NSS Board Meeting

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26 May 2020, 09:30 to 12:00
TEAMS platform

Agenda   B/20/33

1.	**Apologies**		
2.	**Attendees**		
3.	**Observers**		
4.	**Minutes of meeting held on 29 April 2020 and Matters Arising [B/20/34 and B/20/35]**		10 minutes Keith Redpath

    📄 B2035 Action List.pdf   (1 pages)

    📄 B2034 2020-04-29 Minutes_DRAFT.pdf   (7 pages)

5.	**Chair's Update**		10 minutes Keith Redpath
6.	**Chief Executive's Update**		25 minutes Colin Sinclair
6.1.	**NSS Mobilisation Plan Update**		
7.	**NSS Recovery Plan Update - Presentation**		25 minutes Carolyn Low/Matthew Neilson
8.	**Performance Update [B/20/37]**		15 minutes Mary Morgan

    📄 B2037 ODP and Performance Report.pdf   (4 pages)

9.	**People Update [B/20/38]**		15 minutes Jacqui Jones

    📄 B2038 People Report.pdf   (3 pages)

10.	**Digital & Security Update [B/20/39]**		15 minutes Deryck Mitchelson

    📄 B2039 DaS Board May 2020.pdf   (5 pages)

11.	**Finance Update - Presentation**		20 minutes Carolyn Low
12.	**AOB**		

Minutes

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON 29 APRIL 2020 via TEAMs DIGITAL PLATFORM AT 0930 HRS

Present:	Keith Redpath, NSS Chair
	Julie Burgess, Non-Executive Director
	Carolyn Low, Director of Finance
	Mark McDavid, Non-Executive Director
	Lorna Ramsay, Medical Director
	Alison Rooney, Non-Executive Director
	Colin Sinclair, Chief Executive
	Ian Cant, Employee Director
	Kate Dunlop, Non-Executive Director
	John Deffenbaugh, Non-Executive Director
In Attendance:	Jacqui Jones, Director of HR and Workforce Development
	Norma Shippin, Director CLO
	Deryck Mitchelson, Director, Digital & Security
	Mary Morgan, Director, Strategy, Performance and Service Transformation
	Matthew Neilson, Associate Director Strategy, Performance and Communications
	Karen Nicholls, Committee Services Manager [Minutes]
Apologies:	Jacqueline Reilly, Nurse Director
Observer:	Rachel Browne, Audit Scotland
	Stephanie Knight, Scottish Government

ACTION

1. INTRODUCTION

1.1 Mr Redpath welcomed all to the meeting which was being held virtually via the TEAMs platform.

1.2 Before starting the formal business of the meeting, Mr Redpath asked the Board Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2. DECISION TO TAKE AGENDA ITEM 11 IN PRIVATE

2.1 Members agreed that agenda item 11 be taken in private as it met the requirements of Section 2 of the NSS Standing Orders as follows;

"The Board is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation."

disability confident COMMITTED

Headquarters
Executive Office, Gyle Square, 1 South Gyle Crescent,
EDINBURGH EH12 9EB

Chair   Keith Redpath
Chief Executive   Colin Sinclair

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3.   MINUTES OF MEETING HELD ON 26 MARCH 2020 AND MATTERS ARISING [papers B/20/25 and B/20/26 refer]

3.1   Members noted the minutes and approved them in full. There were two small amendments requested for accuracy;

Item 1.4 – change to Ms Burgess not Mr Deffenbaugh.
Item 4.14 – change face to fast.

3.2   It was noted that most of the action items were either complete, items on the current agenda or had a longer lead time.

4.   CHAIR'S REPORT [Verbal Update]

4.1   Mr Redpath took Members through his update and highlighted the following areas;

- Attendance at twice weekly NSS Resilience Management Team meetings and regular meetings with Mr Sinclair;

- Attendance at weekly Ministerial call with Minister Joe Fitzpatrick established for all Boards. This has proved particularly useful around the topic of Personal Protective Equipment (PPE);

- Discussions at the NHSScotland Board Chair's meetings now looking at recovery plans. Ms Carol Tannahill had been appointed as Recovery Director for Scottish Government (SG) which would take a three pronged response: Response, Recovery and Renewal;

- Non-Executive recruitment had been halted by SG and there were currently no plans as to when this would recommence. Members noted that this would place the Board under some pressure but in the meantime Mr Mark McDavid had been reappointed for a period of two years and Ms Dunlop's term of office had been extended for up to a further nine months at this stage;

Members asked that their thanks and recognition be passed to the NSS Executive Management Team and all staff for their work and dedication during the pandemic. Members also noted the letter received from Ms Jeanne Freeman, the Cabinet Secretary for Health and Sport thanking all the staff of NSS for their support.

5.   CHIEF EXECUTIVE'S UPDATE – including updates from the Executive Management Meeting held on 20 April 2020 on COVID-19 [papers B/20/30 and B/20/32 refer]

5.1   Mr Sinclair took Members through his verbal update and advised that the authors of the papers provided would also provide an update. Mr Sinclair highlighted the following;

- General recognition throughout the NHS that the pandemic curve of cases is now flattening and this should be reflected in the number of deaths over the coming days/weeks. However, this did not mean that the current lockdown would be lifted in the short term. Recovery plans were now a focus for Boards and how to ramp up things like elective surgery and cancer treatments etc. Other areas to be considered included a potential second wave of the virus and the different operating models this would require and the balancing the impact of the disease on general health and economics whilst acknowledging that there would be a new 'normal' as it was not a case of just switching back to previous models of service;

- Acknowledgement that every part of NSS was involved, not just in the high profile areas like PPE and the new Louisa Jordon Hospital.

