Witness Name: Mary Morgan
Statement No.:2
Exhibits: 49
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UK COVID-19 INQUIRY

MODULE 2A

SECOND WITNESS STATEMENT OF MARY MORGAN

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1 I, Mary Morgan, Chief Executive of NHS NSS will say as follows: -

1.1 I have previously provided a witness statement to Module 1 of the Inquiry, document number **INQ000180843**.

1.2 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.

1.3 Headquartered in Gyle Square, Edinburgh, NHS NSS has approximately 3,495 staff based at locations in Edinburgh, Glasgow, Larkhall, Aberdeen, Inverness, Dundee and Livingston.

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

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

1.5 These SBUs are supported by NHS NSS internal departments for Finance; Strategy, Performance and Service Transformation (SPST); Human Resources (HR); and Clinical Directorate.

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

1.7 On 1st April 2020, the organisation of NHS NSS changed, with the creation of Public Health Scotland (PHS). The majority of PHI, consisting of the Information Services Division (ISD) Scotland and Health Protection Scotland (HPS) joined with Health Scotland to form PHS.

1.8 NHS NSS provide a range of services to the NHS in Scotland, some are listed below:

- NHS Scotland Assure
- National ARHAI Scotland
- National Specialist and Screening Directorate (NSD)
- National Procurement (NP) (including logistics and distribution)
- Digital and Security (DaS)
- Blood, tissue and cells (SNBTS)
- Primary care support (PCFS)
- Patient exemptions (PCFS)
- Fraud prevention (PCFS)
- Legal (CLO)
- Programme management (SPST)

1.9 Details of the full list of services provided by NHS NSS are publicly available **MM/01 – INQ000224357**[1].

1.10 HPS planned and delivered effective specialist national services which coordinated and supported activities aimed at protecting the people of Scotland from infectious and environmental harms.

1.11 Some functions of HPS were surveillance and monitoring of hazards and exposures affecting people and the impact they had on their health; coordination of national health protection programmes; expert advice and horizon scanning; effective preparation and response to outbreaks and incidents.

1.12 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 **MM/02 - INQ000137437**[2] stated that:

[1] Welcome to National Services Scotland (nhs.scot)
[2] Memorandum of understanding between SEHD and Health Protection Scotland (HPS)

"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."

1.13 HPS moved to PHS on 1st April 2020.

1.14 ISD provided health information, health intelligence, statistical information, analysis and advice that support the NHS in progressing quality improvement in health and care and facilitates planning and decision making. ISD moved to PHS on 1st April 2020.

1.15 The role of Antimicrobial Resistance and Healthcare Associated Infection Scotland ("ARHAI") is to provide expert intelligence, support, advice, evidence based guidance, clinical assurance and clinical leadership to local and national government, health and care professionals, the general public and other national bodies with the aim of preventing healthcare associated infection and containing antimicrobial resistance.

1.16 ARHAI performs a wide range of functions which include:

- surveillance and monitoring of infections and antimicrobial resistance clinical assurance to reduce infection risk in the built environment
- co-ordination of national infection prevention and control (IPC) and antimicrobial programmes
- expert advice and horizon scanning
- effective preparation and response to healthcare related outbreaks and incidents
- supporting the ongoing development of a confident and competent IPC workforce in collaboration with NHS Education Scotland
- enabling good professional practice in IPC by working with the IPC teams in boards
- support commissioning specialist/reference lab services related to ARHAI research and innovation to provide evidence for IPC action. Further detail on the services ARHAI deliver can be found on their website. **MM/03 – INQ000224358**[3]

[3] Antimicrobial Resistance and Healthcare Associated Infection Scotland | National Services Scotland (nhs.scot)

1.17 The Scottish Ministers are ultimately accountable to the Scottish Parliament for the activities of NHS NSS and its use of resources. The Scottish Government and NHS NSS Framework Agreement **MM/04 - INQ000137451**[4] 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.

1.18 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.

1.19 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. **MM/05 – INQ000225984**[5]
- 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.

1.20 NHS NSS is responsible for day-to-day operational matters and the Executive

[4] Scottish Government and NHS NSS Framework Agreement | National Services Scotland
[5] Staff Governance Standard — NHS Scotland Staff Governance

Management Team (EMT), made up of the Chief Executive (Accountable Officer) and SBU Directors, meet formally each month to discuss operational matters.

1.21 Scottish Government Health and Social Care (SGHSC) provide NHS NSS with funding and sets three financial targets for it 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.

1.22 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. **MM/06 - INQ000137453**[6]

1.23 Limits for the RRL and CRL were expanded significantly to respond to the Pandemic.

1.24 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 (Healthcare Improvement Scotland, National Education Scotland, Scottish Ambulance Service, NHS24, The State Hospital, Golden Jubilee National Hospital), who (together with NHS NSS and PHS) support the territorial NHS Boards by providing a range of specialist and national services. An illustrative diagram of the NHS in Scotland was included as Appendix B to my statement for module 1 **INQ000180843**. Further information can be found at Scotland's Health on the Web (SHOW).

SETTING UP OF PHS

2 The roles, functions and responsibilities of ISD and the majority of HPS were transferred on 1st April 2020 from NHS NSS to PHS.

3 Originally the whole of HPS was to move across to PHS on that date. However, ARHAI's (then part of HPS) move was suspended. This was because, in the summer of 2019, the

[6] Annual Report and Accounts, For the year to 31 March 2021 (nhs.scot)

Scottish Government directed NHS NSS to develop a proposed Centre of Excellence for the Built Environment. Given its expertise in healthcare associated infections and infection prevention and control, ARHAI was seen as a valuable contributor to the development of the proposed Centre of Excellence.

4 The Centre of Excellence was established in response to issues and incidents identified in the built environment of the new hospitals, 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."

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

6 Under the principles of the Christie Commission **MM/07 - INQ000137455**[7] and in line with the future direction of public sector services, COSLA and Scottish Government determined that PHS should receive its corporate and support services as shared services, where appropriate. The Public Health Reform Programme Board affirmed (28th March 2019) that NHS NSS would be the provider of choice of shared services over the first three years of the new organisation PHS being vested.

7 Following this, NHS NSS submitted to the shadow Executive Management Team (EMT) of PHS five service proposals in the areas of HR, IT, Finance, Procurement and Operations Management (Accommodation, Facilities, Office Services, Business Continuity and Resilience, Health and Safety). These were approved by the shadow EMT on 10th July 2019. We continued to work closely with PHS during the Pandemic response.

8 The transfer of the impacted NHS NSS staff was undertaken in accordance with Transfer of Undertakings (Protection of Employment) Regulations 2006, as amended in 2014 (TUPE) **MM/08 - INQ000137456**[8] and was delivered in line with the current NHS Scotland Staff Governance Standard and Partnership Working Arrangements **MM/09 –**

[7] Commission on the Future Delivery of Public Services (www.gov.scot)
[8] 2019-11-05 PHS Formal Consultation TUPE Consultation Corporate document

9 The impacted staff transferred on their existing terms and conditions of employment including current job descriptions, current HR policies and continuous NHS service record. Staff who were members of the NHS Pension Scheme, on transfer, continued to contribute to the Scheme as before.

10 Scotland's health challenges are complex and the determinants of health relate to behavioural, environmental and social factors which go far beyond the control of the NHS. Average life expectancy in Scotland is still significantly lower than in other countries of the UK and the rest of Western Europe. In Scotland, there are substantial differences in health outcomes between the most and least deprived areas and specific challenges include:

- an ageing population
- enduring health inequalities
- deprivation and poverty
- changes in the pattern of disease, and
- increasing pressures on health and social care services.

11 In order to deliver the reform required and achieve the improvements in public health, the Scottish Government determined that the NHS bodies in Scotland who provided public health services should be amalgamated together to form a new NHS Scotland Special Health Board: PHS. This was formed from the three existing core service delivery areas: Public Health Intelligence, Health Protection and Health Improvement. The intended result was to have expertise and knowledge in a single body.

COVID-19 PANDEMIC RESPONSE: NHS NSS

12 NHS NSS fulfilled a number of roles during the Pandemic response. These included the following:

- Programme management services to a range of programmes including the commissioning and decommissioning of the Louisa Jordan Hospital, Test and Protect and Covid-19 vaccination programmes
- Development of therapeutic convalescent plasma treatments
- Procurement and logistics of Personal Protective Equipment (PPE)
- Procurement, development, and operation of digital platforms for Test and

[9] http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard

Protect and Covid-19 vaccination programmes including publicly accessible apps and web platforms

- Procurement and logistics for Polymerase Chain Reaction (PCR) testing consumables, equipment and laboratories
- Procurement and logistics for Point of Care testing consumables and equipment
- Commissioning and operation of the National Contact Centre (NCC) providing support to Test and Protect, Covid-19 vaccinations and Covid-19 status certification
- Operational delivery of the UK National Testing Programme in Scotland working with UKHSA, local authorities, health boards and Scottish Ambulance Service to ensure access to appropriate Covid-19 testing for the population

13 National ARHAI Scotland engaged with Scottish Government, particularly the office of the Chief Nursing Officer (CNO), providing leadership on the production of Infection Prevention and Control (IPC) guidance for CovidOVID-19 for Health and Care services. This included advice on the epidemiology of healthcare associated SARS-CoV-2, infection prevention and control measures for healthcare and other settings and impacts of the Pandemic on antimicrobial (AM) prescribing. ARHAI teams worked with the wider NHS NSS (HFS and NP) on built environment and PPE related agendas, PHS as part of the Guidance cell, and the CNO on policy advice via the Scottish Government Covid–19 Nosocomial Review Group (CNRG). ARHAI also worked at the UK level via the UK IPC cell to develop UK IPC guidance.

14 Between January 2020 and March 2020, ARHAI Scotland as part of HPS within the PHI SBU in NHS NSS provided input to the national Covid-19 response. From April 2020 ARHAI Scotland continued to provide input to the national Covid-19 response, but as part of NHS Scotland Assure within the PCF SBU in NHS NSS. ARHAI Scotland's response included developing data and intelligence; producing evidence and guidance; developing and delivering educational resources and supporting NHS Boards in their local Pandemic response.

15 In early 2020, HPS (as was) set up a Cell Structure to co-ordinate the management of the response, (such as Guidance, Real Time Epidemiology) of which ARHAI (as part of HPS) was a member. In April 2020, all HPS Cells became PHS Cells and whilst ARHAI Scotland staff continued to contribute to these, it was as members of staff from NHS NSS as opposed to members of staff of the host organisation of PHS.

16 ARHAI Scotland developed two Covid-19 monitoring and surveillance systems and provided invaluable intelligence to inform the Scottish nosocomial Covid-19 response. A full list of the resultant epidemiology and intelligence outputs are available at ARHAI Covid-19 Timeline (nhs.scot), with key dates being: implementation of initial cluster reporting system in March 2020, implementation of hospital onset Covid-19 reporting system in June 2020, first hospital-onset Covid-19 surveillance report published in July 2020 and implementation of new cluster reporting system in October 2020.

17 ARHAI Scotland undertook monthly rapid reviews of the ever emerging evidence to inform development of national guidance that was essential to reducing risk of Covid-19 nosocomial transmission in Scotland. These reviews supported the publication in Scotland of the Covid-19 Infection Prevention and Control (IPC) Addendum for Acute Settings in October 2020, IPC Addendum in December 2020 and an Addendum for Community Health and Care Settings in January 2021. A full list of the evidence and guideline outputs is available at ARHAI Covid-19 Timeline (nhs.scot).

18 ARHAI Scotland provided IPC expertise to support the publication of a vast number of guidance documents published by other national organisations outwith healthcare. The epidemiological and evidence intelligence was shared regularly by ARHAI Scotland with the Covid-19 Nosocomial Review Group (CNRG)[10] **MM/10 – INQ000225985** and formed the basis of advice given to Scottish Government for development of nosocomial policy.

19 As well as making reports and guidance publicly available on the HPS (as was) website, ARHAI Scotland shared evidence, epidemiology and intelligence as follows:

19.1 Internally to the cell structure created by HPS which then became, from April 2020, the PHS cell structure and included:

- HPS (January 2020 to March 2020) Guidance Cell and then the Public Health Scotland (PHS) (March 2020 to June 2020 and beyond) Guidance Cell, as Chaired by several Consultants in Public Health Medicine.
- HPS (January 2020 to March 2020) twice daily Cell Leads meeting and then the PHS (March 2020 to June 2020 and beyond) twice daily Cell Leads meeting as Chaired by the Incident Director, Dr Jim McMenamin, HPS and PHS, alongside Dr Colin Ramsay and Professor David Goldberg, HPS and PHS.

19.2 Internally to the following NHS NSS groups:

[10] COVID-19 Nosocomial Review Group - gov.scot (www.gov.scot)

- National PPE Oversight Group. Alex McMahon in his role as Scottish Executive Nurse Director in NHS Lothian chaired this group and then Anna Lamont Medical Director (PCF) when Alex was appointed as CNO within the Scottish Government. This is now called the National PPE Expert Clinical Oversight Group (ECOG).
- PPE Clinical Assessment Panel (CAP) meeting. This was chaired by Alice McLeod in National Procurement initially and reviewed PPE products proposed for use in NHS Scotland. Outputs from this group were taken to the National PPE Oversight Group for approval. ARHAI Scotland provided IPC support to the group.
- Single Point of Contact (SPOC) Meeting. This group was set up to have a single point of contact for PPE for each NHS Board. ARHAI Scotland supported the group from an IPC perspective. The group was led by National Procurement.
- Face Fit Testing - FFP3 Group. This group was led by National Procurement with face fit leads for each NHS Board attending. The purpose was to ensure face fit testing was available to support NHS Boards nationally with the availability of FFP3 products nationally. ARHAI Scotland provided IPC support to the group.

19.3 Externally to:

- The Scottish Government Covid-19 Nosocomial Review Group[11] **MM/11 – INQ000225986** (May 2020 and beyond) as chaired by Professor Jacqui Reilly, Nurse Director and Healthcare Associated Infection (HCAI) Executive Lead at NHS NSS. All minutes for this group are published on the Scottish Government website: Covid-19 Nosocomial Review Group: minutes - gov.scot (www.gov.scot).
- The UK IPC Cell. Chaired by Lisa Ritchie and Eleri Davies, hosted by NHS England Improvement.

[11] COVID-19 Nosocomial Review Group - gov.scot (www.gov.scot)

- Department of Health and Social Care PPE Decision Making Committee. This was a UK wide group which National ARHAI attended.

CLINICAL DIRECTORATE OF NSS - COVID-19 RESPONSE

20 Staff in the Clinical Directorate supported the following activities on behalf of NHS NSS or others as specified:

- Executive lead for healthcare associated infection (HAI) direction on the establishment of NHS Louisa Jordan.
- Senior primary care stakeholder engagement and management, including PPE, testing and supply chain.
- Development of guidance for GP practices to enable access to GP data, including for temporary residents.
- Clinical informatics expertise to inform identification of highest risk group for shielding.
- Senior clinical leadership in relation to labs and testing, the Clinical Directorate provided Scottish Government and Chief Scientific Officer (CSO) with advice on testing. The Clinical Directorate undertook engagement with industry and academic partners on testing capacity and developments, leadership of diagnostics workforce.
- As part of the work to safely stand down community dental and optometry services, the Clinical Directorate advised on the set up of acute and urgent dental and optometry locations including provision of PPE, support to Chief Dental Officer (Scottish Government) on stakeholder engagement and management.
- Information Governance/ Caldicott[12] **MM/12 – INQ000225987** rapid assessments and Health and Social Care Public Benefit Privacy Panel[13] **MM/13 – INQ000224360** accelerated approvals processes established, and progressed flow of Covid-19 work requiring expedited consideration (on behalf of NHSScotland).
- Provided NHS NSS/ NHS Scotland senior role as Chair of the Covid 19 Assay Diagnostic Innovation Group-Scotland (CADI), the Scottish Government/ Scottish Enterprise/ CSO/ industry group undertaking the triaging and directing of Covid-19 related innovation proposals and support

[12] 3. Role of the Caldicott Guardian? - NHSScotland Caldicott Guardians: Principles into Practice - gov.scot (www.gov.scot)
[13] Public Benefit and Privacy Panel for Health and Social Care (scot.nhs.uk)

offers from businesses and others – ensuring only proposals with merit were filtered through to appropriate teams in National Procurement and elsewhere to optimise time and value (on behalf of Scottish Government).

- Development and oversight of the delivery of the Scottish adult screening phased recovery route map through leadership of the National Screening Oversight function.
- Development of NHS NSS Ethical Support and Advisory Board approach, process, tools and membership, as required by the Scottish Government "Covid-19 Guidance: Ethical Advice and Support Framework" published on 3rd April 2020. There were no occasions which required NHS NSS to use this board to take decisions.
- Coordination and oversight of NHS NSS clinically registered staff reassignments within NHS NSS and externally to Scottish Government, NHS Louisa Jordon and elsewhere;
- Clinical input to development of NHS NSS staff testing and vaccination process and arrangements;
- Overseeing engagement, professional registration/ governance and appropriate assigning of clinically registered returners to NHS NSS.

