

NSS Remobilisation Plan

April 2021 to March 2022

NSS Remobilisation Plan

April 2021 to March 2022

1. Introduction	3
2. Key priorities	3
3. Living with COVID-19	4
4. Delivering essential NHSScotland services	5
5. Delivering our essential core services	6
6. Future opportunities	7
7. Financial considerations	8
8. Workforce considerations	8
9. Risk considerations	10
10. Resilience considerations	10
11. Public Participation	11
12. Collaboration	12
Appendix A: Living with COVID-19 targets and milestones	13
Appendix B: Delivering essential NHSScotland services targets and milestones	20

PLEASE NOTE

- We have taken our direction from the *Scottish Government COVID-19 Framework for Decision Making – Remobilise, Recover, Redesign – The Framework for the NHS in Scotland*, published in May 2020, and continue to work with health board partners to align our service recovery in response to this. The framework sets out how health boards will safely and incrementally prioritise the resumption of services, while maintaining COVID-19 capacity and resilience.
- Through the National Directors of Planning Group, we are supporting and participating in an integrated approach to remobilisation planning across NHSScotland. This is enabling us to collaborate with all boards and helps ensure our services continue to meet their needs.
- This plan builds on our previous Remobilisation Plan for August 2020 to March 2021 and its achievement will depend on the requirements currently placed on us by Scottish Government and health boards remaining the same. We therefore recognise that the activities within the plan may be subject to change depending on the status of the COVID-19 pandemic in Scotland.

1. INTRODUCTION

NHS National Services Scotland (NSS) has been critical in delivering a fast, reliable and targeted response to COVID-19 (C19) while also ensuring the delivery of essential health and care services.

We continue to provide a national infrastructure that is integral to NHSScotland, offering a range of clinical and non-clinical services, such as the safe supply of blood, tissues and cells, through to providing essential digital platforms and cyber security for health and care. The pandemic has shown how they can be utilised and extended to support the wider needs of health and care.

We have played a pivotal role in Test and Protect. We run the C19 Testing Programme across Scotland, including local, regional and mobile test sites and laboratories. We manage the National Contact Tracing Centre and have extended its remit to cover the helpline for Scotland's C19 Vaccination Programme. We are leading delivery of the C19 Vaccinations, ensuring the people of Scotland are quickly and safely vaccinated against the virus.

The work of colleagues across NSS underpins many of the services provided across NHSScotland during the C19 outbreak. With around two-thirds of our people working from home we have developed programmes to ensure that all staff are properly supported whether they are working from home or on site. We have also invested in our sites making them C19 secure so that staff who need to work in them are as safe as they can be.

Our ongoing response to C19 has been driven by three key priorities:

1. Providing robust and reliable national infrastructure solutions.
2. Delivering new solutions quickly to ensure a system-wide response to C19.
3. Reconfiguring our services to the new C19 operating environment.

In each of these priorities, NSS has partnered with several organisations. This has allowed us to deliver at pace and the learning we have gained will be invaluable as Scotland emerges from the pandemic and seeks to further improve the integration of health and care.

2. KEY PRIORITIES

Our plan is fully aligned to the NHSScotland priorities for the 2021/22 financial year (FY22):

- **Living with COVID-19**
Scotland will continue to live with the impact of the C19 pandemic in 2021 and NHSScotland will maintain surge capacity until at least July 2021.
We will continue to deliver critical C19 response services throughout FY22.
- **Delivering essential services**
Essential health and care services should be maintained while responding to C19.
We will remobilise and improve NSS services for health and social care in FY22.
- **Longer term priorities**
There is an opportunity to deliver longer term priorities for health and care as Scotland emerges from C19.
We will provide NSS expertise and service delivery to help realise opportunities.

3. LIVING WITH COVID-19

We will continue to play a crucial role in enabling the C19 response across health and care in Scotland.

- **Scottish National Testing Programme**
We will continue to deliver sampling routes through the Scottish Testing Programme, working with pathway owners to ensure appropriate testing capability is in place.
- **National Contact Tracing Centre**
We will continue to operationally deliver the National Contact Tracing Centre and quickly identify and communicate with those who have tested positive, their close contacts and international travellers.
- **COVID-19 Vaccination Programme**
We will continue to ensure the people of Scotland are vaccinated against C19 quickly and safely and in line with priorities determined by the Joint Committee on Vaccination and Immunisation.
- **Digital Solutions**
We will continue to meet the ongoing digital needs of Scotland's response to the pandemic.
- **COVID-19 PPE and ICU Resilience Supply**
We will maintain supply of stocks and consumables to enable delivery of the Scottish Government's pandemic strategy.
- **Critical Care Treatment Capacity**
We will continue to lead on the supply of critical care lifesaving infrastructure, equipment and essential medical and pharmaceutical supplies.¹
- **Antimicrobial Resistance and Healthcare Associated Infection**
We will continue to deliver advice and expertise for the COVID-19 response and deliver agreed work plans for each of the 5 ARHAI priority programmes.

¹ Full details are included within the COVID-19 PPE and ICU Resilience Supply section in Appendix A.

4. DELIVERING ESSENTIAL NHSSCOTLAND SERVICES

We will enable NHSScotland to deliver a series of new and transformed essential services during the pandemic and support NHSScotland remobilisation.

- **NHSScotland Assure**
In conjunction with Health Facilities and ARHAI Scotland we will establish a new suite of services designed to improve the quality of the healthcare environment under NHSScotland Assure, in June 2021.²
- **NHSScotland Facilities and Infrastructure**
We will support the C19 response and the recovery of services in relation to estates, facilities and infrastructure. We will ensure the continued delivery of domiciliary oxygen services, whilst also providing expert advice relating to the repurposing of existing estates to meet the needs of NHS Scotland's remobilisation.
- **National Procurement**
We will ensure that capacity is in place to allow effective remobilisation by delivering appropriate supply chain and procurement activities that support our front line services across health and social care; promote economic recovery and support local community outcomes.
- **Cyber Security**
We will establish the National Cyber Centre of Excellence and further protect NHSScotland against the threat of cyber-attacks. The Centre will be developed in partnership with Scottish Government's Tayside regeneration programme.
- **Data and Analytics**
We will build suitable and effective solutions and technology enabled processes to deliver data driven insights, leveraging areas of expertise in integration and business analytics.
- **National Digital Infrastructure**
We will increase our national public cloud hosting capability to underpin health and social care integration and deliver service improvements and cost efficiencies.
- **Primary and Community Care Reform**
We will deliver digital solutions to replace paper based systems, with the aim of improving efficiency and ease of access to general practice registration, explore how we can use predictive analytics to target interventions that encourage an increase in the uptake of screening services and deliver the associated digital and support structures required for the delivery of the NHS Education for Scotland Glaucoma Accreditation Training (NEGSAT) programme.
- **Digital Prescribing and Dispensing**
We will partner with NHS Education for Scotland (NES) Digital Services to deliver a prototype for paperless prescribing and dispensing in Scotland.
- **National Health and Care Innovations**
We will establish a framework that enables positively evaluated innovations to be successfully and rapidly scaled up and portal of resources to improve oversight on all

² Full details are included within the Antimicrobial Resistance and Healthcare Associated Infection section in Appendix A.

health and care innovations in Scotland. These will assist in improving the pace of delivery and adoption of health and care innovations across Scotland.

- **Endoscopy Recovery Service**
We will deliver a managed service to facilitate the wider adoption of SCOTCAP and Cytosponge across NHSScotland.
- **National Cancer Resource**
We will establish new national capacity to work with partners across Scotland to improve the clinical management of and patient pathways for cancer in Scotland.
- **Corporate Shared Services**
We will deliver services to Public Health Scotland, take on the management of the east of Scotland health boards' payroll and develop services for Social Security Scotland.
- **Plasma for Fractionation**
We will explore the capacity and capability required to procure UK sourced plasma for fractionation and develop the business case to move towards self-sufficiency in critical plasma derived medicinal products (PDMPs) for Scotland.

