

# Agenda

**NSS BOARD FORMAL** **B/21/21b**  
**FRIDAY 25<sup>TH</sup> JUNE 2021, COMMENCING 0930 HRS VIA TEAMS**

**Lead:** Keith Redpath, NSS Chair

**In Attendance:** Jacqui Jones, Director of HR and Workforce Development  
Deryck Mitchelson, Director DaS  
Lee Neary, Director SPST  
Matthew Neilson, Assoc. Dir Strategy, Performance & Communications  
Karen Nicholls, Committee Services Manager – Minutes  
EMT Members to be confirmed

**Apologies:**

**Observer:** Inire Evong, National Audit Scotland  
Stephanie Knight, Scottish Government  
Seven NSS members of staff

**0930 – 1200 hrs**

1. Welcome and Introductions
2. **Items for Approval**
  - 2.1 Minutes of the previous meeting held on Wednesday, 3 February 2021 and Matters Arising **[B/21/22 and B/21/23]** – Keith Redpath
  - 2.2 Committee Annual Reports **[B/21/24]** – Keith Redpath
3. **Items for Scrutiny**
  - 3.1 Chairs Update – Keith Redpath
  - 3.2 Chief Executive's Update – Mary Morgan
  - 3.3 End of Year Performance Report **[B/21/25]** Lee Neary
  - 3.4 Review of Integrated Risk Management Approach (IRMA) **[B/21/39]**
    - 3.4.1 Risk Management Update **[B/21/40]**
  - 3.5 People Report **[B/21/26]** Jacqui Jones
    - 3.5.1 RIDDORs **[B/21/27]**



Chair  
Chief Executive

Keith Redpath  
Mary Morgan

3.6 Finance Report **[B/21/28]** Carolyn Low

3.7 DaS Report **[B/21/29]** Deryck Mitchelson

#### **4. Items for Information**

4.1 Board Forward Programme **[B/21/30]**

4.2 NSS Committees Approved and Draft Minutes

- NSS Clinical Governance and Quality Improvement Committee meetings 24<sup>th</sup> February 2021 and 19<sup>th</sup> May 2021 **[B/21/31 and B/21/32]**
- NSS Staff Governance Committee meetings 23<sup>rd</sup> February 2021 and 13<sup>th</sup> May 2021 **[B/21/33 and B/21/34]**
- NSS Audit and Risk Committee meetings 2<sup>nd</sup> March 2021 **[B/21/35]** and 26<sup>th</sup> May 2021 **[B/21/36]**
- NSS Finance, Procurement and Performance Committee meetings 3<sup>rd</sup> February 2021 **[B/21/37]** and 11<sup>th</sup> May 2021 **[B/21/38]**
- NSS Remuneration and Succession Planning Committee 15<sup>th</sup> June 2021 – Verbal update – Ian Cant

#### **5. Any other business**

**6. Date of next meeting – 30<sup>th</sup> August 2021 Formal meeting – single item agenda, followed by Board Development Session**

# Minutes

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## NHS NATIONAL SERVICES SCOTLAND BOARD

### MINUTES OF MEETING HELD ON 24 MARCH 2021 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  
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 (until item 5)  
Mrs Mary Morgan, Chief Executive Designate  
Mr Matthew Neilson, Associate Director – Strategy, Performance and Communications  
Mrs Norma Shippin, Head of Central Legal Office [Items 1-7]  
Mrs Karen Nicholls, Committee Services Manager [Minutes]  
Ms Jacqueline Reilly, Nurse Director  
Mr Scott Barnett, Head of Information & Cyber Security  
Mr Gordon Young, Counter Fraud Services [Item 1]

**Apologies:** Mr Deryck Mitchelson, Director of Digital and Security (DaS)

**Observer:** Carol Grant, Audit Scotland

#### 1. WELCOME AND INTRODUCTIONS

- 1.2 Mr Redpath welcomed all to the meeting which was being held virtually via the TEAMs platform. 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.



Chair  
Chief Executive

Keith Redpath  
Mary Morgan

NHS National Services Scotland is the common name of the  
Common Services Agency for the Scottish Health Service.

