Witness Name:

Statement No.:

Exhibits:

Dated:

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MARY MORGAN, CHIEF EXECUTIVE, NHS NATIONAL SERVICES SCOTLAND

There are four appendices provided with this witness statement as follows:

Appendix A - Glossary to terms used in statement

Appendix B - NHS Health Board areas and Local Authorities

Appendix C - Key Documents

Appendix D - Changes in Structure of NHS NSS 2009-2021

INTRODUCTION

1. I was appointed to the role of Chief Executive of NHS National Services Scotland (NHS NSS) in 2021. The NHS NSS Chief Executive and the Director of Strategic Planning are the decision-making individuals within NHS NSS, who have responsibility for the key preparedness and resilience functions. As set out below NHS NSS is a Non-Departmental Public Body, which principally provides services to the NHS in Scotland. My predecessor in the role of Chief Executive was Colin Sinclair. Prior to my current role I was Director of Health Protection Scotland (HPS) (2008-2011), Director of Scottish National Blood Transfusion Service (SNBTS) (2011 to 2018) and Director of Strategy, Performance and Transformation (2018-2021), all these roles being within NHS NSS. I have had considerable help in preparing this statement, and in particular, I rely on Gordon Beattie Director of National Procurement to speak to procurement issues and to Jacqui Reilly, NHS NSS Director of Nursing, to speak to issues involving Antimicrobial Resistance and Healthcare Associated Infection Scotland (ARHAI).

OVERVIEW OF NHS SCOTLAND AND NHS NSS

2. Health and social care in Scotland is a devolved matter to the Scottish Parliament and the Scottish Government oversees activities of the NHS in Scotland. The Scottish Government sets national outcomes and priorities for health and social care, approves plans with each territorial NHS Board and national NHS Board, and manages performance of NHS Boards. NHS Scotland consists of 14 territorial NHS Boards which are responsible for the protection and the improvement of their population's health and for the delivery of frontline healthcare services. The 14 territorial NHS Boards also meet in 3 regions. In addition, there are 6 national NHS Boards (Health Improvement Scotland, National Education Scotland, Scottish Ambulance Service, NHS24, The State Hospital, Golden Jubilee National Hospital), and 1 public health body (PHS) who support the territorial NHS Boards by providing a range of specialist and national services. An illustrative diagram of the NHS in Scotland is included as **Appendix B**.

3. NHS National Services Scotland (NHS NSS) is a Non-Departmental Public Body (NDPB), accountable to Scottish Ministers. NHS NSS was established as the Common Services Agency in 1974 under The National Health Service (Functions of the Common Services Agency) (Scotland) Order 1974, with a mandate to provide national strategic support services and expert advice to Scotland's health sector

whilst maximising health impacts and cost savings. Headquartered in Gyle Square, Edinburgh, NHS NSS has approximately 3,650 staff based at locations in Edinburgh, Glasgow, Larkhall, Aberdeen, Inverness, Dundee and Livingston.

4. Prior to 1st April 2020, NHS NSS was organised into 6 strategic business units (SBU):

- Procurement, Commissioning and Facilities (PCF)
- Public Health & Intelligence (PHI)
- Central Legal Office (CLO)
- Digital & Security (DaS)
- Scottish National Blood Transfusion Service (SNBTS)
- Practitioner and Counter Fraud Services (PCFS).

5. These SBUs are supported by NHS NSS internal departments for Finance; Strategy, Performance and Service Transformation (SPST) and Human Resources (HR). From 1st April 2020, the majority of Public Health and Intelligence (PHI) was absorbed by Public Health Scotland (PHS). All information on the background, agreed structure and development of SBUs is detailed in the QuEST Implementation Formal Consultation Document (**Appendix C – MM/38 – INQ000108649).** The development of NHS NSS between 2009 and 2020 is set out in **Appendix D.**

6. Directors for each SBU report directly into the Chief Executive of NHS NSS.

7. For governance, the Scottish Ministers are ultimately accountable to the Scottish Parliament for the activities of NHS NSS and its use of resources. The NHS NSS Board, including the chair, consists of executives and non-executives appointed by the Scottish Ministers in line with the Code of Practice for Ministerial Public Appointments in Scotland. The role of the NHS NSS Board is to provide leadership, direction, support and guidance to ensure NHS NSS delivers and is committed to delivering its functions effectively and efficiently and in accordance with the aims, policies and priorities of the Scottish Ministers.

8. The NHS NSS Board is supported by several standing committees:

- Audit and Risk Committee: Assists the Board in delivering its responsibilities by providing assurance that an appropriate system of internal control has been implemented and is operating effectively.

- Finance Procurement and Performance Committee: Keeps the financial position of NHS NSS under review and ensures arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that they work effectively.

- Clinical Governance and Quality Improvement Committee: Scrutinises all parts of our operation to ensure clinical governance mechanisms are in place and effective throughout our services.

- Staff Governance Committee: Supports and maintains an NHS NSS culture where delivery of the highest possible standard of staff management is understood to be the responsibility of every employee. This is built upon through partnership and collaboration within the direction provided by the NHS Scotland Staff Governance Standard **(Appendix C – MM/64 – INQ000149076)**.

- Remuneration and Succession Planning Committee: Ensures the application and implementation of fair and equitable pay systems on behalf of the Board as determined by the Scottish Government.

9. NHS NSS is responsible for day-to-day operational matters and the Executive Management Team (EMT), made up of the Chief Executive (Accountable Officer) and SBU Directors, meet monthly to discuss operational matters. Information on how governance and accountability of NHS NSS developed over the time range that module 1 is looking at can be found in the NHS NSS Annual Reports and Accounts. **(Appendix C – MM/1 – INQ000108618, MM/2 – INQ000108629, MM/3 – INQ000108640, MM/4 – INQ000108651, MM/5 – INQ000108716, MM/6 – INQ000108734, MM/7 – INQ000108716, MM/8 – INQ000108742, MM/9 – INQ000137027, MM/10 – INQ000108619, MM/11 – INQ000108620, MM/12 – INQ000108621).**

SERVICES PROVIDED TO NHS BY NHS NSS

10. Details of services provided by NHS NSS are publicly available **(Appendix C – MM/65 – INQ000149077)**. Broadly NHS NSS provide the following services to the NHS in Scotland:

- NHS Scotland Assure (PCF)
- National Screening Division (PCF)
- National Procurement (PCF)
- Digital and Security (DaS)
- Blood, tissue and cells (SNBTS)
- Primary care support (PCFS)
- Patient exemptions (PCFS)
- Fraud prevention (PCFS)
- Legal (CLO)
- Programme management (SPST)

NHS NSS RESILIANCE AND PREPAREDNESS

11. The Finance, Procurement and Performance Committee (FPPC), a committee of the NHSNSS Board, is responsible for NHS NSS resilience. The FPPC keeps the financial position of NHS NSS under review and ensures arrangements are in place to secure economy, efficiency and effectiveness in the use of all resources, and that they work effectively. Regular Resilience Reports have been issued to the FPPC since 2015, **(Appendix C – MM/13 – INQ000108622, MM/14 – INQ000108623, MM/15 – INQ000108624, MM/16 – INQ000108625, MM/17 – INQ000108626, MM/18 – INQ000108627, MM/19 – INQ000108628, MM/20 – INQ000108630, MM/21 – INQ000108631, MM/22 – INQ000108632, MM/23 – INQ000108633, MM/24 – INQ000108634, MM/25 – INQ000108635, MM/26 – INQ000108636, MM/27 – INQ000108637)** which provide details of wider resilience arrangements to respond to civil contingency or pandemic flu preparations as well as business continuity arrangements, which ensure that NHS NSS is ready to respond to an incident which impacts on us delivering our own services.

12. NHS NSS is a category 2 responder within the Civil Contingencies Act 2004, with Territorial NHS Boards and Scottish Ambulance Service being Category 1 providers. Category 1 responders are those organisations at the core of emergency response, for example, emergency services, local authorities, NHS bodies. Category 1

responders are subject to the full set of civil protection duties. Category 2 responders are required to co-operate and share information with other Category 1 and 2 responders. NHS NSS, in undertaking its duties as a Category 2 responder within the Civil Contingencies Act, works principally with the Emergency Preparedness Resilience and Response (EPRR) Division, which sits within the Scottish Government Health and Social Care Directorate; as well as working with other NHS Boards.

13. The Scottish Government Health and Social Care Directorate has a role to set policy for health in Scotland and performance manages the activities of NHS Boards. NHS Boards have an operational responsibility for the services they provide, either in their local areas (in the case of territorial boards) or with respect to specific national services (in the case of national boards such as NHS NSS). The Scottish Government EPRR Division sets policy for resilience matters, and NHS Boards implement policy, while NHS NSS assists delivery. Territorial NHS Boards work with Regional Resilience Partnerships and Local Resilience Partnerships (RRPs and LRPs), which consist of multiple emergency planning partners, however, as a national organisation, NHS NSS does not routinely attend these meetings. We do have a route in, if required, through Scottish Government and territorial NHS Boards.

14. Examples of Scottish Government policy in relation to resilience:

- Preparing for Emergencies – Guidance for NHS Board in Scotland **(Appendix C – MM/66 – INQ000149091)**
- Ready Scotland – Philosophy Principles, Structure and Regulatory Duties **(Appendix C – MM/67 – INQ000149092)**
- Ready Scotland – How Scotland Prepares **(Appendix C – MM/68 – INQ000149087)**
- NHS Scotland Standards for Organisational Resilience **(Appendix C – MM/69 – INQ000149090)**
- NHS Scotland major Incidents with Mass Casualties Guidance for NHS Boards and Health and Social Care Partnerships, 2019 and covering letter **(Appendix C – MM/28 – INQ000108638).**

15. The key decision-making roles within NHS NSS are those of the Chief Executive and the Directors. The key decision-making individuals within NHS NSS responsible for

key preparedness for civil contingencies, resilience and business continuity functions are the Chief Executive and the Director of SPST. The Chief Executive has overall responsibility for the discharge of responsibilities and is chair of the NHS NSS Resilience Management Team (RMT), which is stood up as a strategic oversight group in the event of a major or catastrophic incident, impacting on NHS NSS services or where NHS NSS has a role in the wider health and social care remit. This group is made up of members of our EMT.

16. The Director of SPST has delegated responsibility for Business Continuity and Emergency Planning as per NHS NSS's Scheme of Delegation. The approved alternate officer is the Head of Planning and Performance planning within NHS NSS.

17. Whilst all parts of NHS NSS have business continuity plans in place and will deal with local or minor incidents, those areas of NHS NSS which specifically support Scottish Government Health and Social Care Directorate (HSCD) and the NHS in Scotland in wider resilience/contingency planning are SPST; Health Protection Scotland (HPS) up to 31 March 2020; National Procurement; SNBTS; and DaS.