5. DELIVERING OUR ESSENTIAL CORE SERVICES

We will provide effective and efficient service delivery in all our core business as usual services. Service delivery will flex in line with NHSScotland demands and priorities and we will bring our services together to respond to any new demand from our stakeholders.

You can find information on our core services at our website: <https://nhsnss.org/>.

6. FUTURE OPPORTUNITIES

We will provide expertise and develop services that support the renewal and transformation of health and social care services for FY22 and beyond.

- **Climate Change and Sustainability**
We will work with Scottish Government and health boards to scope the establishment of a Centre of Excellence and provide expert advice and tools to deliver against the NHS Scotland Climate change commitments.
- **Health and Care Resilience**
We will work with the Scottish Government Health Resilience Unit and use our skills and expertise to review and assign responsibilities relating to health resilience strategy and delivery across NHSScotland, above and beyond the management of strategic resilience stocks on behalf of the Scottish Government.
- **Dental New Model of Care**
We will work in partnership with the Chief Dental Officer to design and deliver a new model of care for dentistry for Scotland along with its associated IT and support structures.
- **Ophthalmic New Model of Care**
We will work in partnership with the Scottish Government to design and deliver a new model of care for community eye care services, along with its associated IT and support structures.
- **Community Based Services and Care Support**
We will develop with stakeholders and Scottish Government a proposal to further support the social and primary care services and carers, combining the collective service offering of NSS in terms of Procurement, Logistics, Infection Prevention and Control, Commissioning and Clinical services to support learning from Covid-19.³
- **National Infrastructure**
We will support the development, in conjunction with the National Infrastructure Board and National Planning Board requirements, a 15-to-25 year capital and infrastructure strategy for NHS Scotland.⁴
- **National Business Systems Review**
We will work with partners to undertake a comprehensive review of national business systems to ensure we are achieving best value with our commercial partners, assess the potential for modernising applications and/or the technical infrastructure and to identify opportunities for improving user experiences.

³ Full details are included within the National Procurement template in Appendix B.

⁴ Full details are included within the NHS Scotland Facilities and Infrastructure template in Appendix B.

7. FINANCIAL CONSIDERATIONS

We will deliver a balanced financial plan for FY22, clearly setting out our expectations and assumptions around funding and expenditure for C19 services.

The main assumption being that the net additional cost of C19 in FY22 will be fully funded by Scottish Government.

It is also assumed that the £1.5m funding that was returned to us in relation to National Boards Collaboration during FY21 will be returned on a recurring basis from FY22, forming part of our updated baseline (£342.9m).

As requested, a separate, detailed financial template that supports this remobilisation plan has been submitted to Scottish Government Finance.

Despite Scottish Government only requiring a one-year revenue budget, we will continue to prepare financial plans over a longer period to (1) ensure the financial sustainability of our services remains a key area of focus and (2) our financial planning reflects the impact of C19 and delivering essential services across health and care in the longer term.

8. WORKFORCE CONSIDERATIONS

We will continue to support our workforce in their response to C19 and delivering essential services for health and care. We are committed to working in partnership to improve the culture and environment in which staff operate, either at home or onsite.

In line with the Scottish Government framework for NHSScotland, we have developed a long-term recovery, remobilisation and redesign workforce action plan. This will support the longer terms requirements of our workforce. The high-level actions are to:

- Support our staff to work within the environment they operate, ensuring they are flexible, resilient, responsive and mobile to meet the organisation's service delivery needs.
- Support recruitment and skills development for the NSS C19 response.
- Support the people requirements of service transformation and redesign, including any organisational change.
- Provide evidence and intelligence to demonstrate how people solutions are improving NSS performance.
- Revisit organisational workforce plans and projections to reflect new and changing service requirements in line with remobilisation plans.
- Embed digital approaches to HR service delivery including on-boarding, induction and training.
- Continue to support for our managers to remain resilient as they lead and manage their teams in a virtual setting.

As we enter FY22, the majority of NSS office-based staff will continue to operate from home. Therefore, we will consider what the future working environment looks like, how staff feel in respect to this position, the role of home working, how we will operate going forward and any additional support our staff may need. We will actively engage with staff, the unions and our services to inform our future approach.

For staff required to work on site, a range of measures have been implemented to ensure they have a safe working environment and to account for family and carer needs. All are supported by appropriate governance, policies and processes.

Supporting Staff Wellbeing

We have developed wellbeing actions as part of the NSS Great Place to Work Plan, taking account of outcomes from the National Staff Experience Pulse Survey, an NSS C19 lessons learned exercise, the previous iMatter staff survey and ongoing staff engagement. Specific actions for FY22 will be agreed through the NSS Partnership Forum and aim to deliver:

- promotion of workplace health initiatives;
- training needs analysis and delivery as appropriate to wellbeing;
- a digital first approach;
- equality of access for all;
- a review of DSE and workplace risk assessments to ensure our workforce remain safe, have the right equipment and support within their operating environment.

A dedicated wellbeing section on our HR Connect staff portal provides health and wellbeing support and is always accessible to all staff. An NSS Wellbeing Hub has been created in Microsoft Teams providing staff with a safe space to discuss any concerns and access to Mental Health First Aiders. Further support will be offered through the hub in FY22.

Plans have been prepared to ensure NSS staff are vaccinated in relation to C19 and we continue to improve our annual winter flu vaccination programme. Our aim is to ensure staffing levels can be sustained throughout the year, that any new employees who fall into the priority groups are vaccinated, all second doses of vaccine are given and plans are in place to vaccinate priority staff returning from maternity and long-term sickness absence.

While we will use the national targets as a guideline, our goal is to enable all eligible staff to be vaccinated for C19 and seasonal flu. In implementing our vaccination programmes, we have carefully considered the safety of all staff and regularly undertake risk assessments in line with the latest guidance.

The NSS Occupational Health and Safety Advisory Committee (OHSAC), chaired by the NSS Employee Director, provides oversight for all staff health and wellbeing activity. A Wellbeing Champion is also in place. Our approach is designed to ensure equality and inclusion, flexible working, mental first aid support and development opportunities for staff and managers in line with the latest best practice and professional guidance.

Whistleblowing

Whistleblowing is an important policy and process for staff to enable them to speak up about any concerns they may have in the organisation with respect to quality and safety in patient care. The Scottish Public Services Ombudsman (SPSO) has developed and will take up the role of the Independent National Whistleblowing Officer (INWO). The INWO has developed a set of National Whistleblowing Standards that set out the high level principles and a detailed

procedure for investigating concerns, which will form a 'once for Scotland' approach. The aim is to make sure everyone delivering NHS services in Scotland is able to speak out to raise concerns, ultimately contributing to ensuring that the NHS in Scotland is as well run as possible. The go live date for the implementation of national Whistleblowing Standards and the INWO is 1 April 2021. The INWO will be the final stage in the process for those raising concerns.

NSS has an established whistleblowing implementation group who have been working to make the organisation ready for the implementation of the Standards and associated policy and procedures. A plan has been developed, including developing a communication strategy; assessing data protection, equality impacts and ensuring our processes and procedures are fully compliant with the national Standards. With the aim of learning from the feedback to continue to improve the way we do things. Training materials for staff, developed by NES and SPSO are available through the TURAS website. We have appointed a non-executive Director as our Whistleblowing Champion and our Director of Nursing as Whistleblowing Ambassador.