21 As part of an agreed Service Level Agreement (SLA), the Clinical Directorate provide Scottish Government Divisions, such as the Chief Medical Office and the Chief Nursing Office, specialist advice on matters relating to health protection, public health, infection prevention and control (IPC). Any of these services that fell within the remit of HPS, except ARHAI, were transferred to PHS in April 2020.

DIGITAL AND SECURITY COVID-19 RESPONSE

22 Our Digital and Security (DaS) team supported the NHS in Scotland to work in different ways, as follows:

- An earlier than planned rollout of Microsoft Teams enabled NHS colleagues to connect remotely. An earlier than planned rollout of Microsoft Teams enabled NHS colleagues to connect remotely. DaS rolled out deployment of Teams across all NHS NSS staff and wider NHS in Scotland with 230,000 licenses deployed in a matter of days.
- DAS provided programme and project management support for the Near Me video consultation scale up during Covid-19 Pandemic response. In March 2020, a rapid programme of expansion of the Near Me service

was established in support of the Covid-19 Pandemic. The number of video consultations rose steeply from around 1,000 per month, pre-Pandemic, to a peak of 92,000 per month in March 2021.

- Since Covid-19 restrictions have lifted, use of Near Me has stabilised at between 40 and 50 thousand consultations per month.
- DAS provided increased network bandwidth for Hospital and GP sites to support increased use of remote patient consultation through video and telephone consultations, and staff collaboration.
- External government agencies, COSLA (Convention of Scottish Local Authorities) and Scottish Government worked together with DaS on a taskforce to align all data activities such as reviewing all data sources and their relevance to allow national reporting via Business Intelligence dashboards and data layer access.
- NHS NSS' virtual private network (VPN) capability increased, which provided NHS NSS with the bandwidth to accommodate a large increase in home working, which was previously office based.
- Additional laptops were issued to mobilise our own staff to enable them to work from home.
- DaS ensured delivery partners provided an enhanced response for critical systems issues, for example, for Emergency Care Summary[14] **MM/14 – INQ000224361**, through increased national resources and ensuring a more rapid response to issues.
- There was a high risk of increase in cyber threats due to attackers exploiting attention and fear created by Covid-19. A key focus of DaS was to monitor, gain intelligence and block cyber security threats.

23 DaS supported the Data and Digital Programme as part of the Flu Vaccination Covid-19 Vaccination (FVCV) Programme by delivering and managing change for the Covid-19 digital and data solutions. The Digital and Data Governance structure was owned and led by Scottish Government involving NHS NSS, National Contact Centre (NCC), PHS and Scottish Government.

24 PHS provide public reporting as well as cohort creation for vaccinations. Working with NHS Digital, we have cross border data flows for Scottish citizens who have had Covid-19 vaccinations in England and vice versa.

25 As mentioned, the NHS NSS Covid-19 portfolio of applications was developed and

[14] Health records | NHS inform

delivered in rapid timescales during the pandemic, many of which as a Minimum Viable Product (MVP). Changes to the applications continued to be implemented during the Pandemic, driven by Scottish Government and UK Government policy decisions, the changing landscape of Covid-19 needs and from the operational teams and Health Boards using the solutions and services.

26 The services have been grouped as follows:

- National Vaccination Scheduling and Administration Services – systems for user support and registration, appointment management and scheduling.
- External Systems – these are part of the Covid-19 ecosystem, but not owned by NHS NSS.
- NHS NSS Services – National Services provided by NHS NSS which are used by the Covid-19 solution.
- Covid-19 Certification – a mobile phone App to enable citizens to share their Covid-19 certificates for international travel, and an alternative non-digital route.
- Test and Protect – processing of Covid-19 test results and contact tracing.

27 Appendix 1 shows the main applications in the Covid-19 portfolio, and their interactions.

28 National Vaccination Scheduling System (NVSS). ServiceNow application which is primarily used for clinic management and appointment scheduling and rescheduling by:

- Dedicated NHS Board administrators
- National Call Centre (NCC) call handlers
- Citizens

29 NVSS was built rapidly and reactively to respond to the needs of the Pandemic on the ServiceNow Software as a Service platform. The speed of delivery was a key driving force, along with the high tolerance of risk in order to deliver functionality. The following initiatives were part of the NVSS solution:

- The Customer Online Portal. This is used by citizens directly to book or reschedule their vaccination appointment. Some Scottish Health Boards also have local call centre agents who support citizens. They also use it to check vaccination clinic builds are setup as expected.
- The Agent User Interface. This is used by National Contact Centre Agents to act on behalf of citizens as the non-digital route.

- Ethnicity database and interfaces is a central Ethnicity database that interfaces with Community Health Index (CHI), Vaccination Management Tool (VMT), NVSS and Seer to retrieve or supply citizen ethnicity data to support the Equality Act.
- Updatemyrecord Portal is a Covid-19 specific service which is reliant upon QR codes for vaccine administration events as evidence of vaccination in another country, to allow a vaccination record to be created.
- Cross-Border initiative is vaccination data transferred routinely from NHS Digital for any Scottish residents who have received a vaccination in England and we provide data to NHS Digital for English residents.

30 Seer Platform Vaccination dashboards are reporting dashboards developed based on VOCI-19 vaccination data available within the Seer platform:

Vaccination Covid-19 Uptake	04/01/2021
Vaccination Call Centre	27/01/2021
Vaccination Appointment Scheduling	11/02/2021
Vaccination Self-Registration	09/03/2021
Vaccination Flu Uptake	01/09/2021
Vaccination Performance Summary	27/10/2021
Vaccination Flu Dose Completeness	18/11/2021
Vaccination Capacity	23/12/2021
Vaccination Analysis	10/02/2022
Vaccination Covid-19 Dose Completeness	23/02/2022
Vaccine Stock and Supply	14/04/2022
Vaccine Wastage	14/04/2022
Vaccination Breaches	23/05/2022
Vaccination National Uptake	09/08/2022
Vaccination Travel Uptake	12/10/2022

31 Appendix 2 illustrates the Covid-19 vaccination specific apps and data flow.

32 In relation to external systems, DaS played a key role in the following:

- Vaccination Management Tool (VMT). This is a TURAS application which records vaccination events and sends the outcome to NCDS, managed by

NHS Education for Scotland.

- The National Clinical Data Store (NCDS) receives the information on vaccination administration events from VMT and sends vaccination records to GPIT systems, Seer data platform and to NVSS (existing scheduling tool), managed by NHS Education for Scotland.
- Cohort data sources are various data sources that can provide base cohort data about citizens to facilitate the identification, scheduling, and administration of vaccines to the correct citizens. Example data sources - CHI (Community Health Index).
- Vaccination history data sources. There will be different data sources that are currently storing vaccination history, and the data quality of this is currently unknown to the programme. Example data sources - GPIT (GP patient administration systems).
- Stock management and wastage interfaces. There are some existing interfaces with stock management and waste management solutions used by Health Boards.
- Appointment Notification services. NHS NSS utilises third party services for email and SMS notifications via Gov Notify. NHS NSS also currently utilises Royal Mail for sending of appointment letters and a subservice for printing of letters.

33 NHS NSS Services:

- The Seer Platform incorporates several data analysis tools such as Denodo, Corporate Data Warehouse, and dashboards and is managed by a team of Business Intelligence (BI) experts. The BI team, using the Seer platform, will take over cohort management from NCDS for Covid-19 / Flu and is intended for wider vaccination cohort management.
- National Integration Platform is an InterSystems Ensemble Cloud solution which routes data sources to the appropriate systems.
- The new CHI Platform is a Community Health Index which is a population register, used in Scotland for health care purposes. The CHI number uniquely identifies a person on the index. Sometimes temporary CHI numbers are issued. This is managed by a third party on behalf of NHS NSS.
- 8x8 Telephony Platform. NHS NSS have procured a national Cloud

telephony platform which was used by the National Contact Centre and Local Health Board Helplines to support Covid-19 contact tracing activity initially and then also Covid-19 vaccination bookings.

34 Test and Protect – Contact Tracing Digital Solutions:

- A Case Management System (CMS) was developed in May 2020 on the ServiceNow platform to provide a system that would allow Covid-19 cases to be linked to their contacts and places for the purposes of providing isolation and testing advice and to limit the spread of infection.
- CO3 Online Contact Tracing Form is a digital web form was developed with a third party to provide a mechanism for collecting information from citizens who could add their contacts and locations visited when a positive result was confirmed via PCR testing.
- Protect Scotland App is a mobile app, also known as the Proximity App, was in use during the Pandemic and made available to citizens for download from App stores. The App itself was managed by NHS Education for Scotland. However, information from the App was available to support contact tracing and to notify citizens when they had been in close proximity to a Covid-19 positive person.
- Reporting Test Results is a National Notification Service. It was developed with a third party to provide citizens with notifications of their Covid-19 PCR positive and negative test results via SMS.

35 Covid-19 Testing Digital Solutions:

- National Integration Hub is an InterSystems Ensemble solution which routes data sources to the appropriate systems.
- National Laboratory Data Integration used ECOSS (Electronic Communication of Surveillance Scotland) which was an existing platform for national laboratory data storage and processing used to support enhanced surveillance and reporting of infections under the Public Health Scotland Act. This was then used as the mechanism to provide Covid-19 test results data from Scottish NHS laboratory services into the NHS NSS National Integration Hub. The majority of Covid-19 testing in Scotland was performed by the UK Lighthouse Laboratories, NHS NSS created new data integrations from NHS Digital data stores via our National Integration Hub to collect this data for transfer onto other applications such as the Case Management System.

- Lateral Flow Test Ordering and Reporting Portal was provided to allow eligible organisations to order Test kits and report their results. Specific organisational groups included high risk workplaces, prison staff and prisoners, unpaid carers. Scottish Citizens would order direct from the UK Govtest kit ordering service.
- Test and Protect Seer dashboards were developed based on Covid-19 testing data available within the Seer platform :-

  Laboratory test data – NHS Scotland, UK Gov, Antigen testing

  Care Home testing data

  Contact Tracing – volume, journey performance, risk and settings

  Protect Scotland

  National Call Centre Efficiency

  Check In Scotland venue check-ins

  Hospitality and Domestic Access:
- Check In Scotland App was designed with a third party to support hospitality venues (restaurants, cafes, bars, public houses and hotels) to comply with legislative requirements in August 2020 to obtain, record and retain visitor information for at least 21 days from the data on which the visit occurred. Citizens scanned an official Check In Scotland QR code via their smartphone or by downloading the app. Data was used for contact tracing purposes only.

36 Appendix 3 illustrates the Covid-19 Vaccination data flows.

HEALTH FACILITIES SCOTLAND COVID RESPONSE

37 HFS provides operational guidance to NHS Scotland bodies on a range of healthcare facilities topics. HFS delivers and coordinates effective advice and support in relation to national facilities, decontamination, equipping and technical matters which support and improve health and wellbeing services.

38 During the response to the Pandemic, HFS led the mobilisation of the construction partners including the contracting, design, construction and equipping of the Louisa Jordan Hospital and it supported the setup of the building following a feasibility study that was completed by the Army.

39 HFS Estates Team and Capital Projects Team supported the design and construction of the three regional testing laboratories in Glasgow, Edinburgh and Aberdeen. This

included supporting the appointment of contractor and consultant advisors through the NHS Scotland Consultant frameworks[15] **MM/15 – INQ000224362**.

40 The Estates and Capital Project teams supported the acquisition and subsequent set up of 2 additional warehouses for National Procurement (Coddington and Titan) which were, in part, to cope with additional PPE and NHS Louisa Jordan equipment and infrastructure. These facilities were also used for other purposes not related to Covid-19, including supporting the appointment of consultant advisors through the NHS Scotland Consultant frameworks.

41 Throughout the NHS Louisa Jordan setup and decommissioning (design and construction), HFS ran the management and appointment of Principal Supply Chain Partners (PSCPs). Refer to Version: 1 of 'The Mobilisation, Operations and Decommissioning of NHS Louisa Jordan Hospital facility to support the Covid-19 emergency response in NHS Scotland, Section 6.3 and Section 6.5 of this Report.

42 HFS provided support in the early phase of identifying surplus and empty spaces for potential re-use using the Asset Management System and supported Scottish Government with a proposal to convert a hotel into a secure Covid-19 accommodation for homeless people who had no place to self-isolate and for delayed discharge patients leaving hospital., This did not progress beyond the initial phase of the initiative.

43 An NHS Scotland Remobilising Construction Group was established and facilitated by the Property and Capital Planning team and chaired by an NHS Scotland Board representative. The Capital Projects Team implemented the agreed actions and supported the development of guidance associated with the continuation of essential construction activity during lockdown.

44 The Capital Projects Team developed processes to establish and validate additional construction project costs associated with the implications of lockdown and limiting transmission, for example, social distancing, cleaning, and PPE. Guidance and new contract conditions were developed for construction projects- this generally related to the approach to be taken for projects being delivered under Frameworks Scotland 2[16] **MM/16 – INQ000225988** and 3[17] **MM/17 – INQ000224363** which is the vehicle used by NHS Scotland Boards for the delivery of construction projects in the acute sector generally above £3million in value.

45 HFS had involvement in the proposed, although discontinued, Scottish Megalab with the UK Government. This involved technical advisory representation from HFS on behalf of Scottish Government on the UK wide Megalab Programme.

[15] Consultant Frameworks | Frameworks Scotland
[16] National Planning Framework for Scotland 2 - gov.scot (www.gov.scot)
[17] National Planning Framework 3 - gov.scot (www.gov.scot)

46 The HFS Architecture and Design Team were involved in a client design project management role, including liaison with all user groups and overall coordination of construction briefing, quality, and commissioning in relation to the Louisa Jordan Hospital. HFS provided design input for the Hydro venue Vaccination Centre. Subsequently, we provided design support into decommissioning programmes for both projects. The team were also involved in the setup of the three regional testing laboratories in Glasgow, Edinburgh and Aberdeen.

47 The HFS Architecture and Design Team provided advice to the CNRG in relation to social distancing guidance and signage in the built environment **MM/18 - INQ000137435**[18].

48 HFS provided Estate and Facility related NHS Guidance including Covid-19 FAQs, Risk Hierarchy and Physical Distancing; plus NHS Temporary Covid-19 Facilities support to NHS Boards.

NATIONAL PROCUREMENT AND LOGISTICS - COVID-19 RESPONSE

49 Scottish Government enforced powers to place the NHS in Scotland under emergency measures in March 2020. This meant that Scottish Government was responsible for all key decision making in relation to the pandemic in Scotland and worked with other organisations, such as NHS NSS, to establish national programmes of work to deliver Scotland's response to the pandemic.

The global demands for PPE had rapidly intensified resulting in a global shortage of PPE, During the early days of the pandemic, daily calls (chaired by Ivan McKee, Scottish Government Minister) were held with Scottish Government, NHS NSS, Scottish Enterprise and other bodies to establish existing stock levels, pipeline and to identify new PPE supply routes internationally and also to establish domestic routes to market within Scotland's manufacturing sector.

50 National Procurement's key service provision is to provide a Once for Scotland Procurement Service, offering National Frameworks and a National Distribution Centre (NDC) services to all NHS Scotland Territorial Health Boards and Special Boards, for example, NHS NSS (SNBTS) and NHS24.

PPE

51 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.

[18] 202011122 NHSS Social Distancing Guidance Signage v0-6

52 NHS NSS worked with Scottish Government to procure PPE through a number of groups, such as:

- PPE Strategy and Governance Board (Scottish Government)
- PPE Supply Resilience Group (Scottish Government)
- SPOC PPE Oversight Group (owned by NHS NSS with attendance from Scottish Government policy and Scottish Government Ministers)
- National PPE Clinical SLWG (chaired by Alex McMahon and sponsored by Scottish Association of Medical Directors (SAMD) and Scottish Executive Nurse Director Group (SEND))
- National PPE Expert Clinical Oversight Group (chaired by Anna Lamont, Medical Director National Services Division, NHS NSS)
- National PPE Oversight Group – UK (chaired by DHSC)
- Daily PPE Supply Chain Oversight Group (chaired by Scottish Government Minister Ivan McKee)
- National PPE Primary Care Steering Group (NPPCG) chaired by HPS and NSS
- Social Care PPE Steering Group (Scottish Government)

53 The National PPE Oversight Group (WN-COV Supply Chain Cell) was also established and chaired by the Department of Health and Social Care (DHSC). National Procurement and Health Protection Scotland colleagues attended this meeting, along with representation from Public Health England, Scottish Government, Devolved Administrations (DA). The focus was on PPE stockpile throughout the UK and sharing knowledge. This group commenced 31st January 2020 and met daily for a period of time. Last minutes held were on 26th March 2020. WN-COV Supply Chain Cell.