5.2   Ms Rooney asked for clarification on whether NSS could assist with accuracy of the figures relating to numbers of cases etc in Scotland and whether there was clear guidance relating to PPE. Mr Sinclair advised that the figures published were the remit of Public Health Scotland now (HPS). However, the Digital & Security business intelligence team had been assisting with this, and SNBTS had been working with Oxford University on donors who donated with COVID-19. NSS infrastructure and the data warehouse from D&S were underpinning all this work. With regards to PPE guidance, most of the confusion had now been dealt with and there was only 'one source for truth' for this and that was the guidance produced by Jacqui Reilly and her team.

5.3   Mr Redpath added that at the recent NHSS Chair's meeting there had been general support for how quickly projects/programmes and solutions had been put in place and the hope that this speed of progress would continue post pandemic. There were however, concerns around full integration that would need to be dealt with.

        Mr Sinclair added that the key to the future would be the continuing use of digital right across the NHS in Scotland to bring together Health and Social Care. He added that there would be a three pronged approach to life after COVID-19 Respond, Recover and Renew. Carol Tannahill would be leading overall and Mr John Burns, CEO NHS Ayrshire & Arran, would lead on recovery around acute and primary care looking at how to include all the good work done at an operational level for the future. Mr Sinclair would be on the group with Ms Tannahill looking at the renewal piece.

5.4   Ms Rooney asked whether there had been any discussions around the impact of COVID-19 and the new normal on potential claims for compensation from the NHS. Mr Sinclair advised that there was awareness of this and NSS CLO were looking at potential increase of work in this area.

5.5   Members asked about the impact on clinical waste from the increase in PPE usage. Mr Sinclair advised that due to the decrease in general hospital work the clinical waste capacity was adequate at this stage.

5.6   Members were then taken through short updates from the NSS
         Strategic Business Units and key areas as follows;
        SNBTS
        - Managing blood stocks in line with reduced demand;
        - Testing machines now available;
        - Working with Oxford University to assess level of COVID-19 spread;
        - T-Cell therapeutic opportunities were at an early stage
        - Convalescent plasma treatment for COVID-19.
        P&CFS
        - Work on shielding letters continues;
        - Payment of practitioners – estimates for protection of areas such as dentistry and ophthalmic.
        Digital & Security
        - Roll out of TEAMS and expansion of Near Me system for GP's;

- Business Intelligence work increasing including things like Oxygen flow rates/usage in hospitals, testing etc;

- Key role in digital planning going forward;

PgMS

- Team repurposed from BAU to Louisa Jordan/PPE and Testing support;

- Recognition of their role going forward.

CLO

- Big increase in property and contract work including the new Louisa Jordan Hospital.

PCF

- Louisa Jordon - It was noted that in relation to the Louisa Jordan hospital NSS had played a pivotal role with support from multiple SBUs. Of particular note was the work done by procurement and Health Facilities Scotland. HR, PgMS and CLO had also worked closely on getting the new hospital up and running within four weeks. The liabilities, contract and licence would now transfer to Scottish Government. This would also include the financial liabilities.

- Ms Burgess asked for confirmation of the timeline for this transfer and whether NSS had a letter of comfort in the interim. Mr Sinclair confirmed that there was a letter of comfort and CLO had also drawn up a one-page agreement which Scottish Government were comfortable with but had not yet signed off. The current length of rental was set at 5 months. Mr Cant asked that the tremendous work done by NSS to get the centre open in such a short time be recognised, including Digital & Security, HR and PgMS. Mr Redpath agreed that there was a huge list of NSS staff who had gone above and beyond who would need to be recognised.

- PPE – This started for acute sector as normal and were then asked by Scottish Government to take control of management and distribution of their resilience stocks – this added to the volume and range of stock including FFP2 masks, gowns etc. NSS was then asked to provide emergency PPE triage for the Social Care sector across mainly 4 product lines, including direct delivery to over 950 GP's.

- The social care space was particularly difficult in terms of logistics as it is such a diverse sector. This is now progressing, after a one off direct delivery, via a Hub scheme run by Local Authorities and COSLA etc. The recent widening of the PPE provision to unpaid carers and possibly funeral homes also requiring PPE would be of major concern due to the potential volumes required.

- Supply chain was being managed including flight cargo being delivered via Prestwick Airport. Members were asked to note that discussions were also taking place, in conjunction with Scottish Enterprise, to look at local supply and manufacture, not just for COVID-19 use, but for the renewal process as well. Now overall in a better place.

- The subject of funding for these supplies was now being looked at, as at the present time Scottish Government are providing PPE free of charge to all parties. NSS was already working with Scottish Government to recover the costs as appropriate (with the assumption that in the short term, at least, this would be covered for NSS).

- Mr Miller confirmed that there had been a significant increase in the costs of products, as this was a global market and shortages worldwide. Mr Redpath asked for clarification on whether the Boards had been made aware of these increases to allow for appropriate budgeting. Mr Sinclair confirmed that the PPE products were provided free of charge to Boards at the moment as this was the resilience stocks, but had already advised Scottish Government of the

increases. Ms Low added that the finance team were keeping track of spend, especially those private companies who were receiving PPE to brief Scottish Government colleagues when required. Members also noted that Armed Forces liaison personnel were already in the National Distribution Centre (NDC) to provide support if required.

5.7   Members thanked Mr Sinclair for his update and then turned to papers **B/20/30** and **B/20/32** focusing on HR and Digital & Security general updates.

