



NSS

Remobilisation

Plan

Mid-year Update

September 2021



NSS Remobilisation Plan

April 2021 to March 2022

PLEASE NOTE

This report follows guidance issued by Scottish Government in the RMP4 commissioning pack. It focuses on areas of considerable change or development since RMP3 by providing a short narrative on what these developments mean for NSS, including the opportunities and risks they present. A number of templates issued within the commissioning pack relate to work carried out by territorial health boards and as such these have not been included. Detailed delivery planning templates are available in the Appendix to this report capturing key deliverables, indicators, milestones and risks at the mid-year point.

1. INTRODUCTION

NHS National Services Scotland (NSS) continues to play a critical role in NHSScotland's response to COVID-19 (C19), while also supporting the ongoing delivery of health and care services. Our staff have remained resilient to the pressures placed on them by the pandemic and this update shows the considerable efforts they make every day to enable a successful health and care service in Scotland. Testament to that effort is the fact that we are reporting that the overwhelming majority of measures are on track or have already been achieved.

Since April 2021 our focus has been on delivering the NSS Remobilisation Plan April 2021 to March 2022 (RMP FY22). This update shows how we are performing against the plan and the changes we are making for the remainder of the plan. It is intended to supplement the information provided in RMP FY22 and should be read in conjunction with that document.

OUR PERFORMANCE TO SEPTEMBER 2021

NSS has 71 remobilisation measures which support the delivery of RMP FY22. Performance against these measures has been positive and at the end of Q1, 85% of updates were either on track or exceeded expectation. The final Q2 position will not be reported until mid-October but the forecast is positive.

MEASURES THAT HAVE BEEN ACHIEVED

Since April 2021 we have completed 10 objectives which are detailed fully at Appendix A. Highlights of our achievements include:

- The successful launch of the NHSS Assure service on schedule on 1 June 2021. The service continues to develop as per agreed plans.
- Achieving all four of our testing objectives, with 100% of requests for the deployment of mobile testing units and establishing a network of sampling sites across Scotland all met.
- Establishing eight regional test centres, 53 local test centres and 55 mobile testing units (MTUs) within agreed timeframes.
- Delivering against all three of our vaccination targets, with 96% of priority cohorts receiving their first vaccination by May 2021 and 98% receiving their second dose by August 2021, both against a target of 80%. We also reached agreement on timelines for vaccinating the remaining cohorts.
- Successfully implementing two objectives relating to our National Cancer Response including the launch of the Scottish Cancer Network after successfully recruited all key staff, including Programme Director, Clinical lead, Programme manager, Project manager and PSO. The first Programme Board meeting took place on 24 August.
- Decommissioning the NHS Louisa Jordan and handing the premises back to the Scottish Exhibition Centre in July 2021.

In addition to the measures that we have achieved, the National Contact Centre has achieved 98% of index cases being communicated to within 6 hours against a target of 80% as well as making more than 2,000 border control calls per week. Two measures have also been closed in the period. The first relates to the extension of shared services, this was suspended by Social Security Scotland who were unable to reach agreement on the Agenda for Change terms and conditions. The second relates to NHS Ayrshire and Arran who were seeking a solution for out-of-hours patient documentation following a successful proof of concept exercise. NHS Ayrshire and Arran have subsequently opted for a different technical solution to the problem meaning that this measure has now been closed.

MEASURES REQUIRING ATTENTION

Five measures are not delivering as expected and remedial actions have been put in place.

- Child Health Systems hosting on a secure cloud platform are under review as the cloud hosting costs may increase from the original plan. since the original plan. Further details have been requested from DaS and will be updated as soon as available.
- The National Cyber Centre of Excellence has received 50% of the anticipated additional investment from Scottish Government. As a result, NSS is not able to on-board the required resources and there is a risk that future tooling will not be available to enable this to progress in accordance with agreed objectives.
- Adoption of SCOTCAP and Cytosponge has not reached anticipated levels. Measures to drive demand are in place and an IT solution has also been implemented to reduce the manual paperwork involved in accessing Cytosponge. It should be noted that accountability for the establishment of services has been assumed by CfSD.
- The implementation roadmap for the South East Payroll Consortium has not been agreed. A report has been commissioned to review concerns raised by Directors of Finance and to agree the TUPE timeline.
- The National Contact Centre has a closure rate of 78% of managed index cases against a target of 80%. This has largely been due to the volume of cases coming through the service.