- 1.3 Members then took part in Fraud Awareness Training as part of their ongoing development plans.
- 1.4 There then followed a short discussion on the work of Counter Fraud Services and Members expressed their support for the team. Ms Burgess asked for confirmation, in her role as Board Fraud Champion and Chair of NSS Audit & Risk Committee, that all NSS fraud and audit action plans were aligned and queried where the assessments mentioned against the 12 'Principles' would be reporting. Ms Low advised that this was done collaboratively and the NSS Fraud Liaison Officer, currently Ms Laura Howard, was working with CFS to develop NSS strategy and response to the 12-step process. Additionally, there was a pilot programme looking at procurement to enhance the approach that the National Fraud Initiative takes, and to be more proactive in this instance.
- 1.5 Members noted that an update on progress would be taken to the NSS Audit & Risk Committee as part of the Quarter 2 reporting.

**Action: Mrs Low to liaise with Board Services to add to forward programme for NSS Audit & Risk Committee.**

- 1.6 After further discussion Members thanked Mr Young for his informative presentation and asked that the quarterly reports be shared with the Board for interest outwith meetings.

**Action: Board Services to contact FLO and arrange for bulletin to be shared.**

## **2. CHAIR'S UPDATE**

- 2.1 Mr Redpath then updated the Members on changes to the Board since the last meeting;
- Ms Dunlop had now retired as a Non-Executive and all Members passed on their thanks for her help and support during her tenure;
  - Mr Cant had been re-elected as Employee Director for another four-year term from July 2021;
  - Mr James Miller, Director Procurement, Commissioning and Facilities (PCF) would be leaving to take over the Chief Executive role for NHS24 shortly and Mr Gordon James would become the Director for PCF. Members thanked Mr Miller for all his work during his time with NSS, particularly during the pandemic;
  - The interviews for the new Director for NSS Strategy, Performance and Service Transformation were in progress;
  - Mr Sinclair would be leaving his role as Chief Executive of NSS at the end of March and after a robust recruitment process Mrs Morgan would be taking up this role. Members thanked Mr Sinclair for all his support and leadership during his time with NSS. Members also wished Mrs Morgan well in her new role.



2.2 Mr Redpath then updated Members as follows;

- The NSS Remobilisation Plan would be discussed in the In Private session later on the agenda as this was not yet in the public domain;
- There had been a 3-month extension to the current Emergency Powers;
- Board Chairs were meeting monthly and holding joint sessions with the NHSS Chief Executives and the Cabinet Secretary.
- A separate meeting had also been held with the First Minister focusing mainly on the vaccination programme;
- Other areas of discussion included:
- Chair's Appraisals;
- New Whistleblowing Standards and associated actions;

**3. MINUTES AND MATTERS ARISING [Papers B/21/02 and B/21/03 refer]**

- 3.1 Members considered the minutes from 21 December 2020 and following a brief discussion, approved them in full. Members noted that all outstanding actions were either complete, programmed for a future meeting, or would be covered by the agenda.

**4. CHIEF EXECUTIVE'S UPDATE**

- 4.1 Mrs Morgan took Members through her update and highlighted the following areas;

- In addition to NSS responsibilities, Mrs Morgan would Chair the following committees on behalf of NHS Board Chief Executives:
- Business Systems Programme Board
- Unique Device Identifier Programme Board
- National Infertility Group
- Scottish National Trauma Network
- A full induction programme for new CEO's was available and she would be taking full part in this;
- Work already started with the communications team to design future employee engagement programme, building upon what is already in place and works well.
- NSS continued to underpin the COVID response for NHS Scotland;
- Work is underway to define the NSS workplace of the future through our "Future Ready" programme which reports through the Partnership Forum;
- Public Inquiries – two currently in progress – The UK Infected Blood and Scottish Hospitals Inquiry - QEUH (NHS Greater Glasgow & Clyde) & The Royal Hospital for Children and Young People (NHS Lothian). Mrs Morgan provided additional details on the substantial ask on NSS Staff for both inquiries and would provide further updates to Members as appropriate;

- Two additional reports had been published in relation to the Queen Elizabeth University Hospital – an Independent Case Review of 84 children and the final oversight board report. NSS was working through both these reports as they contained national recommendations which were relevant to NSS services. An action plan would be developed and taken forward through the Assure programme, with governance via the NSS Clinical Governance and Quality Improvement Committee in due course;
- Two further reports were also being reviewed: Adult Social Care and Delivery of Forensic Mental Health and further updates would be provided. **Action: Board Services add to forward programme.**

4.2 Mr Sinclair thanked Mrs Morgan for her update and added his congratulations on her appointment as NSS CEO and the significant work that she had done to ensure that the new Royal Hospital for Children and Young People (NHS Lothian) was able to open. He then highlighted some additional areas as follows;

- COVID – Future for Vaccination/Test and Trace support which NSS had a significant involvement with had brought the number of NSS employees almost back to the level prior to the move of Public Health and Intelligence to Public Health Scotland;
- The performance appraisals for the Executive Management Team (EMT) had been carried out already and were with Mr Redpath for 'grand-parenting'. It was noted that the scores reflected the performance of the organisation and the EMT over the year, and this had been exceptional. Mrs Morgan would then be setting the objectives for the new year.