9. RISK CONSIDERATIONS

We manage risk through an Integrated Risk Management Approach (IRMA). Within this plan, risks have been identified for each objective. Each risk will be managed through our risk register, where they are more fully described and mitigating actions and updates are recorded. A number for each risk identifies the corresponding link to the risk on our risk register. The following main risks have been identified in relation to remobilisation.

- **COVID-19**

There is a risk that the C19 outbreak could have an impact on resourcing across NSS, potentially increasing work pressures on staff and limiting our ability to deliver a full range of services - particularly within areas where most support is being provided to help manage the outbreak in Scotland. It has been identified that there is a risk of a detrimental impact on staff health and wellbeing, as we ask them to continue to work from home over an extended period, as part of our response to C19.

- **Information Governance**

There is a risk that NSS breaches relevant information governance legislation as it more widely adopts remote working and staff awareness and understanding of how the new laws and their responsibilities need to be applied at home. Work continues to complete and embed the actions on the General Data Protection Regulation (GDPR) plan and Network and Information System Directive (NISD) plans. A communications plan is in place to raise awareness with staff and an Information Governance e-Learning module has been implemented to support staff training.

10. RESILIENCE CONSIDERATIONS

All areas of NSS have resilience plans in place to aid preparation for any incidents and assist our partners in the event of a wider scale development. We are reviewing our plans in light of the length of the C19 response and the change in ways of working for many of our staff. We will ensure our resilience planning is integral to our service planning; develop our scenario-based testing and work towards a culture that ensures lessons are properly learned from an incident so we can continuously improve our response.

11. PUBLIC PARTICIPATION

As Scottish Government developed their plans to tackle the C19 pandemic and to implement a range of policies to develop their approach to Test and Protect in Scotland, we were commissioned, along with a number of key stakeholders, to deliver on a range of the deliverables within Test and Protect.

The Head of Equality and Engagement has worked with NSS colleagues, the Scottish Government, NHS Board colleagues and Public Health Scotland to ensure the full participation of and engagement with national organisations and grass roots level organisations in the equality impact assessments of the Test and Protect deliverables.

This has included the full equality impact assessments (EQIA) of:

- Contact tracing: the simple tracing tool; the case management system.
- Contact tracing; shaping the contact tracer learning and development plans to ensure that equality and inclusion is included.
- Protect Scotland App: an outcome of this EQIA has resulted in the convention of a Scottish Government led health & social care digital equality & inclusion group.
- The venue check-in check-out system for hospitality.
- The ongoing developments in contact tracing and vaccination rollout.
- The C19 vaccination management tool.
- Near Me video consultation.

Further follow up sessions have been held to address any identified differential impacts on the public, in particular those with protected characteristics and those who are facing health inequalities and poverty, for example, working with women's organisations to ensure that contact tracing does not place sex workers or women and children living with abuse at more risk. We have collaborated with the Royal National Institute for the Blind, Deafscotland and the British Deaf Association to address accessibility/inaccessibility of digital solutions. We have worked with the Minority Ethnic Carers of People Project to ensure that communications and messaging reaches ethnic minority groups and gypsy travellers. The Head of Equality and Engagement is a member of the Test and Protect Pathway Design Authority in an advisory capacity on equality and inclusion.

Work will continue to enhance public participation and ensuring there are equality impact assessments undertaken throughout FY22.

Links to key drivers for public participation:

https://www.sehd.scot.nhs.uk/mels/CEL2010_04.pdf

[National Health Service Reform \(Scotland\) Act 2004 \(legislation.gov.uk\)](#)

[The public sector equality duty | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)

[Patient Rights \(Scotland\) Act 2011 \(legislation.gov.uk\)](#) and Patient's Charter [Patient rights and responsibilities: charter - gov.scot \(www.gov.scot\)](#)

[The Model Complaints Handling Procedures | SPSO](#)

12. COLLABORATION

Scotland's Health and Care system works best when it responds effectively to local needs, but this needs to be underpinned by close national co-operation and collaboration.

To this end, we have participated in a range of national initiatives and actively contributed to the National Planning Collaborative Working Group, which includes representation from Scottish Government and all health boards. The group works to ensure there is alignment in planning across all health boards, particularly in national initiatives such as urgent care, scheduled care, flu vaccination and finance. This has been extremely helpful for all involved and the collective hope is that Remobilisation Plans reflect the level of coordination.

As a result of our delivery of critical COVID-19 response services, we have an enhanced role in health and care. In FY22 we will continue to closely collaborate with all health boards and other strategic and operational partners to further strengthen our COVID-19 response services and other essential services. For example, all of our testing work is driven by the needs of our partners. We work closely with boards and local authorities to understand their community testing requirements and support the development of local testing plans with health and social care partnerships. We also regularly liaise with the Scottish Ambulance Service on the deployment of mobile testing units.

In addition, through the National Boards' Collaborative Programme Board, we continue to support two important areas of recovery and renewal: the primary care reform agenda; and shared data and improved intelligence. We also look forward to working alongside The Centre for Sustainable Delivery in delivering sustainable service redesign to achieve the best health and care outcomes for people in Scotland.

APPENDIX A: LIVING WITH COVID-19

Scottish National Testing Programme

We will deliver operational oversight of sampling routes through the Scottish Government Testing Programme working with pathway owners to ensure appropriate testing capability is in place.

1. Manage the scheduling and deployment of mobile testing units across Scotland with local partners and the Scottish Ambulance Service.
2. Expand the number of test sites in line with Scottish Government and the Department of Health and Social Care requirements.
3. Enable access to testing for cohorts identified in the Testing Expansion Plan.
4. Deploy the Testing Team Target Operating Model.

We have been a critical partner in the delivery of Scotland's Test and Protect programme since the launch of the Scottish COVID-19 testing service in February 2020. Staff across a wide range of disciplines have been involved in successfully increasing capacity for testing those with symptoms. We have worked to establish a network of sampling sites across Scotland and 7 regional test centres, 28 local test centres and 42 mobile testing units will be available at the start of April 2021.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
Objective 1 100% of requests for mobile testing units' deployment are met.	Monthly	Additional staff are being recruited to support service delivery. Funded by Scottish Government.	There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6).
Objective 2 109 test sites available in Scotland: <ul style="list-style-type: none"> • 60 local test sites • 7 regional test sites • 42 mobile testing units 	Monthly	Additional staff are being recruited to support service delivery. Funded by Scottish Government.	There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6).
Objective 3 100% of timeframes agreed with Scottish Government for the deployment of the Testing Expansion Plan are met.	Monthly	Testing Expansion Plan is developing rapidly and pace of delivery is high requiring us to recruit or identify additional resource quickly. Fully funded by Scottish Government.	There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6).
Objective 4 100% deployment of the Testing Team Target Operating Model by the target date.	May 2021	Additional staff will need to be recruited and trained. Fully funded by Scottish Government.	There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6). There is a risk that changes to testing demands impact requirements and potentially delay the implementation of the Target Operating Model.

National Contact Tracing Centre

We will continue to operationally deliver the National Contact Tracing Centre and quickly identify and communicate with those who have tested positive, their close contacts and international travellers.

1. To ensure NCTC managed index cases and their close contacts' index cases are quickly communicated with following a positive notification.

We manage the National Contact Tracing Centre (NCTC) on behalf of Public Health Scotland. Since its launch in 2020, we have trained over 1,200 NCTC staff and helped train a further 2,000 staff in health boards, local authorities and other commercial partners.