54 National Procurement introduced a strategic single point of contact group (SPOC) **MM/19 - INQ000137436**[19] at the start of April 2020, to manage the supply, distribution, and use of PPE. The remit of the SPOC Leads were as follows:

- act as a senior point of contact within their NHS Board in matters related to PPE.
- to resolve issues locally, escalating as required.
- to communicate internally to their NHS Board.
- to work collaboratively on practical solutions to emerging issues.

55 There was representation from NHS Scotland Boards, Scottish Government and Ministers, Scottish Enterprise, Scottish Government Army Resilience on the SPOC

[19] Strategic SPOC Group Terms of Reference

group. **MM/20 - INQ000137438**[20] How the SPoC Group linked with other bodies is included as Appendix 5.

56 PPE includes facial masks, gloves, aprons, and hand hygiene. The global market for PPE was complex and volatile in the early stages of the Pandemic. Scottish Government, National Procurement and Scottish Enterprise worked together to identify both Scottish and global manufacturers to secure PPE to fill the immediate gaps and resilience as the Pandemic progressed[21] **MM/21 – INQ000225989**.

57 National Procurement's incumbent role to support NHS Scotland Health Boards with PPE supplies was expanded to incorporate Scotland's Social Care Sector[22] **MM/22 – INQ000225990**. National Procurement set up 48 regional hubs across Scotland to manage PPE distribution and stock replenishment to all Scotland's Local Authorities Social Care settings. The hubs received PPE from National Procurement and Scottish Government, which was then distributed to care homes and other social care providers by the local authorities. National Procurement supplied PPE to the hubs and we are aware that Scottish Government supplied PPE to funeral homes and nurseries through an arrangement with Lyreco, however, National Procurement supplied the PPE stock directly to Lyreco to facilitate this. The social care hubs were a key part of the overall response to the pandemic and aimed to protect vulnerable people and support the social care sector.

58 Full details can be found in the Audit Scotland Report[23] **MM/23 – INQ000225991**.

59 For Covid-19 testing National Procurement managed, at the request of Scottish Government, the procurement and distribution of PCF swab sample testing kits, Capital PCR (Polymerase Chain Reaction) Testing Equipment for all NHS Scotland Boards, Virology Laboratories and the three Regional Testing Hubs were created to manage volume throughput in Glasgow, Lothian and Grampian. National Procurement managed the Scottish allocation share of Lateral Flow Devices (LFD) kits from the UK Government Testing Team, who procured these on a national basis on behalf of the 4 nations.

60 National Procurement worked on arrangements for testing in Social Care Settings. National Procurement developed and introduced a care home testing pack and distribution service which enabled a care home kit to be developed for each residential care home to request, receive and send samples directly to the Regional Testing Hubs for analysis.

61 The unprecedented situation created unforeseen global supply chain disruption, creating

[20] SPOC Representatives
[21] Securing vital COVID-19 supplies for Scotland - gov.scot (www.gov.scot)
[22] Extending PPE access to all social care providers - gov.scot (www.gov.scot)
[23] Covid-19: Personal protective equipment | Audit Scotland (audit-scotland.gov.uk)

mass shortages worldwide. National Procurement worked with NHS Scotland Boards and partner agencies, such as, Scottish Enterprise to identify 'critical commodities' impacted as a result. Supply and demand management was critical throughout, combined with exploring new opportunities available via existing manufacturing supply bases in addition to identifying new, local and global manufacturing opportunities.

62 Over a period of just 24 hours, the Dava Street warehouse operation was opened to support the incoming and outgoing supply of critical Intensive care unit (ICU) equipment. The new 10,000 square feet of space was made available to provide suitable conditions (capacity and environment) for supporting the storing and distribution of critical items to NHS Scotland Boards. Logistics and other staff from our National Distribution Centre worked within the new facility to support the operation with their expertise, further supported by our dedicated specialist contractor Business Moves Group.

63 Working closely with Scottish Government, PCF had been responding to the needs of the service for both Personal Protective Equipment (PPE), equipment and supplies to ensure availability and the safety of staff across the NHS in Scotland and had also taken on the scope of a vast range of social care bodies, through community hubs. In October 2020 Scottish Government published PPE for Covid-19 Action Plan[24] **MM/24 – INQ000225992** outlining the need for PPE in Scotland.

64 National Procurement was assigned by Scottish Government to source critical PPE items such as type 2R masks and FFP3 respirators. The latter required face-fit testing, necessitating close collaboration with all NHS Boards and a massive upscale of face-fit testing infrastructure.

65 Scottish Government did grant special dispensation for advance approval of purchases, allowing for a more efficient procurement process, details can be found within Scottish Government Pandemic Stock Management Protocol document. Despite the immense challenges, National Procurement ensured that auditing and governance standards were maintained throughout this period.

66 To achieve this, a specific Covid-approval document and process were created, ensuring transparency over contract awards. Public Contracts Scotland listed over 500 contracts with a unique 'COV' coding, showcasing the extensive measures taken during the crisis.

67 It is worth noting that the 'extreme urgency' provision already existed in legislation, and Scottish Procurement Policy Notes played a key role in guiding these emergency procurement actions.

68 This included the revalidation of the pandemic stockpile of FFP3 respirators through third-

[24] Personal Protective Equipment (PPE) for Covid-19 – Scotland's Action Plan (www.gov.scot)

party labs. The National Procurement team worked closely with the Health and Safety Executive, the British Safety Industry Federation (BSIF), and received sign-off at the ministerial level from the Scottish Government to ensure the successful procurement and distribution of essential PPE.

69 As a participating authority on the Scotland Excel framework National Procurement utilised this route to compliantly source a proportion of PPE products

70 A pandemic stockpile of PPE was in place before COVID and was managed by Scottish Government. It consisted of the key items needed in the event of a pandemic. The role of National Procurement was to store the items.

71 It became evident that stock management and distribution of PPE needed to be improved to meet the rising demand. To address this challenge, a system equivalent to a Material Requirements Planning (MRP) was designed to provide better demand modelling.

72 The accurate data from the new MRP system enabled the effective daily distribution of PPE to health boards. Supply chain teams had to adapt their operations to align quantities required with specific delivery dates based on the high-quality data provided by the MRP system.

73 As the pandemic progressed, the risk of being overwhelmed with suppliers offering PPE became apparent. To manage this issue, an online portal using ServiceNow was created to automate and streamline the process of identifying suppliers' capabilities, such as the products they could supply, the quantities available, the compliance standards met, and the prices offered.

74 By placing the responsibility on suppliers, it allowed National Procurement to identify the best-suited suppliers to provide PPE. Approximately 2,500 offers from suppliers were received.

75 National Procurement worked with the Scottish Government and Scottish Enterprise to conduct due diligence checks in China and other key countries that could supply PPE in the required quantities, ensuring a diversified and reliable supply chain.

MEDICINES

76 The first Covid-19 wave led to a spike in demand for certain intensive care and palliative care medicines. Where products were in short supply, National Procurement supported suppliers in allocating stock to Scottish hospitals to ensure equitable distribution and avoid stock-outs. National Procurement was in close contact with the Department of Health and Social Care and NHS England who coordinated efforts at UK level to arrange

increased supplies of affected medicines into the UK.

77 In Summer 2020, the Department of Health coordinated work to build a medicines stockpile to support responses to future waves of Covid-19. Scottish Government was responsible for policy decisions relating to Scotland's share of the stockpile. National Procurement operationally managed the stockpile, arranging the purchase of medicines which are stored at an outsourced pharmaceutical storage and distribution provider.

78 Since Autumn 2020, National Procurement has been responsible for supporting the supply of the Covid-19 vaccines which are procured by the UK Government on behalf of the four Devolved Nations and are supplied predominantly through a pharmaceutical wholesaler commissioned by UKHSA. National Procurement has acted as a liaison between NHS Scotland Health Boards and the Vaccine Taskforce/ UKHSA on the operational supply arrangements including the allocation of stock to NHS Scotland Health Boards.

79 The Scottish Government were responsible for any policy decisions relating to vaccine supply. National Procurement led procurement and supply of associated equipment and consumables that were required to deliver the vaccine programme, for example freezers.

NATIONAL SPECIALIST SERVICES AND SCREENING DIRECTORATE (NSD) – RESPONSE TO COVID-19

80 On behalf of Scottish Government and NHS Scotland Boards, the National Screening Directorate (NSD) commissions 68 specialist services, 34 national networks, 9 strategic networks. NSD has a process in place to monitor the activity and remobilisation of all services post Pandemic which is aligned to NHS Scotland Boards' Mobilisation Plans and Recovery / Re-mobilisation Plans. While NSD commissions services within 7 of the territorial NHS Scotland Boards, the decision to pause services during the Pandemic was taken by the NHS Scotland Boards based on guidance issued by the Royal Colleges.

81 NSD is the commissioner of 3 of the National Screening programs and the co-ordinator of 7 programmes. In March 2020 the Scottish Government paused screening programmes[25] **MM/25 – INQ000225993**. This allowed redeployment of staff to work in other areas and join the effort to tackle the effects of Covid-19. It also reduced the risk of travel and contact between well members of the population and maintained the call and recall programmes.

82 The paused programmes were as follows:

- Abdominal Aortic Aneurysm Screening.
- Bowel Screening.

[25] Health screening programmes paused - gov.scot (www.gov.scot)

- Breast Screening.
- Cervical Screening.
- Diabetic Eye Screening.

83 Pregnancy and Newborn Screening Programmes, including tests offered during pregnancy and just after birth, continued during the Pandemic where logistically practical, due to the time sensitive nature of the screening tests.

84 The decision to pause the screening programmes was taken with advice of the CMO and followed careful consideration of all risks involved, including detailed risk assessments from the clinical leads of each of the screening programmes, Directors of Public Health and NHS NSS. NSD played a key role in communicating with screening programmes and NHS Scotland Boards to confirm pause, and to monitor the conditions to support the restart of programmes. NSD worked with DaS within NHS NSS to oversee the changes required to the IT systems, to support the pause of screening invitations and ensure the eligible populations were identified on restart. Communications to the public were coordinated by NSD and PHS and updated via the NHS 24 NHS Inform website as the programmes progressed through the Covid-19 recovery phases[26] **MM/26 – INQ000225994**.

PRACTITIONER SERVICES – RESPONSE TO COVID-19

85 Practitioner Services support practitioners who deliver primary and community care across Scotland: GPs, dentists, opticians, and community pharmacies. We deliver payment, patient registration and records transfer services.

86 Practitioner Services continued to pay practitioners and to register patients with Medical Practices and transfer electronic clinical records during the Pandemic. We supported Scottish Government with the Shielding Programme. The role of Practitioner Services included letter distribution of shielding letters on behalf of Scottish Government. It was a devolved nation decision at Corporate Management Team (CMT) level within Scottish Government which involved Scottish Government Clinical Cell and PHS who decided who should shield. Practitioner Services worked with Royal Mail and CFH Docmail to issue approximately 280,000 letters to the 140,000 'shielded' patients, being those with medical conditions that meant they were at a high risk of serious illness from Covid-19.

87 Practitioner Services also supported the National Contact Centre with CHI updates and registrations so patients could access Covid-19 services.

88 There was new demand for services to support patients and Primary Care Contractors,

[26] https://www.nhsinform.scot/healthy-living/screening

such as an agile and responsive introduction of new, or adaptation of existing, Primary Care services in response to patient and contractor demand in collaboration with Scottish Government, contractor bodies and NHS Scotland Health Boards. Examples are expansion of Minor Ailment Service, Covid-19 service for Community Pharmacy, shielding of patients with high-risk of serious illness, prescribing requirement for Covid-19 Assessment Centres, returning front line Primary Care staff and dental prescribing from NHS24.

PROGRAMME MANAGEMENT SERVICE

89 PgMS provide programme management services to the Health Sector in Scotland which includes the Scottish Government Directorate of Health and Social Care. This involves the Scottish Government commissioning PgMS to work for, and on behalf of, the Scottish Government in specific projects and programmes of work. Over the course of the Pandemic, requests to do this increased dramatically including supporting the FVCV Programme, Test and Protect and the standing-up of NHS Louisa Jordan and then the decommissioning of NHS Louisa Jordan.

90 In carrying out these commissions, PgMS staff were not involved in the policy functions of the Scottish Government. In these engagements, PgMS staff would not be working on behalf of NHS NSS but rather following the agreed approach and governance established on behalf of the Senior Responsible Owner (SRO) of the Programme to which they were allocated.

91 Additionally, NHS NSS provided Programme Directors who led on the service delivery workstreams in Vaccinations and Test and Protect. The Programme Director provided information and perspectives, including attending meetings and providing narrative at meetings with the Cabinet Secretary, but this did not include the development of policy submissions and related activities: these were provided by the SRO.

SCOTTISH NATIONAL BLOOD TRANSFUSION SERVICE

92 The purpose of SNBTS is to ensure the sufficiency, quality and safety of blood, tissue and cellular products for human application. SNBTS also provides a number of clinical and laboratory services in support of the delivery of these products.

93 At the start of the Pandemic there was severe disruption of both supply and demand for blood components and other substances of human origin. In particular a number of infection control measures had to be put in place to ensure the safety and continuity of blood donation sessions at a time when the public was largely being asked to stay at home.

94 In addition, it was initially unclear as to the extent of subclinical infection in donors or the

level of risk that SARS-CoV-2 virus could be transmitted by substance of human origin.

95 SNBTS collaborated with colleagues from Oxford University in establishing a prototype SARS-CoV-2 serological assay which provided the first UK estimate of the overall prevalence of seropositivity in the general (donor) population (March – May 2020). This showed that the incidence of infection was much higher than was clinically apparent. SNBTS went on to implement a SARS-CoV-2 antibody assay used to select donations for convalescent plasma (vide infra), to collaborate with Health Protection Scotland to provide seroprevalence data to the Scottish Government by testing 500 donors weekly for SARS-CoV-2 antibodies (July 2020 – May 2022) and to establish a SARS-CoV-2 NAT testing hub to assist NHS Lothian.

96 SNBTS was involved in the storage and pack down of the first of the SARS-CoV-2 RNA vaccines (Pfizer) because it was one of the few public sector organisations in Scotland with the facilities, quality management system and MHRA regulatory licensure to carry out this process on behalf of other organisations.

97 SNBTS initiated the collection of plasma from donors who were SARS-CoV-2 seropositive. Between April and June 2020, we collaborated with PHS and other bodies to identify people who had recovered from Covid-19 and invite them to donate initially though whole blood, but thereafter by clinical or donor plasmapheresis. From July 2020 SARS-CoV-2 convalescent plasma was available for patients in Scotland to participate in UK clinical trials (RECOVERY and REMAP-CAP) and on a compassionate basis. The full analysis of the RECOVERY trial data alongside data from other international clinical trials targeted to early phase disease did not demonstrate sufficient clinical benefit in early phase disease (pre-hospital).

98 In April 2020 SNBTS also initiated work on development and manufacture of an allogeneic SARS-CoV-2 virus-specific T lymphocyte bank (an Advanced Therapy Medicinal Product) based on our experience in manufacturing an Epstein Barr Virus-specific T lymphocyte bank used clinically in the UK and internationally for the treatment of post-transplant lymphoproliferative disease over the past 20 years. This involved screening almost 200 blood donors who had recovered from Covid-19 and identifying those who had the required anti-virus T cells (white blood cells responsible for fighting off infection). An intensive program of development was undertaken to optimise the isolation and culture of these T cells from donor blood and translate this process to Good Manufacturing Practice. The SARS-CoV-2 virus-specific T cells were frozen down in doses and stored as a bank of material which could be used for therapy. A Phase I clinical trial has been initiated (DEFINE) to assess the safety of this therapy.

99 The majority of SNBTS staff worked in donor sessions, manufacturing and patient

services throughout the Pandemic.

NHS SCOTLAND ASSURE

100 NHS Scotland Assure came into being in April 2021. This was formally communicated to NHS Scotland Boards in June 2021 through a Scottish Government letter, DL(2021) 14, confirming that a phased approach to implementing the service would be undertaken.

101 The NHS Scotland Assure structure includes 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.

OTHER PARTS OF NSS INVOLVED IN PANDEMIC RESPONSE

102 The Directorate which provided a large response to the Covid-19 Pandemic is the SPST SBU. This incorporates PgMS, Strategic Planning, and various other corporate functions. The SPST SBU took on the responsibility of Test and Protect service during the Pandemic from May 2020.

103 The Strategic Planning team within SPST had a role across NHS NSS and liaising with NHS NSS's Scottish Government sponsor to create plans for NHS NSS to mobilise services in light of the initial demand on NHS services and thereafter remobilise services as the stages of the Pandemic progressed. In response to Scottish Government request, the Strategic Planning team co-ordinated NHS NSS Mobilisation and Remobilisation Plans.

104 The Strategic Planning team also have a role in co-ordinating resilience activities across NHS NSS (as mentioned in Module 1) and supported the initial stand up of the NHS NSS Resilience Management Team, the strategic response team, comprising members of our Executive Management Team which met to discuss and share information internally on NHS NSS response in relation to the Pandemic NHS NSS Resilience Management Team meetings.

