



NHS Management Executive  
St. Andrew's House  
Edinburgh EH1 3DG  
3rd March 1998

Dear Colleague

**Year 2000 (Millennium Timebomb) Date Problem in  
Computer Systems and  
Microprocessor- based Systems and Equipment**

**Summary**

1. NHS MEL (1996) 72 first alerted the NHSiS to the Year 2000 date problem and initiated an urgent programme of work to ensure that serious problems do not arise when computerised systems and other microprocessor-controlled equipment have to deal with dates in the Year 2000 and beyond. In 1996 and 1997 regular guidance material and briefings were issued to the Service. My letter of August 1997 emphasised the seriousness of the issue and that top management leadership was essential.
2. The purpose of this letter is to:
  - emphasise that each health body is responsible for resolving the issue and should ensure appropriate priority and resources are assigned to it
  - confirm the importance that the Government attaches to the issue
  - require health bodies to identify an Executive Director who will take corporate responsibility for resolution of the issue
  - require health bodies to meet specific target dates that have been set for Government Departments and to provide quarterly progress reports
  - provide an update on central initiatives which support local resolution (Annexe A)

**Action Required**

3. The Board of each NHSiS body must ensure that they are giving all due priority to addressing the Year 2000 problem across all parts of their organisation.

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**Addressees**

**For action:**

Chief Executives, NHS Trusts

General Managers, Health Boards

General Manager, Common Service  
Agency

General Manager,  
State Hospitals Board for Scotland

**For information:**

Executive Director, SCPMDE

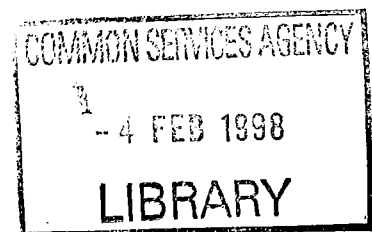
General Manager, Health  
Education Board for Scotland

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**Enquiries to:**

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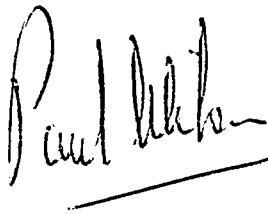
4. The following targets, set by Government will now be a requirement for all NHSiS bodies:

**31 March 1998**                      Completion of detailed project plans, including contingency plans and budget estimates for all critical business processes.

**31 December 1998**                All critical systems ready and fully tested, or detailed plans made for coping without those systems or equipment that cannot be rectified or replaced in time.

5. Those with specific Year 2000 responsibilities (Year 2000 Co-ordinator and Project Managers for each of the main streams identified - IS/IT, Estates, Medical Equipment, and so on) must have adequate resources - including access to SHOW (see 2 of Annexe A) - to manage the programmes effectively. This may necessitate senior management reallocating existing priorities. It is for each organisation to decide on priorities allocated to individual systems but it should be done in accordance with risk assessment which includes analysis of the probability and impact of failure or malfunction. Material issued at the workshops in October included a method for system vulnerability assessment.
6. Health bodies have already notified ISSG of their senior manager who acts as an overall point of contact for Year 2000 co-ordination. In some cases this is an Executive Board Director, but in many it is not. You are now asked to notify me of the Executive Board Director who has corporate responsibility for your Year 2000 Programme. I intend to meet such Executive Board Directors and overall Year 2000 co-ordinators.
7. Each NHSiS body must provide a quarterly progress report (referred to in 4 of Annexe A). Among other things these will be used to brief Cabinet Office and are being required from all Government Departments. The first will be due on **15 May 1998**. Further advice on their content will be sent to your nominated Executive Board Director and Year 200 co-ordinator
8. Health Boards, as well as managing their own Year 2000 programmes, have a responsibility for assuring themselves that those bodies from whom they commission healthcare services, in other sectors as well as the NHS, will be able to provide a safe, and continuity of, service. Similar considerations also apply to registration processes of non-NHS establishments. Guidance concerning general medical, and other contract practitioners is under consideration and Health Boards will be advised separately.
9. CSC User Groups for application systems are dealing with the core application system. Customers who have local variations or additions must make arrangements

for these directly with CSC. Similarly individual customers need to be clear on responsibilities for the operational environments on which their implementations of the application relies. CSC is issuing to customers compliance statements for each of their services. These statements are broken down into the components required to deliver the service. They will develop as more compliance information becomes available. In the meantime customers should check them for completeness and use them to be clear on where responsibilities lie for individual components.

A handwritten signature in black ink, appearing to read "Paul Wilson", written over a horizontal line.

