Use of Digital in Response to Covid-19

I am writing today to update the Health & Sport Committee on our use of digital in response to Covid-19 – which I believe stands us in very good stead as we move into the recovery and renewal phase of our response – and to set out the role of digital within our Test & Protect Programme.

I am clear that digital will be one of my key priorities as we move forward, building on what we have achieved through rapid implementation of video consultations and remote working in particular and augmenting this with greater use of remote monitoring, asynchronous appointments and decision support – all areas the Committee has explored before. These have been supported by improved approaches to Information Governance.

We have transformed how many services are delivered with the introduction of Near Me consultations (we have gone from around 300 patient consultations per week pre-Covid to close to 17,000 per week, an increase of over 5,000%), community led outpatients (e.g. diabetics and emergency community eye treatment centres); shifting traditionally acute sector care and treatment successfully into community settings. We have also enabled unprecedented online working and collaboration between staff across the whole of NHS Scotland through Microsoft Teams.

I am pleased to append to this letter a detailed report setting out Scotland’s digital health & care response to Covid-19 as of June 2020 (see Appendix One). The Committee will recognise many of the initiatives highlighted within it from previous inquiries, and I am sure will join me in welcoming their rapid deployment. As the report indicates, this offers an opportunity to identify those developments that we should sustain and embed.
Test & Protect and the role of Digital

I also want to use this opportunity to set out the Scottish Government’s current position on the development of digital tools to support our Test & Protect programme, including any potential role of a proximity tracing app.

Our general position has not changed from what was set out in our Test, Trace, Isolate and Support Strategy of 04 May 2020. Our primary focus has been on establishing the resultant Test & Protect service and on ensuring that the digital tools within that are in direct support of our contract tracing staff. First and foremost, our Test & Protect service is built on and around people.

That said, it requires our staff in particular to have access to sufficiently robust software and I am pleased to report as of 22 June 2020 our core Client Record Management system went live and will be fully implemented across all Boards by the middle of July. This is a significant enhancement of our contact tracing capabilities and is the precursor to the national service becoming fully operational. This follows the initial launch of our ‘simple’ contract tracing tools for local contact tracing teams which were rapidly developed on our behalf by the Digital Health & Care Institute, and the development of clinical assessment tools for frontline staff.

There has also been considerable and understandable interest in what digital tools members of the public may be asked to use. I have always been clear that these offer a useful additional benefit, if proven, to our Test & Protect service but are not, and should not be seen as, essential. I have set out below the current status of the various public tools to support Test & Protect:

Symptom Checker

The NHS 24 Covid-19 App is now available as an addition to NHS Inform and 111 and provides:

- A symptom checker that will assess your symptoms and provide some guidance as to what to do next;
- Instant access to quality assured COVID-19 information from NHS 24
- Another way to access NHS Inform content, and is aligned to the NHS 24 COVID-19 service

This tool is an additional prompt for people to commence self-isolating and/or accessing a test.

Online forms for Contact Tracing

Further to the simple tools already developed for local contact tracing staff, we continue to develop online versions of the contact tracing forms for use by the public. Like the staff tools already in service, the development of these are being led by the Digital Health & Care Institute. Once available, those who test positive for COVID-19 will be sent a link to the online digital tool in order to pre-populate information on contacts ahead of their call with a contact tracer. At this stage, although it is public-facing, it will not be publicly available for general use – the initial intention is that it will only be sent to those who have tested positive. This tool is..
not a standalone app, rather it will be an online form accessible from any device with an internet connection.

As I am sure the Committee will agree, it is extremely important that this digital application is intuitive and easy to use, and that it supports people who are newly tested positive to work through where they have been and who they have been in contact with.

For that reason the Digital Health & Care Institute has been taking the time to ensure that the system is developed in collaboration with users. The University of Glasgow is currently conducting field research in conjunction with a number of community groups, partially facilitated by the Health & Social Care Alliance, using early versions of an online form. As part of this the University is engaging with a broad mix of socio-economic groups, including in hard to reach communities and groups known to be more prone to digital exclusion. This will help the Scottish Government and the Digital Health & Care Institute understand the acceptability of using such an approach with the public.

Any online tool will never replace person to person contact tracing, even those who use the tool will still get a call from a contact tracer to confirm the details that they have entered, and to check in case they may have missed any contacts.

The DHI have now delivered their initial ‘minimum viable’ product for our consideration on progressing initial piloting, after which we will then take a decision on how quickly we roll it out across the system depending on how much added value it is assessed as offering. This will take into account other developments across the Test & Protect programme as a whole, the international evidence base and the volume of cases being experienced – it may not be needed.

Proximity Tracing Apps

Our general position on the use of proximity tracing apps remains that as set out in our Test, Trace, Isolate and Support Strategy. We do consider that an app of this type can be an important enhancement to contact tracing, but it is also important not to see it as a substitute for the approach to contact tracing we have put in place in Scotland. It is also important that the public have confidence in the use of such technology and in the use of data.

We have continued to engage with the UK Government and NHSx on their development of a proximity tracing app, which could potentially extend to the whole of the UK. The Committee will be aware through previous statements that both I and the First Minister have made on what types of assurances we are looking for from the UK Government prior to committing to adopt any such app as and when eventually available. I will turn to that shortly but first it may help the Committee to understand what the UK app could potentially offer:

- the ability for users to be signposted to relevant covid-19 health information (we are comfortable that appropriate signposting to NHS Inform, for example, will exist in any UK-wide version);
- the ability for users to record and report their symptoms. These are based on the definitions agreed by the four CMOs;
- the ability of users to be linked into the existing UK citizen portal for ordering a test (if their symptoms suggest it is required);
• the ability, if the user tests positive, for people who have been in close proximity to the user to receive a notification that they need to self-isolate and monitor their symptoms accordingly, in line with current guidance.

Whilst it will likely be helpful from a user perspective to have all of these functions available through one app, it is the last of those four functions which would represent additional functionality for the people of Scotland.

The Committee will be aware that the UK Government have recently signalled a major change in the technical underpinning of the proximity changing app, the impact of which we are still assessing. I broadly welcome the change in approach outlined by the UK Government, and would note in that it brings the UK more in line with the majority of the world in this regard and the European community in particular. The central purpose of the app, however, remains as before.

To that end, as well as the well-publicised questions around technical efficacy which we will be seeking further assurances on, we will continue to press for a far greater understanding of what data is likely to be available, how we can utilise it and how it can support our Test & Protect Programme. We will also continue to press for clarity on the secondary use of data and welcome assurances provided by NHSX that 3rd party access to data will not be permissible, which should be the case regardless of the technical direction the app ends up taking. We will make sure this is captured in any resultant agreement prior to us committing to any app, particularly as it will be key to public trust.

In the continued absence of clarity on data feeds and technical efficacy of the app, it remains difficult to properly assess the benefit of the app to Scotland’s Test & Protect programme. What is clear internationally is that the more successful contact tracing programmes benefit from a degree of proximity tracing technology within it, particularly in relation to unknown/anonymous contacts (e.g. fellow passengers on public transport, attendees at mass gatherings etc.). Programmes are also successful when proximity data is linked with other data and, if the app works and if we can make use of the data, it is likely that there will be some benefit to Scotland at some point. It is not yet possible, however, to quantify this benefit or provide any indication of when it will be realised.

I can therefore confirm that we will continue to engage with the UK Government on the development of their app as we seek to understand how it will benefit our Test & Protect programme. I have written to the Secretary of State for Health & Social Care setting out the level of our involvement, as I see the recent change in approach signalled by the UK Government as an opportunity to reset our working relationship and strengthen governance, resulting in more informed and genuinely collaborative participation in any future iterations of the NHS Covid-19 App.

In my correspondence, I have confirmed as well that the Scottish Government is content in principle to proceed with a Section 93 Order under the Scotland Act 1998 to pave the way for arrangements to be made that will allow the UK Government to legally operate the app in Scotland. This instrument will be subject to annulment by either House of Parliament and is subject to the negative procedure in the Scottish Parliament. Any such arrangement would require agreement between the Scottish Government and UK Government; this instrument only allows for such arrangements to be agreed.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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α
This Order in no way confers any agreement by Scottish Ministers (in principle or otherwise) to the launch and operation of the app itself.

I am attaching this correspondence as well as previous correspondence on the Order between myself, the Secretary of State for Health & Sport and the Secretary of State for Scotland (see Appendix Two). This was originally scheduled to have been considered by the Privy Council on 23 June and would have come into force shortly thereafter, in breach of the 28 day laying period, based on assurances from the UK Government that the launch of the app was imminent and therefore the legal mechanism required for us to choose (or not) to use the app had to be in place.

However, as can be seen from the correspondence I sought the immediate withdrawal of this Order from the Privy Council when it became clear from statements to the UK Parliament and the media that no such urgency existed and expressed my concern around governance. I am of the view that the Order will likely still be required if any resultant app does become available. As the Privy Council won’t meet again until October, I believe it is therefore prudent that we take the Order to the 21 July meeting of the Privy Council prior to laying the Order in both Parliaments.

Whilst I am agreeable to continuing to work with the UK Government, and have sought a revision of governance arrangements to provide greater comfort ahead of any resultant decision, given the well-publicised delays and the general uncertainty that remains I have also asked my officials to scope out alternatives to utilising the UK app for proximity tracing of anonymous contacts and will update the Committee accordingly. This includes exploration of proximity apps which other countries have either successfully introduced or are in the process of introducing.

I hope the Committee finds this update of use. There has been considerable progress made in the use of digital across our health & care system in response to Covid-19, much of it already committed to in our Digital Health & Care Strategy and all of it which will stand us in good stead as we move into recovery and renewal.

JEANE FREEMAN
Scotland’s digital health and care response to Covid-19
Opening Remarks

As we reflect on a continuing period of unprecedented disruption to our ways of working and living, this document draws together a summary of how organisations across Scotland have used digital technologies to maximise the opportunities to work differently and have minimised the accompanying challenges. It demonstrates some of the enormous strides taken to deliver fit for purpose digital services to combat COVID-19 at great speed and under incredible pressure. I would single out two very important enablers that many if not all of them have in common - building from extremely strong foundations; and effective collaboration regardless of organisational boundaries.

The document refers to our ‘response’ to COVID-19 but it also starts to draw a route map to recovery and renewal and the opportunity to identify those developments that we should sustain and embed.

Whilst this document focuses on developments that have been enabled nationally, many of them - and countless others - have been delivered locally. Health boards, local authorities, health and social care partnerships, housing organisations, industry, third and independent sector organisations have all worked in collaboration and at incredible pace to support their local populations and achieve the transformations in digital health and care that we could not have envisaged just two short months ago.