In addition to managing the NCTC, we have provided security assurance and management information as part of the development of the Protect Scotland app, set up the contact tracing case management system, developed a form allowing people who have tested positive to easily share information about their contacts and created a secure and encrypted 'check-in' app for venues, such as restaurants, which can capture visitor data and be more easily integrated into our case management system. Capturing information in this way allows us to better identify settings where transmission is taking place and to highlight specific outbreak locations.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
Objective 1			
80% of NCTC managed index cases and contacts are communicated with within six business hours of NCTC receiving notification of the index case.	Daily	The NCTC is funded to March 2022 but on a lower baseline to the funding for September 2020 to February 2021.	There is a risk that if the National Contact Tracing Centre is not sufficiently resourced and flexible, contact tracing of COVID-19 positive patients could be ineffective leading to a potential increase of community spread.
2,000 border control calls carried out each week.	Weekly	Decreasing reliance on contracted resource, increasing use of staff bank and conversion of some staff bank resource to core employees, is being taken forward.	
100% of NCTC managed index cases contacted within 24 hours of a positive result.	Weekly	Further consideration is needed to understand territorial health boards workforce plans for Test & Protect Teams to ensure	
	Weekly		

80% of all NCTC managed index cases created in the case management system should be closed with 72 hours.		that the NCTC retains the ability to support contact tracing nationally.	
---	--	--	--

COVID-19 Vaccination Programme

We will ensure the people of Scotland are vaccinated against COVID-19 quickly and safely and in line with priorities determined by the Joint Committee on Vaccination and Immunisation.

1. To provide priority cohorts with their first COVID-19 dose by May.
2. To provide priority cohorts with their second COVID-19 dose by August.
3. To provide first and second COVID-19 doses to the rest of the Scottish population in line with Scottish Government requirements.

We are playing a critical role in ensuring the people of Scotland can be quickly and safely vaccinated against COVID-19. The Programme Management Service has a lead role on the service delivery programme, while National Procurement are ensuring the supply chain and logistics are in place so that the vaccine is available to the right people at the right time. Digital and Security, in partnership with NES Digital and eHealth leads, are providing the digital infrastructure needed for managing data, bookings and reporting and the National Contact Tracing Centre has established a dedicated COVID-19 vaccination helpline for the public. We are working closely with a range of partners, from Scottish Government and all health boards to local authorities, the military and the voluntary sector. It is our single biggest undertaking as an organisation and we recognise the urgency and pace needed to ensure the programme's success. We also recognise the potential the programme has to be developed into a new national service that utilises the new infrastructure created to support the COVID-19 vaccination and that can be used for future vaccination programmes.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
Objective 1 At least 80% of priority cohorts receive their first dose by May.	Weekly	The programme is fully funded by Scottish Government.	There is a risk programme delivery is delayed if there is poor weather, systems/helpline failures or specialist expertise and support not being available.
Objective 2			

At least 80% of priority cohorts receive their second dose by August.	Weekly	There is a need for a high degree of staff flexibility in line with programme demand.	
Objective 3 100% agreement of timelines for remaining cohorts.	May 2021		

Digital Solutions

We will continue to meet the ongoing digital needs of Scotland’s response to the COVID-19 pandemic.

1. To meet Test and Protect ongoing digital needs for case management systems, portals and dashboards.
2. To maximise COVID-19 and winter vaccination scheduling solutions and portal delivery and support for health boards and the National Contact Tracing Centre (NCTC).
3. To offer a 7-day technical support service in support of COVID-19 digital solutions.

Throughout 2020 we have provided an extensive portfolio of capabilities and services to support Scotland’s response to the pandemic.

Test and Protect and associated dashboards are fully operational, as is the newly released vaccination scheduling capability and associated portal. Using an integrated approach, we have delivered digital solutions in support of lateral flow and haulier testing, care home portals, quick response (QR) code-based hospitality apps and dashboards. We continue to support an ongoing stream of development requests as directed by Scottish Government.

A new 08:00-20:00 technical support service is being established to ensure the smooth running of these new services across Scotland. In addition, we continue to ensure that network requirements along with service and equipment needs, including staff on-boarding, are being met and maintained for the NCTC, NHS Louisa Jordan and the Titan warehouse.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
Objective 1	Monthly		

100% delivery of Test and Protect digital requests.		Activity is funded through to June 2021. Funding and resource requirements for June onwards to be agreed.	There is a risk that increased demands and functionality requests cannot be met within existing funding and resource levels.
Objective 2 100% deployment of vaccination programme digital solutions.	Monthly		
Objective 3 100% implementation of an 08:00-20:00 7 days a week technical support service.	June 2021	Additional staff will need to be recruited and on-boarded to support the service extension. Requirements for FY22 being considered as part of a broader COVID-19 digital solutions funding request.	There is a risk existing staff feel unable to accept new contractual arrangements.

COVID-19 PPE and ICU Resilience Supply

We will maintain supply of stocks and consumables to enable delivery of the Scottish Government's pandemic strategy.

1. To ensuring there is sufficient supply of PPE and ICU Critical Care Consumables to meet SG pandemic strategy.
2. To ensure our C19 experience is embedded in our H&SC service and resilience in national stock strategies.
3. To consolidate our additional Warehouse Capacity within our overall national service delivery.
4. To building resilience into our supply chain, ensuring the full impact of security of supply, social value and ethical trading is enshrined in our supply chains.

5. To develop our forward demand modelling to reflect national resilience planning to maintain good supply for future pandemic waves.
6. To work closely with industry and Scottish Government and Scottish Enterprise to support the development of sustainable product solutions with low environmental impact.

National Procurement will continue to provide the PPE, testing, vaccination and ICU equipment and consumables that Scottish Government requires to enable delivery of their pandemic strategy to health boards across NHS Scotland. By working collaboratively with health and social care providers we shall embed the model that is currently in place to ensure that we are resilient and able to meet requirements.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
<p>Objective 1</p> <p>Maintain 16 weeks of average issue stocks for core PPE.</p> <p>Maintain equivalent of 520 inpatient capacity of ICU consumables and 714 bed ICU surge capacity equipment.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Warehouse capacity FBC approved and recurring funding allocated</p> <p>NHSS Asset register programme funding confirmed (tied to UDI and Scan for safety requirement)</p>	<p>Maintaining sufficient good supply.</p> <p>Managing stock shelf life</p> <p>Legacy of slow-moving stocks and equipment obsolescence</p>
<p>Objective 2</p> <p>Establish a refreshed Scottish Government strategy for public sector pandemic consumables supply resilience across our H&SC sectors.</p>	<p>Q1 FY22</p>	<p>Experienced group to allocate sufficient time to consider the requirement whilst dealing with immediate pandemic response issues</p>	<p>NSS as host for H&SC pandemic stockpile. Broader scope to source and purchase (previously DHSC). Liability for stock management, quality and availability for wider public sector</p>

<p>Objective 3</p> <p>To consolidate the infrastructure required to support Pandemic resilience stocks.</p>	<p>Q3 FY22</p>	<p>To implement the approved FBC for warehouse capacity and establish the most efficient interoperability across the NSS National Distribution Centre services.</p>	<p>Creating the built environment to hold stock security and with redundancy built in and to manage the stock shelf life expiry to minimise write-down of stock.</p>
<p>Objective 4</p> <p>To establish contractual arrangements for ongoing supply which delivers on security of supply, social value and ethical trading.</p>	<p>During FY22</p>	<p>A programme of work will be established within NSS-NPs commodity resources supplemented with specific new resource to maintain the activities needed for the 9000 items held in the NDC stores. A PPE Cell SBAR funding request is contained in NSS LPM.</p>	<p>Allocating resources to this task; ensuring supplier capacity and readiness; working with other Public Sector CoEs to create a consistent approach for Scotland.</p>
<p>Objective 5</p> <p>To create the systems, capacity and knowledge to build forward demand estimates based on long term pandemic planning.</p>	<p>Q2 FY22</p>	<p>Resources required to support this are included in a PPE Cell SBAR funding request is contained in NSS LPM.</p>	<p>NSS requires to be involved at the earliest stages in forward pandemic modelling to ensure early awareness of future demand and stock supply arrangements can be initiated.</p>
<p>Objective 6</p> <p>To develop sustainable product solutions with low environmental impact working closely with industry and Scottish Government and Scottish Enterprise.</p>	<p>During FY22</p>	<p>Resources required to support this are included in a PPE Cell SBAR funding request is contained in NSS LPM.</p>	<p>The support from clinical and service stakeholders in adopting alternative product solutions requiring reprocessing and reuse.</p>

Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)

We will continue to deliver advice and expertise for the COVID-19 response, deliver agreed work plans for each of the 5 ARHAI priority programmes.