5.8   Mrs Jones and Ms Stewart took Members through the HR paper and highlighted the following:

- Large number of DEL's and Variation orders for Terms and Conditions coming out and HR Team working on guidance and Q&A's for managers to ensure consistency of approach across the Organisation;

- Three categories of absence being recorded in relation to COVID-19: 1. COVID-19 confirmed, Self-isolating due to symptoms and Isolation due to underlying health conditions.

- Support for Louisa Jordan Hospital, including staff testing and Occupational Health Services;

- Occupational Health and Pre-employment checks on behalf of NES for those returning to service and volunteers.

5.9   Members asked for clarity around any deaths in service of NSS Staff due to COVID-19. Mrs Jones advised that this was nil, and SG agreed that rather than daily reporting, Boards should notify if any occurred. It should be noted however, that unfortunately Members of staff do pass away for other reasons, and COVID-19 should not be singled out for special attention other than public health issues.

5.10   Mr Mitchelson took Members through the Digital & Security paper and highlighted the following;

- Seeing an increase in 'denial of service' cyber-attacks and these were all being dealt via existing tools and practices;

- The increased ask by those working from home being managed well with increased bandwidth on the VPN (Virtual Private Network) copying well;

- Team had done an excellent job getting laptops built and out, not just for NSS but wider NHS Scotland where asked;

- Increased bandwidth across hospitals and other sites in order to provide Office365 and TEAMs across the internet, and an increased ask from GPs;

- Concern about 'fake' websites using COVID-19 to draw people in so working across National Cyber Security to deal with these, with a note that this was being done proactively;

- Good feedback on compliance with NIS Directive (Network & Information Security) sitting at 80% and NSS had received good comments as part of the audit;

- Biggest increase in work was around business intelligence and data bringing together all testing data from multiple sources would be key to managing any lifting of lockdown measures;

- Recognition that the GP software – Near Me had been accelerated due to COVID-19 but the long term plans was to use TEAMs as an alternative and that this would all form part of the recovery plans post COVID-19.

5.11   Members thanked both HR and D&S for their informative reports and for the hard work that was obviously going on during a difficult and demanding period.

6.   CHANGES TO NSS STANDING FINCIAL INSTRUCTIONS DURING COVID-19 PANDEMIC [paper B/20/28 refers]

6.1   Ms Low took Members through the recommendations in the paper and advised that the changes to contract approval processes to ensure NSS was able to respond quickly around purchasing in the current climate for NHS Scotland. She added that this would be underpinned and preapproved and existing governance arrangements would stay in place, including Scottish Government departments. Members noted that the process for approving purchase orders still applied and Scottish Enterprise were also supporting with due diligence etc around new suppliers in conjunction with NSS Central Legal Office.

6.2   Members thanked Ms Low for her proposal and agreed the changes as recommended.

7.   NSS POST COVID-19 RECOVERY PLAN [paper B/20/31 refers]

7.1   Ms Low took Members through the paper which had been written initially for the NSS Executive Management Team (EMT) and was now brought to the Board for information. The discussions had looked at 'once in a lifetime' opportunities for NSS and NHS Scotland to ensure the progress made, and the speed of change that had happened during the pandemic were not lost when it was over.

7.2   Ms Low advised that the paper had been produced before Ms Carol Tannahill was appointed as Director of Recovery at Scottish Government, and Mr Sinclair's involvement in this.   She continued that the EMT would he holding a workshop to review the paper over the coming weeks. Members noted the following;

- There would be an uncertain financial outcome with a significant deficit predicted;
- The Annual Operating Plan that had been approved at the previous Board meeting would now have to be completely rethought. The updates would form part of the renewal planning post recovery;
- NSS COVID-19 mobilisation plan would also need to feed directly into any recovery plans including;

    o   PPE support continuing
    o   Testing Service – continuing until vaccine or treatments available.
    o   SNBTS – therapeutic service
    o   Expansion of national programmes such as Radiology and Laboratories work already underway in PgMS;
    o   Digital programmes would be essential;
    o   Centre of Excellence for Reducing Infections and Risk in the Healthcare Built Environment approach to infrastructure.

7.3   Members thanked Ms Low for her informative paper and suggested that once the EMT review meeting had taken place a similar session be held with the Board.   **C Low/ K Nicholls**

Action:　Ms Low and Mrs Nicholls to set up workshop sessions for Board at an appropriate stage.

7.4　　All agreed that the excellent work done by NSS during the pandemic should not be lost and there was now an opportunity to build on this, particularly around the Once for Scotland approach to services, and changing at speed. All agreed that just returning to how things were done before the pandemic would be a waste of the progress made. Dr Ramsay added that there was also an opportunity to stop doing things that were not working and this should also be factored in.

8.　　**FINANCE UPDATE AND 19-20 YEAR END DRAFT GUIDELINES [paper B/20/29 refers]**

8.1　　Ms Low took Members through the finance update and advised that at this stage the paper was a high level view and that the final position by Strategic Business Unit would follow. She continued that due to the extra work and changing priorities for the business during pandemic had led to a variance with plan but this would be reflected in the final document.

