

NSS Board Meeting - Formal via TEAMS

29 April 2020, 09:30 to 13:00

TEAMS

Agenda B/20/24

- 1. Apologies**
Jacqui Reilly, Director of Nursing, Executive lead for AHPs, HAI and Quality
 - 2. In attendance**
Karen Nicholls (Minutes)
Matthew Neilson, Associate Director: Strategy, Performance and Communications
 - 3. Observers**
Stephanie Knight, Directorate of Health Finance - Scottish Government
Rachel Browne, Audit Scotland
 - 4. Decision to take Item 11 in Private** 5 minutes
Keith Redpath
 - 5. Minutes of meeting held on 26 March 2020 and Matters Arising [B/20/25 and B/20/26]** 10 minutes
Keith Redpath
 -  B2025 2020-03-26 Minutes_DRAFT.pdf (8 pages)
 -  B2026 Action List.pdf (1 pages)
 - 6. Chair's Update [Verbal]** 20 minutes
Keith Redpath
 - 7. Chief Executives Update - including COVID-19 Updates from EMT meeting held on 20 April 2020** 45 minutes
HR Update [B/20/30]
Digital & Security Update [B/20/32] Colin Sinclair
 -  B2032 Covid DaS Update April 2020.pdf (4 pages)
 -  B2030 Covid-19 Workforce Update - Final updated (003).pdf (3 pages)
 - 8. Changes to NSS Standing Financial Instructions during COVID-19 Pandemic [B/20/28]** 5 minutes
Carolyn Low
 -  B2028 NHS Board COVID 19 Amendment to SFIs.pdf (3 pages)
 - 9. NSS post COVID-19 Recovery Plan - Draft [B/20/31]**
 -  B2031 NSS Board COVID 19 Recovery Planning.pdf (4 pages)
 - 10. Finance Update and 19-20 Year-End Draft [B/20/29]** 30 minutes
Carolyn Low
Finance Update and 19-20 Yr End Draft [B/20/29 and B/20/30]
 -  B2029 NHS Board Update on 19-20 Financial Position and Audit Arrangements.pdf (4 pages)
- In Confidence Item***

11. NSS Mobilisation Plan - update [B/20/27 and Confidential paper B/20/27a]

10 minutes
Carolyn Low



B2027a 1_FC CONFIDENTIAL COVID19 Finance
Plan Update for Board.pdf

(17 pages)



B2027 1 Mobilisation Plan COVID-19 updated.pdf

(9 pages)

12. AOB

Minutes

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON 26 MARCH 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
Kate Dunlop, Non-Executive Director
John Deffenbaugh, Non-Executive Director

In Attendance: Jacqueline Reilly, Nurse Director
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: Ian Cant, Employee Director

Observer: Inire Evong, National Audit Scotland

ACTION

1. INTRODUCTION [paper B/20/21 refers]

- 1.1 Mr Redpath welcomed all to the meeting which was being held virtually via the TEAMS platform. He drew Members attention to an additional paper, that would be discussed prior to the main business of the meeting, which proposed temporary changes to the NSS Standing Orders during the COVID-19 pandemic. Members discussed the paper in full and noted the recommendations to stand down the NSS Board Committees and revert all required items to the NSS Board. The Board would therefore meet on a monthly basis, via TEAMS to carry out required work. It was also noted that normal papers, that did not require formal approval or discussion would be collated and tracked by the Committee Services Manager until such a time as they could be discussed. The Board agenda would therefore focus only on matters for approval and any updates from the Executive Team pertinent to business. This would in turn allow Executives to concentrate on the pandemic.
- 1.2 Members also noted that these actions would end once the pandemic was over.
- 1.3 Members also noted that this had also had an effect on the papers for the meeting and noted the apologies for their late distribution.



Headquarters

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

Chair Keith Redpath
Chief Executive Colin Sinclair

1.4 Ms Burgess asked for clarity on how the NSS Accounts would be approved and signed and Mr Redpath advised that this had also been raised at the Chair's meeting that week. Ms Low replied that discussions were on going with SG, HM Treasury and Audit Scotland and the timetable would be revised but was waiting on final confirmation from the Westminster parliament. She added that NSS would carry on with the process for the original date in June with the knowledge that this could change due to future staff shortages due to the COVID-19 outbreak. Members asked that Ms Low keep them informed of any changes. **Action: C Low to update on any changes to timelines for Annual Accounts.** C Low
Mr Redpath asked for clarification on whether other Committees could be called if required and Mrs Nicholls confirmed that this was the case and that quorum requirements would remain the same.

1.5 With these comments Members approved the recommendations in full.

2. MINUTES OF MEETING HELD ON 30 JANUARY 2020 AND MATTERS ARISING [papers B/20/17 and B/20/18 refer]

2.1 Members noted the minutes and approved them in full with the following clarification on item 6.1 – "Mrs Low indicated that the additional ask of National Boards (for NSS this amounted to an additional £1.5 million) could lead to a deficit at year end but this was being managed."

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

2.2 Item 5.5 – Members asked that Mr Sinclair pass on their thanks to all those staff moving across to Public Health Scotland and that thought be given as to how the moves could be celebrated after the COVID-19 outbreak was over. **Action: Mr Sinclair to add the Board thanks to communications relating to the move to Public Health Scotland.** C Sinclair

3. CHAIR'S REPORT [Verbal Update]

3.1 Mr Redpath took Members through his update and noted the following items in detail;

- Prior to the outbreak there had been a programme of visits across NSS Sites and this would continue once safe to do so;
- Focus on Standing Orders and Governance Structures had been postponed (except for the changes indicated under 1. of these minutes);
- Non-Executive Recruitment had now been postponed, but NSS have been fortunate to received 48 applications, some of which did have the required experience in the built environment, and it was hoped to reinstate the recruitment round as soon as possible after the outbreak;
- Participation in at least one of the Executive Management Team resilience calls per week (two are held) as well as weekly updates with Mr Sinclair;
- Visit to the National Distribution Centre (following strict guidelines on social distancing) and had been reassured that logistics etc were performing well in difficult circumstances;
- Board Chair's meeting had taken place via video conferencing but this had proved difficult. Mr Redpath advised that he had not been having the same issues when using TEAMS.

