



THE SCOTTISH OFFICE

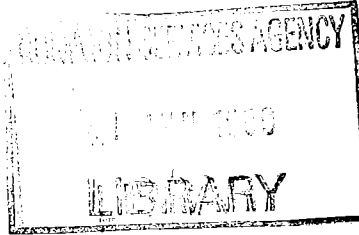
Department of Health

**NHS
MEL(1999)51**

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

18th June 1999

June 1999



Dear Colleague

COMPLETING THE NHSiS YEAR 2000 ACTION PROGRAMME

Summary

1. This letter provides further information and guidance on the NHS in Scotland's Year 2000 action programme, reports on progress and further plans for Independent Assessment and advises Health Boards, NHS Trusts and the Common Services Agency on the actions required over the remainder of this year.

2. With just over six months to go to the millennium period it is important that the progress achieved to date is maintained. Firm deadlines are identified in paragraphs 9 and 10 for achieving full millennium preparedness including the completion and testing of Business Continuity Plans. Chairmen, General Managers and Chief Executives are reminded of the requirement to ensure that there is no material disruption to the delivery of health services over the millennium period.

Background and Progress to Date.

3. The NHS in Scotland's Year 2000 action programme is co-ordinated by the National Co-ordinating Group which is now chaired by Ken Brewer. Each NHSiS body has an Executive Director responsible for the programme at local level and the Chief Officers and Boards of these bodies, who are briefed on progress regularly at public meetings, have this programme as a high priority.

4. Across the UK, Action 2000 facilitates and co-ordinates a national programme covering the 25 sectors which make up the UK Infrastructure. The work includes a programme of Independent Assessment commissioned or undertaken by regulators and other responsible bodies. The Management Executive is the body responsible for commissioning independent assessments of the state of preparedness of the NHS in Scotland. This is done to a set of standards determined by the

Addressees

For action:

General Managers, Health Boards
Chief Executives, NHS Trusts
General Manager, Common Services Agency
General Manager, State Hospitals Board for Scotland
Executive Director, SCPMDE
Chief Executive, Scottish Ambulance Service Board

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INVESTOR IN PEOPLE

Cabinet Office and Action 2000. A colour code (traffic light) is allocated to each organisation within the sector. The coding is:

Blue	Assessment identified no risks of material disruption
Amber	Some risk of material disruption but there is an agreed containment plan to rectify shortcomings.
Red	Severe risk of material disruption. Timely rectification may not be possible.
White	Unable to form assessment with present level of information.

5. The first phase of Independent Assessment which is being conducted across about 30% of NHSiS organisations by Admiral Management Services is now well underway and going to timetable. The Management Executive as the responsible body must draw up a preliminary Traffic Light Assessment of all NHS bodies in Scotland in time to report progress at the next Scottish Infrastructure Forum scheduled for 15th June. The work conducted by Admiral will form the basis for this public report.

6. The Independent Assessment process has revealed a high degree of commitment across the service with extensive work completed on individual systems compliance and testing. It is also evident that, in line with national guidelines, a great deal of effort is now being devoted to business continuity planning. However, some significant concerns about progress have been identified in relation to some Trusts and these are now being urgently addressed. Each Independent Assessment report contains specific recommendations to help the organisation concerned make satisfactory progress. To enable the Management Executive to have a more comprehensive picture across the services and also to assist Health Boards and Trusts in identifying any areas for particular attention it has been decided that the Independent Assessment programme should be extended to all Health Bodies in Scotland (see para. 11 below).

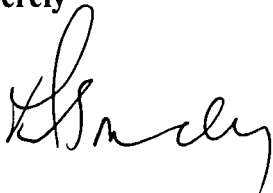
7. The levels of individual systems already compliant across the service are around 95%. The remaining task is to identify the individual items of equipment where there remains any doubt about compliance and ensure that specific actions are taken in good time to solve the problem or provide an operationally acceptable alternative.

8. The other principal area of activity for all NHSiS bodies is Business Continuity Planning. Previous guidance issued on this and other Year 2000 matters is summarised at Annex B to this MEL. Guidance on a number of other specific issues which have been discussed at the National Co-ordinating Group recently – namely HR issues; Supply Chain; Medical Equipment in Patients' Homes; and Primary Care – is set out in Annex A.

Actions

9. This MEL reaffirms the following dates for completion of Business Continuity Plans:
- level 2 and 3 agreed plans must be signed off by the General Manager / Chief Executive as appropriate by 30 June 1999.
 - updated versions of the plans must be tested by 30 September 1999.
10. All Health Bodies must complete the programme of remedial and testing work to achieve 100% compliance, or an operationally acceptable alternative, by 30 June 1999 for all systems. If, for very specific reasons, there are any exceptions to this 30 September must be regarded as the final date for compliance or operationally acceptable alternatives being in place.
11. The Management Executive is making arrangements:
- to extend the current programme of Independent Assessment by Admiral Management Consultants to cover all NHSiS bodies. This will be carried out in the coming weeks.
 - to follow up the current programme with a second round of visits in August/ September which will confirm that each body has moved to the required blue status by the end of September.
12. General Managers and Chief Executives must facilitate and accommodate these visits; it is recognised that the short timescales involved will create practical problems but these must be overcome. A detailed timetable has already been issued to the relevant organisations.