18. A description of areas within NHS NSS which provide support to the Scottish Government HSCD in relation to wider resilience/contingency planning are as follows:

- SPST planning department is responsible for NHS NSS wide co-ordination of resilience activities; supporting NHS NSS RMT, where major incidents occur; development of NHS NSS Resilience Management Plan **(Appendix C – MM/29 – INQ000108639, MM/30 – INQ000108641, MM/31 – INQ000108642, MM/32 – INQ000108643)** and Resilience Management Strategy **(Appendix C – MM/33 – INQ000108644)** and liaison with Scottish Government EPRR Division.

- From 2009, resilience activities for NHS NSS have been the responsibility of a full time Resilience Lead, that Lead's line manager (Head of Planning) and the Associate Director of Strategy. This team also co-ordinated the production of the NHS NSS Pandemic Influenza Plan **(Appendix C – MM/34 – INQ000108645),** to aid NHS NSS as an organisation in preparation in the event of a pandemic flu.

- Until 31 March 2020, HPS was part of NHS NSS, and with the exception of ARHAI, is now subsumed within PHS - please see paragraph 5 for further detail. HPS had a remit to work with Scottish Government and the EPRR Division around planning for new infectious diseases and pandemic flu planning.

- Prior to the pandemic National Procurement provided resilience services for medicines and stock management for the UK Pandemic Influenza Preparedness stockpile and in supplying pandemic goods to hospitals in Scotland through a Service Level Agreement (SLA) with the Scottish Government for medicines **(Appendix C – MM/35 – INQ000108646)** and PPE **(Appendix C – MM/36 – INQ000108647**). National Procurement has a wider responsibility to maintain good supply to health boards via its contracting and logistics services. The SLAs set out the relationship where Scottish Government was/is the purchaser and National Procurement, NHS NSS was/is the provider. National Procurement worked with Scottish Government EPRR Division to plan for pandemic stock and held the Scottish Government share of the UK stock in its warehouse. During the pandemic National Procurement took on additional responsibility for the sourcing, stocking and distribution of a range of PPE, testing, vaccine and critical care medicines, equipment and consumables. A four nations protocol was agreed in February 2021 to confirm devolved authority responsibilities and maintain collaborative working.

- SNBTS collect blood from donors for provision to NHS Boards. Specifically in resilience terms, it works with the 4 nations in the event of any incident where one nation may have specific needs for blood or blood components and for planning blood stocks, for example, in the eventuality of a mass casualty incident.

- DaS provides access to national information technology (IT) systems and advice on digital security. For example: DaS provided advice to NHS Boards on dealing with the Wannacry Ransomware incident, May 2017.

HEALTH PROTECTION SCOTLAND

19. Predecessor organisations concerned with health protection, infection prevention and control and environmental health were amalgamated into what became, in 1994, the Scottish Centre for Infection and Environmental Health. It was part of NHS NSS. In the early 2000s there was growing awareness of public health threats, for example from bioterrorism. In 2003, a consultation on health protection arrangements in Scotland led to a decision to replace the Scottish Centre for Infection and Environmental Health with HPS.

20. HPS came into being on 1 April 2005. The Scottish Executive Health Department

entered into a Memorandum of Understanding with HPS setting out their respective roles and responsibilities. That Memorandum **(Appendix C – MM/70 – INQ000149088)** stated that:

"SCIEH in the past had a role mainly of surveillance and of the provision of expertise by request. This was done primarily in support of the health protection activity of the 15 NHS area boards. HPS, on the other hand, will have a proactive role, co-ordinating health protection activity in Scotland and promoting and assuring the quality of local and regional health protection arrangements."

21. The 2015 'Review of Public Health in Scotland: Strengthening the Function and re-focusing action for a healthier Scotland' **(Appendix C – MM/71 – INQ000149085)**, found at para. 66 that:

"There is no single organisational locus for the public health contributions to improving health services. These organisational arrangements potentially contribute to the lack of coherent, coordinated public health leadership in Scotland."

22. To address these concerns, the Public Health Scotland Order 2019 **(Appendix C – MM/72 – INQ000149094)** provided for the creation of a new body, Public Health Scotland, on 1 April 2020. HPS was responsible for coordinating health protection in Scotland, including protection against the spread of infectious disease. Although HPS no longer exists, the role, function and responsibilities were absorbed by PHS in April 2020. The majority of institutional memory (staff) and information relating to HPS now sits with PHS and I understand that PHS will provide module 1 with the information necessary for the Inquiry to understand the role and structure of HPS, and the transition of services to PHS.

READINESS AND PREPARATION OF NHS NSS IN PRACTICE

23. NHS NSS responds to general civil emergencies and whole system emergencies in the same way. NHS NSS is required to operationally implement policy set by Scottish Government and work with the Scottish Government EPRR Division and NHS Boards to implement Scottish Government policy through plans submitted annually. NHS NSS is required to report to Scottish Government EPRR Division on any major resilience incidents and provide reports in times of high interest due to resilience issues for the NHS in Scotland, such as, severe weather or other pressures, as are all other NHS Boards.

24. The Finance, Procurement and Performance Committee (FPPC), a sub-committee of the NHS NSS Board, is responsible for the oversight of resilience activities. They have been provided with regular Resilience Reports since 2015, **(Appendix C – MM/13 – INQ000108622, MM/14 – INQ000108623, MM/15 – INQ000108624, MM/16 – INQ000108625, MM/17 – INQ000108626, MM/18 – INQ000108627, MM/19 – INQ000108628, MM/20 – INQ000108630, MM/21 – INQ000108631, MM/22 – INQ000108632, MM/23 – INQ000108633, MM/24 – INQ000108634, MM/25 – INQ000108635, MM/26 – INQ000108636, MM/27 – INQ000108637)** that make available details of resilience arrangements to respond to civil contingency or pandemic flu preparations as well as business continuity arrangements, which ensure that NHS NSS is ready to respond to an incident which impacts on us delivering our own services.

25. The purpose of the NHS NSS Resilience Management Plan **(Appendix C – MM/29 – INQ000108639, MM/30 – INQ000108641, MM/31 – INQ000108642, MM/32 – INQ000108643)** is to outline the strategic management response to a major business continuity/emergency incident and detail the actions required by the NHS NSS RMT, SBUs and Directorates to ensure that NHS NSS can continue to operate critical services at acceptable levels until such time as normal operations are restored.

26. The NHS NSS Resilience Strategy **(Appendix C – MM/33 – INQ000108644)** was developed in September 2018, and reviewed in 2020, initially following a self-assessment review against ISO Business Continuity Standard 22301:12. The Resilience Strategy includes the following:

- The scope of our resilience arrangements.
- Provides a strategic framework to set resilience objectives.
- Commitment to satisfy applicable requirements e.g. Civil Contingencies Act 2004, NHS in Scotland Standards for Resilience.
- Sets out the governance structure under which NHS NSS operate resilience activities within NHS NSS.
- Commitment to continually improve resilience and a strategy for identifying our critical activities during an incident.

27. These plans are set up to deal with any type of potential resilience incident. All business units within NHS NSS have their own business continuity plans **(Appendix C – MM/41a – INQ000108652, MM/41b – INQ000108653, MM/41c- INQ000108654, MM/41d – INQ000108655, MM/41e – INQ000108656, MM/41f – INQ000108662, MM/41g – INQ000108658, MM/41h – INQ000108670, MM/41i – INQ000108669, MM/41j – INQ000108671, MM/41k – INQ000108672, MM/41l – INQ000108673, MM/41m – INQ000108674)** to enable them to respond to an incident, which impacts on their own services or staff, business continuity plans have been reviewed and updated annually since 2019. These have Business Impact Assessments included which enable the business unit to assess the minimum resource requirements needed in terms of people, property, technology and dependencies on contractors required in the event of an incident.

28. A Risk and Resilience Group met regularly within NHS NSS. The purpose of the group was to bring together managers who within their SBU had responsibilities for risk and resilience management to share best practice and learning:

- To share best practice among Risk Champions and to help embed the Integrated Risk Management Approach (IRMA) throughout NHS NSS.
- To co-ordinate and standardise resilience activities across NHS NSS including business continuity and emergency planning activities.
- To develop, implement and assure the Resilience strategy and supporting framework and procedures, ensuring that NHS NSS gives resilience the appropriate priority.

29. Since 2015 NHS NSS has made available a mandatory risk and resilience electronic training module for all staff to improve understanding and knowledge of responsibility of risk and resilience management. We have also made available an eLearning package for all staff on "Prevent", to raise awareness of the potential for individuals to become radicalised by terrorist groups and how to deal with this.

30. High-consequence infection disease was in the remit of HPS, now PHS. We were specifically directed to plan for a flu pandemic. HPS took the lead, taking part in a Pandemic Flu Co-ordinators group on behalf of NHS NSS. Scottish Government EPRR Division directed NHS Boards to focus on influenza pandemic planning. NHS NSS had its own Influenza Pandemic Plan (2009) in place as to how NHS NSS, as

an organisation, would manage an influenza pandemic. The following key documents are provided for additional information:

- NHS NSS Pandemic Influenza Plan 2009. **(Appendix C – MM/36 – INQ000108647)**

- Pandemic Influenza Plans (2009) for National Services Division **(Appendix C – MM/59a – INQ000108725**), Counter Fraud Services **(Appendix C – MM/59b – INQ000108726)**, Health Facilities Scotland **(Appendix C – MM/59d – INQ000108728)**, Information Services Division **(Appendix C – MM/59e – INQ000108729)**, Scottish National Blood Transfusion Services **(Appendix C – MM/59f – INQ000108730)**, Central Legal Office **(Appendix C – MM/59g – INQ000108731)**, National Information Systems Group **(Appendix C – MM/59h – INQ000108732)** and Communications.

- National Procurement Pandemic Outcomes Report 2010 summarises an exercise held with NHS Scotland partners. **(Appendix C – MM/37 – INQ000108648)**

- UK Influenza Pandemic Preparedness Strategy 2011. **(Appendix C – MM/58 – INQ000108724)**

31. In the event of a major resilience incident across the NHS in Scotland, the NHS Scotland Chief Executives Group (NHS Board Chief Executives) are called to meet, for example, during the early stages of the COVID-19 pandemic response. Another example was the response to the 'Beast from the East' severe weather conditions in 2018. This would be organised through Scottish Government and chaired by them.

32. NHS NSS participates in a number of groups, chaired by Scottish Government EPRR Division:

- NHS Board Resilience Leads – these are generally held quarterly. Paperwork for these meetings is stored by Scottish Government EPRR on a Resilience Direct website.

- NHS Board Executive Leads – with responsibility for resilience. These have been infrequent in nature and have not been in place as long as the Resilience Leads meetings. NHS NSS does not hold papers for these meetings.