105 **Resilience and Communications, SPST** supported their respective areas to ensure; effective central co-ordination and liaison with SBU Resilience Leads; liaison with Scottish Government Health Resilience Unit, for example around information requests; development and implementation of Mobilisation Plan; daily and weekly updates for staff and engagement with external stakeholders.

106 **Finance** ensured robust financial governance and oversight of the NHS NSS Covid-19 response was paramount during this time. This required a revision in Standard Financial Instructions (SFIs) to enable rapid decision making to secure resources at a time of global shortages in key supplies. All financial commitments required approval from

Scottish Government, with commitments made within delegated limits being reported weekly to government through the local mobilisation planning process. A key focus of our senior team was the on-going planning, reporting and forecasting of the costs associated with the Covid-19 response. Finance supported colleagues in NHS National Education Scotland (NES) to establish appropriate payroll arrangements for the thousands re-joining the NHS to support the Covid-19 response, and provided wider mutual aid support to payroll teams within the South East Health Boards Consortium. All additional staffing employed by NES as part of this process were paid by NHS NSS.

107 **CLO** were involved in a great number of supporting activities from providing licences/ leases for buildings such as SEC; data protection support and advice regarding information sharing; advice regarding contractual arrangements for hiring of additional staff including retired staff, advising on ethical policies and also trying to assist NHS Boards in managing their claims when the staff who would normally be doing this had other priorities. More detail of this is included in the Apr 20 Mobilisation Paper.

108 **HR** undertook a lot of work to support the provision of terms and conditions guidance at a national level and implementation at a local level, ensuring this is understood and communicated to staff with FAQs to aid understanding and published on HR Connect. HR provided occupational health clearance to the entire returner staff cohort, recruited through NES, in the range of 6,000 people. HR with colleagues from the Clinical Directorate developed the process National Boards including NHS NSS for staff testing to take place, working in conjunction with home host health boards.

109 HR also supported with the formulation and set up of the NCC from a workforce perspective which included the development of the service model, structures, job descriptions, large volume recruitment, the setup of a staff bank (in conjunction with NHS Forth Valley) along with training and on-boarding of staff into NHS NSS.

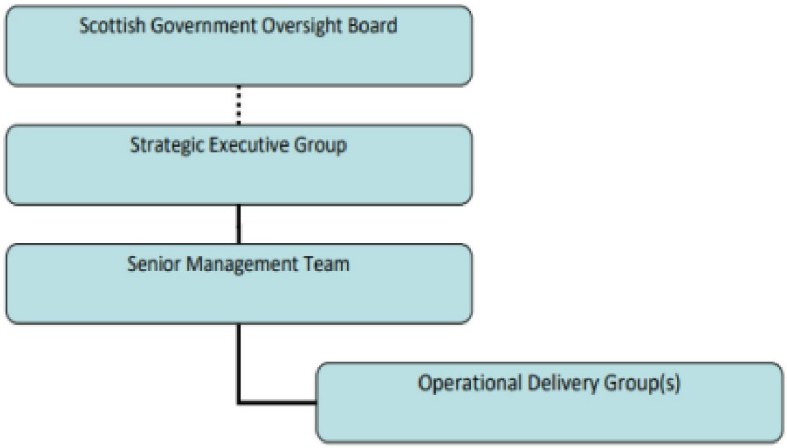
NHS LOUISA JORDAN HOSPITAL

110 I am asked to explain NHS Louisa Jordan's role as a 'direct arm of the Scottish Government".

111 NHS Louisa Jordan was a field hospital in the Scottish Events Campus site in Glasgow, where construction was co-ordinated by NHS NSS on behalf of the Scottish Government. The initial briefed capacity was 300 beds designed to treat Covid-19 patients but infrastructure and equipment was provided in order that the operational capacity could be expanded to over 1,000 to meet demand. NHS NSS was responsible for obtaining a licence to occupy property and processing the necessary expenditure for constructing and equipping the field hospital. NHS NSS appointed and managed multiple contractors and consultants for design, construction and facilities management.

112 As outlined earlier in section 7, NHS NSS played a key role in the commissioning and decommissioning of the Louisa Jordan Hospital. NHS NSS sourced the beds, critical care equipment, mobile X-rays and CT scanners needed at the hospital. Covid-19 patients were not treated at the hospital, but it was used for outpatient appointments, staff training and as a mass vaccination centre before being decommissioned by July 2021, decommissioning took approximately 3 months to complete. NHS NSS was responsible for the decommissioning and redistribution of equipment, including to NHS Scotland Boards across Scotland, NHS NSS stores and charities. NHS NSS was the default host Board for providing the necessary Financial Systems and accounting resource to support the full scope of expenditure of the Hospital[27] **MM/27 - INQ000137439**.

113 The core decision to open the temporary hospital facility at the SEC was taken by Scottish Government[28] **MM/28 - INQ000137440**.



MM/29 - INQ000137441[29]

Subject matter experts from NHS NSS provided advice on the feasibility and viability to commission and construct a field hospital. NHS NSS played an active role in the construction, delivery and management of the NHS Louisa Jordan temporary hospital facility at the site of the Scottish Events Complex (SEC) on behalf of Scottish Government as well as the decommissioning and deconstruction of the NHS Louisa Jordan.

The hospital was organised as a direct delivery arm of Scottish Government. The Oversight Board (decision making group) for the NHS Louisa Jordan was managed and

[27] NHS Louisa Jordan Oversight Board Financial Governance Arrangements 2020-04 pdf
[28] NHS Louisa Jordan Director General Health Letter to NSS Chief Executive 2020-04 pdf
[29] NHS Louisa Jordan Strategic Tactical and Operational Framework 2020-04

led by Scottish Government and chaired by Fiona McQueen (Chief Nursing Officer for Scotland, at that time). Scottish Government then appointed Jill Young as the Chief Executive of the NHS Louisa Jordan.

NHS NSS was the default host Board providing necessary Financial Systems and accounting resource to support the expenditure of the Hospital.

NHS Louisa Jordan Hospital Authorised Signatories for Contract Award		Level
Award	Christine McLaughlin, Director of Finance , NHS LJ Jill Young, Chief Executive NHS LJ	All awards >£100k
	Head of Strategic Sourcing	<£1m
	NSS National Procurement Director	£1m ≤ £2m
	NSS National Procurement Director NSS PCF Director NSS Director of Finance	£2m ≤ £5m
	NSS National Procurement Director NSS PCF Director NSS Director of Finance NSS Chief Executive	> £5m

114 The NHS Louisa Jordan Oversight Board was chaired by the CNO, Fiona McQueen, and provided advice to the Director General for Health and Social Care, Scottish Government.

115 As of 28th March 2020, Jill Young was formally appointed as the Chief Executive and Accountable Officer of the facility, and in that role, was responsible and accountable for ensuring effective executive governance for all action taken during the build to ensure that the facility was fit for purpose. This also included the responsibility for the propriety and regularity of financial transactions. The organisational chart for the Louisa Jordan is included as Appendix 6.

116 From the announcement of the additional hospital facility at SEC on 30th March, NHS NSS delivered services to set up the facility in a number of ways, including:

117 The NHS NSS HAI Executive Lead led the establishment of an IPC service which was supported by NHS NSS ARHAI and SNBTS Infection Control Manager who provided specialist IPC advice and support in the set-up of the Louisa Jordan Hospital, including provision of Clinical and Infection Control support and the provision of blood components.

118 HFS led the mobilisation of the construction partners including the contracting, design, construction and equipping of the facility and supported the setup of the building following a feasibility study that was completed by the Army.

119 Decisions around the construction of the hospital facility made by NHS NSS were on the more detailed aspects of the design and construction elements and on the first Licence to Occupy the SEC Facility. This included the appointment of private sector partners to deliver the facility and the design team. HFS provided Facilities Management (FM) Services and made decisions associated with the FM provision. Core decision making on the approach to provision of healthcare services and wider operation of the hospital was undertaken by the newly established NHS Louisa Jordan Board and associated governance structure.

120 HFS Fire Safety Team monitored the fire safety design elements at the Louisa Jordan Hospital, monitoring them during construction. The team were responsible for liaison with the Scottish Fire and Rescue Service to set up and implement an emergency response protocol. We oversaw the implementation of fire safety training and procedures for NHS and other staff. NHS NSS staff were involved in the initial assessment of the building to ascertain if it could be utilised as a healthcare facility for Covid-19 patients and worked with the Scottish Fire and Rescue Service (SFRS).

121 National Procurement ordered beds and other equipment. HFS were involved in the construction and delivery of the NHS Louisa Jordan Hospital. Programme Management Services (PgMS), part of Strategy Planning Service Transformation (SPST) Strategic Business Unit (SBU), provided programme and project management support. The HR Director was appointed as HR Director of NHS Louisa Jordan and sat on the Senior Executive Group (SEG) as part of the governance structure of the NHS Louisa Jordan Hospital, not within their capacity at NHS NSS but on behalf of the NHS Louisa Jordan Programme Board. The DaS Clinical Director provided clinical support to the NHS Louisa Jordan Medical Director.

122 DaS worked with Greater Glasgow and Clyde Health Board to set up connectivity on to site and connection to the Scottish Wide Area Network (SWAN).

123 HR, provided the following support:

- Provision of Occupational Health clearance for staff working at NHS Louisa Jordan and Occupational Health protocol and support for all staff on the SEC site at set up.
- Health and Safety advice, guidance and policy support.
- HR policy support and also a copy of the workforce portal – HR Connect.

124 PgMS staff were deployed to the new Louisa Jordan hospital to support operational readiness.

125 CLO were involved in providing licences/ leases for the building.

126 SHSC (Scottish Health Service Centre) staff supported hotel bookings to accommodate staff for SEC NHS Louisa Jordan

127 NHS NSS provided financial management support to the Director of Finance (Scottish Government), Christine McLaughlin.

128 I am asked what other distinct functions or responsibilities NHS NSS had during the Covid-19 Pandemic.

129 As part of delivering national services to the NHS in Scotland, National Procurement, HPS, ARHAI Scotland, and SNBTS had responsibilities to engage and communicate with stakeholders they provided services for on a regular basis as part of their remit in running a national service.

130 National Procurement provided updates to Scottish Government / Ministers regularly on PPE outlining the current stockpile, challenges, and recommendations. These are included as part of section 10.

131 SNBTS had responsibility for conveying information to donors and the public about the importance of continuing to donate blood and other substance of human origin and the measures we had put in place to ensure their safety and that of staff, donors and patients. It also communicated regularly with colleagues in the hospital blood banks across Scotland to ensure security of supply throughout the country at all times.

132 On 24th February 2020 PCF reported[30] **MM/30 - INQ000137442** that a 'hold steady' message had been communicated to NHS Boards in Scotland to prevent unnecessary ordering of PPE at a time of national shortage. PCF were working in partnership with Scottish Government and HPS on this matter.

KEY ROLES WITHIN NHS NSS WHICH WERE RESPONSIBLE FOR PROVIDING AND/OR PREPARING ADVICE FOR THE SCOTTISH GOVERNMENT IN RELATION TO THE RESPONSE TO THE PANDEMIC

133 NHS NSS acted throughout the Pandemic as a key national scale delivery partner working with Scottish Government and other agencies. Appendix 4 provides information on the senior team in NHS NSS at the start of the Pandemic. A vast majority of the senior team were involved in advisory groups and Programme Boards established to provide and interpret information for Scottish Government policy areas to consider in relation to policy making.

[30] 2020 02 24 PCF – NP Covid-19 Sitrep 24-2-2020

134 NHS NSS continued, as part of delivering our existing services, to provide specialist advice in relation to National Procurement, ARHAI Scotland, HFS and SNBTS.

135 Advice from our specialist services flowed through advisory groups and governance structures established to respond to the Pandemic.

136 As part of the Test and Protect Programme, other bodies within Scotland that were important points of contact for NHS NSS during the Pandemic included the following:

- Scottish Government Directorates were an important point of contact particularly in relation to: testing, contact tracing, isolation support policy teams, vaccination policy teams, Covid-19 ready society policy team, analytics service, CMO's office, and CNO's Office. The Test and Protect programme was led by the Scottish Government with PgMS project management office support provided in a similar way to the FCVC Programme.
- NHS Scotland Boards in relation to the delivery of contact tracing jointly with National Contact Centre.
- PHS for advice on public health, commissioning of contact tracing, border monitoring services.
- Scottish Ambulance Service around support for mobile test units.
- Department of Health and Social Care in relation to operation of 4 countries agreement.
- Public Health England/UK Health Security Agency on strategic and operational delivery, including the provision of PCR and Lateral Flow Device (LFD) testing.
- NHSE/I UK IPC cell for UK IPC guidance for 4 countries.
- Scottish local authorities were an important point of contact for isolation support financial grant, deployment of PCR and LFD test sites, provision of Covid-19 vaccination clinic sites.
- UK Government Cabinet Office for matters relating to testing activities for COP26 summit hosted in Glasgow in October / November 2021.
- Commercial partners on digital, supply chain, logistics, contact centres.
- British Army in Scotland were a key partner and point of contact in the early stages of the Pandemic in relation to support for mobile and community testing.

137 Additional funding was made available to NHS NSS during the Pandemic to upscale and deliver existing and new services and products in response to the Pandemic. Funding was distributed to each NHS Scotland Board from Scottish Government as an additional allocation. Additional funding was still subject to governance processes and business cases were put forward to request additional funding, for example, the construction of the NHS Louisa Jordan Hospital, and the upscaling of warehouse, distribution and logistics services in National Procurement.

138 Data on monthly finance returns were sent to the Scottish Government quantifying how the funding was used, for example, resources, services, products.

139 NHS NSS was not held back in any way by the funding made available to it by the Scottish Government. The Scottish Government worked in collaboration with NHS NSS to understand the funding and resource requirements to deliver what was required to achieve the overall aim of protecting the population and saving lives.

SUMMARY OVERVIEW OF THE EMERGENCY RESPONSE MEASURES TAKEN BY NHS NSS WITH REGARD TO THE COVID-19 PANDEMIC

140 At the start of the pandemic Scottish Government collaborated with multiple bodies, including NHS NSS, to establish national programmes of work to deliver Scotland's response to the pandemic. Under emergency measures Scottish Government was responsible for making key decisions. NHS NSS provided subject matter expertise from the services operated by NHS NSS. NHS NSS also played a key role in delivering Scotland's response to the pandemic.

141 The following is an overview of the emergency response:

<u>January 2020</u>

141.1 7th January 2020 - HPS colleagues took part in an urgently convened UK teleconference led by Public Health England (PHE). PHE outlined their summary assessment of the risk reflecting the uncertainties that surrounded the rapid emergence of pneumonic illness in whom no pathogen had been isolated who were a residence/travel link to Wuhan within 14 days of their symptom onset. Most cases known at this point had a link to the Huanan Fish and Livestock market and 59 cases had been reported of which 7 were managed in ICU. There was speculation that it could be another coronavirus like MERS. WHO had released a briefing note

141.2 27th January 2020 – HPS invoked the Health Protection Incident and Emergency Response plan and began operating in response mode. The emergency response co-ordinator (ERC) was Dr Jim McMenamin; deputy co-ordinators

(DERC) were Prof David Goldberg and Dr Colin Ramsay. Kate Harley was the responsible Associate Director and Phil Couser the PHI Director with overall responsibility.

141.3 29th January 2020 - Scottish Government activated their SGoRR.

141.4 30th January 2020 – HPS SBAR outlining the situation of an outbreak of Coronavirus in Wuhan, China[31] **MM/31 - INQ000137443.**

February 2020

141.5 On 10th February - an EMT update reported that the UK government had declared coronavirus a "serious and imminent threat" to public health, as it announced new powers to fight its spread. NHS NSS commissioned specialist virus laboratory testing in Glasgow and Edinburgh. NSD led on the funding, HPS on microbiology and public health requirements.

141.6 11th February 2020 – Resilience co-ordination meeting with Scottish Government Resilience, HPS and PCF.

141.7 11th February 2020 – the outbreak of novel Coronavirus (2019-nCoV) had reached the UK, and in preparation to manage any outbreak, it was recognised that PCF was a vital support to any response. PCF established a group to respond to its responsibilities for:

- management of Pandemic product supply.
- holding of emergency planning medicine stocks.
- clinical waste disposal process.
- providing assessment on infrastructure and / or facilities requests.

141.8 PCF formally raised its resilience status to 'preparedness'. Detailed activity on stock levels (product and medicine), 4 nations activity and engagement with HPS cell. Co-ordination meeting with Scottish Government Resilience agreeing current status, protocols and next steps[32] **MM/32 - INQ000137444.**

141.9 24th February 2020 – National Procurement reported that it continued to support readiness actions primarily focused on ensuring availability of PPE single use equipment of the required type and quantity with supporting test fit kits etc. Availability of current Scottish Government and UK national Pandemic stock of FFP3 masks was subject to a revalidation of use by date. It was advised that the revalidation of the 3M mask held as part of the national Pandemic stock was

[31] 2020 01 30 Noval Coronavirus SBAR HPS.docx
[32] PCF Resilience Template wc 10 Feb.docx

not being supported by 3M. Alternative sources of stock were the focus of this week culminating in an order for 200,000 masks being placed by Scottish Government via National Procurement.