4.3 Members briefly discussed the vaccination programme in more detail, including the root cause of issues the previous week and were satisfied with the explanations received. Members noted that NSS had a considerable digital role in the vaccination programme, including developing the vaccination system in ServiceNow in an 8-week period, and Mr Sinclair advised that this was being well-managed.

## 5. PEOPLE REPORT [paper B/21/06 refers]

5.1 Mrs Jones took Members through the report and it was noted that;

- NSS was currently in a good place on a wide range of issues, however, there were some areas of concern raised at the EMT meeting that took place on 22 March 2021 that would require further discussion outwith the meeting. One area of concern related to the number of RIDDORS. These had all occurred in PCF and Scottish National Blood Transfusion Service (SNBTS) and were being fully investigated. Mrs Jones advised that she had personally spoken with the Directors involved and there would be additional work looking at 'human behaviours' as a result of the reviews.
- Mandatory and Statutory Training – this should now start to improve and it was noted that staff had been struggling to get time to undertake the courses and this would be constantly reviewed;
- Personal Development Plans/Objectives – discussions were on going with National Education Scotland around access to the raw data to enable NSS to

fully understand what the factual data was, as the current format did not provide the review and assurance required;

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- 5.2 Mr Cant, as Chair of the Occupational Health and Safety Committee advised that the Committee had been reassured that the proper processes were in place in relation to the RIDDORS, including the focus on human behaviours, and were working to understand the underlying issues.
- 5.3 With regards to the levels of statutory training, whilst they were not where they should be, a new fire module had been created in 2020 and since then staff had generally not been office based which may have impacted these figures. It was therefore anticipated that this would improve and OHSAC would look at this in more detail and this would be built into the 'future ready' programme.
- 5.4 Members briefly discussed the current situation with regards to Social Security Scotland ask and Mrs Jones confirmed that a future update would be provided as to what services would now be included. **Action: Board Services to add to forward programme.**
- 5.5 Ms Burgess asked whether accidents in the home were also being recorded in relation to RIDDORS etc, given that most staff were still out of the office. Mrs Jones advised that earlier communications to all staff had included this information and all had been encouraged to complete a Display Scene Equipment (DSE) assessment and return them to their Line Managers for discussion. This would be discussed further at OHSAC, but it should be remembered that the home environment was completely outwith NSS control so it was important to establish what had caused any incident.

**Action: All items to be discussed at OHSAC.**

- 5.6 Members noted that the policy on foreign travel and quarantine on return for the coming summer would be a nationwide issue and dealt with appropriately in line with that policy. Mrs Jones advised that any changes to this would be communicated to all staff.
- 5.7 After further discussion relating to RIDDORS, culture and wellbeing Ms Blackett offered her experience to support this. 9

**Action: J Jones/I Cant and L Blackett to liaise outwith meeting.**

- 5.8 Members noted the excellent work being done around the NSS COVID vaccination programme as well as supplying vaccinators to the wider programme.

## **6. BOARD ASSURANCE FRAMEWORK [paper B/21/05 refers]**

- 6.1 Mr Neilson took Members through a presentation relating to the development of a new Board Assurance Framework and highlighted the following;

- Important that as an organisation there was agreement on the assurance goals – and what should be achieved by the framework;
- Agreement on the framework approach;
- Set out principles of reporting to drive change and provide assurance.

6.2 Members then discussed each slide in detail and thanked Mr Neilson and his team for the work carried out to date. Members gave their support to the framework and were content with the proposals. Mr Neilson was asked to take them forward based on the discussions held.

## **7. NSS STANDING FINANCIAL INSTRUCTIONS [paper B/21/08 refers]**

7.1 Ms Low took Members through the revised NSS Standing Financial Instructions and highlighted the updates that had been made and the accompanying communications plan and training programmes. Members, including Ms Grant from Audit Scotland, noted that Appendix 1 provided a full summary of these changes and were content to approve them in full and noted that this had strengthened financial governance for NSS.