33. NHS NSS participates in various planning discussions, chaired by Scottish Government EPRR, for example:

- Scottish Government Events assurance groups plan for major national events, for example, UN Climate Change Conference (COP26) in 2021 and UEFA Football Championships originally planned for 2020 then rescheduled to 2021.

34. NHS NSS participates in exercise planning groups and subsequent participation, for example:

- Exercise Safe Hands, 22 October 2013. Involvement from NHS NSS in planning for the event through Strategy and Governance, SNBTS and National Procurement. This explored the arrangements within the NHS in Scotland that were beyond the capability of one NHS Board and how other boards would support. It was led by Scottish Government EPRR and was intended to support the development of the NHS Preparing for Emergencies guidance. **(Appendix C – MM/42a – INQ000108675)**

- Safe Hands 2 Exercise, October 2016, organised by Scottish Government. **(Appendix C – MM/42b – INQ000108676)**

- Exercise Border Reiver, October 2017 **(Appendix C – MM/42c – INQ000108681)** – to test the NHS Scotland Mass Casualties Plan 2015 and involved UK and Scottish Government, including Ministers. NHS NSS Strategy and Governance team in place to aid planning for this exercise and SNBTS participated in relation to plans for blood availability for mass casualties.

35. NHS NSS hosted several internal exercises to test resilience management arrangements. Examples are as follows:

- Exercise Celsius tabletop, November 2011 **(Appendix C – MM/43a – INQ000108678)** – to test business continuity arrangements under sustained pressure during an emergency incident. The exercise scenario focuses on the wider consequences and impact on, critical business delivery during a prolonged severe winter weather incident with a significantly reduced work force.

- Exercise Thales, September 2012, **(Appendix C – MM/43b – INQ000108679)** - to test a power outage impacting on data centre hosting NHS NSS files

- NHS NSS Exercise September 2013 – understanding of civil contingency arrangements and response to potential bomb incident. **(Appendix C – MM/43c – INQ000108681)**

- NHS NSS Exercise September 2014 – strike civil unrest testing the NHS NSS Resilience Plan **(Appendix C – MM/43d – INQ000108686)**

- NHS NSS Exercise September 2015 Exercise Cygnus – testing significant electricity disruption to all SBUs. **(Appendix C – MM/55 – INQ000108722)**

- Corporate debrief (June 2017) on Wannacry outage May 2017. **(Appendix C – MM/43e – INQ000108688)**

- September 18 EMT Cyber Resilience Workshop session presentation **(Appendix C – MM/43h – INQ000108695)** – the aim of this session was to improve understanding of cyber resilience, with injects around organisation experiencing a cyber-attack.

36. We have assessed ourselves against the NHS in Scotland Organisational Resilience Standards in October 2016, August 2018 and July 2020**. (Appendix C – MM/43e – INQ000108688)** – a set of 41 standards for all NHS Board, set by Scottish Government EPRR. We assessed ourselves against Business Continuity ISO standard 22301 in March 2018 **(Appendix C – MM/43i – INQ000108696).** One of the main recommendations from this was to develop a Resilience Strategy, which was completed in 2018. **(Appendix C – MM/43f – INQ000108689)**

37. We have undertaken various internal audits related to Business Continuity. Recommendations were monitored and followed through. These are as follows:

- Governance Arrangements Over Business Continuity, June 2014, PWC. **(Appendix C – MM/41a – INQ000108652, MM/41b – INQ000108653, MM/41c – INQ000108654, MM/41d – INQ000108655, MM/41e – INQ000108656, MM/41f – INQ000108662, MM/41g – INQ000108658, MM/41h – INQ000108670, MM/41i – INQ000108669, MM/41j – INQ000108671, MM/41k – INQ000108672, MM/41l – INQ000108673, MM/41m – INQ000108674)**

- Business Continuity Planning Audit, September 2016, KPMG. **(Appendix C – MM/41h – INQ000108670)**

- IT Resilience and Disaster Recovery, August 2017, DaS. **(Appendix C – MM/57 – INQ000137026)**

PUBLIC HEALTH CAPACITY DURING THE PROPOSED DATE RANGE

38. Matters relating to public health predominantly sit with PHS, Scottish Government and Convention of Scottish Local Authorities (COSLA), all working together to consider a whole systems approach to public health and agree actions to work towards health improvements in Scotland. NHS NSS is an enabler to public health capacity, for example, we provide a Once for Scotland Procurement Service, offering National Frameworks and a National Distribution (Logistics) Services (NDS) to all NHS Scotland Territorial Boards and Special Boards; ARHAI develops monitoring, and surveillance systems which provide invaluable healthcare infection related intelligence; we provide project and programme management support to health improvement initiatives in Scottish Government and NHS Boards.

RESOURCES AND LEVELS OF FUNDING OF NHS NSS

39. The Scottish Government sets three financial targets for NHS NSS on an annual basis. These are:

- Revenue Resource Limit (RRL): a resource for ongoing operations;

- Capital Resource Limit (CRL): a resource budget for new capital investment; and

- Cash Requirement: a financing requirement to fund the cash consequences of the ongoing operations and new capital investment.

40. Principal sources of information for resources and levels of funding of NHS NSS are included in the NHS National Service Scotland Annual Report and Accounts **(Appendix C – MM/1 – INQ000108618, MM/2 – INQ000108629, MM/3 – INQ000108640, MM/4 – INQ000108651, MM/5 – INQ000108716, MM/6 – INQ000108734, MM/7 – INQ000108716, MM/8 – INQ000108742, MM/9 – INQ000137027, MM/10 – INQ000108619, MM/11 – INQ000108620, MM/12 – INQ000108621)**. Annual Report and Accounts provide information on the financial performance of NHS NSS; the limits set by Scottish Government; actual outturn and

total revenue expenditure. The reports also provide information on the purpose of NHS NSS, the key risks to achieving our objectives and how we have performed during the year. An overview and description of the changes to levels of funding of NHS NSS during the proposed date range is detailed in the NHS NSS Annual Report & Accounts 2009/10 – 2019/20. **(Appendix C – MM/1 – INQ000108618, MM/2 – INQ000108629, MM/3 – INQ000108640, MM/4 – INQ000108651, MM/5 – INQ000108716, MM/6 – INQ000108734, MM/7 – INQ000108716, MM/8 – INQ000108742, MM/9 – INQ000137027, MM/10 – INQ000108619, MM/11 – INQ000108620, MM/12 – INQ000108621)**, for example, in 2009/10 a total revenue resource of £398.9m was provided by Scottish Government HSCD and in 2019/20 it was £797.7m. A description of the budget of NHS NSS in relation to resilience and preparedness for general civil emergencies during the proposed date range is illustrated in a document compiled for the purpose of this response; Financial Ledger Information 2009 - 2020 **(Appendix C – MM/47a – INQ000108712).** The document provides a breakdown of funding for HPS/PHI, risk and resilience and emergency planning within NHS NSS. SBUs across NHS NSS had (and have) different delivery models for Risk Management & Resilience. Most areas have a Planning & Performance Lead who covers these aspects as part of a wider role. We do not hold the proportion of time (and cost) that these roles spent on Risk & Resilience over the time range that Module 1 is looking at. The Financial Ledger Information 2009 - 2020 **(Appendix C – MM/47a – INQ000108712)** provides the total HPS Budget (HPS to PHI to PHS) from 2009-2020, for example, in 2009-10 the budget was £6,281,988 and 2019-20 it was £9,286,073. Colleagues now in PHS are best advised to provide further detail on the services provided within historical budgets in relation to questions asked by Module 1 in their proposed rule 9 request.

AUDIT SCOTLAND ANNUAL AUDIT REPORTS

41. NHS NSS is audited each year by Audit Scotland and all audit reports and audit plans are publicly available on their website (audit-scotland.gov.uk) **(Appendix C – MM/73 – INQ000149089) (Appendix C – MM/46a – INQ000108700, MM/46b – INQ000108701, MM/46c – INQ000108702, MM/46d – INQ000108699, MM/46e – INQ000108703, MM/46f – INQ000108704, MM/46g – INQ000108705, MM/46h – INQ000108706, MM/46i – INQ000108707, MM/46j – INQ000108708, MM/46k – INQ000108709, MM/46l – INQ000108710, MM/46m – INQ000108711)** The Auditor General, the Accounts Commission and Audit Scotland work together to deliver public

audit in Scotland to provide independent assurance to the people of Scotland that public money is spent properly and provides value. The audit examines:

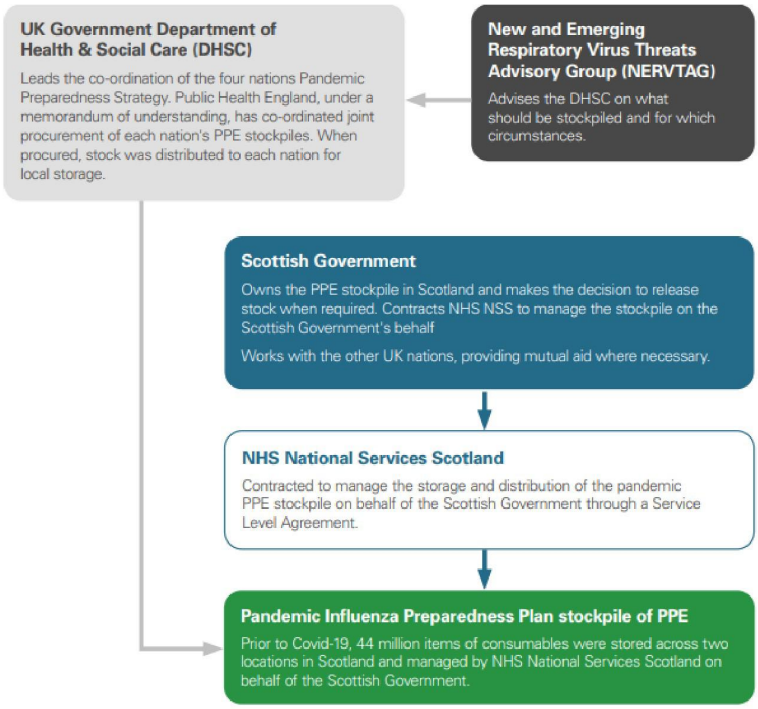
- NHS NSS Annual Report & Accounts
- Financial management
- Financial sustainability
- Performance against resource limits
- Governance and transparency
- Value for money

and provide judgements and recommendations for NHS NSS to take forward.