3.2 Members thanked Mr Redpath for his update.

4. CHIEF EXECUTIVE'S UPDATE – including updates from the Executive Management Meeting held on 24 March 2020 on COVID-19 [paper B/20/19 refers]

- 4.1 Mr Sinclair advised that he would start with a general update on the work relating to COVID-19 and would then ask Mr Mitchelson, Mrs Morgan, Ms Low and Mrs Jones to provide thoughts on their sections of the paper.
- 4.2 Mr Sinclair started by passing on his thanks to all NSS staff during the current crisis. There was still some work to do on the balance between working from home and those who cannot. He added that his thanks also goes out to the Executive Management and Mr Matthew Neilson and Mrs Karen Nicholls and her Team for their continued professionalism and support during a difficult time.
- 4.3 He continued that the main focus was on maintaining the supply chain and logistics, work ongoing with Health Facilities Scotland and digital options. The digital work around the early roll-out of TEAMS had enabled the Board meeting to go ahead virtually and this was much more stable than video conferencing available from Scottish Government (SG). The other areas of focus included a lot of lessons learned work taking place and how this would be reflected in 'business as usual' work going forward and what opportunities there would be to do things differently. For example; having a national approach to things rather than fragmented and there was an increasing acknowledgement at SG that this would have made things easier in the current situation. Mr Sinclair then gave an overview of work in the SBUs;
- Health Protection Scotland/Information Services Division (HPS – ISD) – currently up to speed with the outbreak and this would move across to Public Health Scotland on 1st April 2020, but working together would still be key to support the new organisation;
 - Scottish National Blood Transfusion Service (SNBTS) – managing the blood supply well. Some concern on dropping donor numbers, but this was being managed;
 - Practitioner and Counter Fraud Services (P&CFS) – main focus was making payments to Primary Care services and affordability for dentists and opticians whose work was now starting to dry up;
 - PgMS – work was being refocused, particularly around the Laboratories Programme and Radiology programme and also to support testing on COVID-19;
 - Central Legal Office (CLO) – providing support to SG around legislative changes that may need to be done quickly;
 - Finance – lots of ask around spend, but this was being done through appropriate governance channels. For example: paying up front for orders;
 - Procurement, Commissioning and Facilities (PCF) – major work ongoing around procurement and logistics to keep the supply chain flowing. Procurement had a big focus on ventilators, testing equipment etc. Working with SG to quickly identify any pinch points in processes. Managing workforce and using agency staff to support any gaps.

Members noted that for PCF there was currently a lot of ask around Personal Protection Equipment (PPE) which had seen an ask to expand into GP practices as well as Primary Care and Communities. Work was ongoing around getting these items pushed out appropriately including working with the Territorial

Boards and Integrated Joint Boards. NSS was awaiting final approval to release equipment that had just gone out of date (the date did not cause any known degradation of the equipment) from SG. Work was also ongoing to finalise a simple infographic showing which PPE should be used for different roles. Professor Reilly was currently working on this to deal with the conflicting guidance that was being published. Once done all staff would be told to follow the guidance provided via HPS and SG only. Mr McDavid asked for clarity on what communications were being done around this subject and guidance on what should be said if asked. Mr Sinclair advised that it had already been identified that additional communications work was required by PCF and this was in hand with the NSS Communications team and it should be clear that what was happening in Scotland was reflected by health systems across the world. Mr Redpath reflected that at the Chair's meeting earlier in the week the main questions had been around usage rather than what was on order and the communications would also help to answer these sort of questions. Members also noted that by bringing the social care sector there was an opportunity to look at this again after the pandemic as part of the lessons learned.

4.4 Mr Sinclair continued that staff response had been excellent and the main issue was getting as many as possible to work from home, whilst recognising that some staff could not, such as those in the SNBTS laboratories and donor carers, the warehouse etc. He added that there was a daily communication going to all staff and work was progressing to ensure guidance was clarified as soon as it was received. Finally it was noted that all finances relating to the outbreak were being managed in accordance with governance requirements, and revenue risks around PgMS and Central Legal Office were also being managed.

4.5 Members asked that for future reporting it would be useful to see how many NSS staff were absent due to the virus. **Action: J Jones to review for future reporting.** **J Jones**

4.6 Mrs Jones then provided a People Report update, and Mr Redpath asked that this focus on COVID-19 issues. Members noted the following:

- New NSS demand pool – to manage SBU shortages and demand, now ramping up.
- Extensive communications with staff around changes in guidance etc;
- Overtime being managed (specifically around those roles that would not in normal times have paid overtime);
- Guidance on pregnant staff still being chased with SG;
- Guidance sought around key workers who were not using the child care provision;
- HR team working on the protocols for testing for NSS and Scottish Ambulance service (SAS) – Note: NSS provides occupational health support for SAS
- NES would be the employer for the additional 3,500 returning NHS staff and volunteers and NSS would provide the occupational health service to run alongside this. Mrs Jones advised that extra staff would be required to run this service.

4.7 Members thanked Mrs Jones for her update and asked whether it would be appropriate to provide a note of support to go out to all staff after the meeting. Mr Redpath asked Mr Sinclair to add something into his update to staff to reflect the support and thanks of the Board. **Action: C Sinclair to add to next update to staff.** **C Sinclair**

- 4.8 Members also noted their full support for reduced reporting during the pandemic and Mr Redpath added that the Executive had his full support and that for the monthly Board meetings he would not expect written reports unless the Executive felt they were necessary or where reporting was automated.
- 4.9 Mr Mitchelson then provided an update on Digital & Security work as noted below:
- Excellent work from the D&S team to roll-out laptops and innovation around virtual desktops for those who are currently unable to work from home, such as the P&CFS team;
 - NSS were now also supporting other Boards, including NHS Boards, Lothian, Highlands and Orkney around laptop provision and build;
 - Work underway to provide reporting on testing automatically. This would include connecting reporting mechanisms such as CHI to draw through information automatically;
 - TEAMS roll-out has been very successful and NSS had also been asked to provide a framework for a National TEAMS help desk;
 - Stabilisation of the VPN provision and further resilience work was being undertaken due to the volume of home working;
 - Work ongoing with SG around information security and also an ask for NSS support around data sharing, legislative changes and the required guidelines to support this;
- 4.10 Ms Rooney asked whether there had been any issues obtaining enough TEAMS licences and Mr Mitchelson advised that there were none and indeed Microsoft had supplied an additional 8,000 licences free of charge to support the rollout.
- 4.11 Members then discussed the overall approach to the digital workstreams and Mr Sinclair and Mr Mitchelson advised that this was progressing with NES. Relevant governance structures and roles were now being put in place.
- 4.12 Mrs Low then provided an update on Finance and Members noted the following;
- Members noted that at end February 2020 NSS was showing a break even position. However, due to the COVID-19 response there had been some slippage in planned activities scheduled for March. There was anticipation of flexibility from SG around this and NSS was in close contact with them;
 - Support from Mr Mitchelson's team now meant that all Finance staff were now able to work from home. It was noted that NSS was currently the only Board able to do this and was therefore in a good position to be able to offer support to other Boards when they needed it;
 - Providing support around the supply chain and getting payments to suppliers as quickly as possible and processing a much larger volume of purchase orders;
 - From April the NSS payroll team will be under additional pressure due to year end, Public Health Scotland and supporting NES with on-boarding of 800 new starts to support the COVID-19 response;
- 4.13 Mrs Low advised Members that this work was all being done within governance and financial guidelines and at the same time managing the associated risks.