8.2　　Members noted that at this point in time NSS was on track to deliver/exceed all but one of the targets and would deliver against CRES on a recurring basis. Ms Low advised that Scottish Government and Audit Scotland were allowing Boards a slippage in final presenting of accounts for Board sign off of three months. However, for NSS Ms Low and her team were working towards providing the accounts as close as possible to the original ask, but there may be a delay of a few weeks. The proposal was to bring the draft accounts, accounting policies and special payments and losses to the Audit & Risk Committee in May and look to first two weeks of July for final sign off. Ms Burgess would be taking over as Chair of the Committee from the May meeting and Ms Low and Mrs Nicholls to liaise with her to draft agendas as soon as possible. **Action:　C Low/J Burgess/K Nicholls to review agenda.**

J Burgess/C Low/K Nicholls

9.　　**NSS BOARD IN CONFIDENCE SESSION**

9.1　　Members held a short in confidence session of the Board to discuss in full papers B/20/27 and B/20/27a.

9.2　　Both papers were discussed in full and Board Members noted the recommendations and the need to fully reflect mobilisation and recovery planning. Members were supportive of the measures identified and noted the papers in full.

10.　　**AOB**

10.1　　Mr Redpath asked Members if they felt that the meetings held via TEAMS allowed for full discussion of papers and information. All were content and felt that the virtual environment was working well.

10.2　　The next formal meeting of the NSS Board will take place on 26th May 2020 via TEAMs.

Meeting closed at 1215

NSS FORMAL BOARD
ACTION LIST 2020-21

| CLOSED | **B/20/34** |

Ref Item	Action	Responsible	Deadline	Status
FROM 26 MARCH 2020				
2020-03-26 Item: 1.4	**Introduction [paper B/20/21 refers]** C Low to update Members on any changes to the timeline for approval of Annual Accounts.	C Low	On-going	Agenda item 26.5.20
2020-03-26 Item: 2.3	**Minutes and Matters Arising [papers B/20/17 and B/2018 refer]** C Sinclair to add the Board's thanks to all staff around the moves and work carried out in relation to Public Health Scotland to next available communication.	C Sinclair	Outwith meeting	Complete.
2020-03-26 Item: 4	**Chief Executive's Update [paper B/20/19 refers]**			
2020-03-26 Item: 4.5	JJ to review how many staff have been absent due to COVID-19 for future reporting.	J Jones	Future reporting	Part of standing items.
2020-03-26 Item: 4.15	C Sinclair to update on changes to screening programmes as guidance was received.	C Sinclair	On-going	Agenda item 26.5.20
2020-03-26 Item: 4.16	C Sinclair to update on facilities work in relation to COVID-19.	C Sinclair	On-going	Agenda item 26.5.20

Items outstanding from previous year.

Ref Item	Action	Responsible	Deadline	Status
2020-01-30: Item 7.4	M Morgan to discuss NSS position and offering around the climate emergency and update the slide for the next Board Development session.	M Morgan		On-hold due to COVID-19 outbreak.
2019-11-01 Item: 9.2	Risk Review M Neilson to liaise with M Walker re Risk Management including review of residual risk status, and Board Assurance Framework.	M Neilson	30.1.20	On-hold due to COVID-19 outbreak.
2019-11-01 Item: 10.3	E McLaughlin/K Nicholls and K Redpath to work to implement recommendations and improvements to Board processes	K Redpath/ E McLaughlin/ K Nicholls	On-going	On-hold due to COVID-19 outbreak.

B/20/37

NSS Board Meeting – Tuesday 26 May 2020

Operational Delivery Plan – Final Monitoring Report

Purpose

To present performance against the Operational Delivery Plan up to March 2020.

Recommendation

The Committee is asked to note the organisation's performance so far during 2019 / 20 set out within this paper and challenge as appropriate where measures have not been achieved.

Timing

This is the final report for year 2019 / 20.

Background

The paper shows progress against the Operational Delivery Plan 2019 / 20, through which we underpin the services provided to the NHS in Scotland, and gives examples of where we have met and improved upon targets and areas where we have not met targets.

Good levels of performance continue with 90% achievement against 60 performance indicators. One indicator is rated as red and five indicators rated as amber.

Procurement and Legal

Not applicable

Engagement

Engagement has taken place with Planning and Performance Leads and EMT in the creation of this paper.

Equality & Diversity

Not applicable.

Caroline McDermott
Head of Planning Tel: 0131 275 6518
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NHS National Services Scotland
2019/20 Operational Delivery Plan (ODP), Monitoring Report
March 20

1. Overview

This report summarises the final position against the Operational Delivery Plan 2019 / 20 and relevant risks raised via the corporate risk register. The performance against the ODP is rated via 60 performance indicators is as follows.

2. Achievement Summary
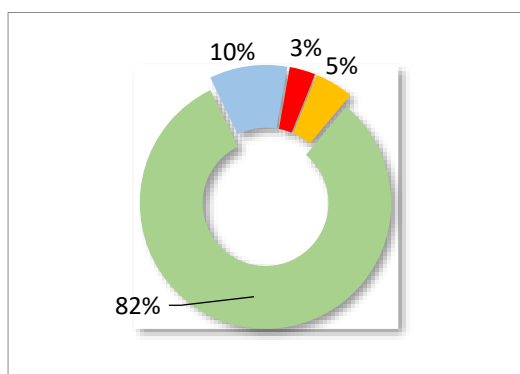
6 (10%)	Blue	Exceeded target
49 (82%)	Green	Completed or ongoing as planned
3 (5%)	Amber	Behind / less than original plan
2 (3%)	Red	More than 10% behind / less than original plan
0 (0%)	Grey	Not yet reported

This shows a performance rate of **92%** achieved.

2.1   Blue - Better than Anticipated Achievement
The following are examples of where we are ahead of planned target for the year achieving savings for the NHS in Scotland or by providing responsive services.

Better Care
- **Completion to schedule of 90% of all Information and Intelligence deliverables identified within the PHI/SG SLA.** This is at 95% achievement.