1. To lead the national IPC and HAI data response needs for COVID-19 working to SG CNRG and across the UK as part of the IPC cell.
2. To provide advice and guidance and deliver on the work plans for each of the five ARHAI priority programmes.
3. To establish a new suite of services designed to improve the quality of healthcare environment under NHSScotland Assure in conjunction with Health Facilities and ARHAI Scotland.

NHSScotland Assure will strengthen infection prevention and control, including in the built environment. The service will have oversight for the design, construction and maintenance of major infrastructure developments within the NHS and play a crucial policy and guidance role regarding incidents and outbreaks across health and social care. To give assurance to health boards and Scottish Government.

We have and will continue to deliver expertise and advice to COVID-19 response including data reporting, scientific literature review, guidance production, responding to enquiries and providing support to all settings and reporting hospital COVID-19 clusters twice daily to Scottish Government. There is the potential to increase guidance provision to include the social care sector across Scotland

ARHAI Scotland will ensure that ARHAI priority programmes of work are aligned to Scottish Government policy and NHS Board operational requirements, working closely with Public Health Scotland. There will be a refresh of the governance to take account of both the COVID-19 and NHS Scotland Assure landscape.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
<p>Objective 1</p> <p>Provision of COVID-19 related incident, outbreak, cluster and mortality data.</p> <p>All COVID-19 reporting commitments:</p>			<p>There is a risk that there is a reliance on key individuals and a wider pool of staff is being developed. There is also a risk of</p>

<ul style="list-style-type: none"> • Incidents & Clusters. • Incidents & Outbreaks Summary. • Clusters Summary & Hospital Onset. 	Daily Weekly Monthly		over reliance on timely input of local health board information. Improved information systems have mitigated any resilience issues.
Objective 2 95% of programme deliverables achieved on time and to budget, as agreed by the CNOD, for each of the 5 ARHAI priority programmes: <ul style="list-style-type: none"> • ICBED • CARHAI • NPGO • SONAAR • SSAIP 	Quarterly		Balancing competing priorities. The protection programmes have been in place and are planned but there are a number of requests that need to be balanced and considered to ensure a consistent service.
Objective 3 Deliver the FY22 agreed work plan for NHSS Assure.	Quarterly		Risks and resilience considerations will be managed via the NHSS Assure Management Team and the recruitment of additional staff has been agreed and is funded. In addition, a phased launch of the serviced based on agreement with sponsors and stakeholders.

*ICBED: Infection control in built environment and decontamination; CARHAI: Community antimicrobial resistance and health care associated infection; NPGO: National Policies, Guidance and Outbreaks; SONAAR: Scottish One Health Antimicrobial Use and Antimicrobial Resistance Report
SSHAIP Scottish Surveillance of Healthcare Associated Infection Programme

APPENDIX B: DELIVERING ESSENTIAL NHSSCOTLAND SERVICES

NHSScotland Facilities and Infrastructure

We will support the COVID-19 response and the recovery of services in relation to estates, facilities and infrastructure.

1. Support the decommissioning of NHS Louisa Jordan.
2. Ensure that there is a continued response with regard the Home Oxygen service.
3. Create a draft strategy for future property requirements for national health boards.

NHS Louisa Jordan is currently still being utilised to deliver services for the NHS in Scotland. Decommissioning of this facility will be agreed and in line with Scottish Government timescales. We will continue to provide of COVID-19 related guidance on facilities matters, where required. Through NSS Property and Asset Board we will be carrying out a strategic review of office-based accommodation on carbon footprint and looking at blended working approaches. We will work in collaboration with other national boards to identify recommendations.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
<p>Objective 1</p> <p>NHS Louisa Jordan decommissioned as per agreed timescales</p>	FY22	Funding is agreed and in place. Staffing for longer term site if required.	Full risk register managed by NHS LJ Decommissioning Board.
<p>Objective 2</p> <p>Ensure there is continued response for the Oxygen Service delivered against current contract 95% (includes New Patients and C19 resilience).</p>	Monthly		There are risks around the supply of the equipment, Oxygen Product (Gas), delivery systems, manpower, vehicles, availability of business premises and functioning IT. All of these risks are well managed and contingencies exist in all areas.

			The area of risk that is most likely to cause disruption to service is weather
<p>Objective 3</p> <p>Strategic review of the NSS Property portfolio linking with national estate rationalisation programme for National Boards.</p> <ul style="list-style-type: none"> • Establish group. • Review regional Property and Asset Management Strategy (PAMS). • Create draft strategy to discuss future requirements and recognising learning from COVID-19 and bids from technology. • Create proposal. 	<p>Q1 FY22</p> <p>Q2 FY22</p> <p>Q3 FY22</p> <p>Q4 FY22</p>	<p>Project will require to be funded and supported to take forward. This will require a Programme Director Programme Manager and a Project Support Officer, PSO.</p>	<p>There is a risk that national Board engagement and appetite of boards may be impacted given COVID-19 pandemic response.</p>

National Procurement

We will ensure that capacity is in place to allow effective remobilisation by delivering appropriate supply chain and procurement activities that support our front line services across health and social care; promote economic recovery and support local community outcomes.

1. To ensure remobilisation capacity is supported with good supply and commercial solutions by engaging closely with H&SC organisations.
2. To utilise our skills by growing our influence into more spend areas across health and social care, becoming more efficient in our BAU activity to release resource to meet this growth ambition.

3. To take a wider 'commercial with a social and health outcome bias' and drive benefits for Scotland on a whole system basis, not just an input cost price perspective.
4. To develop plans, partnerships and measures to demonstrate NPs beneficial impact on the Scottish economy.
5. To facilitate engagement and delivery of community benefits from National Procurement suppliers and develop the necessary systems and processes in conjunction with procurement teams across NHSS to ensure all of Scotland benefits from our activity.

Against a background of successful delivery of national contracts and savings for the NHS in Scotland and the successful delivery of PPE and associated consumables to alleviate risk and deal with the COVID pandemic response, National Procurement will continue to deliver a procurement, logistics and distribution service for a wide range of goods, across the health and social care sector. We will continue to work across the NHS in Scotland to develop a dynamic supply chain and will continue to extract value and develop community outcomes through our large purchasing power to supply to health and care.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
<p>Objective 1</p> <p>Remobilise our commercial resources to deliver on the 21/22 work plan and maintain focus on supporting the H&SC recovery needs.</p>	March 2022	Our staff continue to focus on COVID-19 prioritise whilst maintaining essential BAU. Funding has been approved to recruit additional resources which will be in place Q2 of 21/22.	There is a risk that COVID-19 situation deteriorates with resource identified to deliver these ambitions both internal NP and across NHSS will not be available.
<p>Objective 3</p> <p>We will work closely with SG and Scottish Enterprise to help develop resilience in our supply chains.</p>	March 2022	Establish resources to support this development activity.	To maintain open, fair and equitable competitions for NHSS business needs.
<p>Objective 4</p> <p>With full engagement of NHSS procurement and public health</p>	April 2021		There is a risk that COVID-19 situation deteriorates with resource

colleagues - launch community benefit marketplace for community organisations and NHSS suppliers to engage toward deliver of community led outcomes linked NHSS contracts.			identified to deliver these ambitions both internal NP and across NHSS will not be available
<p>Objective 5</p> <p>At least 20 community benefits delivered in year across NHSS.</p> <p>All NP high value contracts to have community benefits built in contracts £1m.</p>	March 2022	To ensure sufficient capacity to deliver this core activity whilst responding to the ongoing pandemic priorities will require additional resources.	