NEW INITIATIVES

Having delivered in a number of key areas, we have identified areas in which we can offer additional support to the C19 response.

From September 2021, 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. We'll do this by managing the scheduling and deployment of MTUs across Scotland as well as managing the availability of test sites. We'll also work with Scottish Government to implement a business as usual testing model to aid winter planning in the context of 'living beyond level zero'.

The National Screening Directorate commissions 64 specialist services across seven health boards. We have delivered the remaining two trauma centres. We have committed that we will meet and report remobilisation activity and performance to the Directors of Finance and Board Chief Executives quarterly. We will also report on the remobilisation of NSD commissioned Screening Programmes will report to the National Screening Programme Board.

We have reviewed our Scottish Government Allocations and confirm that our commitments are reflective of what we are expected to deliver.

Full details of new measures are available at Appendix A.

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 risk has been identified from our remobilisation objectives at mid-year:

- **Corporate Shared Services**

There is a risk that we will not deliver on the management of the east of Scotland health boards' payroll in this financial year. A report is due to be presented to health board Directors of Finance at the end of September to address their concerns.

We have carried out a review of our strategic risks to better understand the challenges we may face in achieving our strategic objectives. We have identified six areas that require particular attention, these areas will be considered by the NSS Board and are being managed by their respective risk owners.

The areas are as follows:

- Workforce – there is a risk that there are unidentified skills gaps in the organisations and workforce planning processes are not robust enough to identify these gaps. Failure to address this could impact service delivery and meeting our strategic objectives.
- Financial sustainability – there is a risk that NSS is unable to deliver financially sustainable services in the longer term due to an increased cost base, reduced funding in-line with economic position - and cessation of COVID funding post 2021-22 financial year.
- Coronavirus - There is a risk that the COVID-19 outbreak could have an impact on resourcing across NSS, potentially increasing workload 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
- Public Inquiries - There is a risk the level of scrutiny required of SBUs could affect NSS's ability to fulfil its strategic objectives due to an increase in the workload of a number of teams in NSS, including CLO, SNBTS, HFS, ARHAI and NSD, who will need to comply with the legal requirements of inquiries.
- Property - There is a risk that NSS estate does not meet the strategic and operational requirements of the service resulting in a reduction in efficiency and associated property costs.
- Digital Demand - There is a risk that NSS is unable to meet demand for digital development and implementation due to DaS having insufficient resources in key areas (i.e. Service Now) which is leading to an inability to manage the increasing requests it is receiving. This is due to rapid timescales, the fragmented nature of the requests and the continuing support required for both existing and new services is creating an unsustainable position for our existing workforce.

Appendix A

1. Living with COVID-19

1.1 Scottish National Testing Programme

NSS has 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. We have achieved all of the objectives outlined in RMP3 and have begun delivering on new objectives (see section 2.2) to ensure the sustainability of the testing service.

Sept 21 Status	Key Deliverable Description	Summary of activities etc	Milestones / Target	Progress against deliverables end Sept 21 (NB: for new deliverables, just indicate 'New')	Lead delivery body	Key Risks	Controls/ Actions	Outcome(s)	List any major strategies/ programmes that the deliverable relates to
Blue	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.		Objective 1 100% of requests for mobile testing units deployment are met.	Complete 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		There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6).		Complete	

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				increasing capacity for testing those with symptoms. We have worked to establish a network of sampling sites across Scotland. Currently 8 regional test centres, 53 local test centres and 42 mobile testing units are available.					
Blue			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 	Complete		There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6).		Complete	
Blue			Objective 3 100% of timeframes agreed with Scottish Government for the deployment of the Testing Expansion Plan are met.	Complete		There is a risk that NSS is unable to meet its programme requirements due to lack of resource (Risk – 6286, Rating – 6).		Complete	
Blue			Objective 4 100% deployment of the Testing Team Target	Complete		There is a risk that NSS is unable to meet its programme		Complete	

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			Operating Model by the target date.			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.			
Sept 21 – Mar 22	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.		Objective 1 Manage the scheduling and deployment of mobile testing units across Scotland with local partners and the Scottish Ambulance Service	NEW					
			Objective 2 Manage availability of test sites in line with Scottish Government and the Department of Health and	NEW					

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			Social Care requirements and local partners' needs.						
			Objective 3 Work with Scottish Government to implement business as usual testing model to aid winter planning and in the context of living 'beyond level zero'	NEW					
			Objective 4 Continue to implement the NSS COVID-19 Response directorate Business as Usual Target Operating Model by end September 2021	NEW					

1.2 National Contact Tracing Centre

Now known as the National Contact 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.