Thank you to everyone who has helped to deliver on some of these successes

Caroline Lamb,
Director of Digital Reform and Service Engagement, Scottish Government

June 2020
Introduction

This report presents - in one place and with one overarching framework – a snapshot of how partner organisations across Scotland have collectively, and extremely rapidly, enabled deployment of digital solutions or ways of working in response to the COVID-19 outbreak.

It is intended to;
• inform stakeholders of progress
• enable understanding of, and engagement with, digital health and care
• enable decision makers, in partnership, to identify areas for further prioritisation

It is expected also to inform identification of the key lessons learned; enablers and barriers and those solutions that can and should be sustained in the longer term and how.
Scotland’s digital health and care response to Covid-19

Partners

Contributors to this report include:

- The Convention of Scottish Local Authorities (COSLA)
- The Digital Health & Care Institute (DHI)
- The Digital Office for Local Government (LGDO)
- NHS 24
- NHS Education for Scotland (NES)
- NHS National Services Scotland (NSS)
- The Scottish Government (SG)

This report has been collated on their behalf by the Digital Health and Care Directorate of the Scottish Government

June 2020
Enable People to Access Services Remotely

1.1 Single Route to Covid-19 NHS Support
1.2 Near Me
1.3 vCreate
1.4 Remote monitoring and Supported Self-Management
1.5 Telecare
1.6 Asynchronous Outpatients
1.7 Self Isolation Notes

Connect New Facilities

2.1 Covid-19 Hubs, Testing and Assessment Centres
2.2 Louisa Jordan (Nightingale) Hospital

Support Vulnerable People

3.1 Shielding Services
3.2 Advanced Care Planning for end of life
3.3 Digital Exclusion - Connecting Scotland.

Mental Health Support and Treatment

Support for Care Homes

Support Children and Young People

Test, Trace, Isolate and Support

Continued overleaf
8 Support the Workforce

8.1 Workforce self-reporting service

8.2 Remote Working

8.3 Recruitment Portal

8.4 Supporting staff wellbeing and learning

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9 Support Ethical Processing of Data

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10 Protect Our Systems

10.1 Cyber Security including liaison with NCSC

10.2 Network Monitoring

11 Enable Access to Information

11.1 Automate Data Flows

11.2 Data links and data sharing - examples

11.3 Acquire new sources of intelligence and evidence

12 Gather and Use Intelligence and Evidence

12.1 Support planning, assessment of interventions, research

12.2 Enable analysis and intelligence

12.3 Home Nations and International Engagement

June 2020
## 1 Enable People to Access Services Remotely

### 1.1 Single Route to Covid-19 NHS Support

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<tr>
<td>It was agreed at the outset that NHS 24 should be the primary public facing route for health information about the Covid-19 outbreak as a single route into quality assured information through NHS inform and a public facing App – updated regularly, governed by Public Health Scotland and Scottish Government messaging and supported by the development of digital tools with partners. Tools include:</td>
<td>N/A</td>
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<tr>
<td>• self-help tools for assessing potential Covid-19 symptoms</td>
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<td>• helping individuals manage their mental health</td>
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<tr>
<td>• accessing testing</td>
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<tr>
<td>• chat bot to support users in finding the information they need. This is also linked to live chat (through the helpline) for more complex enquiries.</td>
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<tr>
<td>NHS 24 set up and deployed a new 0800 helpline to support non-clinical call traffic, augmented by live chat capability.</td>
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<tr>
<td>Rapid and regular updates to Interactive Voice Response (IVR) into the 111 service, to manage demand and route callers to the appropriate service for their needs.</td>
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<td>Deployment of GP.scot websites to over 20 GP practices</td>
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June 2020
Enable People to Access Services Remotely

1.1 Single Route to Covid-19 NHS Support
### 1 Enable People to Access Services Remotely

#### 1.2 Near Me (page 1)

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<tr>
<td>Based on several years of development, Near Me video consultation was due to be rolled out gradually in 2020 and these plans were rapidly accelerated - transforming the way people are engaging with health and care services. As part of the immediate response to Covid-19, the Near Me programme, working with local boards, has enabled video consulting to be available in nearly every GP practice and many secondary care services, social work teams and care homes in Scotland. Prior to March, there were around 300 Near Me consultations a week in Scotland: by the start of May, that figure had risen to over 14,000 a week. Healthcare Improvement Scotland (HIS) and the Access Collaborative undertook a huge mobilisation of improvement support staff to assist with the roll-out. Work with Outpatients focuses on key priority conditions in secondary care – haematology, oncology, mental health, obstetrics, paediatrics and respiratory.</td>
<td>Continue to work with the Near Me Covid-19 Response National Group in roll-out and awareness raising including:</td>
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<tr>
<td>- In collaboration with HIS, work to support General Practice in most board areas is ongoing. This is currently targeting GP practices who have made few calls.</td>
<td>- In collaboration with the Care Inspectorate, work is continuing to contact each care home and support their use of Near Me.</td>
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<tr>
<td>- A draft ‘Near Me Recovery Plan’ has been developed to support a restart of outpatient services.</td>
<td>- Increased public awareness and increased equipment for GPs (i.e. more than one piece of kit per practice) is being progressed.</td>
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## 1 Enable People to Access Services Remotely

### 1.2 Near Me (page 2)

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| Guidance and training material has been developed and issued for primary care, care homes, outpatients, inpatients, prisons and telepsychiatry.  
There is a public facing website [https://www.nearme.scot](https://www.nearme.scot)  
A series of webinars have been delivered through NHS Education for Scotland.  
A series of webinars highlighting the use of Near Me have been run through a collaboration between the SG Digital Nursing Midwifery and Allied Health Professionals (NMAHP) network and NHS Education Scotland. These have been attended or viewed by over 5000 NMAHPs, predominantly AHPs - access to the webinars can be found [here](https://www.nearme.scot)  
A Vision statement for the future of Near Me has been agreed by the Cabinet Secretary and assessment of the technical, training and process requirements to embed use of Near Me in the “new normal” and at scale has been undertaken. | Near me programme with Pharmacy services is being developed. |
Near Me is a video consulting service that enables people to have health and social care appointments from home or wherever is convenient. All you need is a device for making video calls like a smartphone and an internet connection. Near Me is a secure form of video consulting approved for use by the Scottish Government and NHS Scotland.
The vCreate secure video service was first developed in the Neonatal Intensive Care Unit (NICU) at the Royal Hospital for Children at the Queen Elizabeth in Glasgow. During the coronavirus pandemic it was expanded for use in a 9-day compressed roll-out to all adult and neonatal ICUs across Scotland, to help keep families connected to their loved ones.

The cloud-based service enables transfer of short recorded (asynchronous) video in health or care settings. This enables staff to create short update videos at convenient times without disrupting care for critically unwell patients. Patients and families report reduced anxiety and it can help improve staff morale. Videos also provide an important memory for all patients and families.

National guidance on use of Near Me and vCreate includes advice on safe production and sharing of photos and videos.

ICU staff report enthusiasm to continue using vCreate after Covid-19 and are showing increased confidence with and appetite for other digital tools such as Near Me.

A test of change for Care Homes being progressed to assess benefits for residents and families and potential for clinical support.
## Enable People to Access Services Remotely

### 1.3 vCreate (page 2)

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<td>The <strong>vCreate</strong> service has been adapted to <strong>enable patients and carers to share seizure videos</strong> for remote clinical interpretation and management advice. The aim of the rapid evaluation of the service during using a test-of-change methodology is to integrate carer-recorded video into 20% of all new paediatric and 10% of new adult referrals in 6 months, for improved care experience, diagnostic speed and accuracy and clinical management, during COVID-19.</td>
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<td>Implementation of vCreate into the Paediatric Physiotherapy Neonatal Service in NHS Highland</td>
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Initial implementation has been in Paediatric and Adult Neurology Services, NHS Greater Glasgow and Clyde with further roll-out to NHS Lothian, Tayside and Grampian (a further 6 services) and planned adoption thereafter in three English neurology units.
1 Enable People to Access Services Remotely

1.3 vCreate

Secure Video Messaging technology to help minimise separation anxiety in parents of children in Neonatal and Paediatric Units

CORONAVIRUS RESILIENCE PLANNING:
USE OF LIVE ANDRecorded video communication in intensive care units (ICUs)

THIS DOCUMENT IS INTENDED FOR ICU UNITS IN NHS SCOTLAND

ACTIONS FOR HEALTH BOARDS/HEALTHCARE PROVIDERS
1. Ensure intensive care units have received this document
2. Inform intensive care units of any local arrangements that differ from what is described in this document
3. Support nurses to be able to initiate video consultations
### Enable People to Access Services Remotely

#### 1.4 Remote monitoring and supported self-management (page 1)

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| There has been a swift and co-ordinated response by national partners in an industry-wide review, procurement and design of processes for digital remote monitoring services. This has built on expertise, tests of change and ways of working that have been developed over several years and has enabled procurement of solutions to support:  
  • Covid-19 patients triaged to self-care at home and those discharged after a hospital episode but at risk of deterioration require on-going monitoring which is unsustainable through manual outbound calling;  
  • Patients in Covid-19 field hospitals and step-down beds;  
  • High and medium risk non-Covid patients (e.g. patients living with chronic conditions, such as COPD, diabetes, heart failure etc.) and other vulnerable groups.  
  Work is in hand to finalise arrangements for the testing of an interim Covid-19 monitoring solution using the existing, licensed and widely used ‘Florence’ SMS based solution. NHS Highland has agreed to run a rapid test-of-change to inform improvements, guidance and roll out plans. | Adaptation and scale-up in Glasgow of a COPD remote monitoring product developed by DHI and NHS GGC (and tested over the last 6 months) is underway and further roll-out is being considered  
  Scale up of remote Blood Pressure monitoring will continue but with a focus on key priority groups (e.g. pregnant women; post stroke etc.) |
### 1 Enable People to Access Services Remotely

### 1.4 Remote monitoring and supported self-management (page 2)

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<tr>
<td>A compressed and detailed market survey, due diligence and emergency procurement has been carried out across a range of digital remote monitoring suppliers and a procurement recommended under emergency rules of a preferred single remote health monitoring solution to support both Covid-19 and High/Medium risk non-Covid-19 patients with a platform that supports both the rapid rolling out of national Covid-19 monitoring and the rapid development, testing and implementation of localised services. The Golden Jubilee Hospital has procured support from Current Health for its step-down facility to provide wearable vital signs monitoring technologies and which may be able, if needed, to support other field hospitals and facilities providing additional step-down single bedded capacity. Undertaking a national programme to protect women during pregnancy using both blood pressure and urinalysis remote monitoring with Near Me consults</td>
<td>Implementation planning and roll-out of In-Health solution including integration with existing platforms and health board’s recovery plans. The Current Health solution may be applicable to care homes or hospital at home. Discussions have already taken place between Golden Jubilee and the DHI to explore further.</td>
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June 2020
Enable People to Access Services Remotely