4.14 Members noted the update from Mrs Morgan relating to performance and discussed the Mobilisation paper [**paper B/20/23 refers**] in full noting the following:

- This was a fast paced and changing environment. Some work-streams that it had been anticipated would slow down had in fact ramped up considerably e.g. Laboratories National programme was being augmented to support the pandemic response;
- NSS staff that were placed within Boards for specific programmes were now being diverted to support COVID-19 responses;
- Work was already on-going to capture lessons learned and future opportunities;
- The Programme Management Office and Change Oversight Group continued to meet to provide appropriate governance and tracking of all programmes of work.

4.15 Members thanked Mrs Morgan for her update and asked for clarity on the National Screening programmes of work. Mrs Morgan advised that discussions were still on-going around this but nothing formal had yet been received from SG. Mr Sinclair added that he also been discussing this with Fiona Murphy, Director of National Specialist and Screening Services, and it was anticipated that screening would be put on hold, with the exception of the new born Programme, and he would keep the Board up to date as guidance was received. **Action: C Sinclair to update on Screening Programmes as guidance was available.**

C Sinclair

4.16 Mrs Rooney asked for clarity on the NSS role in finding additional facilities relating to COVID-19 and the safety of these spaces. Mr Sinclair advised that Health Facilities Scotland were working on this and he would provide updates to Members over the coming weeks. **Action: C Sinclair to update on additional facility work as appropriate.**

C Sinclair

4.17 Members noted that Mrs Morgan's team were working closely with HR colleagues around additional support asks from across NSS and matching these to staff with capacity. Mr Sinclair added that staff had stepped up and he was proud of the contributions and flexibility of NSS staff during these difficult times.

5. NSS ANNUAL OPERATING PLAN [B/20/20]

5.1 Mr Neilson took Members through the plan and they were content to approve it in full.

6. ITEM FROM NSS AUDIT & RISK COMMITTEE AGENDA – NSS INTERNAL AUDIT STRATEGIC PLAN [paper B/20/22 refers]

6.1 Members noted the content of the NSS Internal Audit Strategic Plan and were content to approve it in full. Further discussion was held on how to articulate the any associated risks going forward and this would need to be clear in future papers.

7. FRAUD UPDATE

- 7.1 Mrs Low provided Members with a verbal update in respect of two possible cases of theft within the Organisation.
- 7.2 After discussion it was agreed that Mrs Low would keep the Chair advised of progress in regard to the investigation and subsequent actions in respect of this.

8. PUBLIC HEALTH SCOTLAND (PHS)

- 8.1 Mr Sinclair provided a short verbal update to Members to say that the plans for the transfer of PHI staff to PHS on 1 April 2020 were proceeding as planned. It was noted that notwithstanding the establishment of PHS during the course of the pandemic, the headline term of Health Protection Scotland would continue to feature to provide continuity of message throughout the outbreak.
- 8.2 Members thanked Mr Sinclair for his update and asked that their thanks be passed on to all involved.

9. CENTRE OF EXCELLENCE FOR REDUCING INFECTIONS AND RISK IN THE HEALTHCARE BUILT ENVIRONMENT (CoE)

- 9.1 Members noted an update provided by Professor Reilly as follows:

- The Quality Healthcare Built Environment Review Service will operate as a shadow organisation from 1 April 2020 until 31 March 2021, at which point the service will align with the newly defined Compliance service. The work plan for 20/21 work is being finalised.
- Draft reports from Orkney & D&G support had been received from the suppliers and were being reviewed by the team.
- Work continues supporting Baird & ANCHOR and Golden Jubilee Phase 1: an external supplier is on board for the Baird & ANCHOR project and Golden Jubilee Phase 1 will be a desktop exercise in current circumstances.
- Professor Reilly met with the CNO, Malcolm Wright and the Cabinet Secretary the previous week to provide a summary of the CoE design. The feedback has been positive and we have been advised that the CoE programme will continue as planned with the TOM and Blueprint to be submitted by 31st March. We remain on schedule for this.
- The 23/03 programme board was cancelled due to members from the service not being available. The plan was to walk through the TOM, working through board members' comments and questions: instead it was circulated for review with comments due back COP 25/03.
- Meetings had been held with HIS to firm up the governance, scrutiny, roles and responsibilities: they are providing comment on these aspects, again for COP 25/03.
- Discussions have also been held with CNO in relation to the National ARHAI Options Appraisal. Finalising the deliverable has proven difficult due to not having enough information on the CoE and PHS at this stage

and the COVID response. It has therefore been agreed that this will no longer be delivered by 31st March 2020. Revised timelines are being negotiated.

- A research call has been put on hold following discussions with CSO unit as all non-critical research has been paused. We will continue to work with CSO colleagues to be ready to issue when appropriate.

10. AOB

10.1 There was no other pertinent business discussed under this item.

The next formal meeting of the NSS Board will take place on 29th April 2020 via TEAMS.

07/04/2020

NSS FORMAL BOARD ACTION LIST 2020-21



CLOSED

B/20/26

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	Verbal updates to 29.4.20 meeting
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	
2020-03-26 Item: 4	<u>Chief Executive's Update [paper B/20/19 refers]</u>			
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	
2020-03-26 Item: 4.15	C Sinclair to update on changes to screening programmes as guidance was received.	C Sinclair	On-going	Verbal updates to 29.4.20 meeting
2020-03-26 Item: 4.16	C Sinclair to update on facilities work in relation to COVID-19.	C Sinclair	On-going	Verbal updates to 29.4.20 meeting

Items outstanding from previous year.

2020-01-30: Item 7.4	<u>M Morgan to discuss NSS position and offering around the climate emergency and update the slide for the next Board Development session.</u>	M Morgan		On-hold due to COVID-19 outbreak.
2019-11-01 Item: 9.2	<u>Risk Review</u> 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.

NSS COVID 19 Response: Amendment to SFIs

Purpose

The purpose of this report is to update the Board on changes made to delegated Contract Approval levels for contracts entered into specifically to support the response to COVID 19.

Recommendation

The Board are asked to homologate the changes made to SFIs pertaining to COVID19 response as outlined below.

Timing

These changes were introduced on 28th March and will continue to operate in relation to COVID 19 for the duration of the pandemic response. Current SFI delegated approval limits will continue to apply to all other contracts considered by the Contracts Approval Board.

Background

The NSS Contracts Approval Board oversees all commercial sourcing activity carried out by National Procurement, NSS Procurement and Digital and Security on behalf of NHS Scotland, Territorial Boards and NSS. Sections 7.03 and 7.05 of the Standing Financial Instructions delegates approval limits to the Contracts Approval Board members as follows:

Level	Signatory	NHSScotland Contracts and Frameworks	NSS Contracts
Award	SBU Director		<£100k
	Director of National Procurement Director of Digital & Security (for IT contracts)	£1m ≤ £2m	
	Director of National Procurement Director of Digital & Security (for IT contracts) Director of PCF Director of Finance	£2m ≤ £5m	£100k ≤ £500k
	Director of National Procurement Director of Digital & Security (for IT contracts) Director of PCF Director of Finance Chief Executive	> £5m	> £500k

All contracts greater than £1m for NSS commitments must be approved by the NSS Board (or the Finance, Performance and Procurement Committee on behalf of the Board).