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Green	To ensure NCTC managed index cases and their close contacts' index cases are quickly communicated with following a positive notification.	Increased deployment of digital technologies through wave 3 of the pandemic as case numbers have exceed original Test & Protect design model	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.	98% of index cases and 84% of contacts are communicated to within 6 hours for receipt of notification for the case and contact	Test & Protect including NCC	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.	Additional contractor appointed August 2021 to ensure contact tracing delivery can be maintained against other NCC demands (COVID/flu vaccinations, vaccination status records, COVID testing helpline)	A contact tracing service which is and effective public health intervention during the COVID-19 pandemic, disrupting the spread of COVID-19 by up to 0.3 R	Test & Protect
Green			Objective 2 2,000 border control calls carried out each week.	More than 2,000 border control calls carried out each week except for two week period the service was suspended by the Contact Tracing Executive Delivery Group				Complete	

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Green			Objective 3 100% of NCTC managed index cases contacted within 24 hours of a positive result.	100% of NCTC managed index cases have received and SMS or phone call within 24 hours of the CMS receiving a positive result.					
Amber			Objective 4 80% of all NCTC managed index cases created in the case management system should be closed with 72 hours.	78% of cases complete within 72 hours.					

1.3 COVID-19 Vaccination Programme

We have successfully achieved the objectives outlined in RMP3, exceeding targets for priority audiences receiving their first and second vaccine doses (performance of 96.4% and 98.2% respectively against targets of 80%).

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Blue	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.		Objective 1 At least 80% of priority cohorts receive their first dose by May 2021.	Achieved. Percentage at end of May was 96.4%		There is a risk programme delivery is delayed if there is poor weather, systems/helpline failures or specialist expertise and support not being available.		Complete	
Blue			Objective 2 At least 80% of priority cohorts receive their second dose by August 2021.	Achieved. Currently at 98.2% with second doses ongoing		There is a risk programme delivery is delayed if there is poor weather, systems/helpline failures or specialist expertise and support not being available.		Complete	
Blue			Objective 3	Achieved in terms of setting the targets, rest of population target was everyone offered a first dose by mid-July		There is a risk programme delivery is delayed if there is poor weather,		Complete	

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			100% agreement of timelines for remaining cohorts.	which was achieved (current rest of population 1st dose percentage is 90.9%) and then maximise rest of population second doses by mid-September (on target)		systems/helpline failures or specialist expertise and support not being available.			

1.4 Digital Solutions

We have recently deployed digital Vaccination Certificates with the app and tranche two of the winter flu and COVID booster programme is in flight for September delivery.

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Green	We will continue to meet the ongoing digital needs of Scotland's response to the COVID-19 pandemic.		<p>Objective 1 100% delivery of Test and Protect digital requests.</p> <p>Objective 2 100% deployment of vaccination programme digital solutions.</p>	Digital Vaccination Certificates successfully deployed. App and Tranche 2 winter flu and booster in flight for Sept delivery.	NHS NSS	<p>Objectives 1 and 2 There is a risk that increased demands and functionality requests cannot be met within</p>		Digital Vaccination Certificate successfully deployed.	COVID programme

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			Objective 3 100% implementation of an 08:00-20:00, seven days a week technical support service.			existing funding and resource levels. Objective 3 There is a risk existing staff feel unable to accept new contractual arrangements.			

1.5 COVID-19 PPE and ICU Resilience Supply

We have successfully met our objective of decommissioning the NHS Louisa Jordan and returning it to the SEC by July 2021. We continue to make excellent progress against the other objectives described in RMP3.

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Blue	We will support the COVID-19 response and the recovery of services in relation to estates, facilities and infrastructure.		Objective 1 NHS Louisa Jordan decommissioned as per agreed timescales	The decommissioning and reinstatement project is on track and has been completed and the building was handed back to SEC by the end of July	NHS NSS	Full risk register managed by NHS Louisa Jordan Decommissioning Board.		Objective is complete July 21.	