Cyber Security

We will establish the National Cyber Centre of Excellence and further protect NHSScotland against the threat of cyber-attacks.

1. To establish the National Cyber Centre of Excellence.
2. To strengthen cyber security services with the addition of new tools and capabilities.
3. To agree a future roadmap for the extension of cyber security services across NHSScotland.

Following implementation of the NHSScotland National Cyber Security Operations Centre (CSOC) proof of concept, we now provide security monitoring and alert and threat response services covering approximately 62,000 endpoints.

In FY22 we will enter the final year of a 3-year national cyber security programme. Our focus is on the provision of physical premises for the Scottish CSOC and establishing a National Cyber Centre of Excellence to support all health boards in Scotland. The centre will be based at Abertay University and is being developed in partnership with Scottish Government's Tayside regeneration programme. Siting the centre at a university also provides us with a potential pipeline of graduate talent in digital and cyber security.

We successfully completed the National Security Directive audit in 2020, within NSS, receiving an overall rating of 82%. Work continues to further strengthen our cyber security service, including advanced threat protection (ATP) rollout for end point devices and implementing security information and event management (SIEM) data feeds to enable threat detection across networks and firewalls.

To ensure the ongoing integrity of the NHSScotland IT estate and to protect the security of critical business systems from cyber-attacks we recognise the need to stay ahead of any threats. We are therefore designing a roadmap for extending our cyber security services nationally and in a way that benefits all health boards.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
<p>Objective 1</p> <p>Establish the National Cyber Centre of Excellence.</p>	March 2022	NSS is using its investment fund to seed fund the development of the centre. The ongoing success of the centre will depend on any additional utilisation and funding from NHSScotland.	There is a risk that there will not be sufficient funding for a National Health Security Operations Centre (SOC) as recommended by SG and a Gartner review. (Risk ID – 5523, Rating – 10).
<p>Objective 2</p> <p>>62,000 endpoint devices enabled with advanced threat protection.</p> <p>Extend health board utilisation of our security information and event management solution.</p>	<p>Monthly</p> <p>March 2022</p>	NSS baseline funded.	There is a risk that demand and prioritisation of other digital solutions slows or halts the progress of the cyber security programme exposing NHSScotland to increased digital security threats.
<p>Objective 3</p> <p>Roadmap agreed with NHSScotland Chief Executives and Scottish Government.</p>	March 2022	To be considered through roadmap and business case development.	To be identified as part of the roadmap development.

Data and Analytics

We will build suitable and effective solutions and technology enabled processes to deliver data driven insights, leveraging areas of expertise in integration and business analytics.

1. To increase access, use and augmentation of the NHSScotland data marketplace into other areas of health and care.
2. To enhance the value offered by the data science platform through technology upgrades.
3. To implement the NSS data strategy.

Seer, our data analytics platform, is enabling NHSScotland to aggregate information across disparate systems and data stores and present it through dashboards and portal. This is aiding discussion and improving decision making as a result of the insights it generates. Similarly, our award winning National Integration Platform is being used to connect and leverage additional value across a range of NHSScotland systems and services. The platform allows for analysis and modelling of large amounts of data and can provide scenarios against which users can explore and assess service changes. In FY22 we will be further enhancing the platform's capabilities through predictive analytics.

Machine learning and artificial intelligence (AI) options, such as robotic process automation (RPA), are being explored. They have the potential to offer intelligent systems and solutions for the provision of high volume services across Scotland. Many legacy systems rely on process workarounds and manual processes. By taking an end-to-end service view along with a fresh perspective on outcomes and user needs, machine learning and AI can be used to eliminate workarounds, increase automation and realise straight through processing opportunities; removing the potential for manual errors.

We have designed a NSS Data Strategy to generate insights, improve decision-making and optimise operations from the large volume of datasets we hold. A range of use cases have been identified to help realise the benefits for NSS users and there is potential for the model and applications to be extended across NHSScotland.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
Objective 1 100% delivery of data platforms within NSS Seer to enable screening services and primary care reform.	March 2022	Additional Business Intelligence and Integration resources have been recruited to support delivery and service growth.	There is a risk that resources are not deployed effectively if priorities are unclear or resource is reallocated to other activities.
Objective 2 100% implementation of additional technical products to improve predictive analytics service.	March 2022		
Objective 3 100% implementation of the NSS data strategy use cases in line with agreed priorities.	March 2022		

National Digital Infrastructure

We will increase our national public cloud hosting capability to underpin health and social care integration and deliver service improvements and cost efficiencies.

1. To deliver a scalable cloud hosting platform for the Hospital Electronic Prescribing and Medicines Administration (HEPMA) and Community Health Index/Child Health systems.
2. To increase service performance, cost savings and user satisfaction by maximising the use of cloud based digital solutions.

We are leveraging Scottish Government’s investment in Office 365 with the implementation of a secure cloud hosting platform. It has enabled services to achieve cost effective, fast paced delivery with improved technical support. A number of business-critical applications are now hosted on the platform and there is a growing pipeline of services from across NHSScotland who are keen to benefit from the solution. Our focus for FY22 is on hosting the new Hospital Electronic Prescribing and Medicines Administration (HEPMA) and Community Health Index/Child Health systems on the platform.

The introduction of cloud based digital solutions, such as Office 365 and Service Now, creates opportunities to modernise NHSScotland’s digital estate. The scalable nature of this new technology infrastructure means they can be used by a wide range of services; enabling them to reduce costs, quickly implement service enhancements and improve user experience. In FY22 we will identify a roadmap for replacing NHSScotland legacy systems with these new solutions.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
<p>Objective 1</p> <p>100% hosting of HEPMA & CHI/Child Health systems on the secure cloud platform.</p>	March 2022	Both programmes are fully funded by Scottish Government.	There is a risk that the CHI/Child Health Programme cannot be delivered on time, to cost and to specification. (Risk ID – 6072; Rating – 10).
<p>Objective 2</p> <p>100% approval of legacy system replacement roadmap.</p>	March 2022	Funding and resource requirements will be identified as part of the roadmap development and supported by a business case.	To be identified as part of the roadmap development.

Primary and Community Care Reform

We will deliver digital solutions to replace paper based systems, with the aim of improving efficiency and ease of access to general practice registration, explore how we can use predictive analytics to target interventions that encourage an increase in the uptake of screening services and deliver the associated digital and support structures required for the delivery of the NHS Education for Scotland Glaucoma Accreditation Training (NEGSAT) programme.

1. To increase the number of paper medical records being scanned and remove digital duplication from the system.
2. To increase uptake of screening programmes among deprived population groups.
3. To extend out-of-hours robotic process automation (RPA) across NHS Ayrshire & Arran.
4. To assess digital systems, dependencies and the business case for the provision of an integrated online patient registration process.

Primary and Community Care Reform remains a key strategic aim of Scottish Government. Throughout 2019 and 2020 we have engaged with stakeholders from across health boards, all practitioner cohorts and the public to establish and prioritise opportunities to support reform.

During 2020, we digitised the GP registration process for Scottish citizens using a person-centred approach. This was the first step towards a more digitally integrated registration process. In FY22 we will integrate the front end registration process, through NHS Inform, with GP practice management systems.

