew Riley: image omitted
[04/04/2020, 22:50:10] Alison Strath: These made me belly laugh - it's been along time since I have done that thank you
[05/04/2020, 08:31:37] [REDACTED] image omitted
[05/04/2020, 08:51:16] ~ John Harden:
[05/04/2020, 09:18:37] Alison Strath: That made me laugh - I have learnt the hard way to make sure any messaging is no more than one page!!
[05/04/2020, 12:28:27] Gregor Smith: Morning everyone! Thanks for these - I'm sure we could all do with something to bring a smile to our faces today. I think it's really important we all take some time to chill and try to relax while we can. Keep looking out for each other and checking in with me if you need to talk anything over, especially about your workload. There's none of us are robots.
[05/04/2020, 12:30:37] ~ John Harden:
[05/04/2020, 12:43:23] ~ Diane Murray:
[05/04/2020, 12:46:19] Fiona Mcqueen:
[05/04/2020, 13:19:00] Gregor Smith: <https://www.kingsfund.org.uk/blog/2020/03/covid-19-crisis-compassionate-leadership>
[05/04/2020, 13:19:07] Gregor Smith: This is good.
[05/04/2020, 13:21:05] [REDACTED] There's also a brilliant video- only lasts about 30 mins
[05/04/2020, 13:24:41] Mike Gillies: image omitted
[05/04/2020, 23:07:18] Cath: Valued colleagues- just so you don't hear it on the news. I am resigning tonight. My continuing risks being a distraction from all the work you are doing. Thank you for your support and I'll be cheering from the sidelines
[05/04/2020, 23:13:07] Andrew Riley: I am so very sorry to hear that Catherine and want to take this opportunity to wish you and your family all the best during these very difficult times. Stay strong
[05/04/2020, 23:14:35] Alison Strath: This message was deleted.
[05/04/2020, 23:19:12] ~ Diane Murray: Dear Catherine, great thanks for all your hard work and leadership over the years and in particular during this crisis. Take care.
[05/04/2020, 23:19:45] ~ John Harden: I'm so sorry to hear that Catherine. Best wishes to you and your family, and thank you for your leadership.
[05/04/2020, 23:21:17] Alison Strath: I am so very sorry to read this Catherine - I am very sad that you have felt this was your only option although I completely respect and understand your decision. You have always been a role model to me and others and a kind and inspiring leader and I am privileged to have worked as part of your team. I will miss you X
[05/04/2020, 23:27:39] graham Ellis: Catherine, so very sorry to hear this. Thank you for your hard work and leadership.
[05/04/2020, 23:29:28] [REDACTED]: Hi Catherine, I am sad and sorry to hear this news. You have done so much in your role and that will be remembered. Be kind to yourself- this will pass. Thank you for everything you have done. Warm hugs x
[05/04/2020, 23:54:09] Corrine Love: Really sorry to hear this sad news Catherine. Your leadership has been amazing and inspiring.
Take care of yourself and your family. X
[06/04/2020, 06:49:39] [REDACTED] Such sad news to wake up to, I am really sorry to hear this, you will be missed. Look after yourself and thank you for your leadership. X
[06/04/2020, 08:30:55] Gregor Smith: Today will be a very strange day for all of us. None more than me. I've worked closely with Catherine for many years and been privileged to be her DCMO for nearly 5 years

now. I told her last night this has been the best, most enjoyable period of my career. We've worked hard together and well together and she has my eternal respect for what she has achieved as a superb CMO. Today will be about remembering that but also ensuring we stay focused and not distracted. No one wants that and knowing you all I don't think this will happen. I'll be travelling between 8-9 this morning so if anyone wants to catch me to chat things over please call. We owe it to Catherine to see this through.

[06/04/2020, 08:35:34] graham Ellis: Gregor I think we would all echo that sentiment and you will have our full support as Catherine would want in order to get through this crisis.

[06/04/2020, 08:36:50] Alison Strath: I couldn't agree more.