NSS is playing a significant role in supporting Health & Social Care in Scotland to response to COVID 19, and has been instrumental in securing supply of essential equipment such as ventilators, and supplies such as testing kits and PPE. In addition, NSS has supported the build and fit out of the NHS Louisa Jordan hospital.

The sourcing and contracting activity to support this is significant, and given the pressures on the supply chain globally, the need to move quickly to secure supplies is of paramount importance. All of our activity has been undertaken with specific SG approval, and in the early days of the response, in line with delegated approval limits as outlined in SFIs.

The time taken to secure multiple approvals, then processing PO and payment led to a number of instances where NHSScotland missed out on securing scarce supplies due to timing. Recognising the time critical nature of the situation, and balancing the need to continue to demonstrate robust financial governance, the following changes were made to delegated approval levels for SG approved COVID 19 spend, and specific spend in relation to NHS Louisa Jordan.

Level	Signatory	NHSS COVID 19 Response	NHS Louisa Jordan	NSS COVID 19 Response
Pre-approval	SG Director DG Health & Social Care NSS Sponsor	All expenditure		
	Director of Finance (C McLaughlin) Chief Executive (J Young)		>£100k	
	SBU Director			All expenditure
Award	Head of Strategic Sourcing & Commissioning	<£1m	<£1m	<£100k
	Director of National Procurement	£1m ≤ £2m	£1m ≤ £2m	£100k ≤ £500k
	Director of National Procurement Director of PCF Director of Finance	£2m ≤ £5m	£2m ≤ £5m	£500k ≤ £1m
	Director of National Procurement Director of PCF Director of Finance Chief Executive	> £5m	> £5m	> £1m

The key changes involve delegating authority for contract award to the Head of Strategic Sourcing and Commissioning for contracts under £1m (£100k for NSS contracts) and raising the approvals thresholds reflecting the scale of the commitments being made.

This maintains strong governance around the contracting process, but allows the transaction to proceed to PO issue and payment on a faster trajectory.

The Strategic Sourcing Governance team in PCF will continue to maintain documentation and an audit trail to support decisions in line with current practice, with periodic reporting to the Finance Procurement and Performance Committee.

PO approval and authorisation for advance payment are all separately governed within existing delegated limits. The list of PCF staff with delegated approvals has been reviewed to ensure that sufficient cover exists and compliance with SFI limits will be controlled by the purchasing system PECOS. Updates were applied from 1 April 2020, and will continue in place until further notice.

SG Health Finance have introduced a process of weekly financial reporting and forecasting, as a means of ensuring robust financial governance across an ever shifting position. The NSS position is reported to government weekly, with expenditure and commitments tracked daily.

The Board can be assured that oversight of expenditure and financial governance will not be weakened by these proposals.

Procurement and Legal

All financial commitments outlined have been subject to appropriate procurement governance and the advice of CLO has been sought as necessary.

Engagement

The revised delegated approval limits were agreed following engagement with SG Finance and colleagues within National Procurement.

Equality and Diversity

Not applicable.

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B/20/29

NSS Board Meeting – 29th April 2020

Update on 2019-20 Financial Position and Audit Arrangements

Purpose

The purpose of this report is to update the Board on the 2019/20 Financial Position and Audit Arrangements as a consequence of COVID-19 response.

Recommendation

The Board are asked to note this report.

Timing

This report reflects the draft position advised to SG on Friday 24th April 2020.

Background

Work is underway to finalise the financial position for 2019/20, and to produce draft annual accounts for audit by Audit Scotland. The COVID-19 response has had an impact on our ability to finalise the financial position in line with the agreed timescales. An extension of up to three months has been granted by SG to recognise the challenges faced across the system.

This paper provides the Board high level assurance that our financial targets will be achieved, whilst advising of the changes to the Annual Accounts timescales as a consequence of COVID-19.

Procurement and Legal

Not applicable.

Engagement

The financial information reported has been produced following engagement with EMT and other appropriate senior managers,

Equality and Diversity

Not applicable.

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NSS BOARD - FINANCE UPDATE

2019/20 FINANCIAL POSITION (DRAFT)

1. INTRODUCTION

The financial performance of NSS is measured by the following key metrics:

- Operate effectively and deliver all LDP targets within a balanced revenue budget (Revenue Outturn Breakeven)
- Deliver our capital investment programme within a balanced budget (Capital Outturn Breakeven)
- Deliver Cash Releasing Efficiency Savings of 5% of baseline on a recurring basis.

NSS is on course to achieve all its statutory financial targets for 2019/20 (subject to External Audit). It should be noted that, at the time of writing, the financial position has not been finalised with some final adjustments still to confirmed but these are not expected to change the position significantly

NSS Targets	Planned £000	Actual £000	BRAG
Revenue Outturn (Variance)	0	265	Blue
NSS CRES Savings Total	6,908	6,908	Green
NSD CRES Savings Total	9,703	12,326	Blue
Capital Outturn (Variance)	0	80	Blue

KEY

Red: Target will not be met	Amber: Uncertainty over whether target will be met	Green: On Target	Blue: Exceeded Target
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2. REVENUE EXPENDITURE

The overall revenue position is a **£265k surplus**, comprising:

Cost Category	Financial Impact	Detail
Covid-19	£1.75m	The main element of this cost pressure relates to additional PPE (£1.65m) as per NSS' LMP
Reductions / Slippage	£(1.99)m	General improvement in most SBU positions during March with certain aspects of planned spend not being incurred, mainly in PCF where contract and backlog maintenance works across various NSS sites were not undertaken due to Covid-19. Also, the £1m research funding for QHBE (CoE) which was planned in 19/20 has slipped into 20/21
Annual Leave Accrual – Increase	£0.06m	The final figure has still to be confirmed but the increase in accrued expenditure has been estimated at £0.56m, reflecting staff who were unable to take planned leave in March due to Covid-19
Outstanding Allocations & Overall Slippage	£0.09m	The net allocation outstanding is £85k which NSS expected to be allocated in the M13 letter – this includes £667k allocations still outstanding and £582k to be returned due to the slippage NSS Finance has advised SG that the overall slippage from 19/20 to 20/21 that needs to be reinstated is £1.9m:

		<ul style="list-style-type: none"> • Research Funding for QHBE £1m • Property / Backlog Maintenance Works £0.8m • Gametes £0.1m
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3. CAPITAL EXPENDITURE

The overall **capital position is a £80k surplus**, comprising:

Cost Category	Financial Impact	Detail
Covid-19	£0m	There is no additional cost pressure in 19/20 with all capital expenditure relating to Covid-19 being incurred in 20/21.
Outstanding Allocations & Overall Slippage	£(0.3m)	<p>The net allocation outstanding is £(287)k which NSS expects to be returned in the M13 letter</p> <p>NSS Finance has been advised SG that the overall slippage from 19/20 to 20/21 that needs to be reinstated is £0.6m:</p> <ul style="list-style-type: none"> • Property / Backlog Maintenance Works £0.5m • Transformation Funding £0.1m