141.10 As reported on 24th February, PCF were maintaining a 'hold steady' communication message to NHS Scotland Boards to prevent unnecessary ordering and liaised with HPS and Scottish Government to ensure the co-ordination of requirements.

141.11 A new request to find alternative sources for swabs for testing via labs was supported with an alternative product identified by National Procurement[33] **MM/33 - INQ000137445**.

141.12 24th February 2020 – Dr Jim McMenamin was nominated as the subject matter expert spokesperson, at the Cabinet Secretary's request, in the event of a positive case[34] **MM/34 - INQ000137446**.

March 2020

141.13 On 2nd March 2020 HPS and Scottish Government were alerted by international health authorities on 2nd March 2020 of an individual who had tested positive for Covid-19 following their attendance at a conference for over 70 delegates in Edinburgh at the end of February. This notification was not a confirmation of a positive case in Scotland, this would only be done following a following receipt of a positive test result.

141.14 HPS set up an Incident Management Team (IMT), with representatives from NHS Scotland Boards and national and international public health agencies, to ensure all attendees were contacted and given appropriate public health advice. This included advice regarding self-isolation and contact tracing of any attendees showing symptoms of Covid-19.

141.15 The conference organisers shared full details of all delegates which allowed the IMT to ensure contact tracing of all attendees. Close contacts of those individuals who tested positive were also contacted in each country.

141.16 Dr Jim McMenamin attended a press conference with First Minister, Cab Secretary and CMO on 2 March. HPS attended and supported NHS Tayside led IMT, this included Government officials, CMO, DCMO. HPS led the IMT for one of the confirmed cases received on 3rd March. HPS worked in partnership with PHE and DAs to develop guidance – PHE controlled this in a weekly release

[33] 2020 02 24 PCF – NP Covid-19 Sitrep 24-2-2020
[34] 2020 02 25 HPS Coronavirus Response Template 24 Feb 2020

cycle[35] **MM/35 - INQ000137447**.

141.17 On 3rd March 2020 HPS were notified that an individual in Scotland connected to the event had tested positive[36] **MM/36 – INQ000225995**.

141.18 On 12th March 2020 the First Minister confirmed that the Scottish and UK Governments moved from the containment phase to delay. The decision to move to the delay phase and propose people with symptoms stay at home follows scientific advice from the 4 UK Chief Medical Officers who said it is a necessary step to try to slow down the spread of infection.

141.19 People with symptoms suggestive of coronavirus (Covid-19) – a fever or a new cough – should stay at home for seven days from Friday 13 March, Scotland's CMO announced.

141.20 Those who had been in contact with someone experiencing symptoms should only stay at home if they began to experience symptoms.

141.21 From Monday 16th March all large gatherings above 500 people with the potential to impact the emergency services were cancelled to prioritise the Covid-19 (coronavirus) outbreak. This was a policy decision taken by Scottish Government.

141.22 Numbers of possible cases being tested in Scotland increased to an average of 440 per day by week commencing 9th March 2020[37] **MM/37 - INQ000137448**.

141.23 By March 2020, the Pandemic response became top priority for NHS NSS and emergency arrangements were put in place for the NHS in Scotland. This meant the Scottish Government and Ministers oversaw all decision making for the Pandemic and its response, NHS NSS was a delivery partner.

141.24 Structures and initiatives established to respond to the Covid-19 Pandemic in Scotland were instigated by the Scottish Government as the sponsor and owner, accountability remained with the Scottish Government throughout the Pandemic response.

141.25 The Pandemic response required expertise from multiple entities across Scotland and the wider UK. Multi cross-sectoral collaboration was formed quickly through large scale national programmes of work to deliver products and services all in the aim to protect and save as many lives as possible. The key focus was for all entities to pull together as one and do what was necessary to

[35] 2020 03 04 HPS Coronavirus Response Template 4 March 2020
[36] FOI++-+202100222971+-+Information+released.pdf (www.gov.scot)
[37] 2020 03 16 HPS Coronavirus Response Template 16 March 2020

deliver quickly.

141.26 The Scottish Government Flu Vaccines and Covid-19 Vaccines (FVCV) Programme is one example of multi cross- sectoral collaboration. The Programme was owned and run by the Scottish Government. The FVCV Programme Board included senior leaders from the Scottish Government, NHS NSS, Convention of Local Authorities (COSLA), Police Scotland, PHS, in addition to multiple subject matter experts providing advice to the FVCV Programme Board.

141.27 Senior leaders from NHS NSS were members of the FVCV Programme Board, not on behalf of NHS NSS but on behalf of the Programme. I was a member of the FVCV Programme Board as the Senior Responsible Owner for the Service Delivery Workstream, not as a Deputy Chief Executive with NHS NSS.

141.28 NHS NSS fulfilled a number of roles during the Pandemic response. These included:

- Programme Management Services to a range of programmes including the commissioning and decommissioning of the Louisa Jordan Hospital, Test and Protect and Covid-19 vaccination (FVCV) programmes.
- Development of therapeutic convalescent plasma treatments (SNBTS).
- Procurement and logistics of Personal Protective Equipment (PPE).
- Procurement, development, and operation of digital platforms for Test and Protect and FVCV programmes including publicly accessible apps and web platforms.
- Procurement and logistics for Polymerase Chain Reaction (PCR) testing consumables, equipment and laboratories and logistics for Scottish share of UK procured lateral flow devices in Scotland.
- Procurement and logistics for Point of Care testing consumables and equipment.
- Commissioning and operation of the National Contact Centre (NCC) providing contact tracing support to Test and Protect and telephone helpline for Covid-19 vaccinations and Covid-19 status certification.
- Operational delivery of the UK National Testing Programme in Scotland working with United Kingdom Health Security Agency (UKHSA), local authorities, health boards and Scottish Ambulance Service (SAS) to ensure access to appropriate Covid-19 testing for the population.

- National IPC guidance and surveillance of healthcare associated SARS-CoV-2. Much of this work was taken forward by HPS (now PHS). ARHAI Scotland, part of HPS until they transferred on 1st April 2020, was involved in this work.

141.29 At the initial stage of the Pandemic, NHS NSS responded to a request from the Scottish Government to identify which of its services could potentially be ramped up or stood down to support the Pandemic response. On 11th March 2020, John Connaghan CBE, Chief Performance Officer NHS Scotland and Director of Delivery and Resilience requested a list of prioritised services from all Health Boards, and on 15th March 2020, NHS NSS Chief Executive Colin Sinclair responded, detailing services which were deemed essential and those services which could be scaled down to provide a reduced business as usual service.

141.30 Six NHS NSS services were determined to be essential at that stage, and would be the focus of our effort in response to the Covid-19 position:

National Procurement

Ensuring critical supplies were available and distributed into NHS Scotland.

Scottish National Blood Transfusion Service

Ensuring Scotland continues to have a safe supply of blood, tissues and cells.

Digital and Security

Ensuring key information technology systems were available and operational.

Health Protection Scotland (HPS) and Information Services Division (ISD)

Ensuring their successful transfer into Public Health Scotland (PHS) and continuing to provide support so they remain effective in dealing with the crisis. ARHAI Scotland remained with NHS NSS as explained later in the response and were an essential in the response to the Pandemic.

NSD

Managing and maintaining national screening services and the commissioning of new national clinical services.

Corporate

Ensuring HR, financial, resilience and communications support is available to NHS NSS and others.

141.31 The following seven services were identified as having the potential for scale down (reduce or stop), however some elements of these were deemed as

essential:

Practitioner Services; Activities such as patient registration, medical record transfers, payment verification and scanning can all be put on hold.

Counter Fraud Services; We will suspend all counter fraud support, such as deterrence and investigation, until further notice.

Scottish Health Service Centre; We expect a significant reduction in demand for events management support and use of the venue, situated at Western General Hospital, for training and meetings.

PgMS; All non-essential programmes were put on hold and were asked to divert programme and project management staff into Scottish Government to support Covid-19 programmes.

Customer Experience; Research, insight and service development activity will be stopped.

CLO; Reduced activity in areas such as debt recovery and commercial property.

Clinical Directorate; Specialist clinical expertise had already been refocused in support of Covid-19 or is being redeployed within Scottish Government.

141.32 These services did continue to operate but were focused to support Pandemic efforts.

141.33 NHS NSS mobilised its Resilience Management Team (RMT) initially, which is our Executive Management Team strategic response to assess and deal with a major incident[38] **MM/38 - INQ000137449**.

141.34 Initially the RMT sought to understand the situation and initial SBAR (situation background action recommendations) papers were provided by HPS and PCF from end January until March 2020. HPS then moved across to PHS on 1st April, so these were not reported to NHS NSS anymore. The RMT sought to understand how NHS NSS could support the Covid-19 response and provided a response to support our stakeholder partners and to deal with internal issues for our own staff and ensure continuity of service provision.

141.35 All NHS Scotland Boards were then asked to submit Mobilisation Plans to Scottish Government on 18th March 2020. The NHS NSS Plan, approved by the NHS NSS Board at its meeting on 26th March 2020, was based on existing Business Continuity Plans and associated Impact Assessments and highlighted the programmes of work NHS NSS would scale up to meet demand, along with

[38] NSS Resilience Plan

those programmes of work we would scale down. NHS NSS implemented the Mobilisation Plan in response to the escalating situation[39] **MM/39 - INQ000137450**.

141.36 In April 2020, measures were undertaken as part of the mobilisation response. These are outlined elsewhere in this statement.

BRIEFINGS OR SITUATION REPORTS GENERATED BY NHS NSS INTENDED FOR USE BY THE SCOTTISH GOVERNMENT

142 Reports were input into governance meetings within the Test and Protect and FVCV Programmes, and into meetings held by PHS notably the National Incident Management Team. A listing of meetings including relevant reporting is available from the relevant Programme Management Offices (PMOs) as they acted as the configured document repository for any reports or briefings.

143 The National Contact Centre (NCC) issued a regular contact tracing SITREP report on a cadence aligned to the required Pandemic response which varied over time. For much of the Pandemic the report was issued daily but at other times other frequencies were observed. The report was issued to the Scottish Government, PHS and NHS Scotland Boards. An additional contact tracing summary report was produced for Scottish Government only for periods of the Pandemic response. Production of these reports was ceased in May 2022 as part of the Test and Protect transition plan. A list of NCC SITREP reports is contained in Annex C.

144 ARHAI Scotland provided weekly Hospital Onset Reports, Daily Cluster Reports, National Occupancy Pressure Reports and Covid-19 Mortality Reports for use by Scottish Government. The ARHAI Scotland Covid-19 Timeline (ARHAI Covid-19 Timeline (nhs.scot)) illustrates events and work undertaken by ARHAI Scotland from December 2019 to December 2021.

145 National Procurement provided updates to Scottish Government regularly on PPE outlining the current stockpile, challenges, and recommendations.

146 National Procurement communicated with NHS Scotland Boards in relation to the existing services provided with updates on the current situation.

ADVICE OR BRIEFINGS PROVIDED TO THE UK GOVERNMENT

147 NHS NSS' engagement with the UK Government through the course of the Pandemic was in operationally focused meetings hosted by DHSC/ Public Health England/ UKHSA (noting the change of organisational structures which happened during the Pandemic) either in meetings with Scottish Government or as part of the 4-Countries agreement.

[39] Mobilisation Plan 16th March 2020

148 These meetings did not provide public health advice to the UK Government, rather they were focused on the operational delivery of, for example, testing services and any changes or improvements to the delivery of those services.

149 National ARHAI provided advice to the UK IPC Cell as described earlier in this statement. NHS NSS did not attend any Cabinet meetings relating to the UK response to Covid-19.

"SUPER-SPREADER" EVENTS IN SCOTLAND

150 HPS and the Scottish Government were alerted by international health authorities on 2nd March 2020 of an individual who had tested positive for Covid-19 following attendance at a conference for over 70 delegates in Edinburgh at the end of February. This notification was not a confirmation of a positive case in Scotland, this would only be done following a receipt of a positive test result.

151 HPS set up an Incident Management Team (IMT), with representatives from NHS Scotland Boards and national and international public health agencies, to ensure all attendees were contacted and given appropriate public health advice. The advice included self-isolation and contact tracing of any attendees showing symptoms of Covid-19.

152 The conference organisers shared full details of all delegates which allowed the IMT to ensure contact tracing of all attendees. Close contacts of those individuals who tested positive were also contacted in each country.

153 On 3rd March HPS were notified that an individual in Scotland connected to the event had tested positive[40] **MM/40 – INQ000225996**.

154 Information on cancelation of other large scale events will be with PHS.

NATIONAL GROUPS - SAGE, NERVTAG, SGCAG, SGORR

155 NHS NSS did not participate in meetings of SAGE. Members of NHS NSS staff were co-opted onto sub groups of SAGE in recognition of their expertise and national roles in Scotland.

156 The Environmental Modelling Group (EMG)[41] **MM/41 – INQ000225997** was a sub group of SAGE and Ian Storrar (Assistant Director Engineering and Assurance, HFS, NHS NSS) and Annette Rankin (Nurse Consultant Infection Prevent Control, ARHAI, NHS NSS) were members of the EMG.

157 In her role as chair of the Scottish Government CNRG, the NHS NSS Director of Nursing,

[40] FOI++-+202100222971+-+Information+released.pdf (www.gov.scot)
[41] List of participants of SAGE and related sub-groups - GOV.UK (www.gov.uk)

Professor Jacqui Reilly, attended the Hospital Onset Covid-19 Working Group (HOCWG), a sub group of SAGE[42] **MM/42 – INQ000225998**.

158 NHS NSS did not attend NERVTAG meetings[43] **MM/43 – INQ000225999**.

159 Professor Jacqui Reilly, Director of Nursing, NHS NSS sat on the Scottish Government Covid-19 Advisory Group in her role as Professor of Infection Prevention and Control, Glasgow Caledonian University and as chair of the Scottish Government Covid-19 Nosocomial Review Group (CNRG)[44] **MM/44 – INQ000224364**. The group was owned and facilitated by the Scottish Government and the minutes of the meetings are publicly available on Scottish Government Covid-19 Advisory Group: minutes - gov.scot (www.gov.scot). Evidence and research considered by the Scottish Government Covid-19 Advisory Group is public available on Scottish Government Covid-19 Advisory Group: evidence papers - gov.scot (www.gov.scot). The first meeting of the Group was 26th March 2020, this being 5 days prior to the transfer of HPS to PHS, Dr Jim McMenamin (HPS) was also member of this group.

160 I, Mary Morgan, attended a meeting of the Scottish Government Resilience Room SGoRR 'Calling Notice for Deep Dive on Covid-19 Testing' on 3rd April 2020. The associated papers are identified as part of section 10. The CMO at that time requested my attendance to answer any specific questions about Covid-19 testing capacity/plans in Scotland.

CO-OPERATION WITH ORGANISATIONS FURTH OF SCOTLAND

161 In relation to testing, contact with organisations outside Scotland were dominantly with the Department for Health and Social Care, Public Health England, UK Health Security Agency and NHS England.

162 These contacts were principally in relation to the operation of the 4-Countries agreement which covered the operation of physical test sites located in Scotland, the supply of community PCR and LFD testing. It was also for the purpose of 4 -Countries IPC guidance and intelligence sharing.

163 On occasions it was necessary to contact PHE/ UKHSA, Public Health Wales or the Public Health Agency in Northern Ireland as part of a case identification/contact tracing process where, for example someone who had tested positive for Covid-19 in Scotland had been in contact or had travelled through another part of the UK during their infectious period.

164 NHS NSS, Scottish Government and DHSC/ UKHSA collaborated in identification of

[42] List of participants of SAGE and related sub-groups - GOV.UK (www.gov.uk)
[43] New and Emerging Respiratory Virus Threats Advisory Group - GOV.UK (www.gov.uk)
[44] Scottish Government COVID-19 Advisory Group - gov.scot (www.gov.scot)

physical test site locations to ensure their accessibility by people in Scotland. That then allowed NHS NSS and the Scottish Government to augment the UK provided test sites with additional local and mobile test site to provide enhanced access. Within PCR testing, most community test samples for people in Scotland were processed in the DHSC /UKHSA managed Lighthouse laboratory in Glasgow. This allowed NHS NSS to build testing capacity for health, social care, and prisons out with the Lighthouse network, providing Scotland with an overall increase in capacity and reduced contention during busy periods protecting the turnaround times for samples from those settings.