1.4 Remote monitoring and supported self-management

Florence is Already Being Used For:

- Heart Rate
- Temperature
- Weight
- Medication
- Blood Pressure

And Much More:

- Blood Oxygen
- Stress
- Medication Reminders
- Urine Tests
- Exercise Reminders
- Blood Glucose
- Smoking Cassation
- Other areas as agreed and set up by a patient’s clinician.
### 1 Enable People to Access Services Remotely

#### 1.5 Telecare (page 1)

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<tbody>
<tr>
<td>Support provided to Telecare Service Providers (TSPs) to enable safe and effective service continuity, including:</td>
<td>See following slide</td>
</tr>
<tr>
<td>• ‘Telecare Service Continuity: Information for Telecare Service Providers’ was created and issued.</td>
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<tr>
<td>• Fortnightly online Telecare Drop In sessions.</td>
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<tr>
<td>• Regular Telecare Update bulletins.</td>
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<tr>
<td>• MS Teams is being used as a collaborative space to share resources nationally.</td>
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<tr>
<td>• Instruction on ‘supported self-installation’ has been compiled and shared.</td>
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<tr>
<td>• Compiled and issued ‘Proactive Outbound Calling to Telecare Service Users During the COVID-19 Outbreak’, which includes an outbound calling check list.</td>
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## Enable People to Access Services Remotely

### 1.5 Telecare (page 2)

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<tr>
<td>Enabled access to GPS technology for people with dementia and their families who have been assisted by Alzheimer Scotland’s Purple Alert application.</td>
<td>Implementation of the agreed programme of work, including:</td>
</tr>
<tr>
<td>A National Telecare Covid-19 Advisory Group has been formed to prioritise and co-ordinate national support for Telecare service continuity. Three focus areas have been identified, each with an associated programme of work:</td>
<td>• Developing a Test of Change for a scalable, sustainable telecare outbound wellbeing call service.</td>
</tr>
<tr>
<td>1. Ongoing Engagement with Telecare Service Providers.</td>
<td>• Supporting partnerships to develop the technical, security and operational arrangements required to implement remote working for call handling staff in telecare Alarm Receiving Centres. Remote working can help improve the resilience of telecare service delivery, both during the COVID19 outbreak, and in the longer term.</td>
</tr>
<tr>
<td>2. Supporting Core Service Continuity, including installation and maintenance of devices and call handling.</td>
<td>• Working with Alzheimer Scotland to improve access to the 24 hour Dementia Helpline for Telecare service users and their families.</td>
</tr>
<tr>
<td>3. Outbound calling and proactive telecare.</td>
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Enable People to Access Services Remotely

1.5 Telecare

This COVID-19 Telecare Update is produced by the Scottish Government TEC Programme, TEC in Housing and Digital Telecare for Scottish Local Government in response to the COVID-19 outbreak. The update aims to provide information on any issues that Telecare Services are currently facing and includes links to useful resources, publications and websites, and updates on national work to support Telecare Service continuity. If you have any questions relating to any of the content within this update or need further support, please get in touch.

We are also using Microsoft Teams as a collaboration space to share resources, information and advice, ask questions and discuss topics of interest relating to COVID-19. If you would like to join please register now.

We have recently launched Telecare Drop-In Sessions which are held fortnightly, providing support for telecare service continuity during COVID-19. Join our next online session on Thursday 14th May from 12.30 - 1.30pm, to hear more about Remote Working for Alarm Receiving Centres.

Remote Working: Call Handling

During the COVID-19 outbreak, one of the recommendations from the National Telecare COVID-19 Advisory Group is that Partnerships consider whether remote working can help improve the resilience of telecare service delivery, both during the COVID-19 crisis, and in the longer term.

Remote working arrangements for Alarm Receiving Centres (ARC)s would allow call takers, and other staff involved in telecare delivery, to access the telecare solution even if they are unable to physically enter the Partnership’s offices, therefore helping to keep services operational. A number of ARC solutions currently in use in Scotland can support remote working, however, the exact detail of how this is implemented will vary between Partnerships.
An asynchronous outpatient refers to a specific mode of clinical interaction via a secure digital platform where a patient provides detail on their condition, health or history not included in the original referral (potentially including photographs or video), which is then reviewed at a separate time (i.e. asynchronously) by a clinician to progress the patient's care.

Asynchronous outpatients have similarities to other tools already promoted within Scottish Government, most obviously with telephone and Near Me appointments, but also with Active Clinical Referral Triage (ACRT), Opt-in appointments and Patient Initiated Review (PIR).

‘OpenEyes’, an open source electronic patient record for ophthalmology enables asynchronous consultations with patients, supports Emergency Eyecare Treatment Centres and shares the information needed to treat patients between optometrists and ophthalmologists, potentially supplemented with Near Me consultations. This is being implemented in Forth Valley and Grampian and the introduction of the Openeyes software onto the national digital platform allows for expansion across Scotland.

Assessment of the potential for asynchronous outpatients to be supported by the Modernising Patient Pathways Programme (MPPP) is underway. This would integrate the approach into a suite of existing tools and approaches in preparation for recovery from delays and latent demand caused by the COVID-19 situation, but also as part of longer term sustainability of patient pathways.

Scale up of dermatology solution and support for emergency procurement of a platform to facilitate dermatology asynchronous virtual outpatient consultations.

Considering how to address urgent requests to upscale asynchronous outpatient consultations in other specialties.
1 Enable People to Access Services Remotely

1.6 Asynchronous Outpatients

The examination event is one of many different events that can be used to document a patient examination, investigation or procedure. It can be customised by the selection of one of many elements that are displayed on the left hand side of the screen.

When eyedraw features are included and saved, the view mode of the examination event is compact and highly informative, allowing a concise summary of an examination.
1 Enable People to Access Services Remotely

1.6 Asynchronous Outpatients

<table>
<thead>
<tr>
<th>Traditional outpatient pathway</th>
<th>GP refers patient</th>
<th>GP sees patient</th>
<th>Booked into clinic</th>
<th>Seen in clinic</th>
<th>Investigations and treatment</th>
<th>Follow up</th>
<th>Discharge to primary care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing MPPP/SG approach</td>
<td>National Pathways</td>
<td>ACRT</td>
<td>Opt in appts.</td>
<td>Telephone/ Near me</td>
<td>Diagnostic pathways/ One-stop clinics</td>
<td>Discharge to PIR</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensuring referral is appropriate, timely and consistent across Scotland</td>
<td>Clinician reviews all available information and decides the most appropriate pathway</td>
<td>Allowing appropriate patients to opt in to appointments as needed</td>
<td>Allowing patient to have appointments without travelling to hospital</td>
<td>Ensuring patients get investigations as needed with minimal trips to hospital</td>
<td>Allowing appropriate patients to opt in to appointments as needed</td>
<td></td>
</tr>
<tr>
<td>Potential asynchronous application</td>
<td>Before triage</td>
<td>Supporting opt in</td>
<td>As further alternative to face to face</td>
<td>Supporting diagnostics</td>
<td>Supporting PIR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gaining additional information to support appropriate triage without additional burden for GPs</td>
<td>Asynchronous platforms can collect additional information to access advice or treatment</td>
<td>For some patient groups asynchronous may be more effective/patient-centred approach than telephone/Near Me to avoiding face to face appointments</td>
<td>Enabling straight to diagnostics/ one-stop clinics</td>
<td>Asynchronous platforms can collect additional information to access advice or treatment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

June 2020
## 1 Enable People to Access Services Remotely

### 1.7 Self isolation notes

<table>
<thead>
<tr>
<th>ACHIEVED</th>
<th>IN PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working alongside NHS X, self-isolation notes are available across the UK, avoiding the need for people to go to their GP for sick notes.</td>
<td>N/A</td>
</tr>
<tr>
<td>These are available on the <a href="https://www.nhsinform.scot">NHS Inform website</a> and regular counts of those completing a self-isolation note are reported from NHS Digital</td>
<td></td>
</tr>
</tbody>
</table>

June 2020
Have you been told to self-isolate by an NHS website or a healthcare professional?

For example, the NHS website, NHS 111 online, NHS inform, NHS Direct Wales, Covid-19 NI app or Public Health Agency.

- Yes
- No

Continue
## 2 Connect new facilities

### 2.1 Covid-19 Hubs, Testing and Assessment Centres

<table>
<thead>
<tr>
<th>ACHIEVED</th>
<th>IN PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS boards have established a network of COVID-19 Community Hubs and Assessment Centres across Scotland which aim to provide a comprehensive and expansive front line community response to enable rapid pathways for those affected by COVID-19.</td>
<td>Use of Near Me for consultation where appropriate</td>
</tr>
<tr>
<td>Support for set-up and functioning of the Covid-19 hubs, testing and assessment centres included supply of IT equipment, processes for triage of 111 calls into new locations and IT licences for Adastra – the out-of-hours patient management system</td>
<td></td>
</tr>
</tbody>
</table>
## Connect new facilities

### 2.2 Louisa Jordan (Nightingale) Hospital

<table>
<thead>
<tr>
<th>ACHIEVED</th>
<th>IN PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative IT set-up and connectivity of NHS Louisa Jordan across multiple partners including Programme Management Office, Procurement, Facilities Management, HR Services, Staff Rostering and IT equipment.</td>
<td>N/A</td>
</tr>
<tr>
<td>Assistance with IT set-up and connectivity of emergency store site near Queen Elizabeth University Hospital on behalf of GG&amp;C.</td>
<td></td>
</tr>
</tbody>
</table>

June 2020
2 Connect new facilities

2.2 Louisa Jordan (Nightingale) Hospital
3  Support vulnerable people

3.1  Shielding Services

<table>
<thead>
<tr>
<th>ACHIEVED</th>
<th>IN PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing General Practice IT systems issued Shielding letters to people who have a high risk of serious illness due to Covid-19. This process updates clinical systems to ensure hospitals and GPs are aware of those patients who have received shielding instructions.</td>
<td>A wider range of supports that might be offered is being explored.</td>
</tr>
<tr>
<td>An (SMS) text message service was created within a two-week timeframe for shielded people to request a free food package, delivered through the local authority, or to request their details be passed to supermarkets to book a priority delivery slot. This was extended to requests for prescription collection.</td>
<td></td>
</tr>
<tr>
<td>Both through data from council resilience hubs and the SMS service people are enabled to register for this service, working with retail partners.</td>
<td></td>
</tr>
<tr>
<td>As of 20 May 2020:</td>
<td></td>
</tr>
<tr>
<td>o 95,729 people have registered for the service</td>
<td></td>
</tr>
<tr>
<td>o 43,725 people have been sent to supermarket partners for priority delivery</td>
<td></td>
</tr>
<tr>
<td>o 71,420 food package requests sent to Brakes/Bidfood (food delivery partners)</td>
<td></td>
</tr>
<tr>
<td>Analytical needs for Local Authority community resilience hubs are supported by Agilisys’s Helping Hands - a rapid adoption of a digital solution to process related activities and maintain Vulnerable Persons Contact Management. This maintains a full, searchable contact history and reporting and actioning of requests</td>
<td></td>
</tr>
</tbody>
</table>
3 Support vulnerable people

3.1 Shielding Services

Text message service
You will have received information about this service in the letter sent to you by the Chief Medical Officer telling you that you’re considered to be in the shielding group.

