

# Minutes Approved

## NHS NATIONAL SERVICES SCOTLAND BOARD

### MINUTES OF MEETING HELD ON 21 DECEMBER 2020 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

- Present:**
- Mr Keith Redpath, NSS Chair
  - Ms Lisa Blackett Non-Executive Director
  - Ms Julie Burgess, Non-Executive Director
  - Mr Ian Cant, Employee Director
  - Mr John Deffenbaugh, Non-Executive Director
  - Mrs Kate Dunlop, Non-Executive Director
  - Mr Gordon Greenhill, Non-Executive Director
  - Professor Arturo Langa, Non-Executive Director
  - Mrs Carolyn Low, Director of Finance
  - Dr Lorna Ramsay, Medical Director
  - Ms Alison Rooney, Non-Executive Director
  - Mr Colin Sinclair, Chief Executive
- In Attendance:**
- Mrs Jacqui Jones, Director of HR and Workforce Development
  - Mr Deryck Mitchelson, Director of Digital and Security (DaS)
  - Mrs Mary Morgan, Director of Strategy, Performance and Service Transformation (SPST)
  - Mr Matthew Neilson, Associate Director – Strategy, Performance and Communications
  - Mrs Norma Shippin, Head of Central Legal Office [Items 1-7]
  - Mrs Lynsey Bailey, Committee Secretary [Minutes]
- Apologies:**
- Ms Rachel Browne, Audit Scotland
  - Mr Mark McDavid, Non-Executive Director
  - Professor Jacqueline Reilly, Nurse Director
  - Mr Mark Taylor, Audit Scotland
- Observing:**
- Mr Asim Ali, Audit Scotland
  - Ms Stephanie Knight, Scottish Government

## ACTION

### 1. INTRODUCTION

- 1.1 Mr Redpath welcomed all to the meeting which was being held virtually via the TEAMS platform.
- 1.2 Before starting the formal business of the meeting, Mr Redpath asked the Board Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

### 2. MINUTES AND MATTERS ARISING [Papers B/20/73 and B/20/74 refer]

- 2.1 Members noted the minutes from 23 September 2020 and following a brief discussion, approved them in full.



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Chair                      Keith Redpath  
Chief Executive        Colin Sinclair

- 2.2 In respect of the action list, Mr Deffenbaugh confirmed that he and Mr Neilson were still to liaise but would make arrangements soon. Members noted that all other actions were either complete, or would be covered by the agenda.

### **3. REGISTER OF INTERESTS [Paper B/20/75 refers]**

- 3.1 Members noted the updated Register of Interests, which included the new Non-Executives who had taken up post since the last meeting. Mr Redpath reminded Members to advise the Board Services Team of any changes required to their entries as and when necessary.

### **4. CHAIRS UPDATE [Paper B/20/83 refers]**

- 4.1 Mr Redpath spoke to his report which provided a summary of key activities since the September 2020 Board meeting. In particular, Members noted the appointment of Mrs Morgan to succeed Mr Sinclair as NSS Chief Executive, and the appointment of Mr Jim Miller, currently the Director of Procurement, Commissioning, and Facilities, as the new Chief Executive of NHS 24. Mr Redpath also sought Members' views on his suggested updates to the committee memberships and following a brief discussion, Members approved the changes to committee memberships as set out in the Chairs Report.

### **5. CHIEF EXECUTIVE'S UPDATE**

- 5.1 Mr Sinclair spoke to the following key highlights:
- The most immediate challenges currently facing the NHS were understanding the impact of the emergent new strain of COVID-19 as well as looking at the impact of the channel port closures on supplies;
  - In respect of the port closures, because of Brexit preparations, there was a good supply of stock already in Scotland and a number of essential deliveries were using alternative routes which were not currently impacted. However, there was work to be done to understand and mitigate the impact of this disruption on a longer term basis if it was not resolved quickly. EMT would be monitoring the situation and would provide updates as necessary;
  - Chief Executives had increasing concerns about the impact of the current work pressures on staff. Members received a brief overview of the steps Territorial Boards had been empowered to take to mitigate this but, there had been no mention of the measures including scaling back screening services as yet;
  - Handover plans were in place for the Chief Executive, and being made for the appointment of a successor to the Director of Procurement, Commissioning and Facilities;
  - The vaccination programme was progressing well. Members were provided with an overview of the current numbers vaccinated, the vaccine supply position and noted that there was a need to understand the impact of the new strain on vaccine effectiveness;
  - The recent virtual Recognising Excellence Event had been a great success and had reached a huge number of staff. Members acknowledged the benefits of making the event more widely accessible and noted this would be considered again for future years;
  - There had been very productive partnership discussions on organisational change and future ways of working, which would be factored into the plans being developed;
  - Work was being done around building more consistency into Board papers and it was hoped to see the benefits of this over the coming months;