[06/04/2020, 08:40:31] Andrew Riley: Let us know what you need Gregor. Best wishes for the days ahead.

[06/04/2020, 08:46:49] [REDACTED]: I switched off on Sunday, and woke up to this news. Sorry you had to resign Catherine as I felt you were showing the leadership we needed. Best wishes for your future and stay safe

[06/04/2020, 08:49:10] Mike Gillies: Very sorry to hear this Catherine.

[06/04/2020, 09:08:49] [REDACTED] Very sad to hear this, Catherine. You've been an amazing leader and have pioneered a whole new approach to patient care which has transformed the lives of countless people. If there's anything that I or any of us can do for you please don't hesitate to get in touch. Look after yourself, you'll be very much missed.

[06/04/2020, 09:09:14] ~ Diane Murray: Very eloquently put Gregor, will all support and keep working tirelessly.

Our thoughts and best wishes with Catherine and her family at this very difficult time. Also our thanks for her outstanding medical leadership.

[06/04/2020, 09:12:25] Fiona Mcqueen: I will miss Catherine and am sad today- Catherine thank you for being you - you have left us a legacy that can be built on going forwards

[06/04/2020, 09:28:32] John Colvin: Shocked and saddened as this news came through yesterday, Catherine. All my best wishes to you and your family. As others have said you have built a legacy in your time as CMO- we need Realistic Medicine and compassion more than ever at this difficult time.

[Rest of conversation out of scope for this request - no further messages directed to Catherine Calderwood.]

[13/03/2020, 09:47:13] Catherine Calderwood: Messages and calls are end-to-end encrypted. No one outside of this chat, not even WhatsApp, can read or listen to them.

[13/03/2020, 09:47:13] Catherine Calderwood: <attached: 00000002-VIDEO-2020-03-13-09-47-13.mp4>

[13/03/2020, 09:47:27] Catherine Calderwood: That's not us.....

[13/03/2020, 09:48:53] Jeane Freeman: Fabulous - made me laugh out loud. Not us for sure but maybe some of our colleagues.....how are things this morning? J

[13/03/2020, 09:51:05] Catherine Calderwood: 26 new cases and need to decide how to announce the first death. Will need an exit strategy from this as I'm not sure we will want to keep going one we are in the hundreds +. FM office just contacted me about it. I'll speak to her soon.

[13/03/2020, 09:55:20] Jeane Freeman: Hmm. We can't not put numbers out. First death(s) will cause a flurry and numbers rising too but when we start introducing more measures and my thinking is that will be pretty soon, the numbers will become perceived as increasing justification for those measures and be less a 'story' in themselves. So numbers go out but we don't need NR to go with them....

[13/03/2020, 10:14:59] Catherine Calderwood: Agreed. We will align with England on this too

[No additional messages in this record until 2022, when neither individual worked within the Scottish Government. These are therefore redacted as out of scope.]

[10/01/2020, 12:18:30] Catherine Calderwood: Messages and calls are end-to-end encrypted. No one outside of this chat, not even WhatsApp, can read or listen to them.

[10/01/2020, 12:18:30] [Redacted - out of scope.]

[10/01/2020, 13:06:48] [Redacted - out of scope.]

[13/03/2020, 09:51:44] Catherine Calderwood: video omitted

[13/03/2020, 09:52:03] Catherine Calderwood: Maybe some of our colleagues....

[30/03/2020, 21:24:22] M: Catherine. Just had a very grumpy note from perm sec complaining that she had been blindsided at her daily UKG meeting saying that she felt embarrassed and it undermined SG. She insisted my office picked this up and ensured it didn't happen again!!! She didn't say what the issue was so I asked her and she said.

Detail of latest SAGE & our planned adjustment/ response. Picking up with my team L.

I haven't responded and don't intend to but I'll be in a meeting with her tomorrow at 2. Anything I can say if asked? M.

Ps I'm not going to overreact to her note.