- **ScotPHO By March 20, explore options to incorporate additional indicators. Progress monitored by reporting on the outcomes of work to identify additional indicators.** – Completed early

Better Value
- **CFS Reduction of Exemption Fraud and Error** - achieved £1.6M – against a target of £1.5m.

2.2   Red - Not Achieved as Planned

The following two indicators were not achieved as planned.

Better Care

- **National level GP IT contract reprovisioning project delivered to agreed timescales.** GPIT Re-provisioning – Overall project status is red due to the previously announced delays by all suppliers. The project team continues to work closely with the suppliers to ensure that their plans are fully scoped and suitably resourced and to understand the impact of COVID-19 which is expected to result in some slippage to supplier timescales. GPIT – support provided to the "shielding" programme – letters to c120k patients expected to be delivered w/c 13th April

- **Release the first ISD official statistics social care publication in April 2019 and following this seek feedback from stakeholders and produce a revised official statistics publication by March 2020**. – The first publication was released in June and a web consultation completed regarding revising the publication. Following further developmental work and some technical issues, the publication date is currently being reviewed in light of the current response to COVID and will be announced in due course.

2.3   Amber – Behind Schedule
The following three measures are delivered to within 10% of their original target:

Better Care
- **Review the success of the initial local analyses (developed at the end 2018/19) of social care data linked with health service data in meeting the integrated information and intelligence needs of Health and Social Care Partnerships by September 2019. Design and disseminate a refined set of analyses by March 2020**. Data has been uploaded and analyses in source platform developed. Following demo of this there were some changes required. Due to resource constraints release is likely to be the end of April.

- **Support CHI / Child Health / GPRS replacement**
  Delivery confidence remains amber. 2019/20 financial year outturn and whole life costs remain within agreed financial envelope. All key milestones remain green.

- **Produce 6 co-designed stories across CPPs, Third Sector and Local Authorities that demonstrate impact**
  COVID 19 work has taken over most of the work being undertaken by LIST analytical staff and the customers that they work with and ongoing vacancies in the LIST team throughout the year
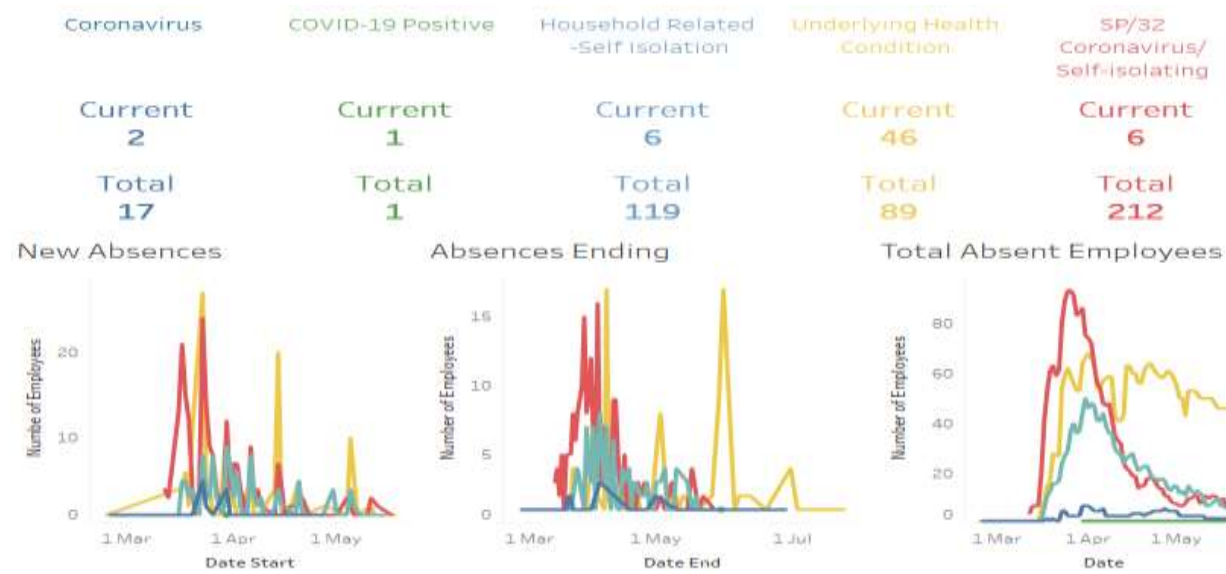
3. ODP Risks – as at 07.05.20

There are only 7 risks on the register currently relating to the ODP – which will be reflective of PHI no longer being part of NSS and the ODP year end. There are no red risks.

			Likelihood					Total
			Rare	Unlikely	Possible	Likely	Almost Certain	
		Score	1	2	3	4	5	
Impact	Catastrophic	5	0	0	0	0	0	0
	Major	4	0	2	3	0	0	5
	Moderate	3	0	3	4	1	0	8
	Minor	2	0	0	2	0	0	2
	Negligible	1	0	0	0	0	0	0
	Total		0	5	9	1	0	15

Caroline McDermott, Head of Planning
Steve Wallace, Planning & Performance Manager

Workforce Reporting – COVID-19 as at 19 May 2020

Coronavirus	COVID-19 Positive	Household Related -Self Isolation	Underlying Health Condition	SP/32 Coronavirus/ Self-isolating
Current 2	Current 1	Current 6	Current 46	Current 6
Total 17	Total 1	Total 119	Total 89	Total 212

New Absences · Absences Ending · Total Absent Employees

NSS currently has one member of staff who falls into the COVID-19 positive category, from PCF SBU, who is still absent. Overall, there are six SP/32 Coronavirus/Self-isolating employees, of which four members of staff are from PCF and two staff members from SNBTS. All other staff in this category who are able to, continue to work from home after their 7- day isolation period is over with the exception of two staff members who have applied for special leave/carer leave (Coronavirus).