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Green			Objective 2 Establish a refreshed Scottish Government strategy for public sector pandemic consumables supply resilience across our H&SC sectors.	NSS is a key player across all main planning forums, we continue to work with Scottish Government and other sectors to progress this activity	NHS NSS	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	No changes	Target of 25% completion by end of Q1 achieved.	
Green			Objective 3 To consolidate the infrastructure required to support Pandemic resilience stocks.	NSS is a key player across all main planning forums, we continue to work with SG and other sectors to progress this activity	NHS NSS	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.	No changes	Target of 25% completion by end of Q1 achieved	
Green			Objective 4 To establish contractual arrangements for ongoing supply which delivers on security of supply, social value and ethical trading.	NHSS Procurement sustainability steering group in place to focus and align all of this activity in line with AOP targets	NHS NSS	Allocating resources to this task; ensuring supplier capacity and readiness; working with other Public Sector	No changes	Target of 25% by end of Q1 achieved.	

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						Centres of Excellence to create a consistent approach for Scotland.			
Green			Objective 5 To create the systems, capacity and knowledge to build forward demand estimates based on long term pandemic planning.	Project teams in place and progressing to plan our key activities including inventory management system and Warehouse Management System upgrade	NHS NSS	NSS requires involvement at the earliest stages in forward pandemic modelling to ensure early awareness of future demand and stock supply arrangements can be initiated.	No changes	Target of 50% by end of Q1 achieved.	
Green			Objective 6 To develop sustainable product solutions with low environmental impact working closely with industry and Scottish Government and Scottish Enterprise.	We are progressing activity in line with agreed targets agreed at the SG Procurement climate change forum and detailed in our plan	NHS NSS	The support from clinical and service stakeholders in adopting alternative product solutions requiring reprocessing and reuse.	No changes	Target of 25% by end of Q1 achieved.	

1.6 Critical Care Treatment Capacity (covered under 1.5)

We continue to lead on the supply of critical care lifesaving infrastructure, equipment and essential medical and pharmaceutical supplies¹ in line with the work described above.

1.7 Antimicrobial Resistance and Healthcare Associated Infection

We continue to meet our objective to provide COVID-19 related incident, outbreak, cluster and mortality data on an ongoing basis to Scottish Government. We are on track to achieve the other objectives outlined in RMP3.

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Green	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.		Objective 1 Provision of COVID-19 related incident, outbreak, cluster and mortality data. All COVID-19 reporting commitments: <ul style="list-style-type: none"> • Incidents & Clusters. • Incidents & Outbreaks Summary. • Clusters Summary & Hospital Onset. 	The ARHAI team is providing this data on a regular basis and meeting SG requirements		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 over reliance on timely input of local health board information.	To establish a new suite of services designed to improve the quality of healthcare environment under NHSScotland Assure in conjunction with Health	Regular updates to SG providing COVID-19 related information. 100% targets met at Q1.	

¹ Full details are included within the COVID-19 PPE and ICU Resilience Supply section in Appendix A of NSS's RMP3 document.

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Green			Objective 2 95% of programme deliverables achieved on time and to budget, as agreed by the CNOD, for each of the five ARHAI priority programmes: <ul style="list-style-type: none"> • ICBED • CARHAI • NPGO • SONAAR • SSHAIP 	ICU bacteraemia linkage due June 2021 but pushed back to July 2021 via exception process. Additional time required to identify relevant permissions for this linkage		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.	Facilities Scotland. No changes	Target of 16 deliverables by the end of Q1 achieved.	

2. 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.

2.1 NHSScotland Assure

We successfully launched the NHSS Assure service on schedule on 1 June 2021. The service continues to develop as per agreed plans.

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Green	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.		Objective 3 Deliver the FY22 agreed work plan for NHSS Assure.	Service launched on schedule at 1 June. Work plan approved by management team. Includes delivery of services established at launch and further service design of services to be brought on stream by March 2022	NHS NSS	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.	No changes	Target of 50% achieved by end of Q1 achieved.	

2.2 NHSScotland Facilities and Infrastructure

We successfully achieved our targets to ensure effective delivery of the Oxygen Service despite the impact of COVID-19 restrictions. We have also undertaken the strategic report of the NSS property portfolio and created a draft strategy which links with national estates rationalisation across the national boards.