165 As outlined in section 28, ARHAI Scotland undertook several activities which helped to inform policy decisions. They were involved with the Scottish Government and the CNO's office on the production of Infection prevention and control (IPC) guidance for Covid-19 for Health and Social services. This included advice on PPE, rapid reviews of scientific evidence and recommendations for precautions required for aerosol generating procedures. ARHAI Scotland teams worked with the new PHS agency and the CNO to support with clinical scientists and epidemiology analysis.

166 ARHAI provided IPC guidance including: PPE, social distancing in care environments, patient pathways, testing, contact tracing and isolation. This formed part of the discussions at the CNRG and UK IPC Cell, of which ARHAI Scotland were members.

167 NHS NSS' advice to the Scottish Government was in respect of operational service delivery and not public health advice. Within that context, the co-operation with DHSC/ UKHSA allowed deployment of additional local/ mobile test resources to areas farthest from DHSC/ UKHSA test sites enabling easier access. Within laboratories, the demand on the Lighthouse network as a whole and Glasgow in particular allowed operational advice to be given to the Scottish Government on for example re-direction of samples to other Lighthouse labs.

168 As outlined in sections 7 and 28 d), National Procurement provided updates to the Scottish Government / Ministers regularly on PPE outlining the current stockpile, challenges, and recommendations. These are included as part of section 10.

169 The information and evidence available to NHS NSS regarding the nature and spread of Covid-19 in Scotland.

170 ARHAI Scotland undertook several activities which helped to inform policy decisions. They were involved with government and the Chief Nursing Officers (CNO) office on the production of Infection prevention and control (IPC) guidance for Covid-19 for Health and Social services. This included advice on PPE, rapid reviews of scientific evidence and recommendations for precautions required for aerosol generating procedures. ARHAI

Scotland teams worked with the new Public Health Scotland (PHS) agency and CNO to support with clinical scientists and epidemiology analysis.

171 NHS NSS' role was to provide population scale operation and digital services supporting key aspects of the Pandemic response. The data collected through these services was used by NHS NSS operationally to ensure effective service delivery, for example, the deployment of mobile testing units to support areas with higher prevalence or to support outbreaks in certain settings, such as, prisons.

172 All programmes established to respond to the Pandemic were owned and run by the Scottish Government. NHS NSS staff provided expertise on various programmes of work.

173 Advice from NHS NSS staff flowed through advisory groups and governance structures which Scottish Government policy colleagues facilitated. Any advice given by NHS NSS staff was considered by governance groups and provided to policy teams at Scottish Government.

174 For example, as part of Test and Protect, NHS NSS chaired the Covid-19 Testing Clinical Governance Group, which carried out a clinical governance advisory role in relation both PCR and LFD testing. Within the wider Test and Protect Programme, expert medical and scientific advice was provided via the Scientific Advisory Board on Testing which was chaired by the then Scottish Government's CSO within the Health and Social Care Directorates. NHS clinical and non-clinical staff attended that Board and would act upon any advice provided by it.

175 The principal sources of data used by ARHAI Scotland were:

- Corporate Data Warehouse (CDW), inclusive of test results from Electronic Communication of Surveillance in Scotland (ECOSS).
- Rapid Admission Preliminary Inpatient Data (RAPID) or Local Patient Admissions Systems.
- National Records of Scotland (NRS) via Corporate Data Warehouse.
- Submission of data by territorial NHS Boards as part of incident and outbreak reporting.

176 The principal sources of data used by NHS Scotland to provide operational service delivery advice (and by PHS and NHS Scotland Boards to formulate advice to Scottish Government) were:

- Covid-19 test results for PCR samples processed in NHS Board diagnostic laboratories and three Covid-19 specific regional laboratories (Pillar 1).

- Covid-19 test results for PCR samples processed in Lighthouse laboratories (Pillar 2).
- Whole genomic sequencing of positive PCR samples processed either by the Sanger lab contracted to DHSC/UKHSA or at local specialist laboratories in Scotland.
- Covid-19 test results of LFD tests registered on the UK Government's digital portal or via its 119 telephone service.
- Covid-19 test results of LFD tests registered on the Scottish test portal operated by NHS NSS.
- Contact, event, setting and outbreak data obtained via telephone interviews or through digital contact tracing via the Covid-19 Case Management System and related systems operated by Test and Protect and operated by NHS NSS.
- Information provided by population use of the Protect Scotland and Check-In Scotland app/web services.
- Management information provided via the Scottish Microbiology and Virology network and Public Health Scotland's ECOSS system.
- Management information provided by DHSC/UKHSA through their tableau portal operated by Deloitte, covering all aspects of performance of Pillar 2 testing.
- Management information provided by DHSC / UKHSA through a Power BI portal covering distribution of LFD tests to 4 nations.
- Vaccine appointment, attendance and clinic information contained in NHS NSS' NVSS platform.
- Vaccine administration information contained in NHS Education for Scotland's National Clinical Data Store (NCDS).
- Management information contained in NHS NSS' SEER platform covering a wide range of testing, contact tracing and vaccination data.

177 DaS provided Business Intelligence management information dashboards access to Scottish Government policy leads and programme leads.

178 ARHAI Scotland undertook statistical modelling of Covid-19 data during the Pandemic. This included the modelling of all-cause mortality following a positive Covid-19 test, specifically in patients testing positive during an inpatient stay including nosocomial

cases. The mortality report including the model results are publicly available (Latest report: Hospital onset Covid-19 mortality in Scotland: 07 March 2020 to 30 June 2020 | National Services Scotland (nhs.scot)) and the results presented to the Scottish Government Covid-19 Nosocomial Review Group (CNRG) for their consideration.

179 Nosocomial modelling intelligence from external agencies was also presented to CNRG and used to formulate the group's advice to Scottish Government. The data were not modelled by ARHAI Scotland and included models from:

- Public Health Scotland: Professor Chris Robertson modelled early trends in nosocomial infection and presented directly to CNRG.
- UKHSA: Dr Julie Robotham's modelling group assessed the impact of testing in hospitals. This was provided to CNRG by ARHAI Scotland to inform hospital testing advice.

180 The Scottish Government Central Analysis Division, within the HSCD, published statistics on modelling Covid-19 to look at the progression of Covid-19 and inform a response. This is done over two time periods. Short term, for the next two weeks and longer term. This helps to forecast Covid-19 in Scotland. Several different models are used from academic groups across the UK and Scottish Government:

- Weekly national respiratory infection and Covid-19 statistical report 25 January 2023 - Weekly national respiratory infection and Covid-19 statistical report - Publications - Public Health Scotland
- Covid-19 statistical report - 23 November 2022 - Covid-19 statistical report - Publications - Public Health Scotland
- Coronavirus (Covid-19): modelling the epidemic - gov.scot (www.gov.scot)

181 Modelling data were presented regularly by the Scottish Government analytics team as part of the agenda at numerous Test and Protect and FVCV Programme governance groups meetings.

182 NHS NSS did not present expert medical and scientific or evidence or data modelling directly to Ministers within Scottish Government. ARHAI provided information to the CNRG, which then advised the Chief Nursing Officer (Scottish Government).

DECISION-MAKING RELATING TO THE IMPOSITION OR NON-IMPOSITION OF NON-PHARMACEUTICAL INTERVENTIONS ("NPIS")

183 The Test and Protect Programme was developed rapidly from May 2020 and operated at population scale through to May 2022. It was the Programme that delivered the following initiatives:

- Covid-19 PCR testing through physical test sites located in Scotland, either operated by DHSC/UKHSA or through local Scottish arrangements.
- A joined-up approach to Covid-19 PCR testing through existing Lighthouse laboratories.
- Covid-19 PCR testing through existing NHS Scotland diagnostic laboratories.
- Expansion of Covid-19 PCR testing in Scotland through the deployment of three regional hubs.
- Deployment of Covid-19 Lateral Flow Device testing either through DHSC/UKHSA or local Scottish pathways.
- The establishment of contact tracing through the implementation of the National Contact Centre together with partners in Public Health Scotland and territorial NHS Boards.
- Provision of isolation advice and where required financial support to those infected with Covid-19 or their close contacts.
- Provision of isolation and testing advice to those who had travelled to Scotland internationally
- Digital platforms supporting test result capture, sharing and notification, contact tracing including several public applications.

184 DaS responded to policy decisions and requests for solutions based on requirements provided by the Scottish Government and we understand this was a 4 nations approach with similar Apps and solutions being implemented.

185 DaS managed the Scottish Government Covid-19 Status Certification App.

186 ARHAI provided IPC guidance including: PPE, social distancing in care environments, patient pathways, testing, contact tracing and isolation. This formed part of the discussions at the CNRG and UK IPC Cell, of which ARHAI Scotland were members.

187 The key advisory group to the Scottish Government in relation to decisions on NPIs was the National Incident Management Team (NIMT) which was led by PHS. Whilst NHS NSS had representation and attended the NIMT, this was to provide operational updates and service delivery assurance. Recommendations from the NIMT on the use of NPIs was submitted by PHS to the Scottish Government/ Ministers.

188 I am asked whether there were instances where Scottish Government rejected advice from NHS NSS in relation to NPIs. NHS NSS' role was to provide population scale

operational and digital services supporting key aspects of the Pandemic response. The data collected through these services was used by NHS NSS operationally to ensure effective service delivery. All programmes established to respond to the Pandemic were owned by Scottish Government. NHS NSS staff provided expertise on various programmes of work set out above. We know of no instances where Scottish Government rejected advice from NHS NSS in relation to NPIs.

189 Advice from NHS NSS staff flowed through advisory groups and governance structures which Scottish Government policy colleagues facilitated. Any advice given by NHS NSS staff was considered by governance groups and advice to Ministers provided via SG policy teams.

190 Scottish Government undertook studies which touched on the effectiveness of each NPI, for example, the Scottish Contact Survey[45] **MM/45 – INQ000226000** to assess number of contacts people had, using a citizen panel to report.

191 NHS NSS facilitated a number of equality impact assessment focus groups during the Covid-19 Pandemic. The outcome of each is published and available on the following links:

- Meeting notes from the Equality Impact Assessment focus group for Covid-19 Test and Protect deliverables Equality Impact Assessment Focus Group | National Services Scotland (nhs.scot) and Equality Impact Assessment Focus Group Meeting: Follow-up session | National Services Scotland (nhs.scot).
- Equality and Human Rights Impact Assessment - DHI and tracing tools | National Services Scotland (nhs.scot).
- The Near Me Equality Impact Assessment was facilitated by NHS NSS however is a SG led programme. Near Me video consulting programme: equality impact assessment - gov.scot (www.gov.scot).
- NHS NSS provided support to the Check in Check Out (CICO) Equality Impact Assessment process .This is a Scottish Government led programme. Check In Scotland launches - gov.scot (www.gov.scot).

LESSONS LEARNED

192 Internally, NHS NSS conducted a review from July to October 2020, NHS NSS C-19 Lessons Learned Final Report October 2020[46] **MM/46 - INQ000137452**, into the initial NHS NSS response to the Covid-19 Pandemic, which was internally focused to

[45] statistics.gov.scot : Covid-19: Scottish Contact Survey
[46] NSS C-19 Lessons Learned Final Report October 2020

determine our performance response, our resilience response and our future strategic change assessment. This was provided to the Inquiry as part of the response to a Rule 9 request in Module 1.

193 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.

194 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.

195 Externally, Audit Scotland Covid-19 Personal Protective Equipment Report[47] **MM/47 – INQ000226001**, June 2021 looks at how the 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 the 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 the Scottish Government responded to the findings from these.
- How the 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 the Scottish Government and NHS NSS are planning for the longer term.

196 The 2020/21 Audit of NHS National Services Scotland, Response to Covid-19 Pandemic, October 2021[48] **MM/48 – INQ000226002** 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

[47] Covid-19: Personal protective equipment | Audit Scotland (audit-scotland.gov.uk)
[48] The 2020/21 audit of NHS National Services Scotland - Response to Covid-19 Pandemic (audit-scotland.gov.uk)

- NHS in Scotland 2020 report
- PPE briefing paper
- Vaccination programme briefing paper

197 It considers:

- The impact of Covid-19 on NHS NSS
- NHS NSS' response to the Covid-19 Pandemic
- Plans for recovery

198 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 balanced against the costs of managing the stockpile and the risk that items will go out of date.

199 NHS NSS National Procurement Annual Report (2020/21) 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.

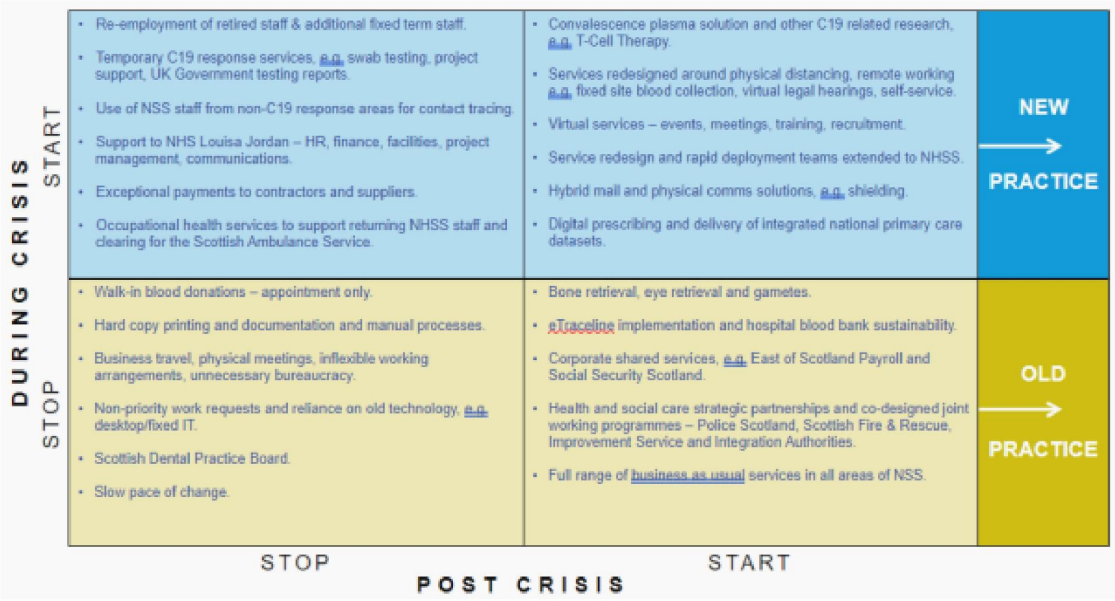
200 Our main PPE supplier has been working with us to develop an approach to stock management of PPE by rotating stock through other sectors, supporting us in the avoidance of products becoming obsolete and ensuring that stock will not go to waste.

201 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.

202 The Scottish Parliament Audit Committee[49] **MM/49 – INQ000226003**, 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 and the Audit Scotland NHS NSS Annual Report 2020/21.

203 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.

[49] The 2020 21 audit of NHS National Services Scotland | Scottish Parliament Website



204 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.

205 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 and 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.

206 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.

PUBLIC HEALTH COMMUNICATIONS IN SCOTLAND DURING THE COVID-19 PANDEMIC

207 NHS NSS has historically had limited involvement in public health messaging delivered directly to the public. Scottish Government, in partnership with HPS and then PHS, provided announcements, guidance and advice to the public. PHS can provide a

response with regard to the involvement of HPS in any messaging immediately prior to PHS coming in to existence.

208 NHS NSS provides national services which underpin the NHS in Scotland but our organisation has little direct interaction with patients and does not deliver 'front line' services.

209 As a result, our primary involvement in public health messaging was to provide relevant data and information to inform messaging provided by the Scottish Government, territorial NHS Scotland Boards and other health organisations with established public messaging platforms and channels. This process was facilitated via the established StratComms (Strategic Communications) meetings chaired by Scottish Government and involves heads of comms from Scotland's health boards.

210 We also shared such public messaging via our own audiences, primarily via our NHS NSS LinkedIn, Twitter and YouTube social media channels.

211 The exception is SNBTS, which is part of NHS NSS and delivers blood services (including those related to tissues and cells). Key responsibilities include collection of blood donations from the public, operating donor services, storing blood supplies for onwards distribution to clinical settings, and ensuring Scotland maintains sufficient stock levels of each blood type. SNBTS has its own marketing and social media teams and channels. The majority of proactive public health messaging within NHS NSS has been commissioned and distributed via SNBTS, such as appeals for donors or information regarding changes in eligibility criteria.

212 NHS NSS, at a corporate level, also responds to requests from the media for information and/or statements, including those related to civil emergencies such as epidemics and Pandemics.

213 The NHS NSS Crisis Communications Plan also details how communications provide support for our own organisation, and all relevant stakeholders and partners, in the event of a public health emergency.

214 Given the importance of reassuring the public and ensuring a 'single source of truth', NHS NSS did not run our own publicity campaigns but instead provided relevant data and information to inform messaging provided by the Scottish Government, territorial NHS Scotland Boards and other relevant health and social care partners. These were shared via our NHS NSS social media channels.