Members of staff who are self- isolating due to Underlying Health Conditions make up the biggest proportion (75.4%) from all staff currently on a COVID-19 related Special Leave absence.

A total of 374 members of staff have now returned to work linked to COVID-19 related special leave. By the end of May, there are a further 45 employees expected to return to work, of which 31 employees have been self isolating due to having underlying health conditions.

NSS has developed an automated process to facilitate the testing of staff who fall into the strict criteria of "Critical/Key workers". There are approximately 1,030 members of staff who are classed as critical workers. At the time of writing this report there have been a total of 29 requests submitted from 'SP/32 Coronavirus/Self-isolating' members of staff (68.9% from SNBTS SBU), of which, one is a retest, also from SNBTS. Only 17 employees of these were eligible to be tested (15 from SNBTS, one from PCF and one from Clinical). Staff within other National Boards are raising concerns regarding testing and whether the criteria should be relaxed or if there are any discussions regarding the relaxing of the criteria.

So far there has been a total of 7,168.71 hours lost in May due to COVID-19 related absences, but due to 66.67% of employees currently absent returning to work by the end of the month, the COVID-19 related absence rate is expected to be significantly lower compared to April.

Key Workforce Challenges and Updates in Relation to COVID-19:-

- **Recruitment and Deployment of Staff**
  - To support the COVID-19 recruitment requirements, HR have introduced a streamlined Honorary contracts process to add to the fast track recruitment of Returners and New Starts. To date a mix of 31 new starts have been recruited into NSS in the last month through one of these fast track processes with a number currently in process.
  - A Guidance to On-Boarding has been added to the Recruitment Guidelines to support Managers with their BAU recruitment and to encourage managers to think creatively about how they can engage with and on-board their new starts virtually and in the confines of the current ways of working.
  - There has been a significant increase in the responses to external adverts at this time. HR are considering a number of options and tools to support Recruiting Managers when screening for their vacancy to address the volume of responses.
  - Seven members of the NSS Redeployment Register have taken up assignments directly related to the COVID-19 response in the Clinical and Blood Bank departments across Gartnavel and Aberdeen.

- **Case Management**
  NSS Protocols already developed in partnership on Case Management will be reviewed in response to the Scottish Partnership Forum 'statement' on 'Working in Partnership during the period impacted by the COVID-19 pandemic'.

- **Occupational Health and Staff Testing**
  - 5,000 occupational health clearances have been completed for the NES portal.
  - All staff have now been cleared for NHS Louisa Jordan and Hep B processes commenced.
  - The testing process for the national boards has been updated to include access to the airport and other testing sites to provide maximum access for staff.
  - It is anticipated that the return to role and work of staff may require further risk assessment in relation to underlying health conditions and preparations are being made to provide further management advice.
  - As occupational health services return to business as usual across the boards, NSS occupational health is re-engaging to understand what this means for service provision for NSS and other national boards.

- **Health and Safety**
  - Business as usual for health and safety in terms of risk profile auditing and support.
  - Population of the Accident Incident Reporting module and guidance documents.
  - Support is being provided to NHS Louisa Jordan, SNBTS and Canderside warehouse.
  - Working 'from/at' home guidance and support is being developed.
  - Supporting the NSS Overarching Recovery Plan.
  - It is recommended that OHSAC is reconvened within the next couple of weeks and that OHSAC provides some governance for the workplace recovery workstream.

- **Staff Wellbeing**
  - Continued spotlight sessions on health and wellbeing of staff within Staying Safe and Well communications, with particular focus around home working, stress and mental health.
  - A range of content around personal resilience and blogs is available and regularly updated via HR Connect which has been communicated to staff.
  - Webinar sessions have been delivered by Emma Bell covering how to build a resilient mind-set and key self-care strategies to maintain wellbeing during lockdown. Emma shared stories with NSS staff of those she has interviewed and their practical strategies that are resonant in the face of the current situation. Approximately 150 staff were able to participate and feedback from these webinars has been very positive.

- **Other Key Workforce Challenges**
  - o HR are leading the Workforce stream for Contact Tracing which involves the selection, recruitment, engagement and on-boarding of staff into PHS's Contact Tracing programme.
  - o The HR Connect portal has a dedicated COVID-19 page in order to allow managers and staff easier access to the latest communications, policies and process related to COVID-19.
  - o The COVID-19 special leave dashboard has also been enhanced to include further insights on staff ethnicity, and is due to go live shortly once migration is completed.
  - o The e-Forms Special Leave Portal has been developed to capture if staff are able to work from home when self-isolating to support testing and reporting on the impact of COVID-19. A plan is also in place to capture retrospective information.

B/19/20

Digital and Security May update for Board/ EMT

Purpose

This paper provides the monthly update from Digital and Security for Board and EMT information. The purpose of the paper is to provide an update primarily in relation to the current focus on COVID-19 activities and progress.