STOCKPILING OF MEDICAL RESOURCES (TO INCLUDE PPE AND ANTIVIRALS) OVER THE COURSE OF THE PROPOSED DATE RANGE

PPE Pre-Pandemic

42. National Procurement's key service provision was to provide a Once for Scotland Procurement Service, offering National Frameworks and a National Distribution (Logistics) Services (NDC) to all NHS Scotland Territorial health boards and Special Boards, for example, SNBTS and NHS24. Due to their distributed location logistics services were not provided to NHS SAS. NHS Boards would place demand orders directly with the NHS NSS National Distribution Centre who then picked and shipped the order. PPE supplied to NHS Scotland's Health Boards pre- pandemic was limited to standard medical requirements (e.g. gloves, aprons, surgical masks and similar ensemble) and demand was stable with little fluctuation year on year. The average was 5.6m items of PPE distributed each week worth £162K per week, by April 2020 this demand had increased by 400%+ to 24.5m items of PPE distributed per week from April 2020 onwards **(Appendix C – MM/62 – INQ000108737)**. Additionally National Procurement provided a stock management service to Scottish Government to hold the Scottish share of the UK Pandemic influenza preparedness (PIPP) medical and facilities consumables stockpile. This stock pile was coordinated by Public Health England (now UKHSA) who lead on the management of the provision of the pandemic influenza stockpile items and quantities. A diagram from the Audit Scotland report on PPE (2021) illustrates the management of the pandemic stockpile:



Source: Audit Scotland and Scottish Government

Antivirals

43. There are 2 key medicine stockpiles relevant to a pandemic: Pandemic influenza preparedness stockpile (co-ordinated by Public Health England) and Essential Medicines Buffer Stockpile (EMBS) DHSC co-ordinated).

44. Pandemic influenza preparedness stockpile (coordinated by Public Health England) Public Health England (now UKHSA) lead on the management of the pandemic influenza stockpile. For medicines, PHE lead the procurement of medicines. Stock is allocated to each country in line with population size; the majority of Scotland's proportional share is stored at a Scottish distributor but some of Scotland's proportional share was/is stored by agreement in England under UKHSA's control.

45. Until 2015, Scottish Government led on procurement of the storage arrangements for stockpiled medicines within Scotland. Responsibility for operational management of the stockpile was then transitioned to NHS NSS who commissioned a third party distributor to hold stock in Scotland. NHS NSS only holds detailed inventory information from October 2019; prior to this records should be held by Scottish Government (the NHS NSS lead during the period 2015-2019 had a Scottish Government laptop and was using the Scottish Government server for archiving; they

have now left NHS NSS and Scottish Government). Scottish Government continues to hold policy responsibility for decisions on products to stockpile and target volumes.

46. In October 2019, the following medicines were stockpiled in Scotland for the purpose of supporting a response to an influenza pandemic:

- Cefuroxime powder 1.5g
- Clarithromycin powder 500g
- Clarithromycin sol 125mg/5ml
- Clarithromycin sol 250mg/5ml
- Clarithromycin tablets 500mg
- Co-amoxiclav powder 1.2g
- Co-amoxiclav powder 600g
- Co-amoxiclav sus 125/31mg
- Co-amoxiclav sus 250/62mg
- Co-amoxiclav tablets 500/125mg
- Doxycycline capsules 100mg
- Relenza 5mg/dose inhalation powder
- Tamiflu caps 30mg (10)
- Tamiflu caps 45mg (10)
- Tamiflu caps 75mg (10)
- Tamiflu suspension 6mg/ml
- Water for injection amp 10ml
- Sodium chloride 0.9% 100ml
- Sodium chloride 0.9% 50ml

- Sodium chloride 0.9% 250ml

In addition, some of the products listed above and an H5N1 Vaccine (Prepandrix) and oseltamivir (Tamiflu) powder were held under PHE's control in England but available for Scotland to access if ever required.

47. Essential Medicines Buffer Stockpile (EMBS) (DHSC Co-ordinated): As well as a specific pandemic influenza medicines stockpile, DHSC owned an Essential Medicines Buffer Stockpile (EMBS), which was first set up in 2009. The purpose of the stockpile is to have medicines that are routinely used in the NHS, available for release into the UK supply chain in the event of pandemic or other health emergency. NHS NSS was never involved in the procurement or operational management of this stockpile. Information on products held over time within the EMBS should be available from DHSC. Over the years, DHSC have engaged with the Scottish Government as its Scottish point of contact on the operation of this UK-level stockpile.

ANY IMPACT ARISING FROM THE UK'S DEPARTURE FROM THE EUROPEAN UNION ON NHS NSS

48. The Scottish Government established a Health and Social Care Response Hub in response to exiting the European Union, which collated information from NHS Boards on any resilience issues. In February 2019, the Scottish Government EPRR Division ran a session to review purchase orders and potential impacts on stock levels and blood transfusion services across nations to explore potential shared issues and mutual aid in light of exiting the European Union.

49. The NHS NSS National Procurement EU Exit Supply Chain Preparation (August 2019) **(Appendix C – MM/47b – INQ000108713)** highlights the national co-ordination work with the Department of Health (DHSC), Scottish Government and across health and social care as part of a 4 nations approach, particularly in relation to supply of centralised stock; dedicated shipping; National Supply Disruption Service; supplier readiness preparation and engagement; and responding to media enquiries.

50. The National Procurement Annual Report (April 2019 – March 2020) **(Appendix C – MM/48 – INQ000108714)** sets out the request by Scottish Government to national Procurement to liaise with the Department of Health and Social Care (DHSC), to develop a contingency plan to address potential supply disruption resulting from a No Deal EU Exit. More information can be found in section 7.6 EU Exit Transition Planning.

LEARNING FROM PAST EMERGENCIES

51. There have been few civil emergencies in Scotland. Exercises on major civil contingencies are owned and facilitated by Scottish Government EPRR Division. NHS NSS' involvement in civil emergencies and infectious diseases and the lessons learned by it are demonstrated by the following.

52. NHS NSS Corporate Debrief – International Cyber Attack in response to Wannacry Outage, 12th May 2017. A global ransomware attack affected NHS IT systems across the UK on 12th May 2017 with some major outages of IT systems. NHS NSS were one of the few Boards not directly affected, however two of the National Systems were affected e-financial systems and Picture Archiving and Communication System (PACS) which did impact on NHS NSS. Precautionary steps were taken by NHS NSS to limit exposure to the threat, with limited impact on service delivery.

53. NHS NSS Review of Bad Weather, April 2018 **(Appendix C – MM/49 – INQ000108715)** considers, with Scottish Government Health Resilience Unit colleagues, whether certain sites could be given specialist support during a severe weather incident to ensure access is clear, for example, the Jack Copland Centre for blood manufacturing, Canderside for national distribution and specialist supplier sites which are critical to the smooth running of the NHS in Scotland, such as TPS Health Care who supply 80% of fluids to NHS hospitals and had no support to clear snow from premises.

54. NHS NSS played a major role in mitigating the challenges of the Ebola Virus Disease in Scotland. This meant considerable interagency planning, preparedness and exercising throughout 2014/15 culminating in Ebola Virus incident 29th December 2014. HPS experienced a significant demand for information and guidance from a number of agencies.

55. NHS NSS also provided additional support to this threat through a number of SBUs. SNBTS supported preparatory work to ensure patient safety and services were not disrupted. PCF supported a range of measures including Specialist and Screening, supporting the implementation of national resource for laboratory testing. A Service Level Agreement was agreed with the Royal Free Hospital in London for access to highly specialist care and treatment. HFS provided specialist advice on waste management and National Procurement were involved in providing advice and procurement of specialist equipment.

56. This resulted in the successful outcome for the patient. The Ebola Virus Cases National Debrief Report (March 2015) **(Appendix C – MM/54 – INQ000108721)** was compiled by Scottish Government to ensure lessons learned and processes are in place for future incidents.

57. In relation to epidemics and pandemics, HPS were involved in a Flu Pandemic Preparation/Leads Group and represented other areas of NHS NSS on this group as required. HPS were involved in pandemic planning exercises, with an example being Exercise Silver Swan in 2016. The overall exercise report can be found on the Scottish Government website **(Appendix C – MM/74 – INQ000149086)** HPS participated in Silver Swan Exercise (for Pandemic Influenza) 2015 and Exercise Iris (for MERS-Cov) March 2018, both organised by Scottish Government. All information held by HPS was transferred to PHS in April 2020. NHS NSS can provide the Final Report **(Appendix C – MM/51 – INQ000108718)** and Covering Letter **(Appendix C – MM/52 – INQ000108719)** for Exercise Silver Swan issued April 2016, the report from Exercise Iris **(Appendix C – MM/53 – INQ000108720)** and the National Debrief Report **(Appendix C – MM/54 – INQ000108721)** for Ebola March 2015.

58. NHS NSS Debrief report on Exercise Cygnus tested significant electricity disruption to all SBUs **(Appendix C – MM/55 – INQ000108722)**. NHS NSS captured lessons learned following the internal resilience exercise in relation to Exercise Cygnus. The exercise was a command post exercise that took place on 27th October 2015 with over 100 senior managers participating throughout the organisation. This involved scenario injects via email to staff throughout the organisation. The report focuses on key elements:

- Positive aspects of how the exercise scenario was managed.
- Areas that could be improved of how the exercise scenario was managed.
- Lessons learned and Training implications.
- Learning from exercise planning.

59. When reviewing incidents, feedback is received on the level of communication during an incident – whether too much or not enough. Following an incident of severe weather in 2010, we introduced an improved process of communication with staff. We now routinely send 'all staff' communications to either warn or update on any resilience incidents, for example, we introduced an all staff communication process

to warn of any Amber or Red weather warnings in response to the very cold snap of winter weather in 2010 (this process is agreed between the corporate resilience team, communications and HR) or where we update on any technology related incidents we will provide regular updates throughout the day until the issue is resolved.

60. The NHS NSS Resilience Management Plan is reviewed annually and takes account of any feedback from incidents. We have introduced an Executive On Call Rota, following feedback from the Scottish Government EPRR Division requesting all NHS Boards have Out of Hours capability. Our Resilience Management Team, in responding to an incident, will assess the impact of the incident on service, staff, technology, stakeholders and property and will direct activities towards the relevant areas to ensure a swift response to an incident and offer to help where our services allow us to do so. Our operational business units are represented in our RMT and will take actions forward.

61. NHS NSS assessed itself against Business Continuity ISO standard 22301 in March 2018. One of the main recommendations from this was to develop a Resilience Strategy, which was done in 2018. The Resilience Strategy includes the following: the scope of our resilience arrangements; provides a strategic framework to set resilience objectives; a commitment to satisfy applicable requirements, e.g. Civil Contingencies Act 2004, NHS in Scotland Standards for Resilience; sets out the governance structure under which we operate resilience activities within NHS NSS; a commitment to continually improve resilience and a strategy for identifying our critical activities during an incident, reviewed in 2020. The Strategy is due for review in October 2023.