This service will:

- send you text messages to ask if you need us to arrange a weekly delivery of basic groceries or if you’re running low on medication
- never ask you for financial or other personal information, and the text messages will always come from the same number, which is the one that you originally used to register with the service
- keep you up to date with the latest information for people who are shielding

If you have been told by your GP that you’re in the shielding group, but you haven’t yet received a letter from the Chief Medical Officer, you may find there is a delay of several days before you are able to register for the text message service while your records are being updated.
Essential ACP for COVID-19 (eACP) is being developed to support conversations with carers and loved ones about the type of care that they would like to receive should they become unwell.

The core applications will enable GPs and Community Nursing Teams to capture and share information so that people’s needs and wishes are recorded, shared, referred to and acted upon when treating a patient.

Health Improvement Scotland (HIS) have developed the template upon which the product is based and are working with NDS and NSS to develop the technology for the core application and ensure linkage with the Docman service for GPs and the National CHI for Demographic data.

The next user groups who will be targeted are Hospitals and Allied Health Professionals. The product is unable to include Social Care at this stage because of access issues, but they are envisaged to have access in future iterations.
3 Support vulnerable people

3.2 Advanced Care Planning for end of life

Anticipatory care planning

If you have a long term health condition, making an anticipatory care plan can help you get back in control over what's important to you.

Having a plan gives me a huge sense of relief.

Fiona (Carer and ACP service user)
### Achieved

A new £5 million programme has been developed to offer an internet connection, training and support, and a laptop or tablet to vulnerable people who are not already online during the response to coronavirus (Covid-19).

The Connecting Scotland programme is being delivered by the Scottish Government in a partnership developed with local authorities, Healthcare Improvement Scotland, The Scottish Council for Voluntary Organisations (SCVO) and the digital and IT sectors led by ScotlandIS. It is also supported by Microsoft, Leidos, the Data Lab, Accenture and Gartner.

In advance of the roll out of the main programme, the Scottish Council for Voluntary Organisations (SCVO) trialled the approach with clients from Glasgow Disability Alliance and Govan Housing Association.

### In Progress

The Connecting Scotland programme will, in its first phase, connect 9,000 more people who are considered at clinically high risk to Covid-19 so they can access services and support and connect with friends and family during the pandemic.

Those who take part in the programme will be paired with a 'digital champion' to support them for six months while they get connected and find the information they need.

Telecom providers are providing free access provided to NHS Websites so no phone data is used.

Wider exploration into connectivity to Private Hospitals and checking with NHS Boards to ensure no Premium Rate numbers are in place for families needing to call into hospitals.
About Connecting Scotland

Connecting Scotland is a Scottish Government initiative set up in response to the coronavirus pandemic to provide support to vulnerable people who are at home and are digitally excluded.

The problem

Digital connectivity is keeping most of us connected to friends and family, informed and entertained, and able to learn, work, shop and access public services during the pandemic.

However, there are many people who do not have:

- Access to kit – an appropriate internet enabled device
- Access to connectivity – the ability to pay for broadband or mobile data
- The skills and confidence to get online – many people that have been given devices by friends or family may be unable to use them
**Mental Health Support and Treatment for Adults**

### ACHIEVED

**Digital self-help**, currently available on NHS Inform, has been expanded. This includes a mixture of specific COVID-19 and generalised resources focused on the impact on mental health. In addition to this, a number of interactive self-help guides have been published on various topics that include; depression, anxiety, panic and sleep problems. Developed using the principles of Cognitive Behavioural Therapy (CBT) these guides are evidence based and have been developed in partnership with Clinical Psychology.

**Computerised CBT (cCBT)**, a rapid expansion of existing cCBT services nationally through the introduction of the Silver Cloud cCBT platform. This increasing capacity and treatment options to allow for greater accessibility to evidence based psychological therapy. Treatment choices will be expanded to include cCBT for Long Term Conditions, Social Anxiety, Health Anxiety, Depression and Anxiety with additional self-referral wellbeing programs on Stress, Sleep Problems, Resilience and COVID-19.

**Internet-Enabled Cognitive Behavioural Therapy (ieCBT)** is a therapist led treatment deliver using written communication which operates at a step above cCBT within a stepped care model. Previously trialled in three Health Board areas, ieCBT will be deployed across all Health Boards to enhance existing service provision with treatments being made available in the local areas that need it the most.

### IN PROGRESS

**AlliChat**

National development of the AlliChat mental health AI app to help young people (see Children and Young People below) to understand their mental health while providing direction to key sources of advice and support.

June 2020
Mental Health Support and Treatment for Adults

Section 4

Contents

- Section 3
- Section 4
- Section 5

Mental Health Support and Treatment for Adults

- Depression self-help guide
  - Work through a self-help guide for depression that uses cognitive behavioural therapy (CBT).

- Anxiety self-help guide
  - Work through a self-help guide for anxiety that uses cognitive behavioural therapy (CBT).

- Social anxiety self-help guide
  - Work through a self-help guide for social anxiety that uses cognitive behavioural therapy (CBT).

- Chronic pain self-help guide
  - Work through a self-help guide that uses cognitive behavioural therapy (CBT) to help you live with chronic pain.

- Problem solving self-help guide

- Sleep problems and insomnia self-help guide
  - Work through a self-help guide that uses cognitive behavioural therapy (CBT) and expert advice to manage sleep problems.

June 2020
**5 Support for care homes (page 1)**

**ACHIEVED**

The ‘Care in Place’ project being led by DHI and Scottish Care aims to identify where digital services and solutions may provide a helpful contribution to people managing, working and living in nursing and care homes by supporting extended periods of ‘care in place’ due to Covid-19. Activity is focused on increasing staff confidence around when and how to appropriately activate external clinical action; providing reassurance and support for residents, staff and families; and linking to other services if a situation deteriorates. Working with the care home and nursing home community, an initial mapping found five areas where digital solutions may be best able to support staff, families and residents:

- Consistent and structured symptom checking and decision support guidance
- Vital signs monitoring
- Anticipatory Care Planning/Co-managed care plans
- Access to external experts when clinical escalation is required
- Supporting social contact and communications with families, friends, spiritual care and activities to support mobility, avoid boredom and mental wellbeing.

A test of change is ‘live’ involving seven homes. This will test adaptations of the Clinical Assessment Tool for use in this environment and assess if the information gathered is sufficient to inform external clinical input from supporting GPs.

**IN PROGRESS**

The Covid-19 clinical assessment tool is being further modified and tested to support nursing home and care home staff.

Vital signs monitoring wearable technology will be assessed for suitability for nursing and care homes.

A workshop to explore Co-managed Care Plans from a social care perspective is being scheduled, with potential links to HIS ACP approach.
### ACHIEVED

Near Me Guidance and training material has been developed and issued to care home staff. Care Inspectorate staff are continuing to contact each care home with initial calls and then received either a follow up in depth call, additional information or an arranged Near Me test call.

Some local health boards have been providing direct support and equipment to care homes. The Care Inspectorate has also used Near Me as a way to engage with care providers and undertake ‘virtual’ visits, given the issues with undertaking a physical visit at this time.

Local telephone support provided by psychology services for staff mental health and wellbeing is available now to all Care Home staff in nine Health Board areas and the remaining areas are currently in the process of establishing these services. Further work is underway to promote this with care home staff. Additional support is being offered to staff through evidence based digital solutions for mental health and includes:

- Self-help resources available in the Wellbeing Hub, TURAS and NHS In-form.
- cCBT treatment and wellbeing programs through TURAS and the Wellbeing Hub
- Every few weeks Online Stress Control courses are available free to attend via YouTube.

### IN PROGRESS

Turas Learn bespoke resources are being developed with support for care home staff and how to support residents

Specific mental resources for care home staff are in development and will be available very shortly

Digital Strategy for Care homes bring progresses:

- Provision of NHS emails to care homes
- sets out priorities for future activity
- accelerates work currently underway where this is an identified priority
- identifies gaps in current activity and put in place coordinated approaches to address these gaps
- coordinates and provides focus for current future activity
5 Support for care homes

CORONAVIRUS RESILIENCE PLANNING:

USE OF NEAR ME VIDEO CONSULTING IN CARE PROVISION AND HOSPICES:

SUCH AS CARE HOMES, RESIDENTIAL HOMES, HOUSING ASSOCIATIONS AND HOSPICES

Near Me video consulting

Home ➔ Coronavirus ➔ Near Me video consulting
## 6 Support children and young people

### ACHIEVED

As well as advice and support on the Parent Club Scotland and Parentzone Scotland websites, information for young people is also available on the Young Scot website. It contains advice, tools, information and resources for young people during the coronavirus outbreak, including ways to look after mental wellbeing.

AlliChat is an Artificial Intelligence (AI) chat bot app that young people can use to start a conversation about their mental health and can personalise direction to advice and help and proven therapies from trusted sources. Developed via a CivTech challenge and as a collaboration between young people in Stirling, the NHS and industry, access to AlliChat is being increased to a national level.

The Care Inspectorate has distributed information and resources on Near Me to residential services for children and provided the opportunity for support by the engagement team.

### IN PROGRESS

Use of vCreate is being extended through a test of change to enabling parents to take video footage of seizures in the diagnosis of epilepsy in children. See section 1.3

The Young Scot young people’s panel is reviewing Near Me materials and how to promote Near Me to young people.