**Paul Wilson**  
Director of Trusts

**Progress since August 1997**

Raising Awareness - Seminars and Workshops

1. In October, workshops, facilitated by the consultants Real Time Engineering, were held for Estates and Medical Devices staff in Stirling and Dundee. These were well received but 9 Trusts were not represented. A half-day seminar for IS/IT staff was held in Stirling on 18 December. A further Workshop for Year 2000 co-ordinators, IS/IT, Estates and Medical Devices staff was held on 29 January only 4 Trusts were not represented.

Information - Web Sites

2. The NHSiS Web-site is operational and Trusts, Boards and GPs with Internet facilities have access to a wide range of information about specific equipment and systems across IS/IT, Estates and Medical Devices. The Web-site is part of Scottish Health On the Web (address: [www.show.scot.nhs.uk/y2k](http://www.show.scot.nhs.uk/y2k)). The Estates Forum has sought information from 500 suppliers and Scottish Healthcare Supplies has canvassed 133 manufacturers of medical devices. Information is being fed to the web-site as it is obtained from suppliers. This central information should be used to help prioritise local action plans and should not be seen as reducing responsibilities of individual health bodies.

Progress within Health Boards and Trusts

3. A progress questionnaire was issued to all Trusts and Boards for return by 19 December 1997. These were analysed and reported on at the 29 January event. Ten organisations had not returned the questionnaire by that time. It is clear that, while some organisations are making reasonable progress with their Year 2000 programmes, none is as advanced as they would like and the NHSiS as a whole cannot yet say with confidence that the issue is being adequately addressed. One of the clear, recurring comments made is the problem of resources and competing priorities.
4. The intention of the questionnaire and the Workshop on 29 January was to inform future planning and to report to central government on progress. The Cabinet Office are seeking 3-monthly reports from The Scottish Office on progress including information about expected costs, timetable, resource difficulties, contingency plans and other problems. The NHSiS Co-ordinating Group has decided that 3-monthly reports will be sought from all Trusts and Boards to inform the process. A standard framework for this reporting is being designed in consultation with Service representatives.

### Estate Systems and Medical Devices

5. The RTE consultants have been working with staff at Dundee Teaching Hospitals NHS Trusts, focusing on four key estates/medical equipment areas involving 18 systems. Progress with this work was reported at the 29 January event. A report with general guidance and lessons learned is in preparation and will be issued to all NHSiS bodies at the end of March. The consultant also visited a Health Centre in Edinburgh and the findings from that will be incorporated in the GMP guidance referred to in 8 above.
  
6. Six estates/facilities managers have each been given responsibility for to pursue the main suppliers to try to establish Year 2000 status for particular systems. These are Lifts, Building Management systems, Medical Gases, Telephones, Sterilisers and Fire Alarms. The Trusts concerned are North Ayrshire & Arran, Queen Margaret, West Glasgow, Grampian Healthcare, Glasgow Royal Infirmary and Renfrewshire Healthcare. Similar consideration is being given to establishing categories of Medical Devices, particularly those critical for patient care, which might be given to individual Trusts for testing.

### IS/IT Systems

7. Members of the NHSiS Co-ordinating Group have met with Chairs of User Groups of IS/IT systems which are used by a number of Trusts, together with representations of CSC liaison Groups and CSC itself to ensure clarity about responsibilities and the pace of activity required. The process of assessing the resources required to make these systems (e.g. CHI, CHI satellites COMPAS, ICSIS, Payroll, PMIS) Year 2000 compliant is not yet complete. It was agreed at that meeting that the assessment process must be finished as quickly as possible and by 28 February a co-ordinated plan would be produced by CSC to tackle all of the IS/IT systems concerned. The plan would include provision of mainframe testing environments at the appropriate time to allow complete Year 2000 compliance testing and would be aimed at an overall completion date of 31 December 1998. A further meeting of User Group and CSC Liaison Group representations has been set for early March to consider the resource implications of the plan.

### Resource Implications

8. Representatives of Finance Directors are devising a framework for cost estimation. This will be part of the quarterly reports required of health bodies mentioned in 4 above. Reports will also be used to gauge what central financial or other resource support may be appropriate. It is intended that all staff involved in resolving the Year 2000 problem will be exempt from the 1998/1999 cost definition for NHS Trusts.

### Risk Assessment and Legal Advice

9. A briefing document on legal issues has been commissioned from the CLO. Further guidance on risk assessment and management is under consideration.

### Further Assistance

10. Suggestions on how the NHSiS Co-ordinating Group can assist health bodies to resolve their Year 2000 issue, through national supported co-ordination are welcome.