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Green	We will support the COVID-19 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		Objective 2 Ensure there is continued response for the Oxygen Service delivered against current contract 95% (includes New Patients and C19 resilience).	Targets met fully even in light of COVID -19 restrictions		Accountability for delivery sits with 3 rd party supplier Dolby Vivasol, appropriate resilience against risk is in place Assurance, compliance and measurement to timelines and contractual agreement is picked up as 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.	Updated risks related to funding and staffing. See column to the left.	Exceeded target of 95% delivery at end of Q1 but achieving 100%.	

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Green			<p>Objective 3 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. 	On track, draft strategy to discuss future requirements and recognising learning from COVID-19 and bids from technology completed.		There is a risk that national Board engagement and appetite of boards may be impacted given COVID-19 pandemic response.	No changes	Target of 25% completion at the end of Q1 achieved.	

2.3 National Procurement

We have largely implemented our remobilisation activity in this area, and have secured Q1 savings of £3.4m ahead of schedule (against a target of £1.4m).

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Green	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.		Objective 1 Remobilise our commercial resources to deliver on the 21/22 work plan and maintain focus on supporting the H&SC recovery needs.	Remobilisation largely been implemented, NSS National Procurement work plan finalised, commercial team recruitment complete, Q1 secured savings ahead of target (£3.4m achieved vs £1.4m target); PPE cell and Test and Protect recruitment ongoing and challenging.		There is a risk that COVID-19 situation deteriorates with resource identified to deliver these ambitions both internal National Procurement and across NHSS will not be available.	No changes	Target of 50% completion by end of Q1 achieved.	
Green			Objective 3 We will work closely with Scottish Government and Scottish Enterprise to help develop resilience in our supply chains.	We are progressing activity in line with agreed targets agreed at the Scottish Government Procurement climate change forum and detailed in our plan.		To maintain open, fair and equitable competitions for NHSS business needs.	No changes	Target of 25% completion achieved by end of Q1.	
Green			Objective 4 With full engagement of NHSS procurement and public health colleagues - launch community benefit	Community benefit gateway in place to underpin strategic approach, our focus is now on detailed		There is a risk that COVID-19 situation deteriorates with resource identified to deliver these	No changes	Target of 25% completion achieved	

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			marketplace for community organisations and NHSS suppliers to engage toward deliver of community led outcomes linked NHSS contracts.	communication and training with procurement teams across NSS and wider NHSS ahead of full compliance by October.		ambitions both internal NSS National Procurement and across NHSS will not be available		by end of Q1.	
Green			<p>Objective 5</p> <p>At least 20 community benefits delivered in year across NHSS.</p> <p>All NSS National Procurement high value contracts to have community benefits built in contracts £1m.</p>	<p>Currently have 5 identified through Community Benefit Gateway</p> <p>Community benefit gateway in place to underpin strategic approach, our focus is now on detailed communication and training with procurement teams across NSS and wider NHSS ahead of full compliance by October. 100% of all NP contracts > £1M have community benefits built in to the contract terms.</p>			No changes.	Target of 5 community benefits register by end of Q1 achieved.	

2.4 Cyber Security

Work is ongoing to establish the National Cyber Centre of Excellence and further protect NHSScotland against the threat of cyber-attacks but there is an amber risk that reduced funding will impact on resourcing and delivery of this objective.

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Amber	We will establish the National Cyber Centre of Excellence and further protect NHSScotland against the threat of cyber-attacks.		Objective 1 Establish the National Cyber Centre of Excellence.	Risk is now becoming an issue given reduced funding in year to build the CCoE. Resourcing cannot be on-boarded with the risk that future tooling funding will not be available.		There is a risk that there will not be sufficient funding for a National Health Security Operations Centre (SOC) as recommended by Scottish Government and a Gartner review. (Risk ID – 5523, Rating – 10).			Cyber Security

2.5 Data and Analytics

Following the successful launch of the NSS Seer platform last year, version 2 of Seer is currently under design with external 3rd party involvement.

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Green	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.		Objective 1 100% delivery of data platforms within NSS Seer to enable screening services and primary care reform.	Seer v2 under design with external 3 rd party involvement.		There is a risk that resources are not deployed effectively if priorities are unclear or resource is reallocated to other activities.			Data
Green			Objective 2 100% implementation of additional technical products to improve predictive analytics service.	Seer v2 under design with external 3 rd party involvement.		There is a risk that resources are not deployed effectively if priorities are unclear or resource is reallocated to other activities.			Data

2.6 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.