Think Ninja mental health app targeted at the 11-19 age range. Based on principles of CBT Think Ninja empowers children and young people to build resilience, manage their emotional health. The app is currently in the process of being clinical assessed and dependant on results could be made available nationally.
Support children and young people

Stirling’s young people have led in the development of a digital prototype that aims to tackle the stigma around adolescent mental health.

In the first-ever citizen sourced challenge* by CivTech – the Scottish Government programme which invites tech companies to solve public sector challenges – they worked closely with Edinburgh-based company, Voxsi, to address this serious issue using conversational Artificial Intelligence technology.

Mental health champions in Stirling’s secondary schools and members of the Stirling Youth Forum were among those involved in the pioneering project, which started seven months ago.

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June 2020
<table>
<thead>
<tr>
<th>ACHIEVED</th>
<th>IN PROGRESS</th>
</tr>
</thead>
</table>
| The Scottish Government has set out its "test, trace, isolate, support" approach. This will test people in the community who have symptoms consistent with Covid-19; use contact tracing to identify the close contacts of those cases; ask and support those close contacts to self-isolate and make sure that support is available to enable people to isolate effectively. | This largely people-powered effort will be augmented with digital solutions to support teams to carry out their functions efficiently and effectively. Through the utilisation of NHS Scotland’s existing ICT infrastructure, the tools will create a near real time public health intelligence system:  
Enhanced self-triage – access to self-help digital tools through NHS 24 as at section 1.1.  
Structured clinical assessment tool and data capture - A decision support app based on a previously-developed trauma app includes integration with existing infrastructure such as CHI lookup service. Following successful testing and refining, the app is being deployed in Glasgow. |
<table>
<thead>
<tr>
<th>Achieved</th>
<th>In Progress</th>
</tr>
</thead>
</table>
| **Simple Tracing Tools (STT)** – to equip local public health teams with simple case assignment and data capture tools to support phone interview-based contact tracing of confirmed cases in pilot from 18 May 2020. w/c 25 May 2020 for broader roll out. | **National Notification Service (NNS)** – development is underway to create a single, accelerated feed of test result data from Scottish and UK Government labs that feeds the National Notification Service which communicates test results to patients.  
**Co-managed Community Control (Co4)** – we are developing tools to enable self-service for both tracing and symptom tracking from members of the public willing and able to do so, enhancing the prioritisation for, and increasing the capacity of, NHS tracing teams.  
**A Scottish Contact Tracing Service** & cloud telephony capability is under now in development and will be ready in June 2020 for use in Scotland at a national and local level. This includes call handling technologies with more control, automation, data visualisation and governance capabilities. At this stage, the **Simple Tracing Tools (STT)** will be integrated into this national case management system. |
Section 7

Test, Trace, Isolate and Support

Co4 - Covid Co-Managed Community Control

June 2020
## Support the workforce

### Workforce self-reporting service

**ACHIEVED**

An NHS Scotland **workforce status reporting dashboard** to better understand the impact on the workforce and aid workforce planning in response to the pandemic.

The Turas platform has been extended to create a Hub to allow the recording of the working status of staff members. The work status allows the recording of whether the staff member is able to work or not, and where they are working from (normal place of work, at home or in a different location to their normal working place).

**IN PROGRESS**

Only NES staff have been asked to enter their status into the application so far, but it could potentially be used by other health boards. It has so far been used to record 3519 work statuses.
8 Support the workforce

8.1 Workforce self-reporting service
## 8 Support the workforce

### 8.2 Remote Working

**Achieved**

Health and care organisations across Scotland have been supported to transform remote working capabilities for staff through scaled deployment of devices, increased virtual private network (VPN) capacity and virtual desk-top solutions, rapid roll out of Microsoft Teams and making internal systems securely available to those working at home.

Negotiation and full deployment of over 230,000 Microsoft Teams licences across NHS Scotland was completed in a matter of days so that those who can, are able to work from home and a dedicated support desk is in place. Most Councils already had Office 365 subscription, but those that did not were able to benefit from free Office 365 E1 licences.

Third sector partners have been able to join Teams as guests where they do not have licences. SCVO published a review of remote working resources for third sector organisations and offered Scottish charities a free 15-minute chat with a digital expert to help get started with remote working.

A rapid review of remote working mechanisms for local government negotiated 90 day' free licences for those that appeared to offer appropriate supports with a minimum footprint or installation overhead.

**In Progress**

Further support and standardisation for Office 365
8 Support the workforce

8.2 Remote Working

NHS staff can use Microsoft Teams for free amid Coronavirus outbreak

March 19, 2020 | Microsoft reporter

SCOTTISH LOCAL GOVERNMENT - ENABLING REMOTE WORKING

Your inbox has likely been inundated with offers from suppliers over the past few days promising free services to help you during the Coronavirus crisis. The Digital Office has carried out a review of these offers, providing a menu of remote working options in order to allow Scottish Local Authority IT Managers to focus on more pressing matters during this unprecedented time. Understanding that making drastic changes to infrastructure is not sensible during a crisis, we have focused on products with a minimum footprint or installation overhead. Additionally, we have mandated suppliers a minimum of 90 days free licensing to take us beyond the anticipated epidemic peak in June.

The BlackBerry and ZephoApp tools in particular, will require central co-ordination to implement. For that reason, if you are interested in any of these tools, please contact the Digital Office using the contact details below no later than Friday 27 March to enable implementation at the fastest possible speed. For all other tools, please follow the links provided.

VPN
- Free unlimited VPN licenses for 120 days.
- Free unlimited Mobile Access Security licenses for 120 days.

Remote Collaboration
- Microsoft has focused on Microsoft Teams in response to the working from home transformation occurring across the world. Most councils will already have access to Teams through their Office 365 subscription however free CICIL licences are available for those that do not.
- Find out more.
- Teams is a powerful video conferencing tool.
- Find out more.

Business Continuity Messaging
- Mobile Device Management & BYOD
- BlackBerry is offering Digital Workspaces as a free option. This enables a seamless integration into the Office and allows the device to be used directly through BYOD (mobile, desktops and laptops).
- Find out more.

Crisis Communications
- BlackBerry offers a crisis communications management application that can be installed on any mobile device. It enables functionality very similar to that of WhatsApp, but is secured in such a way that it is appropriate for business use.
- Find out more.

The above tools have been examined by Scottish Local Authorities who have endorsed the use of temporary free-to-use licenses with no obligation or commitment to suppliers who are positively supporting the Local Government response to the current situation. After the initial period has concluded Councils are advised that normal procurement rules should be undertaken.

If you have any questions about the above tools or require assistance, please contact the Digital Office by email or call Chief Information Security Office, Andy Garrod on 07759 196091.

June 2020
### 8 Support the workforce

#### 8.3 Recruitment Portal

<table>
<thead>
<tr>
<th>ACHIEVED</th>
<th>IN PROGRESS</th>
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</thead>
<tbody>
<tr>
<td><strong>The Covid-19 Accelerated Recruitment Portal</strong> is a single, web-based recruitment system (portal). It supports the process of bringing individuals into the Health and Care workforce. It includes the mechanisms to employ staff on fixed term contracts and is aimed at all kinds of professionals who have worked in health and social care in the past as well as final year students. It was developed in a three-week period from a standing start by NHS Education for Scotland in collaboration with the Scottish Social Services Council (SSSC), Care Inspectorate and Scottish Government Health &amp; Care Workforce Directorate as well as NHS boards.</td>
<td><strong>The Portal went live on the 28th March. It is now paused but continues to process and deploy over 10,000 people who used it to register interest.</strong></td>
</tr>
<tr>
<td><strong>Automation of back end processes</strong> has been undertaken to support workforce planning, managing timesheets and optimisation of staffing.</td>
<td></td>
</tr>
</tbody>
</table>

June 2020
8 Support the workforce

8.3 Recruitment Portal
A new national digital wellbeing hub enables staff, carers, volunteers and their families to access relevant support when they need it, and provides a range of self-care and wellbeing resources designed to aid resilience as the whole workforce responds to the impact of Covid-19. The hub is the first of its kind in the UK and its content has been created by trauma and other specialists in Scotland.

**Psychosocial mental health and wellbeing support** for staff and their families across health and care and all sectors is available online through the TURAS platform and **PRoMIS Wellbeing Hub**.

**Advice guidance and self-help resources** targeted at mild conditions and contain wellbeing advice that staff can download directly from the platform.

**Computerised Cognitive Behavioural Therapy (CCBT)** has now been made available for all NHS and Social Care staff and their families. This a self-help, self-referral programme focused on Stress, Sleep Problems, Resilience and Anxiety. This is accessible through the **Daylight**, **Silver Cloud** and **Sleepio** cCBT platforms.

### IN PROGRESS

- A number of other resources in development include:
- Bespoke resources on support for care home staff and how to support residents
- A self-care guide for staff looking after patients with coronavirus
- Tips on how to cope if you are worried about coronavirus
- Advice for professionals providing support to people in self-isolation
8 Support the workforce

8.4 Supporting staff wellbeing

Resources for individuals

COVID-19 has changed our lives and placed exceptional demands on people working in health and social care. We’ve created this website to make it easy for you to find information, resources and support to help you at work and at home.

The resources on this page are based on the principles of psychological first aid. This means we’re providing advice and support for your practical, everyday needs and relationships, as well as tips on self-care, to help you cope with the challenges you’re facing during the pandemic. We hope it’s helpful. Please take care of yourselves.

Resources for individuals

Everyday needs at home

Find childcare and money advice to staying safe

Everyday needs at work

Information on your needs at work

Unpaid Carers

Information for unpaid carers
### 8 Support the workforce

#### 8.5 Workforce Learning Resources for Covid-19

<table>
<thead>
<tr>
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<tr>
<td>A range of Covid-19 specific learning, guidance and induction resources have been developed on Turas Learn for all health and social care staff deployed or redeployed to support services. Topics include profession-specific assessment procedures, protection, end of life topics, volunteers and students.</td>
</tr>
<tr>
<td>A Psychological First Aid on-line learning module has been designed to support anyone who is delivering health or social care to deliver effective Psychological First Aid (PFA) throughout the Covid-19 pandemic.</td>
</tr>
<tr>
<td>NHS Lanarkshire, NHS Lothian and NHS Greater Glasgow and Clyde have used the Right Decision Service (RDS) to deliver mobile and web apps with local COVID guidance and pathways to support frontline staff. The RDS search engine has expanded to work across Covid-19 guidance and evidence summaries.</td>
</tr>
<tr>
<td>Knowledge Services Covid-19 are a range of on-line services to support all health and social care staff including bespoke and completed literature searches on a range of topics</td>
</tr>
<tr>
<td>Digital Health &amp; Care Supporting Covid-19 Bulletins have been issued weekly and distributed widely across the digital health and care community since the end of March to enable easy dissemination of relevant updates in one place</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IN PROGRESS</th>
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<tbody>
<tr>
<td>The Right Decision Service search engine is expanding to work across Covid-19 guidance and evidence summaries. Over the coming months we will be exploring use of an AI chatbot to carry out intelligent searches across Covid-19 research sources.</td>
</tr>
<tr>
<td>The Right Decision Service is working with SIGN to deliver mobile and web digital tools for management of delirium and assessment of COVID in primary care.</td>
</tr>
</tbody>
</table>
Introduction

NHS Education for Scotland (NES) are developing a range of educational and induction resources for all health and social care staff deployed or redeployed to support services. The website will be regularly reviewed and updated in line with current advice and as new material becomes available.