Also, in 2020, we undertook a successful trial of scanning medical records and a proof of concept on the use of robotic processing automation (RPA) for out-of-hours patient documentation was completed. Of the teams involved in the digital scanning work, 94% reported benefiting from a reduction in administrative workload, enabling them to free up space and increase clinical capacity.

During FY22, we will explore how predictive data models can be used to facilitate engagement and support interventions that will increase uptake of screening services by those least likely to participate in screening; enabling citizens to live healthier lives in their community, regardless of where they live.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
<p>Objective 1</p> <p>60,000 paper records destined for 'paper-light' practices to be intercepted and scanned.</p>	<p>March 2022</p>	<p>A funding bid of £314,277 has been submitted to Scottish Government covering all scanning, staff and IT support activity.</p>	<p>There is a risk we are unable to deliver to time and budget if delivery partners and key stakeholders do not have capacity to fully engage with the programme.</p>
<p>Objective 2</p> <p>Agree an outline business case for extending the data analytics proof of concept to West Lothian Health & Social Care Partnership (H&SCP).</p>	<p>August 2021</p>	<p>A funding bid of £37,500 has been submitted to Scottish Government. This will cover the development of an outline business case and include details on variables to be used in the predictive model.</p>	<p>There is a risk of insufficient data analytics resource being available due to the ongoing pressures of COVID-19 and that the West Lothian H&SCP has insufficient internal capability to support the initiative.</p> <p>Internal capacity is being built to mitigate the former and we have regular liaison to mitigate the latter.</p>
<p>Objective 3</p> <p>100% of NHS Ayrshire & Arran utilising the RPA out-of-hours concept.</p>	<p>March 2022</p>	<p>A funding bid for £316,000 has been submitted to Scottish Government and covers all technical development time and project support resource.</p>	<p>There is a risk of insufficient technical development resource being available due to the ongoing pressures of C19. We have engaged DaS and our Framework provider Atos to mitigate this risk.</p>

<p>Objective 4</p> <p>100% mapping of digital systems and dependencies that underpin the existing patient registration process.</p> <p>Agree an outline business case for the implementation of an integrated online patient registration process.</p>	<p>March 2022</p>	<p>A funding bid for £170,000 covering FY22 and FY23 has been submitted to Scottish Government for technical architecture and project support. This will be split evenly over the two years.</p>	<p>There is a risk of insufficient digital architecture resource being available due to the ongoing pressures of C19. We will mitigate this through our Framework provider Atos if necessary.</p> <p>There is a risk that slippage in national IT programmes and re-provisioning timelines delay the delivery of an integrated registration solution.</p>
---	-------------------	--	---

Digital Prescribing and Dispensing

We will partner with NHS Education for Scotland Digital Services to deliver a prototype for paperless prescribing and dispensing in Scotland by July 2021.

1. To deliver a digital prototype for paperless prescribing and dispensing by July 2021.
2. To define a prioritised list of products to deliver the paperless prescribing and dispensing vision by July 2021.

The prescribing and dispensing of medicines in Scotland remain dependent upon paper and the legally binding requirement for the ‘wet signature’ of the prescriber. The process does not lend itself to a person-centred approach and requires the citizen to navigate through various workflows and transitions of care. There is little integration with the care sector and the process does not integrate well with the work of non-medical community prescribers, out-of-hours services and NHS24.

The COVID-19 pandemic response and the resultant need to minimise face-to-face contact, particularly for those who are shielding, has highlighted how current processes represent an infection prevention and control risk. This has placed an additional burden on practitioner time which could be spent more productively on patient care.

Scottish Government's Primary Care Directorate, Medicines and Pharmacy Policy Team and Digital Health and Care Directorate are sponsoring a national programme to address the need for an end-to-end digital solution across the prescribing and dispensing pathway. The programme will deliver a digital prototype to test the initial concept with users and will also define a prioritised list of products needed to deliver the longer-term vision.

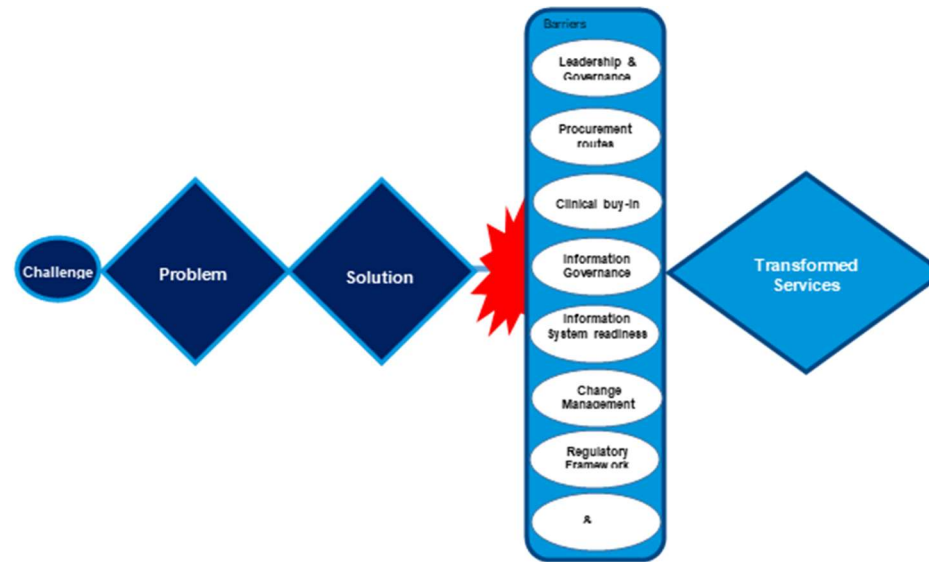
Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
Objective 1 95% of projects are on track to deliver to time and budget.	Monthly to July 2021	£154k of costs associated with clinical and programme staff (equivalent to 1.55 WTE for 6 months) will be met by the Boards involved in the programme. An additional £195k has been committed by NSS to cover technical and programme support requirements.	There is a risk we are unable to deliver to time and budget if delivery partners and key stakeholders do not have capacity to fully engage with the programme and plans do not align with local IT arrangements.
Objective 2 95% of projects are on track to deliver to time and budget.	Monthly to July 2021		

National Health and Care Innovations

We will establish a framework that enables positively evaluated innovations to be successfully and rapidly scaled up and portal of resources to improve oversight on all health and care innovations in Scotland. These will assist in improving the pace of delivery and adoption of health and care innovations across Scotland.

1. To deliver a national framework, playbook and portal for delivering health and care innovations across Scotland by March 2022.

Innovation within health and care is flourishing in Scotland, however, there is little structure for join up or visibility. Innovation partners face challenges trying to identify appropriate contacts across health and care in Scotland and there is no effective channel for suppliers to engage with practitioners. Additionally, innovations are being developed with a focus on technical readiness and overlook service readiness, causing potential blockers to their successful adoption.



We will establish a clear framework that enables positively evaluated innovations to be successfully and rapidly scaled up. This includes ensuring innovations consider service requirements, for example, information governance, regulations and procurement, as well as the technical requirements.

We will also establish a portal to provide oversight on all health and care innovations in Scotland. There will be two main ways for using the portal. Firstly, it can be used by suppliers who have a new product or solution to contact the right practitioners in health and care. Secondly, health and care staff can use it to seek partners and ideas to address their health and care challenges. This will provide a clear and consistent way for innovation partners to ensure their products are fit for purpose in Scotland's health and care system.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
Objective 1			
Deliver the national service adoption readiness framework	March 2022	Funding is covered through the NSS innovation budget.	There is a risk that this innovation activity duplicates the work of the UK Accelerated Access Collaborative and does not bring about the anticipated value. This risk will be mitigated through an understanding of the relationship between the initiatives and close working with the relevant groups to develop systems which complement each other. (R003 – Amber 3x3)
Deliver innovation playbook	March 2022	Additional funding may be required for the portal depending on requirements following user research. This will be subject to a separate business case.	
Deliver innovation navigator portal	March 2022		

Endoscopy Recovery Services

We will deliver a managed service to facilitate the wider adoption of SCOTCAP and Cytosponge across NHSScotland.