62. We have undertaken various internal audits related to Business Continuity. These are as follows:

- Governance Arrangements Over Business Continuity June 2014, PWC. **(Appendix C – MM/41a – INQ000108652, MM/41b – INQ000108653, MM/41c- INQ000108654, MM/41d – INQ000108655, MM/41e – INQ000108656, MM/41f – INQ000108662, MM/41g – INQ000108658, MM/41h – INQ000108670, MM/41i – INQ000108669, MM/41j – INQ000108671, MM/41k – INQ000108672, MM/41l – INQ000108673, MM/41m – INQ000108674)**

- Business Continuity Planning Audit, September 2016, KPMG. **(Appendix C-MM/56 – INQ000108723)**

- IT Resilience and Disaster Recovery, August 2017, KMPG, **(Appendix C – MM/57 – INQ000137026)**

NHS NSS RESILIENCE MANAGEMENT PLAN

63. The purpose of The NHS NSS Resilience Management Plan is to outline the strategic management response to a major business continuity/emergency incident and detail the actions required by the NHS NSS Resilience Management Team, SBUs and Directorates to ensure that NHS NSS can continue to operate critical services at acceptable levels until such time as normal operations are restored.

64. The NHS NSS Resilience Strategy was developed in September 2018, following a self-assessment review against ISO Business Continuity Standard 22301:12. The Resilience Strategy includes the following:

- The scope of our resilience arrangements.

- Provides a strategic framework to set resilience objectives.

- Commitment to satisfy applicable requirements, e.g. Civil Contingencies Act 2004, NHS in Scotland Standards for Resilience.

- Sets out the governance structure under which we operate resilience activities within NHS NSS.

- Commitment to continually improve resilience and a strategy for identifying our critical activities during an incident.

65. These plans are set up to deal with any type of potential resilience incident. All business units within NHS NSS have their own business continuity plans to enable them to respond to an incident, which impacts on their own services or staff.

66. A Risk and Resilience Group met regularly within NHS NSS, this is now generally covered as part of our planning network. The purpose of the group was to bring together managers who, within their SBU, had responsibilities for risk and resilience management to share best practice and learning:

- To share best practice among Risk Champions and to help embed the Integrated Risk Management Approach (IRMA) throughout NHS NSS.

- To co-ordinate and standardise resilience activities across NHS NSS including business continuity and emergency planning activities.

- To develop, implement and assure the Resilience strategy and supporting framework and procedures, ensuring that NHS NSS gives resilience the appropriate priority.

67. Since 2015, NHS NSS has made available a mandatory risk and resilience electronic training module for all staff to improve understanding and knowledge of the responsibility of risk and resilience management, for all staff.

68. We have also made available an eLearning package for all staff on Prevent, to raise awareness of the potential for individuals to become radicalised by terrorist groups and how to deal with this.

69. We have assessed ourselves against the NHS in Scotland Organisational Resilience Standards – a set of 41 standards for all NHS Board, set by Scottish Government EPRR. Wider pandemic flu/infectious disease planning with Scottish Government was within the remit of Health Protection Scotland. The NHS NSS Resilience Plan is reviewed yearly with minor changes, for example, updates to job titles or any comments as a result of involvement in incidents. Each SBU also review their business continuity plans on a yearly basis.

70. In addition to our NHS NSS Resilience Management Plan, all of our SBUs have business continuity plans relevant for their own areas.

71. The NHS NSS Resilience Management Plan is invoked should the incident be escalated by the responsible SBU. NHS NSS will adopt a Gold, Silver Bronze Command Structure which is established to manage and resolve incidents and is a nationally recognised framework for delivering a Strategic, Tactical & Operational response. NHS NSS adopts this in the following manner:

- **Gold (Strategic)** The Chief Executive assumes and retains overall command of the incident; they have overall responsibility and authority, deployed through the Resilience Management Team, which is stood up in a major incident and will meet as regularly and often as is necessary.

- **Silver (Tactical)** The NHS NSS Executive Resilience Lead (SPST Director) will undertake this role; co -ordinates the overall tactical response in compliance with strategy.

- **Bronze (Operational)** Strategic Business Units (SBUs) are responsible for local response at SBU level.

72. We define a business continuity incident as;

- 'Any event that causes or could lead to the loss of access to processes, people, technology, facilities, and/or vital records required to perform NHS NSS' critical services'.

73. We have defined the levels of impact and our appropriate response to incidents through operational, tactical, and strategic levels.

	IRMA Impact Levels	**Action Required**
1.	**Negligible Incident (Operational)**	• Monitor the situation and escalate the emergency to a higher level if required. • Control incident to its resolution.
2.	**Minor Incident (Operational)**	• Monitor situation and escalate the incident to a higher level if required. • Control the incident to its resolution.
3.	**Moderate Incident (Operational, Possibly Tactical)**	• Monitor situation and escalate the incident to a higher level. • Consider invoking Business Continuity & Disaster Recovery Plans & Contracts. • During working hours SBU Director notify the NHS NSS Executive Resilience Lead/Deputy of incident and actions taken so far. The SBU Resilience Lead should also phone a member the SPST Planning & Performance Team ASAP and an immediate incident situation report submitted by the SBU Resilience Lead to NSS.resilience@nhs.scot. The

	IRMA Impact Levels	Action Required
		SBU Resilience Lead may be required to provide updated SITREP reports at various points during and recovery of the incident.
4.	**Major Incident (Operational, Tactical, Strategic)**	• Invoke Business Continuity & Disaster Recovery Plans & Contracts. • During working hours SBU Director notify the NHS NSS Executive Resilience Lead/Deputy and Chief Executive of incident and actions taken so far. The SBU Resilience Lead should also phone a member of the SPST Planning & Performance Team ASAP and an immediate incident situation report submitted by the SBU Resilience Lead to NSS.resilience@nhs.scot. The SBU Resilience Lead may be required to provide updated situation (SITREP) reports at various points during and recovery of the incident. • Pass control of all activities to the RMT. • Provide RMT members with details of the incident, including details of any staff casualties/fatalities. • Invoke NHS NSS Resilience Management Plan. • **RMT involvement mandatory.**
5.	**Catastrophic Incident (Operational, Tactical, Strategic)**	• Invoke Business Continuity & Disaster Recovery Plans & Contracts. • During working hours SBU Director notify the NHS NSS Executive Resilience Lead/Deputy and Chief Executive of incident and actions taken so far. The SBU Resilience Lead should also phone a member of the SPST Planning & Performance Team ASAP and an immediate incident situation report submitted by the SBU Resilience Lead to NSS.resilience@nhs.scot. The SBU Resilience

	IRMA Impact Levels	Action Required
		Lead may be required to provide updated SITREP reports at various points during and recovery of the incident. • Pass control of all activities to the RMT. • Provide RMT members with details of the incident, including details of any staff casualties/fatalities. • Invoke NHS NSS Resilience Management Plan. • **RMT involvement mandatory.**

74. For any major or catastrophic incident, we would notify Scottish Government EPRR Division and work with them and other NHS Boards or relevant stakeholders to assess, respond and recover from the incident.

75. We used the above protocols as a basis to respond to the initial stages of the COVID-19 pandemic.

76. Multi agency plans tend to be developed at local level between territorial NHS Boards and other partners. NHS NSS did have input into Mass Casualty planning, although this is from a health perspective. Please see our response at paragraphs 31-34 about Exercise planning groups and subsequent participation. NHS NSS also had input into Hospital Lockdown Plan: Controlling Movement Within Healthcare Facilities: A Framework for NHS Scotland. **(Appendix C – MM/50 – INQ000108717)** Input by NHS NSS was limited to NHS NSS operational considerations. Resilience plans tend to be written in a generic format to identify roles and responsibilities to prepare for and respond to an incident. It would be up to individual services to take into account the needs of specific groups (as reflecting health inequalities, which the UK Covid Inquiry is interested in) in their response to overarching plans.

77. Each SBU has business continuity plans **(Appendix C – MM/41a – INQ000108652, MM/41b – INQ000108653, MM/41c- INQ000108654, MM/41d – INQ000108655, MM/41e – INQ000108656, MM/41f – INQ000108662, MM/41g – INQ000108658, MM/41h – INQ000108670, MM/41i – INQ000108669, MM/41j – INQ000108671, MM/41k – INQ000108672, MM/41l – INQ000108673, MM/41m – INQ000108674)** for their area which are reviewed at least yearly and detail their arrangements for dealing with an incident of any type, along with a Business Impact Assessment, which details

the resources in terms of staff, premises, digital, contracted resources, and any other necessary resources required in the event of a business continuity incident. Timescales are provided as to when these ideally require to be up and running for priority services.

78. The emergency plans that were in place, as at 21 January 2020, for NHS NSS to deal with a high consequence infectious pandemic such as COVID-19 were:

- NHS NSS Resilience Management Plan **(Appendix C – MM/29 – INQ000108639, MM/30 – INQ000108641, MM/31 – INQ000108642, MM/32 – INQ000108643)**
- NHS NSS Resilient Management Strategy **(Appendix C – MM/33 – INQ000108644)**
- NHS NSS SBU Business Continuity Plans **(Appendix C – MM/41a – INQ000108652, MM/41b – INQ000108653, MM/41c- INQ000108654, MM/41d – INQ000108655, MM/41e – INQ000108656, MM/41f – INQ000108662, MM/41g – INQ000108658, MM/41h – INQ000108670, MM/41i – INQ000108669, MM/41j – INQ000108671, MM/41k – INQ000108672, MM/41l – INQ000108673, MM/41m – INQ000108674)**

79. Resilience Management Plans were in place, reviewed annually and updated each year during the time range in scope of Module 1.

80. The national plans in existence provide a very high level framework to deal with a high-consequence infectious disease. There were a whole host of policy and operational decisions which needed to be taken during the response which could not be thought through in advance and were dealt with as issues arose and in line with UK and Scottish Government policy at that time.

PLANNING FOR FUTURE PANDEMICS

81. Internally NHS NSS conducted a review from July to October 2020, NHS NSS C-19 Lessons Learned Final Report October 2020 **(Appendix C – MM/61 – INQ000108736),** into the initial NHS NSS response to the COVID-19 pandemic, which was internally focused to determine our performance response, our resilience response and our future strategic change assessment. The review showed broadly that we maintained levels of performance, while around 70% of our staff had moved

to working from home. Our resilience plans were found to be robust and these had enabled the response to a quickly changing situation around the COVID-19 pandemic.

82. Our future change assessment found that NHS NSS was able to respond quickly to the emerging crisis and was also able to take forward new initiatives at pace in support of the COVID-19 response. Digital solutions were critical to early success and the pace and adoption of technology to underpin transformation needed to be continued. New service opportunities were emerging, for example, social care, and it was acknowledged that our services can have a positive impact on Scotland's economy. COVID-19 had a positive impact on our stakeholder relationships, offering NHS NSS the potential to redefine its current and future role in health and care.