215 It was critical to ensure the consistency of messaging, given the significant public health implications. Any public health messaging was discussed and shared with Scottish

Government via established processes. Media/messaging around key activities led by NHS NSS, such as the successful purchase of millions of items of PPE that arrived on a series of flights in spring 2020, were planned in advance with Scottish Government and timings agreed.

THE PUBLIC HEALTH AND CORONAVIRUS LEGISLATION AND REGULATIONS

216 NHS NSS did not play a part in the proposal and enactment of public health and coronavirus legislation and regulations. NHS NSS did not undertake surveillance of compliance of compliance with the legislation and regulations over the course of the Pandemic.

RECOVERY PLANNING

217 NHS NSS along with all other parts of NHS Scotland were asked to provide Mobilisation and Remobilisation Plans from March 20 to March 22. These, as part of a NHS in Scotland response, would have assisted the Scottish Government to prepare their recovery plan.

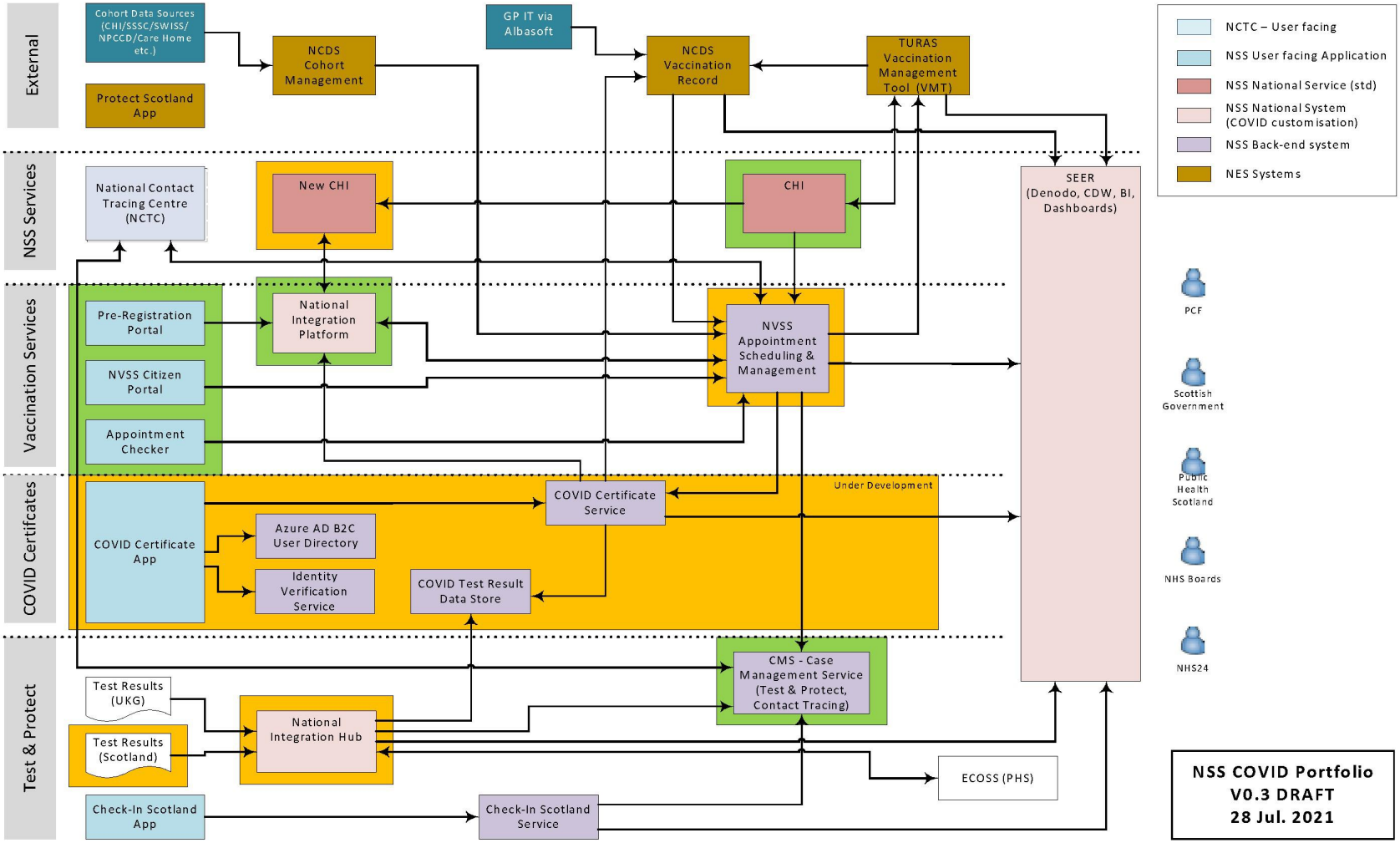
STATEMENT OF TRUTH

I believe that the facts stated in this witness statement are true. 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.

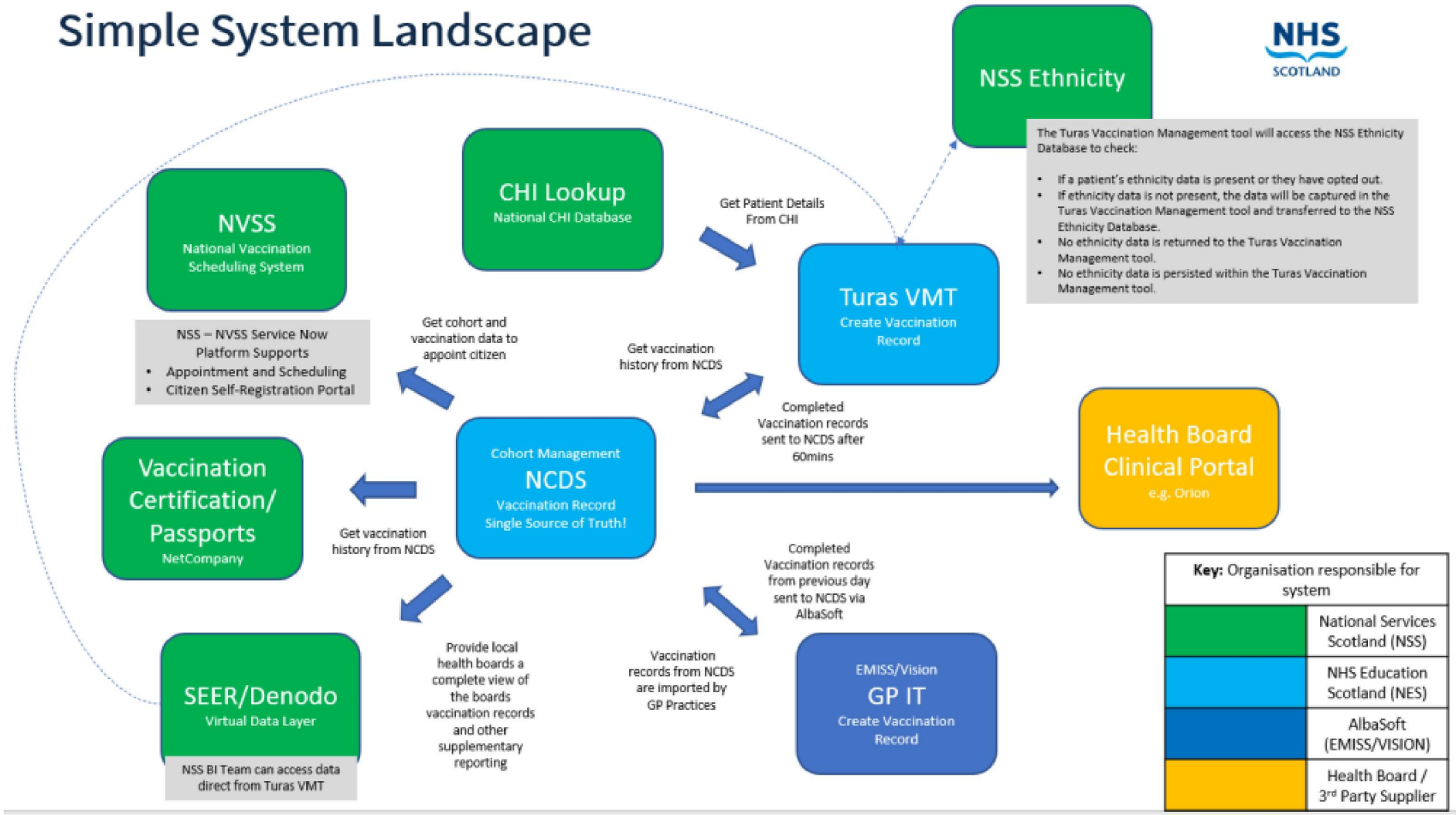
Signed: Personal Data

Dated: 13th July 2023

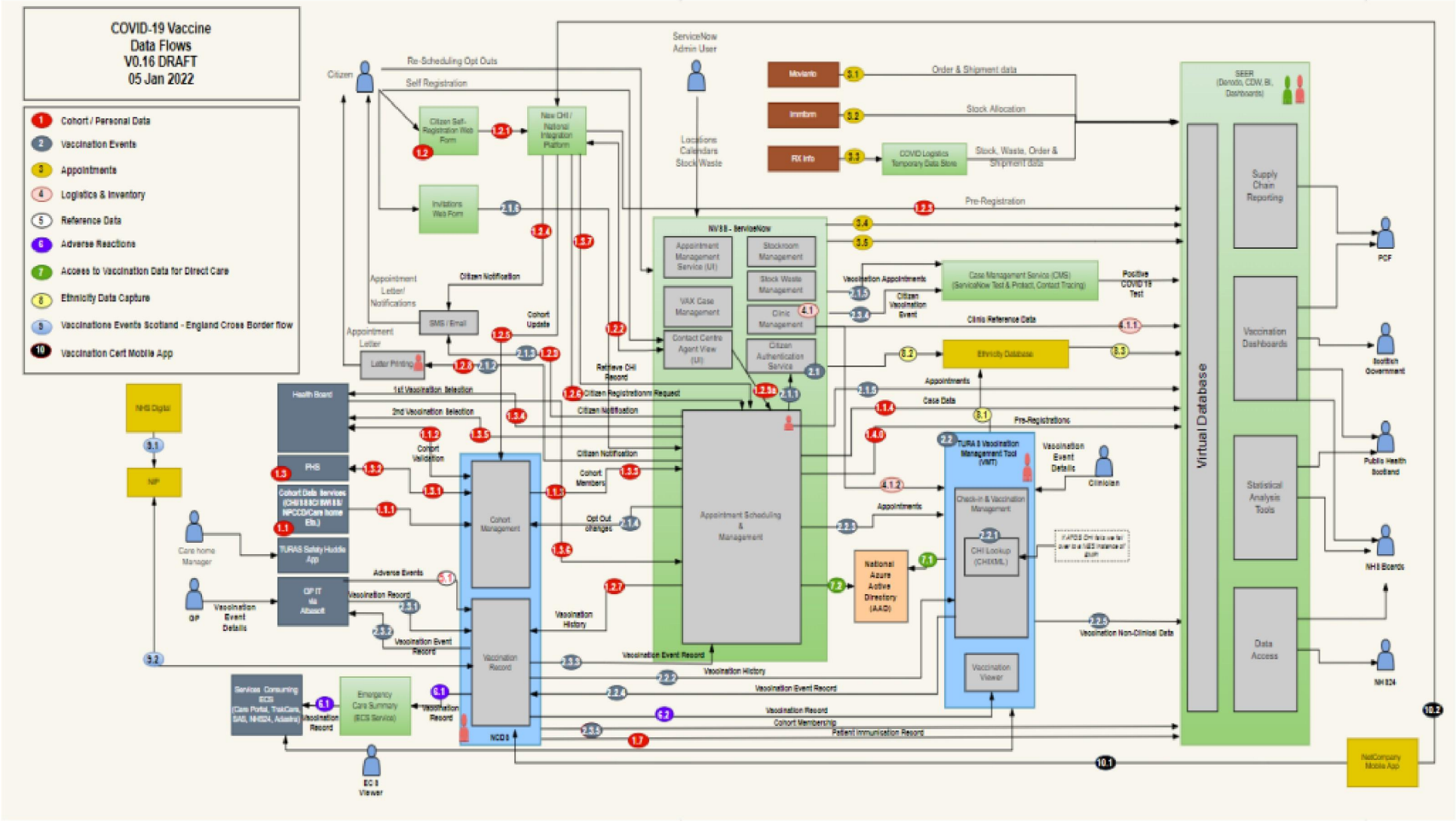
Appendix 1 Applications in the COVID-19 portfolio, and their interactions



Appendix 2 COVID-19 Vaccination specific apps and data flow



Appendix 3 COVID-19 Vaccination data flows

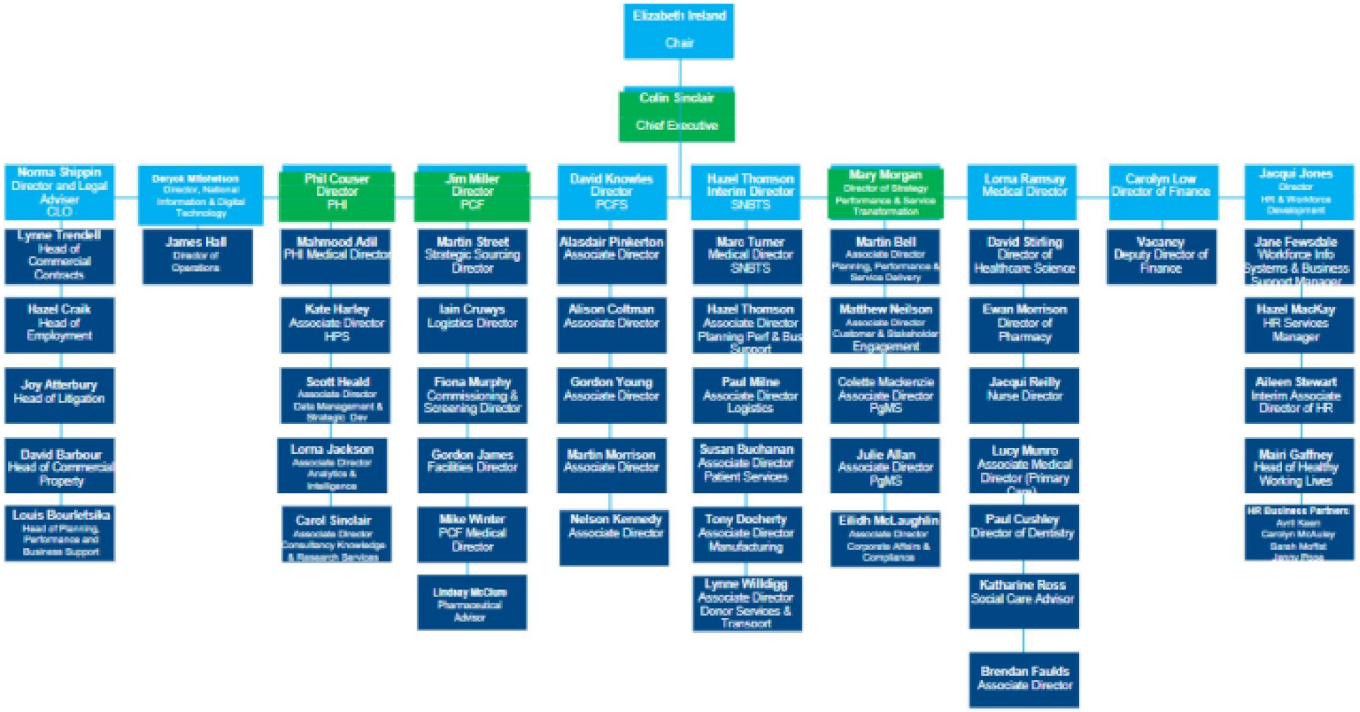


Appendix 4 NHS NSS Senior Management Chart July 2019

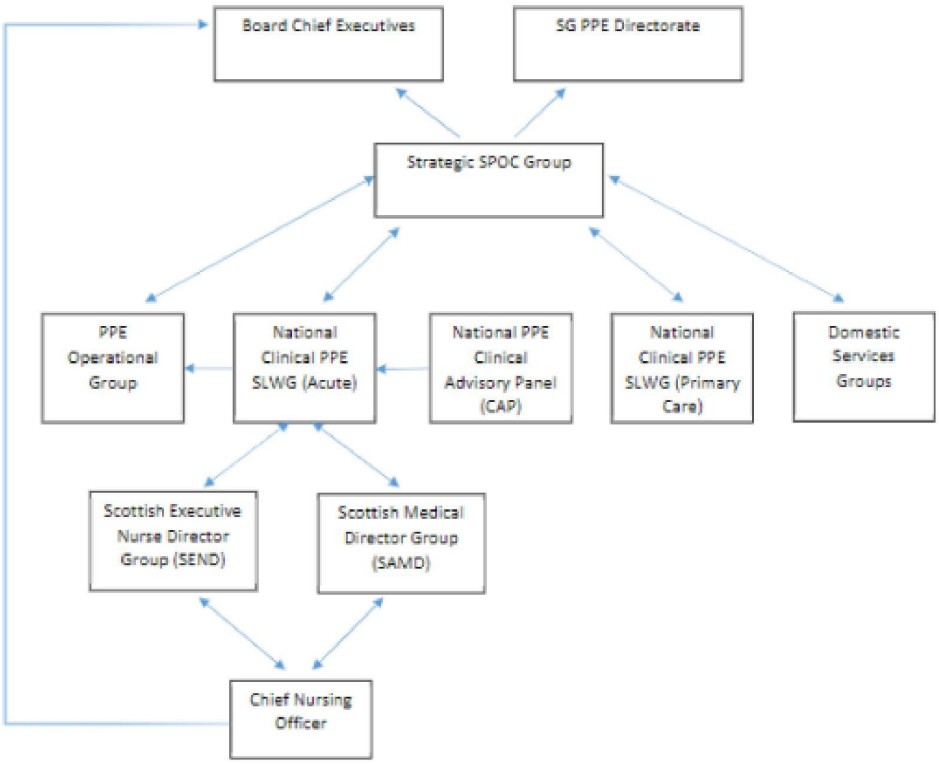
Organisational Chart.