Please see Health Protection Scotland website for regularly updated information and Scotland-specific guidance for professionals and organisations.

Information for the public on COVID-19 can be found on NHS Inform.
### National Health and Care Information Governance (IG) contact centre

A short life group of experts that can be reached during the Covid-19 situation has been formed – to pick up on Information Governance issues arising such as compliance with data protection, privacy and digital communications regulations as needed. Local Government representation is included in this.

### UK-Wide IG group and 4 Nations collaboration

A UK-Wide IG group has been operating in order to reach agreement on Covid-19 joint work required to ensure fair, secure and lawful sharing of data between devolved Nations and UK Government. The work has been focused on data sharing required for testing and TTI’s programme.

The existing IG links and collaboration with our IG counterparts across the 4 Nations has been strengthened during the pandemic by sharing approaches, knowledge and IG resources.

### Information Governance Guidance

Covid-19 specific guidance issued with support from the Information Commissioner’s Office and all regulators making it clear that it could be more harmful not to share information than to share it.

---

June 2020
Information Governance

COVID-19 Information Governance Advice

Information governance is all about how to manage and share information appropriately.

The health and social care system is facing significant pressures due to the COVID-19 outbreak. In the current circumstances it could be more harmful not to share health and care information than to share it. The Information Commissioner has provided assurance that she cannot envisage a situation where she would take action against a health and care professional clearly trying to deliver care. You can read the statement from the Information Commissioner’s Office, alongside their Q&A resource. Health and Social Care regulators across the UK have also published a joint statement.

We will need to work in different ways from usual and the focus should be what information you share and who you share it with, though due regard should be given to how you share it. This advice sets out some of the tools you can use to support individual care, share information and communicate with colleagues during this time.

We have also produced more detailed advice which we have linked below.

Further information can be found at

June 2020
### Advice, Guidance and Resources (page 2)

#### ACHIEVED

**Information Governance Rapid Response Tools & Processes.**
Information Governance rapid assessments have been devised and carried out to support developments at pace whilst maintaining due diligence across the breadth of the digital health and care response platforms.

**A simplified tool (Rapid Data Protection Assessment)** has been published, to allow speedy, but reasonable, scrutiny of new proposals for processing data for a COVID-19 purpose. Rapid processes have been put in place to speed up the ethical and IG scrutiny of requests for processing health and care data for a COVID-19 Purpose, which also includes research activities. A **Rapid Public Benefit and Privacy Panel (PBPP)** as well as a **Rapid CHI Advisory Group** processes have been put in place.

The combination of rapid tools and process, allows focus on core ethical and compliance requirements, speeding up data sharing or processing of data considerably whilst ensuring data controllers can rapidly assess data protection and privacy risks and assure that due diligence has taken place.

#### IN PROGRESS

A rapid process to enable cross GP Practice agreement for use of GP data for Covid research and studies has been set out by the CMO. Work is in progress to develop a Model of Assurance for GP Practices which will enable future Covid uses of GP data to be scrutinised and agreed via the rapid PBPP process.
9 Support ethical processing of data

9.1 Advice, Guidance and Resources

COVID-19
Information Governance
Rapid Data Protection Assessment v1.4

If you are starting a COVID-19 related project using personal data, please CHECK WITH YOUR LOCAL DATA PROTECTION OFFICE IF THEY HAVE AN EQUIVALENT “RAPID ASSESSMENT” FORM, otherwise you can use this form and send it to your local data protection/Information governance tea, once completed.

Contact details must be available in your local health board website. If you cannot find it, you have contact details for your Data Protection Officer and Caldicott Guardians available here:


By completing this form and submitting the form to your Data Protection Team you have done your best to comply with the reasonable Information Governance requirement for corporate accountability. You can continue with your project. Your Data Protection Office and/or your IG team will advise you if they have any questions.

NOTE: This template does not negate the need for formal documentation to be completed, such as a Data Protection Impact Assessment, or an Information / Data Sharing Agreement. These documents will be completed accordingly and at an appropriate time. Your Data Protection/Information Governance Team will advise accordingly based on this form.
A series of privacy notices have been published using various channels of communication, including:

- Scottish Government
- NHS Inform
- NHS NSS
- Public Health Scotland
- UK Government

A literature review has been published on existing work exploring public attitudes.

A summary of the most recent publications and news is visible from the “Latest Posts” section here: https://www.informationgovernance.scot.nhs.uk/Covid-19-privacy-statement/

New privacy notices are being issued as necessary as new measures continue to be put in place. This is an ongoing task. Updates on any new privacy notices are posted through the websites listed on the left.

We continue exploring public attitudes around sharing and use of administrative data for research and how these attitudes may correlate with Covid-19. Reports have been recently published: full review and executive summary, as well as a blog summarising the findings.
Support ethical processing of data

9.2 Transparency and public engagement

How the NHS handles your personal health information

This page tells you about what NHS Scotland may do with your personal data.

About NHS Scotland

What kind of personal information is NHS Scotland using?

Why we use personal information
Support ethical processing of data

Legal and Ethical Considerations

**ACHIEVED**

Covid-19 rapid response has required faster decision making on specific measures.

Scottish Ministers and The Scottish Government have taken direct responsibility for decisions over a number of measures (e.g. the new Louisa Jordan hospital).

This has required a DPIA to reflect the legal position of Ministers in regard to data control in relation to various measures, as well as the data controllership across other parties Scotland as well as UK Government.

A Webinar on “Digital ethics: making decisions on Covid-19 times” took place on the 27th of May 15:30. The panel included a wide range of experts and explored the big digital ethics questions that Covid-19 has brought, how integrity is still possible in times to crisis and any signs of changes in the collective moral code.

**IN PROGRESS**

A tool has been made available to reflect and record Digital Ethics considerations on digital and data measures taken during Covid-19. The tool will be published [here](#).

These summaries will be collected and analysed by the Digital Ethics programme to add re-assurance to the public and Ministers.

June 2020
9 Support ethical processing of data

9.3 Legal and Ethical Considerations
## 10 Protect our systems

### 10.1 Cyber Security

<table>
<thead>
<tr>
<th>ACHIEVED</th>
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<tbody>
<tr>
<td><strong>Cyber Resilience Business Continuity Snapshot Review</strong>&lt;br&gt;Experts continue to see indications that Advanced Persistent Threat groups are exploiting the Covid-19 pandemic as part of their cyber operations and have highlighted that healthcare bodies are amongst the organisations at risk. As part of the response, a document-based evaluation to understand the level of preparedness of NHS Scotland in terms of health board capacity and capability in cyber security business continuity and resilience was completed.</td>
<td>Maintaining close working relationships, focusing on various areas of work including:&lt;br&gt;• Utilising the expertise and capacity of the National Cyber Security Centre (NCSC) at GCHQ to help mitigate the threat&lt;br&gt;• Active threat hunting capability with associated dashboards and incident response&lt;br&gt;• Identify and block Covid-19 related threats including false Covid-19 websites, phishing emails and video conferencing security&lt;br&gt;• Increased call-off provision on cyber incident response contracts, which can be deployed in the event of a cyber-incident</td>
</tr>
</tbody>
</table>

**Cyber Resilience Notice**<br>Production of a regular ‘Cyber Resilience Notice’ for business organisations, public sector organisations, charities and the general public, raising awareness of simple measures everyone can take to be safer and more resilient online.
10 Protect our systems

10.1 Cyber Security

Cyber Resilience Notice COVID-19 07/05/2020

As a result of the significant rise in COVID-19 related scams, over the next few months, the Scottish Government Cyber Resilience Unit will share important information. We aim to share these updates weekly. We ask that you consider circulating this information through your networks, adapting where you see fit. Advice and information is changing daily as we navigate our way through the COVID-19 pandemic, so please ensure you only take information from trusted sources.

As well emailing this bulletin to our stakeholders we have also made it available online here.

National Cyber Security Centre (NCSC)

Joint Advisory issued
The National Cyber Security Centre (NCSC) and Cybersecurity & Infrastructure Security Agency (CISA) continue to see indications that Advanced Persistent Threat (APT) groups are exploiting the COVID-19 pandemic as part of their cyber operations and have issued a second joint advisory. The joint NCSC/CISA advisory from 8 April 2020 detailed the exploitation of the COVID-19 pandemic by cyber criminals and APT groups. This joint NCSC-CISA advisory provides an update to ongoing

June 2020
### 10 Protect our systems

#### 10.2 Network Resilience

<table>
<thead>
<tr>
<th>ACHIEVED</th>
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<tbody>
<tr>
<td>The <strong>Scottish Wide Area Network (SWAN)</strong> has provided significant upgrades to the network connectivity including connections to the NHS Louisa Jordan (Nightingale) Hospital and provided additional Virtual Private Network (VPN) tokens to enable remote working. Several Boards who have their own remote access solution have also significantly upgraded their capacity. An agreement is also in place to supply additional bandwidth and phone lines where required.</td>
<td>N/A</td>
</tr>
</tbody>
</table>

June 2020
10 Protect our systems

10.2 Network Resilience

Smart Connected Scotland

The Scottish Wide Area Network (SWAN) is one of the most significant single public sector ICT initiatives ever undertaken in Scotland. The programme was set up to establish a single shared network and common ICT infrastructure across Scotland’s entire public sector. Watch our video to find out more.
### 11 Improve Data Access and Quality