4. CASH RELEASING EFFICIENCY SAVINGS (CRES)

In achieving the positions reported above NSS has exceeded its planned CRES targets as follows:

CRES - NSD	9,702,996	12,326,039	2,623,043
CRES - NSS Baseline	6,907,821	6,908,426	605
Grand Total	16,610,817	19,234,465	2,623,648

CRES by category is summarised below

Category	Planned	Actual	Variance
Drugs and Prescribing (NSD)	9,702,996	12,326,039	2,623,043
Financial Management/Co..	225,000	24,000	-201,000
Infrastructure	1,058,004	1,058,004	0
Integrated Joint Boards	0	0	0
Other	338,092	129,988	-208,104
Procurement	1,337,644	1,973,980	636,336
Service Redesign	842,005	843,293	1,288
Workforce	3,107,076	2,879,161	-227,915
Grand Total	16,610,817	19,234,465	2,623,648

5. TIMETABLE FOR ANNUAL AUDIT ARRANGEMENTS

Due to the increasing pressures all boards are facing at this time the Technical Accounting Group (TAG) in conjunction with SG have agreed a 3 month extension to the Annual Accounts process.

NSS have taken the decision to continue in line existing timescales wherever possible. There are a number of activities forming part of the Annual Accounts which require the agreement or support of SG and other Health Boards. Timelines against these activities have slipped, with a knock-on impact of around two weeks.

We have consulted with Audit Scotland and agreed a revised timetable as follows:

Monday 27 April to Friday 8 May 2020

NSS will submit individual notes and supporting working papers to Audit Scotland as and when they are available.

A detailed plan has been submitted to Audit Scotland to enable the management of resources within the audit team and start the audit on specific areas.

Monday 11 May 2020

The draft NSS Annual Report and Accounts will be submitted to Audit Scotland. Two weeks later than originally planned.

Friday 19 June 2020

This is the expected completion date of the audit of the NSS Annual Report and Accounts.

6. GOVERNANCE REQUIREMENTS

The anticipated governance requirements are as follows:

Meeting	Actions
ARC – May 2020	<ul style="list-style-type: none">• Adopt the Accounting Policies to support the accounts.• Approve the Losses and Special Payments for 2019/20• Note the Consultancy Expenditure for 2019/20
ARC – June 2020 (reschedule to early July)	<ul style="list-style-type: none">• Recommend approval the NSS Annual Report and Accounts for 2019/20 to the NSS Board
NSS Board – July 2020	<ul style="list-style-type: none">• Approve and sign the NSS Annual Report and Accounts for 2019/20

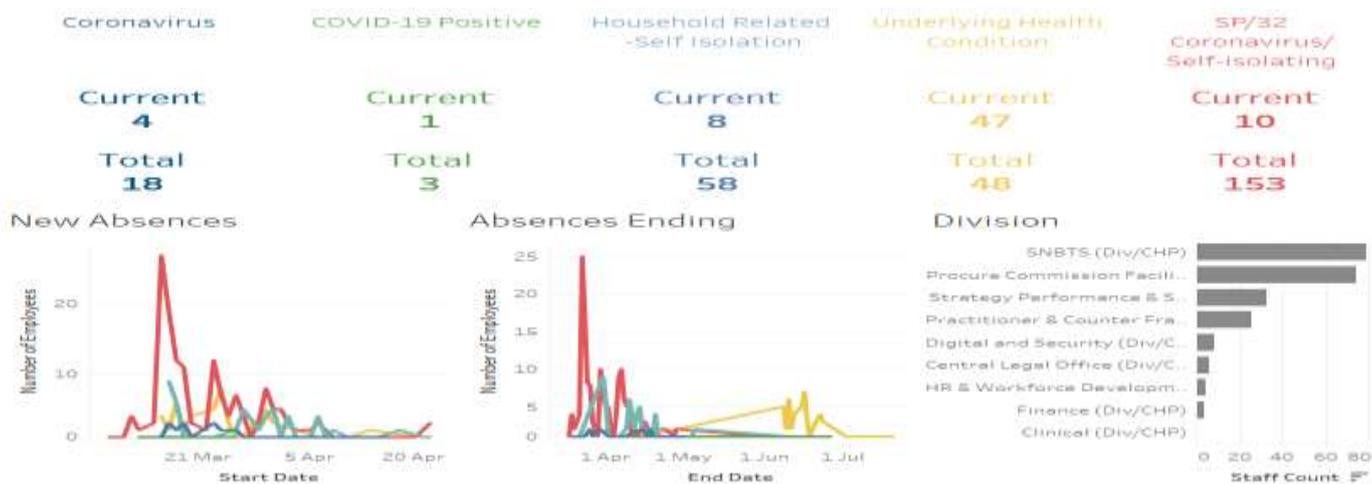
7. RECOMMENDATIONS

The Board is asked to note the indicative financial position as at 31 March 2020 which indicates that NSS is on track to exceed all its financial targets.

Given the workload pressures arising from the COVID-19 response, the Board is asked to note the flexibility provided by SG as a result which allows boards a further 3 months to conclude the final accounts process for 19/20.

A revised timetable has been agreed with Audit Scotland to reflect a two week slippage from an NSS perspective. The Board is asked to note the revised Governance Arrangements and a degree of flexibility is sought from Board members at this time.

Carolyn Low
Director of Finance
27th April 2020



The Scottish Government issued a Variation Order on 27 March confirming that where staff fall sick with Coronavirus (COVID-19) they should all be eligible for up to six months’ sick leave on full pay, regardless of length of service. The definitions below have been provided for recording of such absences:

- If medical advice has confirmed that, an employee’s symptoms are consistent with COVID-19 then their absence must be recorded under Special Leave **SP/32 Coronavirus/Self-isolating**
- If an employee has been tested and confirmed as having COVID-19, the absence must be recorded as Special Leave under **Coronavirus – COVID-19 Positive**

Absence for symptoms consistent with COVID-19 and confirmed cases of COVID-19 will be recorded as Special Leave as they will not count towards sickness absence triggers.

For the purposes of recording for NSS, we are also reporting on an additional three categories which are as follows: -

- **Coronavirus** – this is special leave which equates to the Carer leave provisions.
- **Household related-self isolation** – this is due to house members displaying symptoms, it’s expected that these individuals are still working.
- **Underlying health condition** – these are members of staff who are currently being shielded.

NSS currently has three members of staff who fall into the COVID-19 positive category, all are from PCF SBU, with one employee still absent.

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 1,028 members of staff who would be classed as critical workers. At the time of writing this report there were a total of seven requests from SP/32 Coronavirus/Self-isolating members of staff, one from PCF and six from SNBTS. Due to meeting the criteria, only five employees of these were eligible to be tested.