1. To deliver managed services for SCOTCAP and Cytosponge in 2021/22.
2. To develop business cases for the ongoing use of SCOTCAP and Cytosponge by October 2021.

COVID-19 has had a significant impact on the delivery of endoscopy services throughout NHSScotland. Traditional endoscopy services are aerosol generating procedures (AGP) and had to be scaled down in volume to allow for the settling of aerosol droplets and clean down processes between procedures. NSS were already supporting innovation in non-AGP methods for endoscopy and following demand from Health Boards, Scottish Government provided funding to NSS for enabling the widespread adoption of the SCOTCAP and Cytosponge innovations. Two managed services were introduced in July 2020 and we will have delivered over 2,500 procedures by the end of March 2021. We will continue to manage the delivery of these services in 2021/22 on an interim basis and will also be developing business cases considering the longer term potential for SCOTCAP and Cytosponge to reduce waiting times, improve the patient experience and support better patient outcomes.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
<p>Objective 1</p> <p>Deliver a managed service for SCOTCAP with a minimum run rate of 80 procedures per week.</p> <p>Deliver a managed service for Cytosponge with a minimum run rate of 110 procedures per week.</p>	<p>Weekly</p> <p>Weekly</p>	<p>NSS will support the ongoing delivery of the SCOTCAP and Cytosponge managed services on an interim basis and until a decision is made on the future of the service.</p> <p>This currently equates to a full time senior manager at Band 8b.</p>	<p>There is a risk the project falls short of the expected implementation levels due to change resistance at health boards (6237 – Rating 16).</p> <p>There is a risk the project falls short of the expected implementation levels due to change resistance at health boards (6239 – Rating 9).</p>
<p>Objective 2</p> <p>Deliver business cases for the ongoing and sustainable delivery of SCOTCAP and Cytosponge services.</p>	<p>October 2021</p>	<p>Funding requirements will be identified in the business cases.</p> <p>There is no additional resource required for the development of the business cases.</p>	<p>Risks will be identified as part of the business case development.</p>

National Cancer Resource

We will establish new national capacity to work with partners across Scotland to improve the clinical management of and patient pathways for cancer in Scotland.

1. To launch a new national cancer resource for NHSScotland by July 2021.

The NHSScotland response to COVID-19 has driven national collaboration and a 'Once for Scotland' approach to clinical guidelines and treatments. Everyone in Scotland should expect equitable access to treatment and care no matter where they live in Scotland. In *Recovery and Redesign: An Action Plan for Cancer Services*, the Scottish Government has committed up to £2.78 million for a dedicated national

resource to support a 'Once for Scotland' approach to cancer. Initially the commitment focuses on the development of clinical management guidelines and improvement in patient pathways for small-volume cancers. NSS has been asked by Scottish Government to develop and deliver the national resource.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
Staff recruitment Recruit staff.	May 2021	Senior Responsible Officer capacity will be provided by Scottish Director of Screening from within the Clinical Directorate.	Risks will be identified as part of the programme development.
Arm 1 – Clinical Management Guidelines (CMG) Deliver 100% of project assets that approved by the programme board (project plan, TOR, PID, Governance framework) within agreed timeframes.	May 2021	Additional staff resources required at outset are subject to funding being received from Scottish Government. They are estimated to be 7.2 dedicated WTE.	
Arm 2 – Small Volume Cancers (SVC) Deliver 100% of project assets that are approved by the programme board (project plan, TOR, PID, Governance framework) within agreed timeframes.	May 2021		
Launch 100% of National Cancer Resource operationally live.	July 2021		

Corporate Shared Services

We will extend corporate shared services provision beyond Public Health Scotland.

1. Continue to manage agreement and performance of corporate shared services to Public Health Scotland (PHS).
2. Extend delivery of payroll and HR services to Social Security Scotland (SSS).
3. Implement the South East Payroll Consortium (SEPC).

Progress continues with the implementation and provision of corporate shared services to PHS, SSS and SEPC, but at a much slower pace than anticipated due to the pandemic. Corporate shared services have been in place with PHS since April 2020. They are now undergoing organisational change, following revised priorities, and their service level agreement will be reviewed accordingly. The scope of the SSS project is being reviewed following stakeholder feedback. The SEPC project has experienced delays due to increased pressures on some territorial board in the consortium and timescales are being revised. However, our intention is to begin delivering shared services to both the SEPC and SSS by the end of 2021/22.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
<p>Objective 1</p> <p>Improve PHS customer engagement scores by at least 1% on FY21.</p> <p>Customer satisfaction: XX%</p> <p>Customer advocacy: XX%</p> <p>Customer effort: XX%</p> <p>Please note. Baseline scores will be measured and added in April 2021.</p>	Annual	The upcoming SLA review may result in higher fees for PHS due to higher than anticipated demand for services in the first year.	There is a risk that Corporate Shared Services do not meet expectations of Public Health Scotland (6199 – Rating 9).

<p>Objective 2</p> <p>Commence delivery of payroll and HR shared services to Social Security Scotland.</p>	<p>March 2022</p>	<p>Resource and funding requirements will be determined when the scope of shared service provision is finalised.</p>	<p>There is a risk that the service model option Social Security Scotland choose to proceed with will create delivery issues for NSS</p>
<p>Objective 3</p> <p>Agree new implementation roadmap with the South East Payroll Consortium.</p> <p>Launch service.</p>	<p><u>Date TBC</u></p> <p>March 2022</p>	<p>77.5 WTE will TUPE transfer to NSS from partner organisations in the SEPC.</p> <p>Transition costs are still being finalised.</p>	<p>(risk to be added).</p>

Plasma for Fractionation

We will explore the capacity and capability required to procure UK sourced plasma for fractionation and develop the business case to move towards self-sufficiency in critical plasma derived medicinal products (PDMPs) for Scotland.

1. Assess the strategic and operational implications and opportunities that the ability to use UK source plasma offers in supporting manufacture of PDMPs for patients in Scotland.

On 25th February 2021, UK Governments announced the decision to approve the reinstatement of collection of UK plasma for the use in PDMP manufacture. As part of the C19-CP initiative, SNBTS has committed to build sufficient plasmapheresis capability to maintain low level C19-CP procurement and capacity to ramp up rapidly as or when required. This capability with appropriate expansion in capacity could enable the establishment of a plasma collection programme, procuring UK sourced plasma for fractionation, sufficient to meet the demand for critical PDMPs in Scotland. The shortage of PDMPs is a worldwide acute problem and poses a risk that the steadily growing need for critical PDMPs may go unmet. At present, the UK is wholly reliant on procuring these products from commercial suppliers who source plasma from outwith the UK, predominantly the US. Plasma for fractionation is considered a strategic resource and the prospect of UK plasma being authorised for this use will be revolutionary for UK Blood Services. This therefore presents an unprecedented opportunity for us to collect plasma for fractionation and secure a supply of PDMPs, derived from our own plasma, for the treatment of Scottish patients.

Targets, Standards and Milestones	Time Period	Staff & funding considerations	Risk & resilience considerations
<p>Objective 1</p> <p>Develop a business case for the establishment of a plasma for fractionation collection programme</p>	<p>December 2021</p>	<p>If approved, this will be a major shift in our collection model, staffing and infrastructure requiring Scottish Government support and investment</p>	<p>Not applicable at this stage.</p>