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Amber	We will increase our national public cloud hosting capability to underpin health and social care integration and deliver service improvements and cost efficiencies.		Objective 1 100% hosting of HEPMA & CHI/Child Health systems on the secure cloud platform.	CHI cloud hosting costs currently under review as they have increased from original plan.		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).			Delivery of a single Scottish Child Public Health & Wellbeing System (SCPHWS)
Green			Objective 2 100% approval of legacy system replacement roadmap.	Proof of concept underway with external 3rd party to assess a number of applications for migration to the NSS cloud from incumbent hosting provided. Roadmap under development to create a plan to mitigate tech refresh costs.		To be identified as part of the roadmap development.			

2.7 Primary and Community Care Reform (P&CFS)

We are progressing activities to deliver digital solutions to replace paper based systems. All activities are underway and on track complete within the required timescale.

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Green	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.	Scottish Government Primary Care Directorate funding secured	Objective 1 60,000 paper records destined for 'paper-light' practices to be intercepted and scanned.	Activities to deliver scanning of patients' paper records is well under way and will continue to progress over the remainder of this financial year.	NHS NSS	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.			Primary and Community Care Reform A changing nation: how Scotland will thrive in a digital world

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Green	This programme 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.	Undertake proof of concept with West Lothian and North Lanarkshire HSCPS to test data analytics to achieve intelligence-led, pre-emptive interventions that support an increased uptake of screening programmes amongst the most deprived population cohorts. Scottish Government Primary Care Directorate has advised the funding for the HSCP	Objective 2 A proof of concept with West Lothian and North Lanarkshire HSCPs is being designed.	Service design workshops have been undertaken and the requirements around the proof of concept have been captured this information is now being utilised for the proof of concepts.	NHS NSS	There is a risk that there is insufficient business analytics resource due to priority pressure from ongoing COVID-19 development requirements. There is also a risk that West Lothian H&SCP has insufficient internal capability to support the initiative due to COVID-19 commitments.			Primary and Community Care Reform A changing nation: how Scotland will thrive in a digital world Realistic Medicine

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		Screening Inequalities Project, sits within the Screening Digital Modernisation Programme							
Closed	In order to free multi-disciplinary team time and space and improve appropriate access to patient data, a successful trial of scanning medical records was undertaken and a proof of concept on the use of RPA for out-of-hours patient documentation was completed. Of the teams involved in the digital scanning work, 94% reported significant benefit through a reduction in administrative		Objective 3 100% of NHS Ayrshire & Arran utilising the RPA out-of-hours concept.	NHS Ayrshire and Arran have opted for a different technical solution to this problem so this action has been closed.				CLOSED	

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	workload and the freeing up of essential space to create more clinical capacity.								
Green	Also during 2020, a person-centred approach was taken to digitise the GP registration process for Scottish citizens. This was the first step to a more integrated digital transformation of the registration process. The programme will develop the next step by integrating the front end registration process, through NHS Inform, with GP practice management systems.		<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>	Activities to explore and document existing architecture and national digital landscape to understand dependencies, i.e. GP IT, CHI, NPCCD, have commenced.	NHS NSS	<p>There is a risk that there is insufficient digital architecture resource due to priority pressure from ongoing COVID-19 development requirements.</p> <p>There is a risk that National IT programmes and re-provisioning timelines slip delaying the delivery of an integrated registration solution.</p>			<p>Primary and Community Care Reform</p> <p>A changing nation: how Scotland will thrive in a digital world</p>

2.8 Digital Prescribing and Dispensing

We have completed phase one of the programme to the satisfaction of Scottish Government sponsors and funding has now been agreed to move on to phase two considerations. Work on phase two is now underway on technical development, market sounding and evaluation.

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Green	We will partner with NHS Education for Scotland Digital Services to deliver a prototype for paperless prescribing and dispensing in Scotland by July 2021.		Objective 1 95% of projects are on track to deliver to time and budget.	Digital Prescribing and Dispensing programme phase one complete. Programme sponsors were satisfied with phase one therefore funding was agreed to move on to the next phase. Now working on scope and planning for next phase - detailed architectural design and decisions (e.g. ePMS) - further service and process design (e.g. for paramedics) - preparation for procurement (PIN) - estimating resources		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.			Primary Care and Community Reform

2.9 National Health and Care Innovations

We have received approval for funding to build the minimum viable product of the Navigator system and are progressing well against our objective to deliver a National Service Adoption Readiness Framework, with Key Subject Matter Experts engaged (across the Innovation Ecosystem).