Recommendation

COVID National Response – Executive Summary:
Digital and Security have supported NSS and wider NHS in major mobilisation activities in support of the Coronavirus COVID epidemic mobilisation with more recent activity shifting to support the recovery phase in the pandemic and in particular the Test, Trace, Isolate, Support (TTIS) requirements and delivery: -

- *Test, Trace, Isolate and Support (TTIS)***:** Following the extensive delivery of solutions via the Digital Task Force, activity is now focused on supporting the TTIS requirements to ensure: -
  - o Deployment of a suite of digital tools to enable integrated case management, contact tracing &self-assessment in the community, care home and local authorities
  - o Development of a consolidated suite of public health use cases, models and dashboards to support data-driven decision making relieving pressure on front line services
  - o Facility to collect, collate and share other diagnostic data from public health data sources to drive self-service and efficiency across clinical services
  - o Provision of an Integrated capability to inform future design & development of technologies, cross-functional analytics & digital innovation across intelligence systems and public health data sources
- *Digital Intelligence Task force***:** The recent national work on Covid has utilised existing NSS capabilities to rapidly develop data solutions for testing, oxygen management, PPE supply chain and general population monitoring. It has been agreed that the NSS Corporate Data Warehouse will be used for National Analytics and decision making in supporting the SG TTIS policy. We have proposed that this should become a feed for the UKG Joint Biosecurity Centre.
- *Contact Tracing:* SG have agreed that NSS technologies will be deployed nationally to deliver Scotland's Contact Tracing service. A case management system (built on ServiceNow) will be deployed mid-June across all boards with integrated contact centre (telephony) functionality. Cap Gemini will bring design and configuration expertise based on recent work in Czech Republic. This is a huge vote of confidence in the DaS capability to deliver secure at scale solutions.
- *SG DHSC Command Structure***:** Caroline Lamb has implemented a Gold, Silver, Bronze Command structure for managing DHSC activities during COVID. NSS will be represented on both the data and systems silver structures and will be leading the majority of the data initiatives.
- *Information Security & Governance***:** Support across all elements of the suite of applications and dashboards being developed. Continued support to the Shielding policy. Continued increased monitoring of threat level during pandemic.
- *Clinical Expertise in Technology & Data:* Support in relation to COVID in particular testing, test, trace, isolate, national notification service, Case Management, Telephony and data feeds to GP systems.
- *Digital Workplace & remote working capability***:** Deployment of Teams across 161K users across Scotland with dedicated support desk now in place and dash-boarding to monitor rollout and adoption. Discussions underway to support adjustments required in facilities, equipment and support model as remobilisation plans mature.
- *Supplier External Suppliers & systems***:** ServiceNow has provided free licenses for use in contact tracing until end of September 2020.

- **O365 –** following rapid deployment, provision of user training and materials and support desk capability is now in place. Mail migration rollout dates agreed with NSS due to complete in June
- **GPIT** - Specific recent engagement to support the 'shielding' programme with issue of some 120k patient letters. Further delays indicated with EMIS.
- **CHI/CH** - Integration work for CHI lookup service to support clinical assessment app and testing data completed. Main CHI/CH programme delivering to plan. Independent Assurance Review (Gateway 0) commencing 26th May.

Strategic planning:
- **RAM planning review** underway where at a high level DaS strategy and areas of focus (eg Cloud first, Security Operations Centre and Analytics Centre of Excellence) remain unchanged however the initiatives and priorities leveraging the capabilities have clearly shifted in response to Covid. Re-planning for the next 18 months to support NSS and wider NHS and social care in underway.

Timing

The board are asked to note the contents of this pack which was updated to 21st May 2020.

Background

DaS are continuing delivery against Digital and Security Strategy on 3 fronts:
1. National Programmes
2. 3 Year Information Security Programme
3. Organisation Change and Modernisation Programme

Procurement and Legal

Procurement and Legal have been included in this update where appropriate.

Engagement

Programmes are in all in flight and have ongoing engagement across NSS as appropriate.

Equality & Diversity

All programmes have equality and diversity considered and assessed.

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NSS Digital UPDATE: 22 May 2020

Deryck Mitchelson – Director Digital and Security

Digital and Security have supported NSS and wider NHS in major mobilisation activities in support of the Coronavirus COVID epidemic mobilisation with more recent activity on the recovery phase and in particular the Test Trace and Isolate requirements and delivery: -

COVID Response - Detail:
Digital Intelligence Task Force Programme Mobilised

- Leading digital delivery for *Test, Trace, Isolate & Support (TTIS)* programme on solution architecture, digital design and data integration into BI Data Warehouse with pilot DHI 0.1 underway, Notification Service live, UK data feed nearing technical and quality readiness, Feedback received from eHealth regarding transfer of data to Clinical Pathways and Information sent to eHealth Leads incl. technical readiness pack and Information Governance (IG) details, as part of Public Health Scotland (PHS) communication.
- Developed a *new ServiceNow Portal to track critical PPE 24x7* for Health Board procurement teams with ability for suppliers to submit offers of available PPE Equipment. Discussions underway to extend to Social Care and also presentations to SG on wider use of ServiceNow for similar solution in the transport sector and community hubs.
- Upgrade of *"Wardwatcher"* environment in support of ICU Bed Occupancy reporting to SG. Integrate plans into Data Warehouse.
- Implement and support *COVID testing national notification service (NNS)* utilising Azure cloud
- *NHS24 inform data* integrated into BI Data Warehouse
- Integration and expansion of National Data Warehouse to include *COVID test results, NHS Inform, PPE supply chain, care home, labs* capacity data sets
- MVP dash boards (BI) developed for *NHS24, oxygen flow monitoring, PPE supply chain, labs capacity*
- Development of *managed clinical network on 365 PowerApps* to support UKIVAS Vasculitis network regarding patients who have been diagnosed with COVID.
- NSS, PHS & CapGemini (8week contract) collaborating on *COVID analytics dashboard for respond, recover and renew*
- Work initiated on Integration of data catalogue from *Clinical Assessment app (Turas)* into BI Data Warehouse
- Work initiated on integration of data from *Symptom Tracker app (ZOE)* into BI Data Warehouse
- Working with NHS24 to integrate data from *NHS24 chatbot* into BS Data Warehouse