- The National Contact Tracing Centre had been very effective and operating well within its current capacity. In recognition that this may need to be stepped up in the coming months, a meeting had been scheduled to discuss the planning assumptions for increasing its capacity as necessary;
- No confirmed final decision had been made about extending the timescales for decommissioning the Louisa Jordan Hospital yet but negotiations had commenced and an extension was likely.

5.2 Mr Sinclair then updated Members on the request made to participants in the UK Infected Blood Inquiry to waive legal privilege. Mrs Shippin explained the concept of legal privilege, the implications of waiving or retaining it, and the alternative options available to achieve similar outcomes. As an answer was not required imminently, Members were content to leave this for now and come back to it if any specific requests were received. They thanked Mr Sinclair and Mrs Shippin for the update and explanation.

## **6. RISK APPETITE AND RISK MANAGEMENT**

6.1 Mr Neilson spoke to the Risk Appetite Paper [paper **B/20/77** refers] which outlined the review of the risk appetite. Members noted that the position remained unchanged from previous years and, following a brief discussion and some minor points of clarification, they agreed that they were content to approve it.

6.2 Members then discussed the Risk Management Update [paper **B/20/77a** refers]. Members noted that the shift in the number of corporate risks was primarily due to transference of some former Public Health and Intelligence risks to Public Health Scotland, as well as completion of a review/closure exercise. The overall risk profile however remained the same. There were some gaps in the risk register, mainly around programmes/projects in the COVID-19 response, but Members were assured that plans were in place to discuss that at an upcoming EMT development session. Members expressed concerns over the figures for the Risk Management mandatory training and received an overview of the reasons impacting on the areas with the lowest figures (mainly the rapid influx of new staff) and the plans in place to improve that quickly. Members briefly discussed the Information Governance Breach risk (4577) and were assured that this was on track to be managed down.

## **7. PEOPLE REPORT [Paper B/20/78 refers]**

7.1 Members discussed the paper, which provided updates on a range of workforce issues such as sickness absence, case management, training, staff turnover, appraisals, recruitment, and occupational health, safety and wellbeing. They were pleased to note that NSS was in a positive position. Sickness absence continued to be low, and a deep dive review into that had indicated that this was a genuine reduction rather than due to under-reporting.

The flu vaccination programme had unfortunately not quite made its target for frontline staff but, overall, more staff had been vaccinated this year than ever before. In respect of COVID-19 vaccinations, NSS's 40 patient facing staff were to be vaccinated in territorial boards, with plans to prioritise the rest of the workforce starting in the new year. Staff numbers had been fluctuating but were expected to stabilise over the next few months.

7.2 Members asked whether the case management workload was expected to reduce and were advised that, in respect of cases relating to long-term sickness absence, it was. However, this work was not paused at present but a process had been put in place which was about to be reviewed by a Short-Life Working Group in order to move forward cases which had not been able to progress. Following a query about

the impact of remote working on identifying cases, Members were assured cases were still being picked up although it was difficult to say whether this was at a much lower or higher rate than before. In respect of sickness absence, Members were keen to hear how NSS's position compared with other Boards and what savings have been made through sickness absence reductions. They were advised that NSS was not performing significantly better or worse than most of the relatively similar Boards although it was difficult to get a true like-for-like comparison. Members were also advised that, while the figure for sickness absence costs had reduced significantly, this was purely indicative of salary costs and did not factor in any other associated costs.

- 7.3 Members discussed the figures of staff who had their objectives formally set and were advised that this was always a rolling position. 100% was not achievable due to new starts, people on leave etc, although it was acknowledged that the figure could be improved. Members asked about the level of detail that could be provided in the reasons for absence to ensure appropriate support for staff and were advised that as the reasons had to be grouped, that would not be visible at this level. However, it was expected that line managers would be aware of the specific reasons for their staff so would have appropriate discussions and plans in place to address them. In situations when Occupational Health needed to be involved, they provided an additional level of support as well.

Members discussed the level of support being provided to Public Health Scotland and the impact of that on the work for NSS. They were advised that this had been at a higher level than expected and, while it had not impacted detrimentally, more resource had been needed for Public Health Scotland than anticipated. In respect of meeting the Service Level Agreement, Members were assured that incremental improvement would be made over the coming year, but due to the various challenges faced at the moment, it was likely to take the full year to get there.