Overall, apart from staff who are absent for other medical reasons, the only staff who would be unavailable to work within NSS are those who have tested positive for COVID-19, or who have applied for special leave/carer leave (Coronavirus), which is currently five. It is assumed, that the remaining staff who fall into the other categories are working from home. Those staff who are classed as critical workers and are required to be in the workplace, then they would be subjected to testing in order to get them back to work.

NSS sickness absence has shown to reduce from 4.16% in February to 4.01% in March. This is partly due to a reduction in employees being absent due to anxiety/stress/depression. At this point, there was no significant correlation between the impact of COVID-19 and anxiety/stress/depression absence reason but this is being closely monitored.

Key workforce challenges and updates in relation to COVID-19: -

○ **Recruitment and Deployment of Staff**

- HR have introduced two streamlined recruitment processes, one for the Recruitment of Returners and the other for the Recruitment of New Starts for COVID-19 posts. These revised processes are in response to COVID-19 recruitment needs but do not replace the normal recruitment process for BAU.
- HR have provided guidance for recruiting managers with current non-COVID-19 recruitment needs to provide, where necessary recruitment to support continuation of business as usual services.
- The Redeployment Team have been asked to support the COVID-19 Resource Demand Team to help assess the skills of the workforce and deploy NSS staff as required to critical/key areas of service need. It is anticipated support will be required in the coming weeks when data has been sourced digitally on the demand areas and resources available.
- The Redeployment Team have already begun supporting the wider resource demands within SNBTS, deploying BMS staff currently on the Redeployment Register to clinical and Blood Bank departments across Gartnavel and Aberdeen. Five staff members have already started and a further staff member who can potentially provide assistance is currently being assessed.

○ **Volunteering**

- NSS have a volunteering process in place which we are linking in with the overall NHS Scotland process.

○ **Case Management**

- Protocols to continue to deliver case management have been developed in partnership which take into account continued integrity of process and support for staff subject to the case.

○ **Occupational Health and Staff Testing**

- 18 additional occupational health nurses have been sourced to work in NSS via the NES portal to provide occupational health services along with support for on-boarding and clearance of some 7,000 student nurses, doctors and clinical returnees.
Clearing has commenced thus providing significant extra resource to health and social care.
- Support is also being provided for the on-boarding of 250 ancillary staff who have been employed to work directly at NHS Louisa Jordan. Support with occupational health and safety services is also being provided.
- NSS has developed an automated process to facilitate the testing of staff who fall into the strict criteria of "Critical/Key workers" working in conjunction with all territorial Health Boards to enable NSS staff to be tested. This process has been rolled out and adopted by all the National Boards led by NSS.

○ **Health and Safety**

- Business as usual for health and safety in terms of risk profile actions and support and development of the Accident Incident Reporting module continues.
- There are no areas of particular concern identified.
- A top level OHSAC meeting will be held to ensure governance requirements are being met.
- Support is being provided to the Louisa Jordan Hospital.

○ **Staff Wellbeing**

- A spotlight session on health and wellbeing is being organised for staff in our communications, with particular focus around home working.
- A range of content around personal resilience and blogs is available and regularly updated via HR Connect which has been communicated to staff.
- A webinar session is being delivered by Emma Bell on creating a resilient mind-set and self-care and will be made available to 100 staff at the end of April.

○ **Other Key Workforce Challenges**

- A range of guidance and FAQs have been developed, with oversight of WPTC, to take into account the various circulars and requirements from Scottish Government, with adapted processes where required. These cover areas such as:
 - Annual Leave and Public Holidays
 - Flexi Time
 - Flexible Working and Working from Home Guidance for Staff
 - Overtime for ESM and Bands 8 & 9
 - Self-Isolation, Special Leave and Absence Protocols
 - Fast Track Recruitment, Returners and Volunteers
 - Job Evaluation Process
 - Testing Process and Criteria
 - Employers Duty of Care to Staff Health and Wellbeing
- HR have utilised the e-forms reporting (in conjunction with SSTS) to provide, on a daily basis the number of NSS staff by SBU who are self-isolating with the reasons for and duration of the self-isolation.

Recovery Planning – A post COVID19 future for NSS

This paper, intended to facilitate discussion with Board members, provides some early thinking towards the development of an approach to Recovery Planning for NSS, identifies some emerging issues to explore and recommends next steps.

Situation

Whilst there is still much work to be done to support the ongoing response to COVID-19 and these efforts will continue to impact significantly on NSS “business as usual “ activity, it is important that we give proper consideration to Recovery planning, and what a post COVID 19 future may look like for NSS.

Efforts made to reconfigure the Health & Care system across Scotland to be able to respond to COVID-19 pressures have resulted in elective care, screening and many primary and community care services being stopped at this time, and a significant investment has been made in building critical care capacity and in PPE and testing and in recruiting a temporary workforce to deal with anticipated system wide pressures.

The path to recovery has the potential to be just as challenging as COVID-19 mobilisation, and whilst there are no firm timelines to work to, a focus on Recovery planning is essential to ensure that Health & Social Care in Scotland emerges from COVID19 in a stronger, more sustainable position. The system must not revert back to “business as usual” and must make the most of digital gains made and the additional, albeit temporary resources at its disposal, whilst ensuring lessons learned are reflected in future plans and operating practices.

NSS must reflect on the organisation it needs to be to support a post COVID-19 Health and Care system – and do so in a way that responds to the changing nature of the services it supports.

Background

The NSS Board agreed our Annual Operating Plan (AOP) and the supporting workforce and financial plans at its meeting on 27th March 2020. At the same meeting the Board endorsed the NSS Mobilisation Plan, which outlined our response to COVID-19 and how each part of NSS would be contributing, outlining which aspects of our BAU would stop, what we would continue and the additional actions we would take to respond to the pandemic.

Our contribution has been significant, and to date we have committed an additional £308m of expenditure (both revenue and capital in nature) in addition to the significant redirection of resources funded from our approved baseline funding.

Circa £500m in funding consequentials will flow to the Scottish Government budget to support the COVID19 response in Scotland. As announcements are made by UK Government, assumptions are made as to potential impact for Scotland. Discussions with HMT are frequent and ongoing, but there is a lack of clarity around the extent of additional resources available to Scotland, and the response has cost far more than the £500m initially confirmed.

Boards are reporting weekly on financial implications of local COVID19 LMPs – and there is an expectation that there will be significant offsetting of costs from savings arising from the redirection of resource and stopping services locally.

NSS has introduced processes to track the redirection of workforce resources during this time, and work is underway to quantify any offset that could be applied at an SBU level, including a review of development funding

agreed during the RAM process for 20/21. Boards have been asked to consider all commitments in their plans which cannot be delivered, and to factor the financial consequences as an offset against COVID-19 costs.

The Portfolio Management Group has met to consider which of our key strategic projects and programmes should continue at this time, and there has been a significant redeployment of PgMS resources to respond to COVID19 pressures both in NSS and in boards.