Yours sincerely



PAUL A BRADY

ANNEX A

Human Resources Issues

It is for local managers to decide on the staffing levels appropriate in the light of relevant local factors such as the potential demand for health services and the demand from staff for annual leave.

The Government has declared 31 December 1999 a one-off additional public holiday and as such it will attract any pay enhancements normally appropriate. Where public holiday working is a normal requirement, the strong presumption should be that normal arrangements will apply. Where there is no existing arrangement covering public holiday working, or local managers judge there is an exceptional need, any additional payments considered should not be excessive or substantially out of line with normal out-of-hours pay arrangements in the public sector. The cost of any additional payments must be met locally from within existing budgets.

Supply Chain

All Trusts are reminded that over the millennium period the ordering of goods should be carried out in a managed, responsible and rational way. Stockpiling or hoarding over and above that assessed as the forecast requirement is discouraged. Any such hoarding could result in problems maintaining availability over the period surrounding the Millennium. Hoarding before an event inevitably leads to a subsequent collapse in demand whilst excess stock is used up and creates difficulties for manufacturers and suppliers which will have a knock on effect on the NHSiS. Trusts are encouraged to forecast their requirements realistically and work with their suppliers to ensure delivery when required. In particular Trusts should liaise now with SNBTS over the supply of blood products likely to be needed during the period.

Medical Equipment in Patients' Homes

Trusts will have items of patient critical equipment deployed in patients' homes such as infusion pumps and dialysis machines. As these are part of Trust inventories they should have undergone the full programme of compliance checking. Trusts should check that this is so.

Primary Care

Guidance in respect of Year 2000 was produced last year for General Medical Practitioners, Pharmacists, Dentists and Optometrists. With the transition to Primary Care Trusts it is appropriate to remind Health Boards and Trusts of that guidance at this time. Copies are held on the SHOW web site (show.scot.nhs.uk).

Health Boards and Trusts are reminded of the need to actively involve Primary Care colleagues in the preparation, updating and testing of continuity plans. In addition, whilst recognising the Independent Status of Primary Care Contractors, Health Boards working in conjunction with Primary Care Trusts should seek assurances about the Millennium period preparedness of Primary Care Contractors in their area. Similar assurances should be sought from those responsible for out-of-hours services and in respect of nursing homes, hospices and private hospitals.

ANNEX B

SOURCES OF GUIDANCE FOR THE NHSIS YEAR 2000 ACTION PROGRAMME

General

1. The Millennium Date Change problem has been the subject of a number of Management Executive Letters:

- MEL (1996)72 issued in August 1996.
- Letter from Paul Wilson issued in August 1997
- MEL (1998)12 issued in March 1998.
- MEL (1998)25 issued in April 1998.
- MEL (1998)63 issued in September 1998.
- MEL (1998)70 issued in October 1998.

Business Continuity Planning

2. The revised Emergency Planning Guidance issued under MEL (1998) 76 in December 1998 is the basis for area wide planning. NHS MEL(1998)70 dated 27 October 1998. advised health bodies on the completion of plans at Levels 1, 2 and 3.

3. Relevant guidance on Level 3 planning is contained in MEL (1998) 63, Priorities and Planning Guidance for the NHS in Scotland for 1999 – 2002. This emphasises the need to take into account not just the date change but all service pressures which may be anticipated as we move into the new Millennium.

4. Other reference has been made to this subject in various documents issued by the Management Executive and the National Co-ordinating Group. The following is a list of advice issued to the Service

July 1998	Good Practice Guidance: Year 2000 Operational Continuity Planning (from NHS Executive)
September 1998	Year 2000 Seminar - presentation on Service Continuity Planning from project manager at Royal Hull Hospitals (NHS exemplar site)
October 1998	Various papers on Service Continuity Planning from Royal Hull Hospitals

November 1998	Further papers from Royal Hull Hospitals including sample documentation
November 1998	Briefing for Health Board General Managers on Millennium Contingency Planning followed by distribution of papers to BGMs who did not attend
January 1999	Year 2000 Seminar - workshops on Service Continuity Planning and Estates and Medical Devices contingency planning; following this feedback reports issued including a management briefing from the CCTA on Planning Business Continuity through the Year 2000
February 1999	Year 2000/Millennium Business Continuity Planning document from East Riding Health Authority issued to Health Boards
March 1999	A sample GP millennium contingency plan document issued to Health Boards
April – May 1999	Sample Business Continuity Planning documents