## **8. FINANCE REPORT [Paper B/20/79 refers]**

- 8.1 Members discussed the report in full, which updated on NSS's financial performance for the period ending 30 November 2020.

In particular, Members were pleased to note the positive position that NSS was on track to meet its financial targets at financial year-end. Members were content that, in respect of financial risks, the risk that NSS would not receive full funding for its COVID-19 support work continued to be low.

Members noted that NSS had been successful in lobbying around National Board collaboration contributions and securing the return of NSS's unplanned contributions. This meant there was a potential in-year surplus and Members were given an overview of plans in place to manage that.

NSS's COVID-19 activity spend had exceeded £330m and was expected to reach just over £600m by year-end. NSS was on track to achieve the required Cash Releasing Efficiency Savings but recurring savings was becoming a challenge. Capital funds were over committed although there were options to cover this as necessary. Following a query, Members received clarification that the figure noted for convalescent plasma was an anticipated spend should it need to go into full production but it had not yet been spent. Members also sought clarity on the underspend and where it would go and were advised that £5.5m would be returned to Boards, with the remainder retained by Scottish Government to help with the position for the next year. Members thanked Ms Low for her reassuring report.

**9. DIGITAL AND SECURITY UPDATE [Paper B/20/80 refers]**

- 9.1 Mr Mitchelson spoke to his report, which provided an update primarily in relation to the current focus on COVID-19 activities, but also provided an overview of the work across the National programmes and other key Digital and Security updates.

Members noted the updates provided and were pleased to note the overall positive position and good progress which continued to be made, in spite of challenges created by the pandemic response. Members were advised that the next phase of the Office365 programme would focus on Sharepoint. Members then asked about any potential licensing issues around this and were advised that clarification on this would come back in January 2021.

Members discussed the challenges which had lengthened timescales for delivering some of the projects and were assured that the Scottish Government and Cabinet Secretary were content with the new timescales. Members were also advised that a paper on the Cyber Centre of Excellence would be coming to the next NSS Board meeting on 24 March 2021.

**10. UPDATES FROM GOVERNANCE COMMITTEES [Paper B/20/81 refers]**

- 10.1 Members noted the updates provided from each of the Committees as provided.

Members discussed further the update from the Audit and Risk Committee regarding the Service Audit position. Mrs Low advised Members that the majority of testing had now been carried out and everything had gone to plan. There was still some work to be done but Mrs Low expected an update on that before the end of the week. Some of the frameworks were still being finalised but Members were assured that this had not impacted on timescales. Members were given an overview of the options the other Boards had if they were not happy with the Service Audit findings, noting that this potentially created reputational issues for NSS since the findings were to provide assurance to the other Boards' external auditors.

**11. FORWARD PROGRAMME [Paper B/20/82 refers]**

- 11.1 Members considered the Forward Programme as presented and were content with it. Members discussed the date for the development session and were advised this would be confirmed soon. Members were also updated on the recent discussions around the timescales for paper deadlines and the paper review process. Members agreed that it would be beneficial to include update items on the Forward Programme, covering areas that the Board had recently been discussing as major themes (e.g. ways of working and cyber security) and were assured this would be factored in.

**12. APPROVED COMMITTEE MINUTES**

- 12.1 Members noted the following approved minutes:

- NSS Audit & Risk Committee held on 28 May 2020 [paper **B/20/84** refers]
- NSS Audit & Risk Committee held on 17 June 2020 [paper **B/20/85** refers]
- NSS Audit & Risk Committee held on 10 August 2020 [paper **B/20/86** refers]
- NSS Finance, Procurement & Performance Committee held on 26 August 2020 [paper **B/20/87** refers]
- NSS Staff Governance Committee held on 27 August 2020 [paper **B/20/88** refers]
- NSS Clinical Governance & Quality Improvement Committee held on 4 September 2020 [paper **B/20/89** refers]
- NSS Audit and Risk Committee held on 15 September 2020 [paper **B/20/90** refers]

**13. ANY OTHER BUSINESS**

13.1 Members had no further business to raise at this point.

**14. DATE OF NEXT MEETING**

14.1 The next ordinary meeting of the Board was scheduled to take place on Monday, 24 March 2021, most likely to still be held via the Teams digital platform although it was hoped a return to NSS sites would be possible later on in the year.

There being no further business the meeting was closed at 1205 hrs