83. Externally, as described above, Audit Scotland COVID-19 Personal Protective Equipment Report, June 2021 **(Appendix C – MM/44 – INQ000108697)** looks at how Scottish Government and NHS NSS put in place arrangements to procure, store and distribute PPE to health and social care settings before and during the pandemic, and how Scottish Government and NHS NSS are planning for the longer term. The report considers:

- The arrangements for procuring and distributing PPE before the pandemic. It also highlights previous pandemic preparedness exercises and how Scottish Government responded to the findings from these.
- How Scottish Government and NHS NSS responded to the pandemic and the arrangements they put in place to procure, store and distribute PPE to health and social care settings.
- How Scottish Government and NHS NSS are planning for the longer term.

84. The 2020/21 Audit of NHS National Services Scotland, Response to COVID-19 Pandemic, October 2021 **(Appendix C – MM/62 – INQ000108737)** follows the completion of the 2020/21 audit of NHS NSS. It looks at NHS NSS' response to the COVID-19 emergency and builds on other work carried out by Audit Scotland including:

- Annual audit work at NHS NSS.
- NHS in Scotland 2020 report.

- PPE briefing paper.
- Vaccination programme briefing paper.

It also considers:

- The impact of COVID-19 on NHS NSS.
- NHS NSS' response to the COVID-19 pandemic.
- Plans for recovery.

85. The Scottish Parliament Audit Committee, **(Appendix C – MM/75 – INQ000)** 4th November 2021, heard evidence from a number of senior leaders in NHS NSS on the Audit Scotland COVID-19 Personal Protective Equipment Report, June 2021 **(Appendix C – MM/44 – INQ000108736)** and the Audit Scotland NHS NSS Annual Report 2020/21 **(Appendix C – MM/46l – INQ000108710).**

86. Some measures taken by NHS NSS to improve its state of planning, preparedness and readiness for future pandemics are detailed in the NHS NSS C-19 Lessons Learned Final Report, October 2020. The below extract outlines new practices started and old practices stopped after carrying out the lessons learned exercise.

AUDIT SCOTLAND COVID-19 PERSONAL PROTECTIVE EQUIPMENT REPORT, JUNE 2021 RECOMMENDATION

87. The 2020/21 Audit of NHS National Services Scotland, Personal Protective Equipment report recommends, in relation to pandemic preparedness in the future; resilience of the Scottish PPE supply chain and whether the PPE export market will be able to sustain Scottish manufacturers; and maintaining sufficient PPE stock that needs to be balanced against the costs of managing the stockpile and the risk that items will go out of date.

88. NHS NSS National Procurement Annual Report (2020/21) **(Appendix C – MM/63 – INQ000108738)** outlines steps taken to address the above recommendations including working with new Scottish manufacturers within our contractor supply chains now able to supply the majority of PPE items. For example, our supply chain partners in Scotland are now supplying us with FFP3 masks with a 7-year shelf life, much longer than historical norms, forming part of a strategic approach to ensure appropriate PPE is ready should another critical event occur.

89. Our main PPE supplier has been working with us to develop an approach to stock management of PPE through rotating stock through other sectors, supporting us in the avoidance of products going obsolete and ensuring they are not going to waste.

90. Currently there is sufficient stock held in the national resilience stock pile and in December 2022 the PPE Implementation Steering group agreed to stand down additional PPE ordering until stock levels reduced to a reorder point. The Scottish based suppliers are aware of this and have agreed to maintain capacity should future orders be required.

91. The NHS NSS Resilience Strategy sets out commitments we intend to continually aim for, for example, NHS NSS will continue to seek opportunities to continuously improve the quality of its resilience planning and response. This includes regular audit and alignment to the NHS in Scotland Resilience Standard and Business Continuity ISO 22301:2012. NHS NSS will support Scotland to prepare for or in responding to an incident by having appropriate plans in place and working with multi agency partners.

92. NHS NSS will continue to provide training for all staff who have resilience responsibilities as part of their role. In line with industry standards, NHS NSS has produced a Training & Competencies Framework which identifies the competencies;

exercise, training and awareness that all staff within NHS NSS require. This will be implemented through objective setting and personal development plans where specific training is required. Otherwise, staff can take part in exercises through mandatory training. NHS NSS will explore how we continue to develop the current and future group of staff who have an advanced knowledge and understanding of resilience to support the organisation and provide capability during an intensive or long running incident. NHS NSS is working with Scottish Government's PPE Implementation Steering Group to establish options to provide other public bodies access to the national pandemic stockpile which will support their responsibilities as category 1 responders and provide demand to assist stock rotation and replenishment.

93. The following key documents have been previously identified and described in sections 14a and 22b. Detail on planning, preparedness and readiness for new variants of COVID-19 and any other viruses of concern can be found in our:

- Resilience Management Strategy
- Resilience Management Plan
- SBU Business Continuity Plans

STATEMENT OF TRUTH

94. To the best of my knowledge and belief, the contents of this statement are true and accurate. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

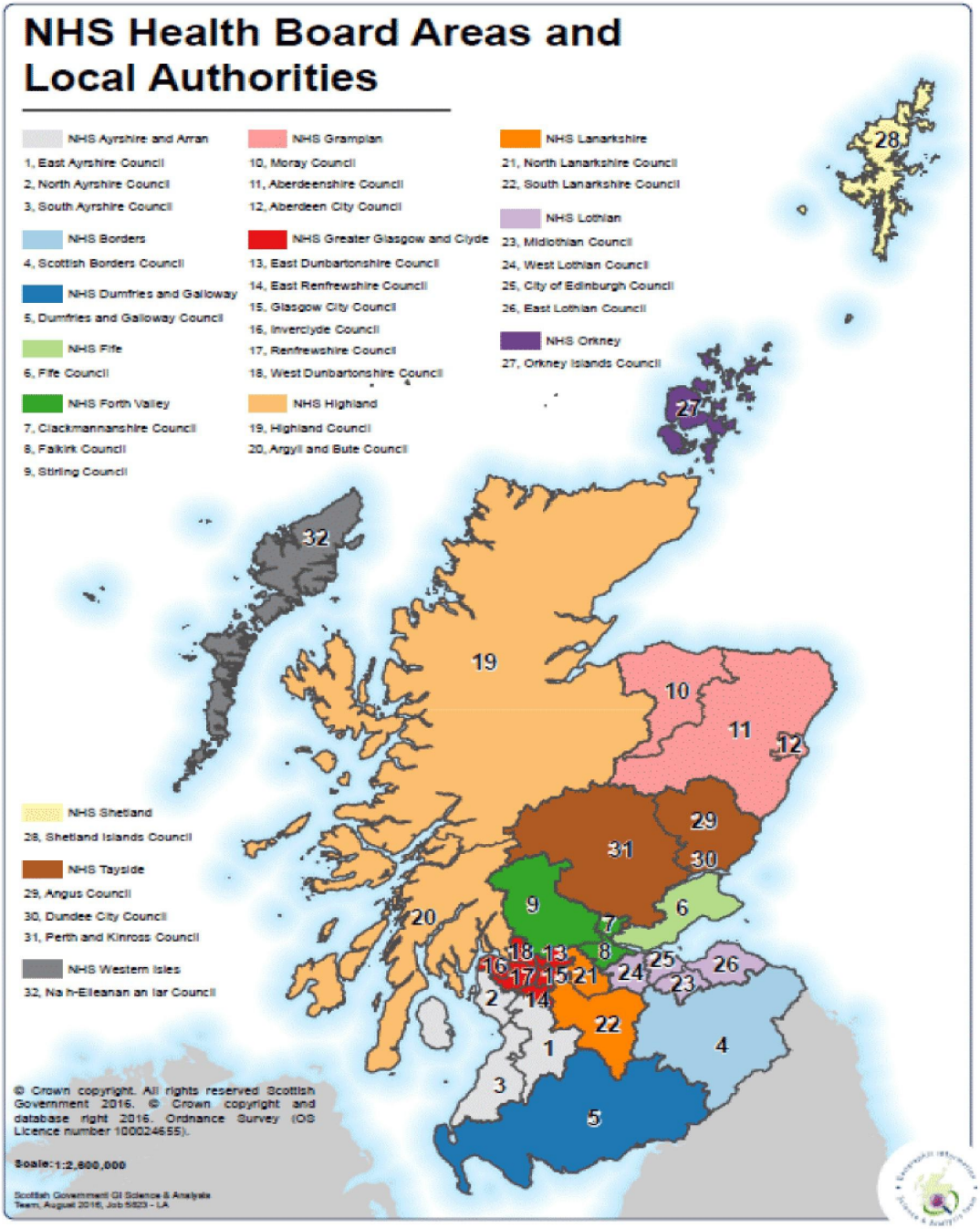
Dated: 21 April 2023

APPENDIX A: GLOSSARY

ARHAI	Antimicrobial Resistance and Healthcare Associated Infection Scotland
CFS	Counter Fraud Services
CLO	Central Legal Office
CR	Capital Resource Limit
DaS	Digital & Security
DHSC	Department of Health and Social Care
EMBS	Essential Medicines Buffer Stockpile
EMT	Executive Management Team
EPRR	Emergency Preparedness Resilience and Response
FPPC	Finance, Procurement and Performance Committee
HFS	Health Facilities Scotland
HPS	Health Protection Scotland
HSCD	Health and Social Care Directorate (Scottish Government)
IRMA	Integrated Risk Management Approach
ISD	Information Services Division
LRP	Local Resilience Partnerships
NHS	National Health Service
NDPB	Non-Departmental Public Body
NISG	National Information and Systems Group
NP	National Procurement
NSD	National Services Division
NHS NSS	National Services Scotland
PACS	Picture Archiving and Communication System
PCF	Procurement, Commissioning and Facilities
PCFS	Practitioner and Counter Fraud Services
PSD	Practitioner Services Division
PPE	Personal Protective Equipment

PHE	Public Health England
PHI	Public Health & Intelligence
PHS	Public Health Scotland
RMT	Resilience Management Team
RRL	Revenue Resource Limit
RRP	Regional Resilience Partnerships
SBU	Strategic Business Unit
SGHRU	Scottish Government Health Resilience Unit
SITREP	Situation Report
SLA	Service Level Agreement
SNBTS	Scottish National Blood Transfusion Service
SPST	Strategy, Performance and Service Transformation
UKHSA	United Kingdom Health Security Agency