#### 11.1 Automating Data Flows

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<thead>
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<tbody>
<tr>
<td>Several pieces of work on access to, connectivity and integration of data have been supported in partnership with a range of organisations. Some of these are explained at 11.2</td>
<td>Work is on-going to integrate data to create four data dashboards:</td>
</tr>
<tr>
<td>The diagram overleaf illustrates the way that the digital tools being developed to test, track, trace, isolate and support are integrated into automated data flows</td>
<td>1. Understanding the full current situation relating to Covid-19</td>
</tr>
<tr>
<td></td>
<td>2. Identifying the ‘typical’ Covid-19 Pathway</td>
</tr>
<tr>
<td></td>
<td>3. Modelling the impact of delays on non-Covid-19 latent demand (activity that did not happen that may return in the next few months)</td>
</tr>
<tr>
<td></td>
<td>4. Using epidemiological modelling together with disease data to identify how the disease might develop over the next weeks and months at Health board level</td>
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</table>
## 11.2 Links and data sharing examples

<table>
<thead>
<tr>
<th>ACHIEVED</th>
<th>IN PROGRESS</th>
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</thead>
<tbody>
<tr>
<td>Improved connectivity, linkage and access to key clinical systems and data has enabled and is continuing to support the following:</td>
<td>N/A</td>
</tr>
<tr>
<td>- Links and access to data to allow identification of vulnerable groups, shielding and the development of an opt-in communications hub within the National Digital Platform in order to identified patients to deliver food, medicine and other support mechanisms</td>
<td></td>
</tr>
<tr>
<td>- Enhanced access to GP data for pharmacies, ZOE app, EAVE-II</td>
<td></td>
</tr>
<tr>
<td>- Primary care teams worked at pace in March and April to increase the number of patients whose Key Information Summaries (KIS) are complete and shared from 4% of the population (340,000 people) to 17% (1.2 million people). There has been rapid rollout of access to KIS and Emergency Care Summaries (ECS) to new users including dentists, community pharmacists and optometrists.</td>
<td></td>
</tr>
<tr>
<td>- Improved data sharing across the UK in order to enable the delivery of unified solutions for testing centres, as well as track and trace solutions</td>
<td></td>
</tr>
<tr>
<td>- Enhanced Intra-NHS data sharing to enable data sharing amongst the key parties responsible for patients across Scotland in need of emergency care in any of the new Covid-19 hospitals</td>
<td></td>
</tr>
<tr>
<td>- Improved data in support of ICU bed occupancy &amp; capacity reporting to Scottish Government and integration into data warehouse</td>
<td></td>
</tr>
</tbody>
</table>
11 Improve Data Access and Quality

11.2 Links and data sharing examples

![Daily COVID-19 KIS Updates & Uploads (All Health Boards) chart]
## 11 Improve Data Access and Quality

### 11.3 Acquire new data sources to inform intelligence and evidence

<table>
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<tr>
<th>ACHIEVED</th>
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<tbody>
<tr>
<td><strong>The King’s College London and Zoe Symptom study</strong> with 3.5 million users is adding to the sources of intelligence being developed through the Test, Trace, Isolate and Support mechanisms to supply new sources of intelligence and evidence about what is happening across Scotland.**</td>
<td><strong>Analysis of social media responses to the outbreak and the measures introduced are being sourced to understand the reaction from, and impact on, citizens and to inform strategy going forward</strong></td>
</tr>
</tbody>
</table>

This will help supplement local and international data and to inform strategies in response to the outbreak and the recovery phase thereafter.
11.3 Acquire new data sources to inform intelligence and evidence
12.1 Support planning, assessment of interventions, research

**ACHIEVED**

Established a **Cross-Sector Data Task Force** to identify, create and share data, tools and resources to help streamline and co-ordinate a national response. With representation from the NHS, Local Government, Scottish Government, Police Scotland, Academia, the Third and Independent Sectors, the group aims to:

- Remove duplication and volume of data requests
- Reduce admin and work burden on local organisations’ data teams
- Increase efficiencies across all sectors in responding to Nations Needs
- Publish national data sets that everyone has access to for operational needs
- Help address Response, Recovery and Renewal

An **Expert Group** set up alongside rapid deployment of Sales Force Process, System and Training to work alongside Digital Directorate to ensure that offers of support from industry are appropriately triaged and can be utilised if useful to combat Covid-19

**IN PROGRESS**

N/A
Further data will be added as it becomes available and the tool will be updated weekly, aligned to the release of the Coronavirus (Covid-19) weekly report for Scotland.
Gather Intelligence and Evidence

12.2 Enable analysis and intelligence

Total Scotland COVID-19 Cases

<table>
<thead>
<tr>
<th>Total Scotland Cases</th>
<th>Daily Confirmed Cases</th>
<th>Total Deaths*</th>
</tr>
</thead>
<tbody>
<tr>
<td>13,929</td>
<td>166</td>
<td>1,973</td>
</tr>
</tbody>
</table>

Cumulative Cases
Moving the sliders (below) will change the time period displayed

Daily Confirmed Cases
Moving the sliders (below) will change the time period displayed
12 Gather Intelligence and Evidence

12.2 Enable analysis and intelligence
### 12 Gather Intelligence and Evidence

#### 12.3 Home Nations and International Engagement (page 1)

<table>
<thead>
<tr>
<th>ACHIEVED</th>
<th>IN PROGRESS</th>
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</thead>
<tbody>
<tr>
<td>Digital Health and Care are working in close collaboration with UK Government and Devolved Administrations to provide UK wide digital solutions for Covid-19 testing. These solutions provide Scottish citizens with the ability to book a test at Regional Test Sites, Mobile Test Units and home delivery utilising the UK Government (UKG) online portals for all Citizens and Key Workers, to which the patient receives their result directly. Utilising UKG network of test sites, labs and test kit distribution. The patient and result data is then fed into Public Health Scotland and combined with NHS Scotland Covid-19 data to support the Test and Protect strategy.</td>
<td>See next slide</td>
</tr>
<tr>
<td>Digital Health and Care in combination with Public Health England, Northern Ireland and Wales share technical design authority to deliver robust, secure and user centric digital solutions, with shared expertise and cross borders specific requirements to influence and support the desired collective outcomes for all home nations</td>
<td></td>
</tr>
<tr>
<td>Data is being shared across the 4 nations with considerations given to information governance (see section 9.1).</td>
<td></td>
</tr>
<tr>
<td>Collaboration with PHS, NHS, eHealth community, innovations centres and suppliers across home nations and international partners to provide digital solutions in support of Covid-19 Protect strategy.</td>
<td></td>
</tr>
</tbody>
</table>
### 12.3 Home Nations and International Engagement (page 2)

<table>
<thead>
<tr>
<th>ACHIEVED</th>
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</thead>
<tbody>
<tr>
<td>Digital Health and Care COVID-19 Weekly Updates. To date there have been 9 weekly updates distributed to Scottish, home nations and international stakeholders/networks.</td>
</tr>
<tr>
<td>Presentations on Scotland’s digital health and care response to COVID-19, as part of European and international virtual events.</td>
</tr>
<tr>
<td>Articles on Scotland’s response to COVID-19 for international stakeholders.</td>
</tr>
<tr>
<td>Responses to requests for specific information for stakeholders from Scotland, the home nations, and internationally on Scotland’s response to COVID-19.</td>
</tr>
<tr>
<td>Good practices and lessons learned shared with European and International stakeholders / networks.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IN PROGRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continue to facilitate opportunities to share best practice and lessons learned with Scottish, home nations and international partners.</td>
</tr>
</tbody>
</table>
From the Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care

Jeane Freeman MSP  
Cabinet Secretary for Health and Sport  
Scottish Government

By email

10 June 2020

Dear Jeane

I am writing to seek your agreement in-principle to the making of an Order under section 93 of the Scotland Act 1998 (“the 1998 Act”) to make provision in connection with the proposed NHS COVID-19 contact tracing App. The section 93 Order will be taken forward in the UK Parliament by the Scotland Office and is subject to negative resolution procedure.

This Order will specify that certain functions of the Scottish Ministers contained in the National Health Service (Scotland) Act 1978 and the Public Health etc Scotland Act 2008 may be exercised by United Kingdom Government Ministers.

The NHS COVID-19 app has been developed by my officials to alert users who have come in to close contact with someone diagnosed with COVID-19 and to advise them to self-isolate. The App will also allow those with COVID-19 symptoms to request a test. The app will form part of our NHS Test and Trace service to reduce transmission of the virus.

I understand from officials that the Scottish Government is likely to want to use the App as part of its Test, Trace, Isolate, Support programme. To cover the possibility that launching and operating the App might involve my exercise of public health functions which have been conferred on Scottish Ministers, I should be grateful if agency arrangements could be agreed under section 93. For that to happen, the functions in Scottish legislation that I might be exercising must be specified in the Order outlined above.

My officials have liaised with Scotland Office officials regarding the proposed Order and have provided them with our plans and proposed timetable.

The agency arrangements in relation to the App are being discussed between the United Kingdom Government and the Scottish Government. This request is therefore for agreement in principle to the taking forward of the Order and not agreement in principle to the launch and operation of the App, discussions on which are continuing in a constructive manner. Therefore, to be clear, the Order will not be progressed without your further agreement. There is a meeting of the Privy Council on 23 June. If we would like them to consider this matter, then we will need to submit the initial documentation on Friday. It
would, therefore, be very helpful to have confirmation by midday on 12 June that you are content in-principle for this Order to be taken forward if you want this matter considered by the Privy Council on 23 June. If not, their next meeting is 15 July.

I hope we can work closely to ensure a smooth joined-up experience for our citizens across the border.

I am copying this letter to the Rt Hon Alister Jack MP, Secretary of State for Scotland.

Yours ever,

MATT HANCOCK
Mr Hancock

Thank you for your letter dated the 10th of June.

I will issue a formal response to the letter in due course, but in the meantime in order to support the Privy Council timetable I can confirm that Scottish Ministers are content in principle to the making of an Order under section 93 of the Scotland Act 1998 to make provision in connection with the proposed NHS COVID-19 contact tracing App. I also note, and concur with your point, that this does not constitute agreement in principle to the launch and operation of the App itself, although as you say discussions on which are continuing in a constructive manner

Regards

Jeane Freeman MSP
Cabinet Secretary for Health and Sport
Scottish Government

All e-mails and attachments sent by a Ministerial Private Office to any other official on behalf of a Minister relating to a decision, request or comment made by a Minister, or a note of a Ministerial meeting, must be filed appropriately by the recipient. Private Offices do not keep official records of such e-mails or attachments.

Scottish Ministers, Special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot
From the Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care

Jeane Freeman MSP  
Cabinet Secretary for Health and Sport  
Scottish Government

By email:  

15 June 2020

Dear Jeane,

Thank you for your email of 12 June confirming your agreement in principle to the making of an Order under section 93 of the Scotland Act 1998 ("the 1998 Act") to make provision in connection with the proposed NHS COVID-19 contact tracing App.