During this period the Change Oversight Group (COG) and Portfolio Management Group (PMG) will continue to meet as a collective to provide governance and oversight over our key programmes and our capacity to support.



Figure 1 – additional planning required as part of annual cycle

Discussions are already underway across Government to consider planning for the Recovery Phase, considerations include:

- Impact on economy, and potential actions to mitigate
- Overall care burden/ deficit (delayed discharge recurring impact) and how to address
- Impact on both physical and mental health and wellbeing

Modelling is being used to inform the duration of the pandemic, and to inform decisions in terms of continued social distancing measures. It will also be used to identify when acute capacity can be released and elective procedures reintroduced.

SG has appointed their Chief Social Policy Adviser, Carol Tannahill as Recovery Director and Cathy Cowan (NHS Forth Valley) is leading the response on behalf of Chief Executives. Directors of Planning will play a key role, with Colin Briggs, Director of Planning with NHS Lothian leading. Matthew Neilson is supporting Colin in this work on behalf of National Boards, ensuring we are fully engaged, and informed on direction of travel.

For the purposes of this paper and our early thinking, it has been assumed that the Recovery Plan will be tactical in nature and will focus on the actions required during 20/21. In addition, the work carried out will inform the AOP, workforce and financial planning undertaken as part of the annual planning cycle due to commence during the second half of 20/21, and depending on the scope and scale of service change and lessons learned, may require a refresh of the NSS Strategy.

As the planning approach nationally is agreed the scope of our work will be amended accordingly as appropriate to ensure alignment with Government requirements.

Assessment

There are some big questions to be answered going forward:

For the wider Health and Social Care system:

- How will additional capacity procured, and not utilised (NHS Louisa Jordan, private providers) be utilised to manage impact on waiting times and support transition to BAU?

- Blocked beds were cleared, how will the recurring cost of this be funded?
- How will relationship between IJB/HB work going forward? Lessons Learned?
- For boards in escalation pre COVID -19, will cost improvement plans re-start or the opportunity to start with a clean slate be taken, allowing resources to be redistributed based on demand rather than structural, historic funding?

For NSS:

- What is the timing of transition, and implications for the services we support? How do we make sure we understand the clinical and service changes being made across the system and respond accordingly?
- What changes will there be to the wider care system and how will we support? How do we make sure that our expertise in clinical service transformation supports where it can make a difference?
- Implications for our key services? What do we stop doing, if anything?
- How do we leverage digital gains from working from home? Impact on travel, use of offices – potential savings from estates strategy and business travel with gains in terms of environmental sustainability. How do we make sure we get the balance right, and are able to mitigate against isolation, building team cohesion and leadership models for a digital, social distanced future?
- How do we leverage real examples of collaboration, working flexibly and the redeployment of the workforce to where it is needed? How can we support once for Scotland workforce considerations?
- What are the implications for our culture and ways of working? How do we need to change to thrive post COVID 19?
- What will our role be in supporting Digital going forward?
- Should we have a role in national oversight and governance more generally? Will there be more of this in the future?
- Has the scope of CoE/ ARHAI changed – is there still an imperative for this work?
- Are our strategic themes still relevant? How should they be developed to ensure we focus on the right things in a severely resource constrained future?

Lessons Learned

A formal lessons learned exercise will form part of this work to ensure that all opportunities are captured, and that we properly reflect on aspects of our services which could be improved. Areas to be explored include:

- Resilience planning – process and effectiveness
- Supply chain management – process and effectiveness end to end
- Digital innovation – how to driving change quickly (attend anywhere, O365)
- Once for Scotland – what difficulties could be addressed by a single way of doing things, with national leadership and operational delivery?
 - Procurement/ supply chain
 - Local inventory management
 - Operational data management and insight
 - Corporate Shared services – HR, Payroll, Financial Services
- Testing – what could we do differently?

In practical terms, we need to understand what recovery means for each SBU and for NSS collectively, and put plans in place to transition safely, whilst ensuring lessons learned are reflected as quick wins in recovery plans or as longer term objectives as part of a refreshed NSS Strategy, Annual Operating Plan and Budget for 2021/22. It is critical that this work is not inward facing in nature, but reflects our understanding of the needs of the wider health and care sector and is fully in line with new and emerging clinical practice.

Recommendation

It is recommended that:

- The COG/PMG be tasked to oversee the development of the Recovery Plan, under the leadership of Carolyn Low, chair of PMG and Director of Finance.
- Carolyn Low to have initial conversations with SBU directors on a one to one basis to inform next steps in the next two weeks. These discussions will identify key individuals to support this work in conjunction with planning leads, HR business partners and finance colleagues.
- A workshop session with EMT be convened to further develop the approach and key areas of focus.
- Timelines are confirmed in line with system wide discussions on Recovery planning once known.

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B/20/32

NSS Board Meeting – 29 April 2020

Digital and Security April update for Board

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-19 Response:

Huge effort across NSS and DaS to support NSS and the wider NHS in the response to the Coronavirus through numerous areas: -

- *Hosted applications support:* deployment of Teams across 230K users across Scotland with 24/7 support desk now in place
- *Remote working capability:* Upgrades to Internet and VPN capacity, rollout of laptop equipment for NSS, Health Boards and returning clinical staff
- *National SWAN network:* Increased use of NearMe capability and implementation of connectivity for NHS Louisa Jordan field hospital
- *Security & Information Governance:* Threat protection against large increase in malicious threats aligned to Covid-19. Support for PHS agreements and wider support to SG on legislation and policy related to COVID-19
- *External Suppliers & systems:* ATOS enhanced critical response including Out of Hours support for ECS
- *NSS Service & Incident Management:* Teams portal on Service now supporting the 4000 NSS employees on 365, Up to 2X increase in service desk requests
- *NHS Louisa Jordan field Hospital:* mobilisation to support connectivity, resources, clinical informatics and IT support for deployment
- *Digital Intelligence Task force:* initiated a capability to leverage existing DaS architecture to support numerous reporting and data analytics activities across Scotland
- *Clinical Informatics:* Support across Scotland and wider UK on aspects on clinical informatics in relation to Covid-19 in particular testing, contact tracing and negative notification service

National Programmes:

- GPIT continues to track RED given supplier delivery delays. Specific recent engagement to support the 'shielding' programme with issue of some 120k patient letters
- CHI/CH continues to track Amber. Environments have now been fully provisioned and now progressing towards development and test
- O365 has seen a huge acceleration against plan given the need to ensure and support remote working capabilities across Scotland as part of the COVID-19 response

NIS Directive Compliance (Information Security):

- Verbal update from the auditors indicate a result of 82% from the recent audit. Awaiting formal response.