APPENDIX B – NHS HEALTH BOARD AREAS AND LOCAL AUTHORITIES



APPENDIX C – KEY DOCUMENTS AS EXHIBITS TO THE WITNESS STATEMENT

Inquiry Ref:	Item No.	Document Title	Stored
MM/1 - INQ000108618	1	2019-20_nss_annual_report_and_accounts_signed_audited.pdf	Internal Server
MM/2 - INQ000108629	2	Directors Report & Accounts 1213 FINAL Published.pdf	Internal Server
MM/3 - INQ000108640	3	Directors Report Accounts 0910 _5_.pdf	Internal Server
MM/4 - INQ000108651	4	Directors Report Accounts 1011 for publication (3).pdf	Internal Server
MM/5 - INQ000108716	5	Directors Report & Accounts 1112 Published.pdf	Internal Server
MM/6 - INQ000108734	6	NHS NSS Signed accounts 2017-18.pdf	Internal Server
MM/7 - INQ000108740	7	NHS_NSS_Annual_Report_and_Accounts_2021.pdf	Internal Server
MM/8 - INQ000108742	8	NSS 1415 signed Audited Accounts 290615.pdf	Internal Server
MM/9 – INQ000137027	9	NSS Audited Accounts 1516 signed.pdf	Internal Server
MM/10 - INQ000108619	10	NSS_Annual Report and Accounts_2018-19.pdf	Internal Server

MM/11 - INQ000108620	11	NSS_Annual_Report_and_Accounts_2021-22.pdf	Internal Server
MM/12 - INQ000108621	12	NSS_Signed_Audited_Accounts_2016-17.pdf	Internal Server
MM/13 - INQ000108622	13	FPP1836 Resilience Update.doc	Internal Server
MM/14 - INQ000108623	14	FPP1849 Resilience Update.doc	Internal Server
MM15 - /INQ000108624	15	FPP1914 Resilience Update.doc	Internal Server
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MM/18 - INQ000108627	18	FPP1958 Resilience FPPC 2.docx	Internal Server
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MM/25 - INQ000108635	25	FPP2214 Resilience Report.docx	Internal Server
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MM/27 - INQ000108637	27	FPP2257 NSS Resilience Report FPPC FINAL.docx	Internal Server
MM/28 - INQ000108638	28	MassCasualtyGuidanceNHSScotland-May-09.pdf	Internal Server
MM/29 - INQ000108639	29	2014 03 27 Resilience Management Plan FINAL (1).pdf	Internal Server
MM/30 - INQ000108641	30	2016-08-23 Resilience Management Plan _August 2016_Final (1).pdf	Internal Server
MM/31 - INQ000108642	31	2017 09 20 Resilience Management Plan September 2017 V2.0 (1).pdf	Internal Server
MM32 - /INQ000108643	32	2018 Oct V3.1 Resilience Management Plan (1).pdf	Internal Server
MM/33 - INQ000108644	33	2018 NSS Resilience Strategy V 1 .1 (1).pdf	Internal Server
MM/34 - INQ000108645	34	SNBTS Flu Resilience Plan (1).doc	Internal Server

MM/35 - INQ000108646	35	Pharmacy EP Support SLA V1 0 - 1 September 2015 Final Signed.doc	Internal Server
MM/36 - INQ000108647	36	Appendix np1.1 signed PDF SLA SG_NP Pandemic 10.08.2009 (1).doc	Internal Server
MM/37 - INQ000108648	37	2013-05-09 SG NSS Framework Document Final (1).doc	Internal Server
MM/38 - INQ000108649	38	B1297 QuEST Proposal.pdf	Internal Server
MM/39 - INQ000108650	39	QuEST Implementation Formal Consultation Document V2 0 issued010212 (1).docx	Internal Server
MM/41a - INQ000108652	41a	2018 06 29 Strat and Gov BCP Final	Internal Server
MM/41b - INQ000108653	41b	2019 – 03 – PCFS BCP Appendices version 2 22 March 2019	Internal Server
MM/41c - INQ000108654	41c	2019 – 03 – PCFS BCP Version 2 20 March 2019	Internal Server
MM/41d - INQ000108655	41d	2019-03 HR BCP Version 1 5 Final	Internal Server
MM/41e - INQ000108656	41e	2019-04-28 IT SBU Business Continuity Plan APR	Internal Server
MM/41f - INQ000108662	41f	CLO Business Continuity Plan V9 5 (Final)	Internal Server
MM/41g - INQ000108658	41g	2018-12-06 PgMS BIA 1 0	Internal Server

MM/41h - INQ000108670	41h	PCF Amber Module Three – Tactical Level Plan	Internal Server
MM/41i - INQ000108669	41i	PCF Black Module One – Strategic Level Guidance	Internal Server
MM/41j - INQ000108671	41j	PCF Green Module Three – Operational Level Plan Facilities	Internal Server
MM/41k - INQ000108672	41k	PCF Green Module Three – Operation Level Plan Specialist Screening	Internal Server
MM/41l - INQ000108673	41l	PCF Green Module Three – Operational Level Plan NP	Internal Server
MM/41m - INQ000108674	41m	PCF Red Module Two – Strategic Guidance for Tactical Level Incidents	Internal Server
MM/42a - INQ000108675	42a	2013-04-26 NHS Preparing for Emergencies guidance.pdf	Internal Server
MM/42b - INQ000108676	42b	2016 10 07 – Exercise Safe Hands NSS Lessons Learned October 2016	Internal Server
MM/42c - INQ000108677	42c	3017 10 31 NSS Return SG Debrief Form October 2017 Final34	Internal Server
MM/43a - INQ000108678	43a	2011-10-04 Ex Celsius 2011 EMT Briefing Paper	Internal Server
MM/43b - INQ000108679	43b	2012-08-30 YMcG Exercise Thales Scenario and Injects.msg	Internal Server
MM/43c - INQ000108681	43c	2013-09-04 NSS Exercise - Final final presentation.msg	Internal Server

MM/43d - INQ000108686	43d	2014-09-03 – NSS BC Tabletop Exercise slides	Internal Server
MM/43e - INQ000108688	43e	2017 06 01 NSS Corporate Debrief - International Cyber-attack 12th May 2017 (1).docx	Internal Server
MM/43f - INQ000108689	43f	NSS - EMT Cyber Resilience Workshop - 3 Sep 2018 - Master Presentation.pptx	Internal Server
MM/43g - INQ000108690	43g	NHS in Scotland Organisational Resilience Standards in October 2016, August 2018 and July 2020	Internal Server
MM/43h - INQ000108695	43h	Business Continuity ISO standard 22301 in March 2018	Internal Server
MM/43i - INQ000108696	43i	Resilience Strategy 2018	Internal Server
MM/44 - INQ000108697	44	Audit Scotland COVID-19 Personal Protective Equipment Report, June 2011	Internal Server
MM/45 - INQ000108698	45	2020/21 audit of NHS National Service Scotland, Response to the COVID-19 Pandemic, October 2021	Internal Server
MM/46a - INQ000108700	46a	Audit Scotland NHS NSS Annual Report 2009/10	Internal Server
MM/46b - INQ000108701	46b	Audit Scotland NHS NSS Annual Report 2010/11	Internal Server
MM/46c - INQ000108702	46c	Audit Scotland NHS NSS Annual Report 2011/12	Internal Server
MM/46d - INQ000108699	46d	Audit Scotland NHS NSS Annual Report 2012/13	Internal Server

MM/46e - INQ000108703	46e	Audit Scotland NHS NSS Annual Report 2013/14	Internal Server
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MM/46g - INQ000108705	46g	Audit Scotland NHS NSS Annual Report 2015/16	Internal Server
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MM/46i - INQ000108707	46i	Audit Scotland NHS NSS Annual Report 2017/18	Internal Server
MM/46j - INQ000108708	46j	Audit Scotland NHS NSS Annual Report 2018/19	Internal Server
MM/56k - INQ000108709	46k	Audit Scotland NHS NSS Annual Report 2019/20	Internal Server
MM/56l - INQ000108710	46l	Audit Scotland NHS NSS Annual Report 2020/21	Internal Server
MM/46m - INQ000108711	46m	Audit Scotland NHS NSS Annual Report 2021/22	Internal Server
MM/47a - INQ000108712	47a	C-19 Inquiry Financial Ledger Information 291222.xlsx	Internal Server
MM/47b - INQ000108713	47b	FPP1943 NP EU Exit paper- EMT V6.pdf	Internal Server
MM/48 - INQ000108714	48	The National Procurement Annual Report (April 2019 – March 2020)	Internal Server

MM/49 - INQ000108715	49	NHS NSS Review of Bad Weather, April 2018	Internal Server
MM/50 - INQ000108717	50	2020 03 13 Lockdown Guidance vr 3 0.pdf	Internal Server
MM/51 - INQ000108718	51	NHS NSS can provide the Final Report	Internal Server
MM/52 - INQ000108719	52	Covering Letter for Exercise Silver Swan issued April 2016	Internal Server
MM/53 - INQ000108720	53	Report from Exercise Iris	Internal Server
MM/54 - INQ000108721	54	National Debrief Report for Ebola March 2015	Internal Server
MM/55 - INQ000108722	55	NHS NSS Exercise September 2015 Exercise Cygnus	Internal Server
MM/56 - INQ000108723	56	Business Continuity Planning Audit, September 2016, KPMG	Internal Server
MM/57 – INQ000137026	57	IT Resilience and Disaster Recovery, August 2017	Internal Server
MM/58 - INQ000108724	58	NHS NSS Pandemic Influenza Plan 2009F	Internal Server
MM/59a - INQ000108725	59a	NSD Pandemic Flu plan version 2.1 (1)	Internal Server
MM/59b - INQ000108726	59b	CFS Pandemic Influenza Resilience Plan - Updated November 2009 (1)	Internal Server

MM/59c - INQ000108727	59c	CFS Pandemic Influenza Cont Plan April 09 v31 (1)	Internal Server
MM/59d - INQ000108728	59d	HFS Pandemic Influenza Resilience Plan FINAL April 2009	Internal Server
MM/59e - INQ000108729	59e	ISD Pandemic Flu Plan Update April 09	Internal Server
MM/59f - INQ000108730	59f	SNBTS Flu Resilience Plan	Internal Server
MM/59g - INQ000108731	59g	CLO Pandemic Flu Plan Review April 2009	Internal Server
MM/59h - INQ000108732	59h	NISG Pandemic Flu Plan Update June 2009	Internal Server
MM/60 - INQ000108735	60	National Procurement Pandemic Outcome Report 2010	Internal Server
MM/61- INQ000108736	61	NHS NSS C-19 Lessons Learned Final Report October 2020	Internal Server
MM/62 - INQ000108737	62	Audit Scotland COVID-19 Personal Protective Equipment Report, June 2021	Internal Server
MM/63 - INQ000108738	63	NHS NSS National Procurement Annual Report (2020/21)	Internal Server
MM/64 – INQ000149076	64	Staff Governance Standard — NHS Scotland Staff Governance.pdf	Website
MM/65 – INQ000149077	65	Welcome to National Services Scotland.pdf	Website

MM/66 – INQ000149091	66	Preparing for Emergencies – Guidance for NHS Boards in Scotland	Website
MM/67 – INQ000149092	67	Ready Scotland – Philosophy Principles, Structure and Regulatory Duties	Website
MM/68 – INQ000149087	68	Ready Scotland – How Scotland Prepares	Website
MM/69 – INQ000149090	69	NHS Scotland Standards for Organisational Resilience	Website
MM/70 – INQ000149088	70	Memorandum of Understanding between SEHD and Health Protection Scotland (HPS)	Website
MM/71 – INQ000149085	71	Review of Public Health in Scotland: Strengthening the Function and re-focusing action for a healthier Scotland	Website
MM/72 – INQ000149094	72	Public Health Scotland Order 2019	Website
MM/73 – INQ000149089	73	NHS National Services Scotland 2019/20 Annual Audit Report	Website
MM/74 – INQ000149086	74	Exercise Silver Swan – Overall Exercise Report	Website
MM/75 – INQ000149093	75	The 2020/21 audit of NHS National Services Scotland: Response to the Covid-19 pandemic	Website

APPENDIX D – CHANGES IN STRUCTURE OF NHS NSS 2009-2021

There was a complete restructuring of NHS Scotland in 1974, creating Territorial Boards and establishing the Common Services Agency (now referred to as NHS NSS).