This Order will cover the possibility that launching and operating the NHS COVID-19 App might involve my exercise of public health functions which have been conferred on Scottish Ministers. The functions in Scottish legislation that I might be exercising must be specified in the Order in order that we might then proceed to conclude an Agency Agreement which authorises my exercising those functions.

I am now writing to seek your final agreement to the making of this Order which will need to be considered by her Majesty in Council and taken forward in the UK Parliament and the Scottish Parliament under the negative resolution procedure.

I understand that our officials have reached agreement on the terms of this section 93 Order.

I am aware that you are not yet in a position to confirm that you want to use the App in Scotland and our officials are working closely together to provide the final assurances you need to make that decision. However, I hope that you will agree to proceed with the Order in Council so that it is in force if you do decide to enter into an Agency Agreement for use of the App. Having that Order in force does not commit your Government to entering into an Agency Agreement to use the App but it will ensure you could do so at speed once you have all the assurances you are seeking.

As you are aware, there is a meeting of the Privy Council on 23 June. If this Order is to be considered, then I will need to have your confirmation by Tuesday 16 June that you are content for this section 93 Order to be made and for you to take it through Scottish Parliament. It is conventional for there to be 21 and 28 day periods of scrutiny for such an Order in England and Scotland respectively. It is important to introduce the App into the service as soon as it is ready for launch. I cannot yet confirm when that date will be, but to provide maximum flexibility, I would suggest that we seek for the Order to be in place no later than 30 June. On public health grounds, the NHS COVID-19 App will have an
important role in extending the speed and reach of contact tracing across England and Scotland (and the other DAs) so I consider that this can be justified.

I hope you will agree that this would be a pragmatic step to ensure that there are no delays to Scottish citizens benefiting from the App should you choose, as I hope you will, that it will form part of your Test, Trace, Isolate and Support programme.

I am copying this letter to the Rt Hon Alister Jack MP, Secretary of State for Scotland who had already confirmed in principle the making of this s93 Order.

Yours ever,

MATT HANCOCK
Dear Matt

Further to my initial email response of 12 June 2020 confirming my support in principle, I am writing in response to your letter of 15 June to formally confirm that Scottish Ministers are content to proceed in the making of an Order under section 93 of the Scotland Act 1998. This will enable an agency arrangement in connection with the proposed NHS COVID-19 App when required.

I also note, and concur with your point set out in your letter of 10 June, that this does not constitute agreement in principle to the launch and operation of the App itself, although as you say discussions on this are continuing in a constructive manner. My officials have made this point clear in our accompanying Policy Note. I am also aware that the app is currently being developed in support of NHS England’s Test and Trace Service and we are actively considering the extent to which it can play a part within our NHS Test and Protect Programme (which is the delivery function of our Test, Trace, Isolate and Support Strategy).

With the Order setting out at a high level the purpose of the app, I am comfortable that our respective officials continue work on the related Agency Agreement on the functioning of the app in anticipation of any final decision by Scottish Ministers on the adoption, or otherwise, of the app as part our NHS Test and Protect Programme. My officials will also continue to engage with officials from your office and the other Devolved Administrations on the development of a shared Memorandum of Understanding setting out our shared agreement on governance, accountability and – crucially – data use. I would like this Memorandum of Understanding to be agreed in advance of any decision to launch the app across the UK.
Finally, whilst I appreciate the need to meet Privy Council timescales, and I appreciate that you are unable to confirm when the app will be ready for launch, I would be grateful if Scottish Ministers were given sufficient notice ahead of any proposed launch.

JEANE FREEMAN

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

St Andrew’s House, Regent Road, Edinburgh EH1 3DG
www.gov.scot
Dear Alister

Following recent developments in relation to the NHS Covid-19 App, the Secretary of State for Health & Social Care and I discussed last night (18 June) my intention to seek immediate withdrawal of the Section 93 Order which has been submitted to the Privy Council for their consideration on 23 June.

As agreed by the Secretary of State for Health & Social Care, and based on recent announcements by the UK Government, it is clear that there is no longer an urgent need for us to progress with the Order, and certainly nothing that justifies us breaching the 28 day procedure of the Scottish Parliament.

I am also mindful that at this stage the Scottish Government is unclear on the direction the new app is going to take, and note the statement issued by the Department for Health & Social Care on 18 June making it clear that developments would take place within the confines of England’s Test & Trace service without any reference to the devolved administrations. Whilst this may well be the right approach for England to take, the information I have at this stage makes it premature for us to continue with the Order at all as to do so I need to be certain it can play a part within our Test & Protect programme.

I have therefore asked my officials to explore all options available to us – although I would make it clear that that includes continuing to work with your officials and NHSx.

However in doing so I need to express my disappointment at how governance on the app has operated to date. For example, for several weeks my officials have been seeking access to data from the Isle of Wight pilot and, aside from being aware of a general issue with iPhones, it was disappointing to only finally learn via the BBC late last night that only 4% of iPhones actually worked.
This strikes me as being more than a single issue and for the App Oversight Board not to be informed of this suggests a refresh of governance and accountability is required in order for the Scottish Government to receive the necessary assurances required for our informed and genuinely collaborative participation in any future iterations of the Covid-19 App.

Given the urgency of this matter, I would be grateful if you could confirm by 18:00 today (19 June) that you are willing to withdraw the Section 93 Order.

With Kind Regards

JEANE FREEMAN
Dear Jeane,

Thank you for your letter today in relation to the contact tracing App and the Section 93 Order.

I am aware that the necessity of breaching the 28 day procedure of the Scottish Parliament, and 21 days in UK Parliament, was to ensure that the relevant legislation was in place to guarantee that as soon as the contact tracing App was launched, it could be used in Scotland, if you agreed to that step. Whilst UK Government still believes this was justified I accept your concern that the procedures for ensuring there is time for scrutiny to take place in both Parliaments should not be suspended, unless absolutely critical. I can therefore confirm that the Section 93 Order will no longer be considered at the Privy Council meeting on 23 June.

Officials will liaise separately on what processes can be put in place to satisfy all parties going forward and I am grateful for your commitment to continue to work with DHSC and NHSx on these matters.

I am copying this letter to the Secretary of State for Health and Social Care.

19 June 2020
From the Rt Hon Matt Hancock MP  
Secretary of State for Health and Social Care

Jeane Freeman MSP  
Cabinet Secretary for Health and Sport  
Scottish Government

By email  
23 June 2020

Dear Jeane,

Thank you for copying me in to your letter of 19 June to Alister Jack, Secretary of State for Scotland, notifying him of your decision to seek immediate withdrawal of the Section 93 Order which had been submitted to the Privy Council for consideration on 23 June.

As you know, this Order was to ensure that Scotland could enter into an Agency Agreement to use a contact tracing App developed by, or on behalf of the UK Government, as part of your Test and Protect programme if you chose to do so. It did not commit you to use the App we eventually launch but ensured that you could make that decision at speed as soon as an app is ready.

At the time of agreeing the Order, I was not able to confirm when an app would be ready for launch and the announcement on the change of approach does not change that. However, whilst we are not able to confirm a date, we are pivoting resources to finalise the new approach and I want to be ready to launch an app as soon as feasible.

Whilst there could not be timescale guarantees when we agreed the Order, there remained a possibility that an app could be available to launch or test before the Order could come into effect if the full scrutiny period was adhered to. That, alongside the very real public health risk that Covid-19 still presents, justified, in my opinion, the decision not to have the full scrutiny period so that Scotland would be in the position to benefit at the earliest opportunity an app is ready.

Whilst I still believe this was justified, I understand your concerns and I note that Alister has confirmed that the Section 93 Order will no longer be considered at the Privy Council meeting today. I do, however, still think that it is important for this Order to be in place and I would ask your agreement to resubmit an Order so that it can be considered by Privy Council at their July meeting. If you agree, our officials will work on that basis. My motivation is to ensure that the citizens of Scotland can use an app, if you decide it has a place in your Test and Protect programme, as soon as it is available. I understand that if we miss the July Privy Council meeting, there may not be an opportunity for the Privy Council to consider this until October.
Finally, as you may know, responsibility for taking forward the app will shortly be moving to the Department for Health and Social Care, so I will ask Baroness Harding to take that opportunity to review our governance structures to ensure they are able to deliver genuine collaborative working with the devolved administrations.

Yours ever,

MATT HANCOCK
Thank you for your follow up letter of 23 June on the NHS Covid-19 App and the Section 93 Order.

I am pleased to hear that you agree a review of governance structures would be beneficial, and that with Baroness Harding positioning this work firmly within your wider Test & Trace service there is a good opportunity for greater collaboration and shared learning to be established with our Test & Protect programme.

In order for the Scottish Government to receive the assurances it needs to adopt the app, I believe it is vitally important that Baroness Harding and her governance structure has an understanding of our Test & Protect service and the expected user journeys within that. I know you agree that it would be unwise to recommend that members of the Scottish public download and use the app if it has only been designed with England’s system in mind.

I understand that Baroness Harding has had an initial meeting this week with Caroline Lamb, our Director of Test & Protect where a positive discussion was had and I would encourage these to take place regularly. I believe it is mutually beneficial for both programmes to learn from each other and develop a shared understanding of our respective approaches, as well as develop appropriate governance links.

As you would anticipate from any governance review that delivers genuine collaborative working with the devolved administrations, I would also anticipate seeing greater involvement with civic society from across the devolved administrations in the design and the development of the app, which will be key to winning public trust. My officials would be happy to facilitate this, and I understand that initial discussions with the new app leadership team have been scheduled.
Bearing in mind the above points, I therefore agree in principle to continue with the Section 93 Order through the Privy Council process, recognising that it would otherwise be October before we could progress this further, and further noting that this still does not commit the Scottish Government to adopting the app at this stage.

I note your desire not to adhere to the full scrutiny period on the basis that the app may be available in some form earlier than anticipated, including potentially for trialling. Given that governance and delivery is being reset, and that we have not yet been sighted on any of the detail of the new version of the app, I believe it is premature at this stage to agree to your request.

You will be aware as well that the Scottish Parliament has now entered into its summer recess. I am therefore writing to the Convenor of the Health & Sport Committee to provide an update on plans around the Section 93 Order, given parliamentary interest in this agenda. I intend on appending our correspondence to that letter as I believe Scotland’s potential involvement in the app is in the public interest.

I understand that the Privy Council meeting has been pushed back to 21 July, which gives us to 10 July to reach final agreement on the making, laying and coming into force details of the Section 93 Order.