Information Security & Governance

- Supporting all *IG/IS matters relating to TTIS* including equality impact assessment, the booking application, dash boarding. Completed application to CHI-AG to ensure data can be seeded with CHI.
- Completion of PBPP process in relation to updating *Persons at Risk Database*
- Leading IG to ensure NSS and others meet *Data protection obligations* in relation to the SHIELDING policy, including 4 rapid assessments and drafting a data sharing agreement between NSS, PHS and Local authorities.
- Possible *legislative changes in relation to IS&G* reported last update – SG have decided not to progress with a Direction update in Scotland for now. Assisting in drafting SG Privacy Notice
- *Security Operations Centre* continues to key focus to monitor for Covid related threats where Defender ATP risk remains due to *less than 20% of the overall estate across Scotland* being

registered. Malicious Zoom installer on an NSS machine was identified through ATP and *was used to block further attacks at NHS Fife & NHS Grampian* who have fully deployed ATP.

- *Cyber threats remain high* due to attackers exploiting attention and fear created by COVID with increases in Covid themed domains, phishing emails disguised as Covid information and malicious applications such as fake zoom capability circulating.
- Patching remains a risk across all health boards; it is *critical that health boards implement tools to patch remote PCs*
- SOC looking at *cloud hosted web filters* to protect staff browsing the internet when not on VPN

Clinical Safety and Assurance in Technology & Data
- Significant progress made on the *Clinical Safety Case Report* for NNS and TTIS
- Clinical Safety Case Report commenced for CMS & Telephony.
- Meeting planned on *managing data feed to GP systems* of test results – including scoping implications for clinical terminology.
- Scottish representation (Brendan O'Brien & Elaine Swan-Gordon) agreed for the new *UK Track & Trace Technology Authority.*
- Clinical assurance work on the COVID *Digital Intelligence Task force programme*
- Reporting/Digital Lead for Clinical Governance on UK Government Testing
- Input to design workshop for COVID *contact tracing application*
- Input to workshop on results data to Public Health Bodies from *UK Government Testing*
- Liaising with PHS on clinical safety and assurance
- Input to *4 Nations call* on test, trace, isolate and test result integration

Infrastructure & Support
- *Teams Rollout* – support continues following rapid deployment of licensing. Analytics showing varied levels of subsequent rollout and adoption within the boards.
- Increased *monitoring and proactive maintenance* across all core infrastructure & networking components
- Outside of "Planned Maintenance", *100% Service availability* for all SHOW hosted websites
- *NHS Inform:* additional *monitoring and alerting implemented*
- Successfully tested *Azure Denial of Service Cyber-attack prevention capability*
- *HPZone :* Technical teams from "InFact" and DaS have worked collaboratively to create a SMS messaging service for COVID for infected patient monitoring.
- Enhanced application Support for amendments to COVID results data/ processing daily files ensuring increase number of files sent to *ECOSS* (Electronic Communication of Surveillance in Scotland)

National Network Support
- *Internet gateway utilisation*; Capacity is currently 2 X 7.5Gb/s load balanced(15Gb/s aggregate). Demand has fallen as predicted following closure of Schools on 20 March
- *GP soft upgrades;* To enable increased use of Patient consultation (NearMe) and staff collaboration (TEAMS and Skype) during COVID.
- *COIN upgrades* Hospital and GP sites with <10M bandwidth eligible for upgrade to 100Mb/s. NHS Boards being engaged from 30March.
- Supporting NHS Highlands and NHS Borders with *BT Internet upgrades*.

Remote working capability and support
- *Digital Workplace dashboard* being compiled to analyse data around multichannel use of NSS methods of engagement. Teams, Email, Voice, Data and service desk analytics underway to track adoption and support needed.
- *National use of Teams analytics* also being provided to assist boards in continued rollout and adoption
- *NSS VPN capability* increased to 1800 users. No latency now observed and monitoring in place
- Two *Direct NSS Internet Links upgraded* from 100Mb to 1Gb

- *NSS VPN usage* now consuming 600Mb of the 22000Mb available Bandwidth (as opposed to 100% of 200Mb) with additional VPN Concentrator Hardware in place to allow up to x3500 concurrent users
- Over 200 *Laptop PCs issued* to mobilise NHS staff. Additional being built to support various further requirements
- *Virtual PC Solution* developed and deployed for P&CFS Practitioner Payments
- Doubled *Hosted Desktop Capacity*, deployment of *Avaya Softphones* to Laptop PCs
- Working with Microsoft on *NSS Azure hosted Virtual Desktop* to replace current 3rd part Virtual PC solution. Images can be used by any other board who is interested in cloud virtual desktops
- *ServiceNow* portal in place to support national O365 help team and teams across all boards

Supplier Management
- *Atos* have enhanced response for critical systems issues (e.g. for ECS) through increased resources for rapid response including *Out of Hours* for ECS and evaluating infrastructure for scalability for ECS. Archival of data underway.
- *Change Freeze* in place for non-essential changes however essential changes to support response to COVID; such as Security patching, resolution of High Priority incidents, remote working systems changes to continue.
- Negotiated FoC Office 365 licenses with *Microsoft* to accelerate role out of MS Teams in response to COVID