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Green	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.	Work plans and funding requirements developed. Projects and working groups being established.	Objective 1 Deliver the national service adoption readiness framework by March 2022 Deliver innovation playbook by March 2022 Deliver innovation navigator portal by March 2022	Key subject matter experts engaged (across the Innovation Ecosystem) to develop initial content for the toolkit. Plans in place to develop process, workflow and resource requirements for assessment delivery. Funding approval received to build initial Navigator MVP with associated guidance – main focus of delivery will be to support industry access for Health and wider Public Sector innovation.	NSS	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)	Project Governance with joint sponsorship from Health & Economy established to ensure that the delivery of minimum viable product is balanced and fit for purpose.		Research, Development and Innovation Strategy

2.10 Endoscopy Recovery Service

Progress against our objective to deliver a managed service for SCOTCAP with a minimum of 80 procedures per week is currently ranked at amber. We are also developing digital processes for Cytosponge which will enable increased throughput of patients by removing a manual paperwork bottleneck. However, both SCOTCAP and Cytosponge services are now implemented in the majority of mainland Health Boards. Work under our second objective, to develop business cases for the sustainability of the SCOTCAP and Cytosponge services, is on track.

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Amber	We will deliver a managed service to facilitate the wider adoption of SCOTCAP and Cytosponge across NHSScotland.	Delivery Groups established for both services supported by CfSD, NSS and SG Performance teams to monitor and optimise adoption activity and demand levels.	<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>Both SCOTCAP and Cytosponge services are now implemented in the majority of mainland Health Boards. Since this measure was created CfSD have assumed accountability for the establishment of the services.</p> <p>Various efforts continue with CfSD to build demand to anticipated levels including publication of peer reviewed evaluation of CCE and</p>	CfSD & NSS	<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>	Delivery Groups meeting weekly and Project Boards meeting every 4-6 weeks.		Endoscopy Recovery Plan

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				development of front end IT platform for Cytosponge which will enable increased throughput of patients by removing a manual paperwork bottleneck.					
Green		Working groups established to oversee Business Case development and delivery.	Objective 2 Deliver business cases for the ongoing and sustainable delivery of SCOTCAP and Cytosponge services by Oct 2021	Draft Business Cases are developing; Templates agreed; Governance routes for approval understood	CfSD & NSS	No significant risk to delivery for October 2021	None required.		

2.11 National Cancer Resource

We have successfully recruited all the key staff to support increasing capacity, with the Programme Director, Clinical lead, Programme manager, Project Manager and Programme Support Officer now all in post. The Network is also now live, and the first meeting took place in August 2021 as planned.

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Blue	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.	Establishment of SCN capacity within NSS (key staff) and governance.	Staff recruitment	All key staff recruited – Programme Director, Clinical lead, Programme manager, Project manager and PSO all in post.	NHS NSS	Risks will be identified as part of the programme development	SCN Programme Board will meet regularly to oversee SCN activity. (First meeting 23 August) SCN also represented at monthly Scottish Cancer Recovery Network meetings.	Complete	Recovery and redesign: cancer services action plan (Scottish Government, December 2020)
Green		Development of project documentation and delivery in line with plans	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.	Programme plan agreed with Government by end July as planned. Other documentation in place or being developed.					

Green		Development of project documentation and delivery in line with plans	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	Programme plan agreed with Government by end July as planned. Other documentation in place or being developed					
Blue			Launch 100% of National Cancer Resource operationally live	Network operationally live and first Programme Board meeting on 24 August.	NHS NSS			Complete	

2.12 Corporate Shared Services

We continue to deliver services to Public Health Scotland but work to develop services for Social Security Scotland has been suspended due to an inability to reach agreement on Agenda for Change terms and conditions. There is also a risk that we will not deliver on the management of the east of Scotland health boards' payroll in this financial year. A report is due to be presented to health board Directors of Finance at the end of September to address concerns. Our Key Deliverable Description has been updated to reflect the changes.