Senior Management.

NHS National Services Scotland



APPENDIX 5 SPOC (PPE) – Links to other groups[50]

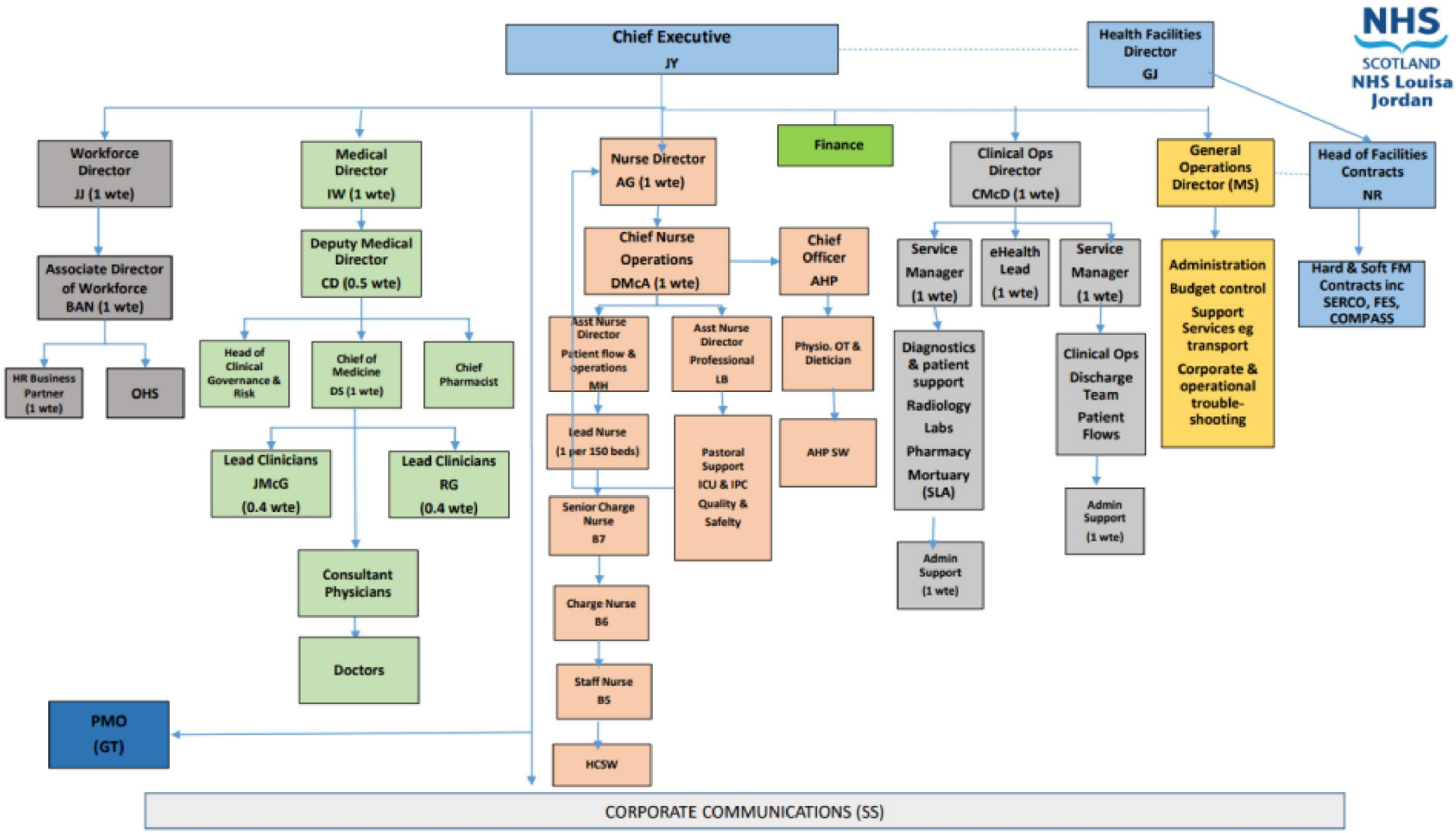


SPOC Representatives

Board	Logistics SPOC	
	Name	Position
Orkney	Malcolm Colquhoun	
Tayside	Michael Cambridge	
Golden Jubilee	Gareth Adkins	Director of Quality, Innovation and People
Lothian	Alex McMahon (PPE SPOC)	Executive Director NMAHPs
Lothian	George Curley (Logistics SPOC)	Director of Facilities
NES	Donald Cameron	Director of Planning
Grampian	Paul Allen (Logistics SPOC)	Director of Facilities
Grampian	Vince Shields (PPE SPOC)	Interim General Manager
Lanarkshire	Colin Lauder	Director of Planning, Property and Performance
Dumfries and Galloway	David Bryson	Procurement Manager
SAS	Brian Laughland	Head of Procurement
Forth Valley	David Logie	Head of Procurement
Shetland	Colin Marsland	Finance Director
Western Isles	Adrian Trevor	Procurement Manager
Ayrshire and Arran	Sandy Agnew	Assistant Director of Clinical Support Services
Greater Glasgow and Clyde	Mark White	Director of Finance
Fife	Margo McDurk	Director of Finance
Borders	Sam Whiting	Infection Control Manager
Borders	Shona Milne	Head of Procurement
PHS	Carol Sinclair	Associate Director
NHS 24	Brenda Wilson	Deputy Director of Nursing and Care
State Hospital	David Walker	Resilience Lead/Security Director
Highland	Neil Stewart	Head of Procurement and Logistics
HIS	Safia Qureshi	Director of Evidence
NSS	Gordon Beattie	Director of National Procurement
SG Army Resilience	Major Gary Bilsbarrow	Army
SG Army Resilience	Major Gary Bilsbarrow/KEVIN FARQUHARSON (SG)	SG Military Liaison Team/Executive Support Manager,
Army HQ Stirling	Major Thomas Louden	Military POC
SG Minister	Mr Dey	Minister
SG Minister	Mr Dey	Minister
NHS GG&C	Christopher McRobbie	Military Liaison Officer
SG	Yvonne Summers	Head of Operational Planning
PCF	Steven McWilliam	Director of BDO
PCF	Martin Street	Strategic Sourcing Director
PCF	Jim Miller	Director of PCF

[50] Strategic SPoC Group Terms of Reference

APPENDIX 6 NHS Louisa Jordan Organisation Chart



OPERATIONAL DOCUMENTS

1. Any guidance, policies or frameworks which informed how NHS NSS was to approach providing advice to the Scottish Government during the Covid-19 Pandemic.

Document Name	Description
Pharmacy EP Support SLA V1 0 - 1 September 2015 Final Signed.doc	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
np1.1 signed PDF SLA SG_NP Pandemic 10.08.2009 (1).doc	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.
Scottish Government and NHS NSS Framework Agreement | National Services Scotland	The Scottish Government and NHS NSS Framework Agreement 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.

2. Documents related to briefings or situation reports generated by NHS NSS intended for use by the Scottish Government to assist in informing its decision-making in relation to the Pandemic.

Report Name	Date Range	Frequency
202003 – HPS Briefing Note – Wuhan novel coronavirus (WN-CoV) Update 5_Final pdf		
202005 – HPS Briefing Note – Wuhan novel coronavirus (WN-CoV) Update 4_Final pdf	24/01/2020	
202007 – HPS Briefing Note – Wuhan novel coronavirus (WN-CoV) Update 3_Final pdf	30/01/2020	
NCTC Daily Status Report and SITREP	30/09/2020 – 29/04/2022	Daily
Contact tracing in a page report	16/10/2020 – 01/05/2022	Daily

Weekly CT comparison for FM brief	24/06/2021 – 01/07/2021	2 meetings
Additional High Risk care reporting to TOG	17/01/2022 – 28/01/2022	3 meetings
Email list	19/11/2020	N/A
Email list	26/11/2020	N/A

Report Name	**Date Range**	
Novel Coronavirus Outbreak SBAR HPS	30/01/2020 – 12/02/2020	3 documents
PCF Coronavirus Resilience Preparedness response	06/02/2020 – 24/02/2020	4 documents
Health Protection Scotland Briefing Note	14/02/2020	1 document
PCF Coronavirus Resilience Preparedness response	24/02/2020	1 document
Novel Coronavirus Outbreak SBAR HPS	24/02/2020	1 document
Novel Coronavirus Outbreak SBAR HPS	03/03/2020	1 document
Novel Coronavirus Outbreak SBAR HPS	16/03/2020 23/03/2020	2 documents
NHS NSS COVID-19 Response Mobilisation Plan to Board	March 2020	1 document
NHS NSS Remobilisation Plan	May 2020 – Jul 2020	1 document
NHS NSS Remobilisation Plan	Aug 2020 – Mar 2021	1 document
NHS NSS Remobilisation Plan	Apr 2020 – Mar 2020	1 document
National Laboratories Programme NHS NSS Leadership in the Deployment of Testing across Scotland	Mar 2020	1 document
Recovery Planning – Response overview from NHS National Boards	Apr 2020	1 document
Role of NHS NSS During Pandemic	Feb 2021	1 presentation
NCTC Daily Status Report and SITREP	30/09/2020	1 document

LEARNING

1. Internal or external reviews, lessons learned exercises and other reports involving, authored, overseen or responded to by NHS NSS relating to any of the issues raised in the Provisional Outlines of Scope for Module 2 and 2A since January 2020, including but not limited to:

    a. how NHS NSS responded to the Covid-19 Pandemic;

    b. the quality or accuracy of advice given by it;

    c. processes for decision-making;

    d. quality of decision-making;

    e. the provision of expert advice;

    f. the use of data;

    g. communications;

    h. planning for, preparing for and managing future civil emergencies; and

    i. planning for, preparing for and managing future epidemics/Pandemics.

NHS NSS C-19 Lessons Learned Final Report October 2020

- Covid-19: Personal protective equipment | Audit Scotland (audit-scotland.gov.uk)
- The 2020/21 audit of NHS National Services Scotland - Response to Covid-19 Pandemic (audit-scotland.gov.uk)
- The 2020 21 audit of NHS National Services Scotland | Scottish Parliament Website

Provided above

2. A list of any initiatives or activities involving, overseen or responded to by NHS NSS concerning the making of changes to any of the structures and processes relating to any of the issues raised in the Provisional Outlines of Scope for Module 2 and 2A since January 2020. Please also provide copies of documentation related to these initiatives/ activities.

References

1. **MM/01 – INQ000224357** - Welcome to National Services Scotland (nhs.scot)
2. **MM/02 - INQ000137437** – Memorandum of understanding between SEHD and Health Protection Scotland (HPS)
3. **MM/03 – INQ000224358** - Antimicrobial Resistance and Healthcare Associated Infection Scotland | National Services Scotland (nhs.scot)
4. **MM/04 - INQ000137451** - Scottish Government and NHS NSS Framework Agreement | National Services Scotland
5. **MM/05 – INQ000225984** - Staff Governance Standard - NHS Scotland Staff Governance
6. **MM/06 - INQ000137453** - Annual Report and Accounts, For the year to 31 March 2021 (nhs.scot)
7. **MM/07 - INQ000137455** - Commission on the Future Delivery of Public Services (www.gov.scot)
8. **MM/08 - INQ000137456** - 2019-11-05 PHS Formal Consultation TUPE Consultation Corporate document

9. **MM/09 – INQ000224359** - http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard
10. **MM/10 – INQ000225985** - COVID-19 Nosocomial Review Group - gov.scot (www.gov.scot)
11. **MM/11 – INQ000225986** - COVID-19 Nosocomial Review Group - gov.scot (www.gov.scot)
12. **MM/12 – INQ000225987** - Role of the Caldicott Guardian? - NHSScotland Caldicott Guardians: Principles into Practice - gov.scot (www.gov.scot)
13. **MM/13 – INQ000224360** - Public Benefit and Privacy Panel for Health and Social Care (scot.nhs.uk)
14. **MM/14 – INQ000224361** - Health Records | NHS Inform
15. **MM/15 – INQ000224362** - Consultant Frameworks | Frameworks Scotland
16. **MM/16 – INQ000225988** - National Planning Framework for Scotland 2 - gov.scot (www.gov.scot)
17. **MM/17 – INQ000224363** - National Planning Framework 3
18. **MM/18 - INQ000137435** - Social Distance Guidance Signage
19. **MM/19 - INQ000137436** - Strategic SPOC Group Terms of Reference
20. **MM/20 - INQ000137438** - SPOC Representatives
21. **MM/21 – INQ000225989** - Securing vital COVID-19 supplies for Scotland - gov.scot (www.gov.scot)
22. **MM/22 – INQ000225990** - Extending PPE access to all social care providers - gov.scot (www.gov.scot)
23. **MM/23 – INQ000225991** - Covid-19: Personal protective equipment | Audit Scotland (audit-scotland.gov.uk)
24. **MM/24 – INQ000225992** - Personal Protective Equipment (PPE) for Covid-19 - Scotland's Action Plan (www.gov.scot)
25. **MM/25 – INQ000225993** - Health screening programmes paused - gov.scot (www.gov.scot)
26. **MM/26 – INQ000225994** - https://www.nhsinform.scot/healthy-living/screening
27. **MM/27 - INQ000137439** - NHS Louisa Jordan Oversight Board Financial Governance Arrangements 2020-04 pdf
28. **MM/28 - INQ000137440** - NHS Louisa Jordan Director General Health Letter to NHS NSS Chief Executive 2020-04 pdf
29. **MM/29 - INQ000137441** - NHS Louisa Jordan Strategic Tactical and Operational Framework 2020-04
30. **MM/30 - INQ000137442** - 2020 02 24 PCF - NP Covid-19 Sitrep 24-2-2020
31. **MM/31 - INQ000137443** - 2020 01 30 Noval Coronavirus SBAR HPS.docx
32. **MM/32 - INQ000137442** - PCF Resilience Template wc 10 Feb.docx
33. **MM/33 - INQ000137445** - 2020 02 24 PCF - NP Covid-19 Sitrep 24-2-2020
34. **MM/34 - INQ000137446** - 2020 02 25 HPS Coronavirus Response Template 24 Feb 2020

35. **MM/35 - INQ000137447** - 2020 03 04 HPS Coronavirus Response Template 4 Mar 2020

36. **MM/36 – INQ000225995** - FOI ++-+202100222971+-+Information+released.pdf (www.gov.scot)

37. **MM/37 - INQ000137448** - 2020 03 16 HPS Coronavirus Response Template 16 March 2020

38. **MM/38 - INQ000137449** - NHS NSS Resilience Plan

39. **MM/39 - INQ000137450** - Mobilisation Plan 16th March 2020

40. **MM/40 – INQ000225996** - FOI ++-+202100222971+-+Information+released.pdf (www.gov.scot)

41. **MM/41 – INQ000225997** - List of participants of SAGE and related sub-groups - GOV.UK (www.gov.uk)

42. **MM/42 – INQ000225998** - List of participants of SAGE and related sub-groups - GOV.UK (www.gov.uk)

43. **MM/43 – INQ000225999** - New and Emerging Respiratory Virus Threats Advisory Group - GOV.UK (www.gov.uk)

44. **MM/44 – INQ000224364** - Scottish Government Covid-19 Advisory Group - gov.scot (www.gov.scot)

45. **MM/45 – INQ000226000** - Statistics.gov.scot: Covid-19: Scottish Contact Survey

46. **MM/46 - INQ000137452** - NHS NSS C-19 Lessons Learned Final Report October 2020

47. **MM/47 – INQ000226001** - Covid-19: Personal protective equipment | Audit Scotland (audit-scotland.gov.uk)

48. **MM/48 – INQ000226002** - The 2020/21 audit of NHS National Services Scotland - Response to Covid-19 Pandemic (audit-scotland.gov.uk)

49. **MM/49 – INQ000226003** - The 2020 21 audit of NHS National Services Scotland | Scottish Parliament Website