Timing

The board are asked to note the contents of this pack which was updated to 21st April 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 UPDATE

Chief Executives COVID-19 Update: 21 April 2020

Deryck Mitchelson – Digital and Security

Digital and Security have fully supported NSS and wider NHS in all mobilisation activities in support of the Coronavirus COVID-19 epidemic over the last month. Specifically: -

NSS Hosted Applications Resilience, Infrastructure & Support

- Excluding “Planned Maintenance” **100% Service availability** on NSS Network Links, Infrastructure & applications
- 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**: no issues on NSS infrastructure. Cloud team working with NHS 24 to define more robust **SLA contract for service monitoring and alerting**
- **Teams Rollout** – Huge effort to rollout deployment of Teams across all NSS staff and wider NHS. 230, 000 licenses deployed in a matter of days. Teams channel, twice daily dial in support and 24/7 National Service desk in place.
- Daily activity stats sent to **NHS24 on Inform**; site is operating at 25% of server capacity at its current busiest
- Successfully tested **Azure Denial of Service Cyber-attack prevention capability** and working to create a copy of NHS24.Scot on Azure. (demonstrate recoverability, explore any issues on the CMS and to develop readiness).
- **GPIT** - support to the "shielding" programme – letters to c120k patients expected to be delivered w/c 13 April
- **CHI & CH** - Environment fully provisioned and handed over to Servelec to commence development and testing.
- **HPZone** : Technical teams from “InFact” and DaS have worked collaboratively to create a SMS messaging service for COVID-19 for infected patient monitoring.
- **DHI Negative Notification Service** – Cloud team engaged with StormID to start discussions on migration of environment from GGC to NSS Azure tenancy.
- Upgrade of **“Wardwatcher”** environment in support of ICU Bed Occupancy reporting to SG
- 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)

Remote working capability

- **NSS VPN capability** increased to 1800 users. No latency now observed and monitoring in place with average Maximum Concurrency up to x1400 per day (vs x200pd prior) with >400 additional tokens issued
- One of two **Direct NSS Internet Links upgraded** from 100Mb to 1Gb (currently progressing upgrade of second)
- **NSS VPN usage** now consuming 400Mb of the 1100Mb available Bandwidth (as opposed to 100% of 200Mb) with additional VPN Concentrator Hardware in place to allow up to x3500 concurrent users
- Over 130 **Laptop PCs issued** to mobilise NHS staff. Further 100 being built to support various further requirements (inc. Forth Valley SE Payroll Consortium and "Fast-Track Recruitment" of New and Returning/Retired Employees)
- **Virtual PC Solution** developed and deployed for P&CFS Practitioner Payments (~100)
- Doubled **Hosted Desktop Capacity**, deployment of **Avaya Softphones** to Laptop PCs

National Network SWAN

- Demand increased for **remote VPN tokens > 35%** as more staff work from home; capacity at 20k concurrent sessions
- **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-19.
- **COIN upgrades** Hospital and GP sites with <10M bandwidth eligible for upgrade to 100Mb/s. NHS Boards being engaged from 30March.
- Completed **connectivity into SECC** Field Site and **enabling connectivity to emergency store** site near Queen Elizabeth University Hospital on behalf of GG&C.
- Wider exploration into **connectivity to Private Hospitals** and check underway with NHS Boards to **ensure no Premium Rate numbers** are in place for families needing to call into hospitals.
- Supporting NHS Highlands and NHS Borders with **BT Internet upgrades**.

Security & Information Governance

- **Security Operations Centre** currently a key focus to monitor for Covid related threats
 - domain blocking for false Covid websites
 - National incident investigation working with NCSC including threat intelligence processing
 - Cyber retainer contract placed with NCC group for incident response
- Defender ATP
 - High risk remains; although 30k devices with ATP in Scotland, this is still *less than 20% of the overall estate*.
 - Defender ATP identified malicious zoom installer on NSS machine, information provided by *ATP was used to block further attacks at NHS Fife & NHS Grampian* who have fully deployed ATP.
 - Grampian, NSS & Lanarkshire have configured ATP to be fully automated.
- **Huge increase in cyber threats** due to attackers exploiting attention and fear created by Covid-19.
 - 80k+ new covid themed web domains (a large portion likely malicious).
 - Phishing emails disguised as covid information
 - Fake & malicious version of popular video conference tools Zoom circulating
- Potential risk expected mid-April due to PCs not being patched across all health boards. **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
- Leading IG to ensure NSS and others meet **Data protection obligations** in relation to the SHIELDING policy, including undertaking 2 rapid assessment and drafting a rapid release form for Local authorities.
- Content for possible **legislative changes in relation to IG** during the outbreak and provision of content for SG to NHSScotland IG pages and guidance on instant messaging applications
- Completion of **Agreements between NSS and PHS**
- Completion of **s255 agreement** with NHS Digital to allow collation of NHS key workers testing data

External suppliers & systems

- **Atos** have initiated enhanced response for critical systems issues (e.g. for ECS) through increased National resources to ensure rapid response to issues including **Out of Hours** support for ECS from 23 March and are evaluating additional infrastructure options that may offer scalability for ECS. Archival of data underway to manage and protect capacity.
- **Change Freeze** in place for non-essential changes however essential changes to support response to Covid-19; such as Security patching, resolution of High Priority incidents, remote working systems changes to continue.
- **Analysis underway** regarding recent utilisation and trends from key users such as NHS24 with results due imminently and to be provided on a regular basis to support NHSS decision making.

NSS Service & Incident management

- Almost 2000 **Incidents/Requests** per week made to the Service Desk at peak (vs 1400pw in February) up 30%
- 355 requests handled by the **ServiceNow Knowledge Base** per week (vs 190pw in February) up almost 50%
- 4000 NSS employees synchronised to MS365 to **facilitate accelerated launch of MS Teams** and creation of a **"MS Teams Portal" on ServiceNow** in support of a National Helpdesk for the x22 Boards

NHS Louisa Jordan Field Hospital mobilisation

- **Connectivity** into Field site completed with Openreach in partnership with GG&C
- **Clinical Informatics** support in place with secondment of Dr Campbell
- Equipment provision of NSS Teams involved in mobilisation; Programme Management Office, Procurement, Facilities Management, HR Services and IT Ops onsite support throughout to **fully commission the site** for handover 18 April

Digital Intelligence Task Force Support

- NSS partnering with DHI to deliver **Covid-19 testing negative notification service** utilising Azure
- Working with Cap Gemini to **bring NHS24 contact data** into BI Data Warehouse
- Working with Digital Office, COSLA, SG on task-force **to align all data activities** around NSS BI Data Virtualisation Platform and generate insight and intelligence
- MSTeams workshop held to scope integration for **UK test feeds into Scottish data sets**
- Initial meetings held to review sources for **Care Home data**
- MVP dash boards developed for **NHS24 data and oxygen monitoring**
- Dashboards delivered for **supply chain management for PPE**

Clinical Informatics

- Clinical assurance work on the Covid-19 **negative notification service**
- Input to daily UK Technical Design Authority calls for UK Government Testing
- Input to design workshop for Covid-19 **contact tracing**
- Input to workshop to results data to Public Health Bodies from UK Government Testing