In 1998 there was a transfer of functions from the Secretary of State for Scotland to the Scottish Ministers.

In 2013, the Public Services Reform (Functions of the Common Services Agency for the Scottish Health Service) (Scotland) Order 2013 extended the remit of NHS NSS enabling the provision of services to other bodies, including local authorities and government departments. More recently, the Public Bodies (Joint Working) Scotland Act 2014 reinforced this requirement to maximise health, financial and environmental impacts by engaging with, and offering services to, the wider public sector in Scotland.

The Scottish Government and NHS NSS Framework Agreement **(MM/37 – INQ000108648)** sets out the broad framework within which NHS NSS operates and defines key roles and responsibilities which underpin the relationship between NHS NSS and the Scottish Government, as our formal sponsor.

2009

In 2009 the organisational structure of NHS NSS consisted of 10 Divisions divided between 2 Support Groups, and a range of support functions supporting the work of the Divisions. A Director was responsible for each Division, and they reported directly into the Chief Executive:

Health Support Group:

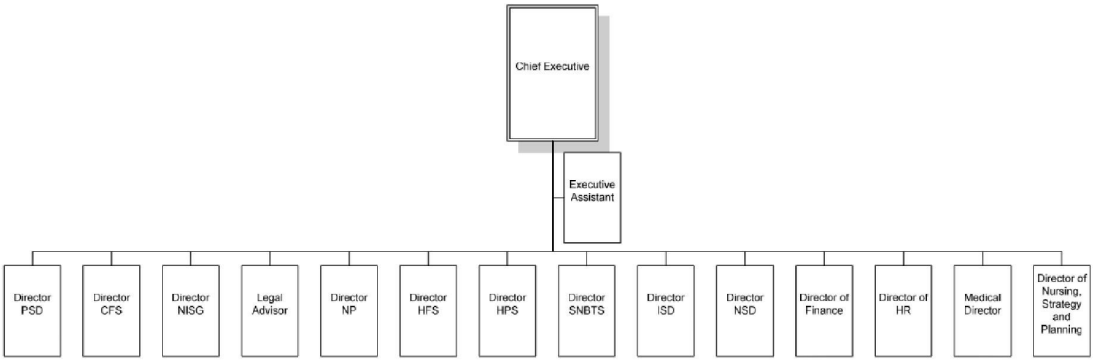
- Health Facilities Scotland (HFS)
- Health Protection Scotland (HPS)
- Information Services Division (ISD)
- National Services Division (NSD)
- Scottish National Blood Transfusion Services (SNBTS)

Business Support Group:

- Central Legal Office (CLO)
- Counter Fraud Service (CFS)
- National Information and Systems Group (NISG)
- National Procurement (NP)
- Practitioner Services Division (PSD)

With a range of functions supporting the work of the Divisions, such as:

- Finance; IT; procurement; facilities; HR; communications; internal project management; and business administration **(MM/38 - INQ000108649).**

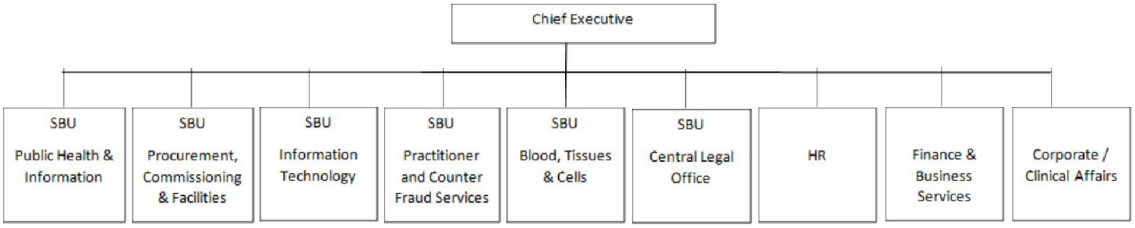


2013

In 2013 NHS NSS went through organisational change and there were three high level changes:

1. Consolidation of existing services and management into six strategic business units (SBU).
2. Introduction of cross cutting high level processes around customer engagement, service delivery and service improvement to provide an enabling framework to support service transformation.
3. Unification of internal support services and agreement on common systems and processes across NHS NSS to provide consistently high quality and efficient support to service deliver **(MM/39 - INQ000108650).**

After the organisational change, the structure of NHS NSS consisted of Chief Executive, 6 strategic business units (SBU) and 3 support functions, as follows:



2020

On 1st April 2020, the organisation of NHS NSS changed again, with the Public Health and Intelligence (PHI) SBU, consisting of the Information Services Division (ISD) Scotland and HPS joining with Health Scotland to form Public Health Scotland (PHS).

Originally the whole of HPS was to move across to PHS on that date. However, ARHAI's move was suspended. This was because, in the summer of 2019, the Scottish Government directed NHS NSS to develop a proposed Centre of Excellence. Given its expertise in healthcare associated infections and infection prevention and control, ARHAI was seen as a valuable contributor to the proposed Centre of Excellence.

NHS Scotland Assure

The Centre of Excellence was established in response to issues and incidents identified in the built environment of the new hospitals reported at Queen Elizabeth University Hospital and Royal Hospital for Children and Young People, the 2019/2020 Programme for Government stated:

"To ensure patient safety we will create a new national body to strengthen infection prevention and control, including in the build environment. The body will have oversight for the design, construction and maintenance of major infrastructure developments within the NHS and also play a crucial policy and guidance role regarding incidents and outbreaks across health and social care."

The Centre of Excellence was renamed NHS Scotland Assure on 1st April 2021. However due to further pressures regarding the NHS NSS COVID-19 response, the launch was delayed to 1st June 2021. This was communicated to NHS Boards formally through a Scottish Government letter, DL(2021) 14, confirming that a phased approach to implementing the service would be undertaken.

The NHS Scotland Assure structure includes the structures that provide the ARHAI Scotland services, the Health Facilities Scotland services and the new structures in place to support the delivery of the 'new' or 'enhanced' NHS Scotland Assure.

ARHAI Scotland's functions:

- Surveillance and monitoring of infections and antimicrobial resistance to assess their impact on health;
- Clinical assurance to reduce risk in the built healthcare environment
- Co-ordination of national infection prevention and control and antimicrobial programmes
- Expert IPC/AMR advice and horizon scanning
- Effective preparation and response to HAI outbreaks and incidents
- Supporting the ongoing development of a confident, knowledgeable and competent IPC workforce in collaboration with NHS Education for Scotland

- Enabling good professional practice
- Research and innovation to provide evidence for action
- Develop and maintain national evidence-based IPC guidance for Scotland

NHS NSS in undertaking its duties as a Category 2 provider within the Civil Contingencies Act, worked principally with Scottish Government Health and Social Care Directorate's Resilience Department, previously known as Scottish Government Health Resilience Unit (SGHRU) now EPRR and other NHS Boards. The main change has been the creation of PHS on 1 April 2020.

Key Decision Makers 2009-2020

The NHS NSS Chief Executive and the Director of Strategic Planning are the decision-making individuals within NHS NSS, who have responsibility for the key preparedness and resilience functions.

As discussed in the statement those areas of NHS NSS which specifically support Scottish Government Health and Social Care Directorate and the NHS in Scotland in wider resilience/contingency planning are the NHS NSS Chief Executive, and the Directors of SPST, National Procurement, SNBTS, Health Protection Scotland (as part of NHS NSS until 31 March 2020), and DaS.

The below table illustrates the changes and developments of the decision-making individuals who had responsibility for the key preparedness and resilience functions within NHS NSS over the course of the proposed date range.

Post	**Post Holder**	**Dates**
NHS NSS CEO	Mr Ian Crichton	2007 – 2016
	Marion Bain (Interim)	Mar 2016 – Jul 2016
	Colin Sinclair	Aug 2016 – Mar 2021
	Mrs Mary Morgan	Apr 2021 - Date
Now known as **SPST**		
Director of Strategy & Governance	Steve Conway	2009 - 2011

	Irene Barkby	2011 - 2015
	John Fox-Davies	Jun 2015 – Feb 2018
	Martin Bell (Interim)	Dec 2017 – Dec 2018
Director of Strategy, Performance, Service Transformation	Mrs Mary Morgan	Oct 2018 – Apr 2021
Now known as **PCF**		
Director of National Procurement	Mr Colin Sinclair	Apr 2009 – Aug 2015
Chief Operating Officer	Mr Colin Sinclair	Aug 2015 – Aug 2016
	Jim Miller	Aug 2016 – Apr 2021
HPS		
Director of Health Protection Scotland	Mrs Mary Morgan	2008 – 2011
	Kate Harley (Interim)	June 2012 – 2013 (until QuEST)
Incorporated into PHI after 2013 (QuEST transformation programme)		
Director of Public Health, Information & Knowledge Management	Phil Couser	May 2013 – 2019
Chief Executive	Angela Leitch	Nov 2019 - Date
Associate Director	Kate Harley	2013 - 2021
SNBTS		
Director of SNBTS	Mr Keith Thompson	2004 – 2011

	Mrs Mary Morgan	2011 – 2018
	Mrs Hazel Thomson (Interim)	2018 – 2019
	Mr Craig Spalding	2019 – Jan 2022
Now known as **DaS**		
Director of National Information Systems Group (pre QuEST)	Andy Robertson	Jul 2008 – Mar 2018
Director of IT (post QuEST)	Andy Robertson	2008 - 2018
Director of National Information and Digital Technology	Deryck Mitchelson	Aug 2018 – Jan 2022
Director of DaS	Deryck Mitchelson	2019 - 2022