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Green	We will improve on Public Health Scotland's experience of using corporate shared services.* *please note the updated wording to reflect the changed position. Original wording-"We will	Quarterly SLA Performance Reports Annual SLA Review Service Improvement Plans	Objective 1 Improve PHS customer engagement scores by at least 1% on FY21.	Annual review complete and report with NSS and PHS Boards in September. Group to take forward recommendations. SLA refinement underway	NSS	There is a risk that Corporate Shared Services do not meet expectations of Public Health Scotland (6199 – Rating 9).	Conduct a review of the PHS/NSS SLA and have changes in place, agreed and signed by end of the financial year Seek clarification on roles and responsibilities for specific roles in		Once for Scotland

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	extend corporate shared services provision beyond Public Health Scotland."	Customer Satisfaction Scores					NSS and PHS to improve ways of working Collate customer engagement index scores to provide Shared Services baselines. Use data to create a customer engagement plan with all services		
			Objective 2 Commence delivery of payroll and HR shared services to Social Security Scotland.			There is a risk that the service model option Social Security Scotland choose to proceed with will create delivery issues for NSS		CLOSED No agreement for AFC. Scope changed to the point where is wasn't beneficial.	Once for Scotland
RED			Objective 3 Agree new implementation roadmap with the South East Payroll Consortium. Launch service.	Report for region's DoFs answering concerns due to be delivered by end of September. Agreement on TUPE timeline anticipated after that.	NSS	There is a risk that NSS will not be able to deliver a shared payroll service in this financial year	Deliver report to DoFs Hand over to FV and Fife governance sign off within respective committees		Once for Scotland

2.13 Plasma for Fractionation

As planned we have been exploring the capacity and capability required to procure UK sourced plasma for fractionation. We are working on the business case to move towards self-sufficiency in critical plasma derived medicinal products for Scotland, and this is on track for delivery as scheduled.

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Green	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.	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.	Develop a business case for the establishment of a plasma for fractionation collection programme	Business case development underway and progressing well and on target for delivery	SNBTS	Not applicable at this stage.		Approval and funding to proceed with plasma collection and storage requirements for UK sourced PDMP	Contributes to SNBTS strategy

2.14 National Screening Directorate (New)

NSD as the commissioners of 64 Specialist Services across 7 Health Boards will meet and report remobilisation activity, performance to Directors of Finance and Board Chief Executives quarterly and this will include any financial underspend which will be reported to Board Chief Executives.

Remobilisation of the NSD commissioned Screening Programmes will report to National Screening Programme Boards interval changes and/or capacity restrictions (Scottish Screening Committee remobilisation plan Stage 3a) on a quarterly basis.

Delivery and completion of the remaining two Trauma centres Scotland due to open in September 2021 has now been completed.

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NEW			NSD Specialist service will report service activity and associated finance implications to Directors of Finance and Board Chief Executives providing them with an impact assessment report on a Quarterly basis.			Acute care capacity compromised in line with C19 surge. If there is a disruption due to a further Lockdown or C19 surge. Associated complexities of financial planning if activity is reduced as this money will need to be returned to SG			

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						Resilience supported via Commissioned Board remobilisation plans.			
NEW			NSD will engage with the nationally commissioned screening laboratories (2 cervical screening labs, 1 bowel screening lab, 3 pregnancy screening labs and 1 new-born screening lab) to monitor activity and turnaround times to ensure they meet specified levels in SLAs by March 2022.			Temporary staffing shortages may be caused by COVID-19 related absence.			NHS Scotland Screening Programmes
NEW			All Breast Screening Centres to have action plans and be on a positive trajectory to reduce round length back to 36 months. Targeted action plan working with East of Scotland Breast Screening Centre (NHS Tayside) to bring back into line with			East of Scotland breast screening centre is already a significant outlier in terms of screening round length and there is a risk that a lack of available radiology and radiography staff will prevent the 36 month round length			NHS Scotland Screening Programmes

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			other centres by March 2022.			being achieved in the EoS within an acceptable time period, leading to an inequity of service provision for the screening population in that geographical area.			
NEW			West & South East of Scotland Trauma Centres to open end of Quarter 2.			Should there be a further lock down and a resurgence in COVID-19 acute admissions. This would mean the programme would be delayed due to the dependency on trauma units being available to triage COVID-19 patients rather than trauma patients.			