## **8. FINANCE REPORT [paper B/21/09 refers]**

8.1 Ms Low took Members through her report and noted the following;

- NSS was on track to meet all objectives and were now in a positive position with a surplus that would be managed appropriately;
- Discussions were ongoing with Scottish Government in relation to any surplus and the options available, including COVID spend;
- Members noted the provisions in place in relation to 'working from home' and holiday pay accruals should this be required across the NHS;
- Additional travel costs in relation to COVID were related to logistics of supply from overseas.

8.2 Members thanked Ms Low for her informative report and noted it in full.

## **9. BOARD FORWARD PROGRAMME [paper B/21/12 refers]**

9.1 Members noted the content of the programme including the additional meetings that would be required for the Annual Accounts in August rather than June.

## **10. NSS CYBER SECURITY EXCELLENCE CENTRE [paper B/21/11 refers]**

10.1 Mr Barnet took Members through the update and highlighted the following;

- Discussions had taken place with Scottish Government Digital and Health & Care Engagement Board on setting up the Centre and they had been supportive;
- First year funding had been received (Year 1 of 4) and recruitment was underway;
- Programme would be in 3 phases outlined in the presentation;

- This would provide a Once for Scotland approach to digital security.

10.2 Members discussed the paper in full and noted the importance of cyber security across the public sector, especially given the digital approach that was now in place. By having a single approach and campus it would bring speed and consistency to responses. Members looked forward to future updates on progress.

## **11. NSS DIGITAL AND SECURITY (DaS) UPDATE [paper B/21/10 refers]**

11.1 In the absence of Mr Mitchelson, Mr Sinclair provided some detail on the DaS update as follows:

- DaS were playing an integral role in the Testing, Trace and Vaccinate programmes of work;
- Decision required around the Office365 option to renew the contract for another 3 years with a 2-year extension option, or take out a new 3-year contract instead. Discussions relating to this would be going through the Directors of Finance and Chief Executives in due course as the most appropriate governance route.

## **12. WHISTLEBLOWING [paper B/21/07 refers]**

12.1 Professor Reilly took Members through the paper providing an update on NSS plans to implement the new mandatory Whistleblowing Standards from 1st April 2021 highlighting the following;

- All work done to date had been through due process;
- The new Roles and Responsibilities within NSS;
- Training and awareness programme for all NSS staff in progress;
- Impact on contractors/suppliers to the NHS.

12.2 Members discussed the paper in full and noted that whilst no specific financial implications had been identified, the widest reaching effect of the new standards was in relation to contracts/suppliers as they would also have to demonstrate that they had policies and procedures in place to meet the requirements of the Standards. Professor Reilly continued that a new risk had been articulated in relation to this, with mitigating actions identified should they be required. Additionally, a project group would be established within NSS to implement these mitigating actions. Ms Morgan commented that the Scottish Public Services Ombudsman may also see a role for NSS as a subject matter expert/partner in relation to the built environment. Mr Redpath thanked all for the update and added that all Members were encouraged to undertake the new training module on Whistleblowing now available in TURAS. **Action: All Non-Executives to undertake the Whistleblowing module available in TURAS.**

## **13. MINUTES FROM OTHER GOVERNANCE COMMITTEES [papers B/21/13 to B/21/20 refer]**

13.1 Mr Redpath drew Members attention to the reinstatement of draft Governance

Committee minutes in the papers. These would now be included on a regular basis rather than the previous Highlights Report. It was noted that these would only be discussed by exception if Committee Chairs required input from the Board as a whole.

#### **14. AOB**

14.1 There was no other relevant business discussed as part of the public meeting.

This concluded the public session of the Board meeting and Members took the opportunity to thank Mr Sinclair for his contribution to NSS and wish him the best for his retirement when it came. His service to NSS had been exemplary. He had taken the organisation to an excellent position over the past years, and his role in supporting the wider NHSScotland should not be underestimated. This was also the view of those external to NSS and this new additional role, delaying his retirement, was testament to that.

At this point the Board Members resolved under 5.22 of standing orders to exclude the press and public from its consideration of the issues.

#### **15. NSS REMOBILISATION PLAN [paper CICB/21/01 refers]**

- 15.1 Members noted the progress on the NSS Remobilisation Plan and the updates provided by Ms Morgan, Ms Low and Mr Neilson. After a short discussion Members were content to approve the plan for submission and future progress updates against plan would be added to the forward programme of business over the coming months.
- 15.2 The Chair apologised for the late distribution of the associated financial paper and the Director of Finance confirmed that she was able to present a balanced financial position for NSS to match the commitments in the plan for 21/22. It was agreed that Mrs. Low would be available to answer any subsequent detailed questions that arose from the financial paper.
- 15.3 The Board thereafter agreed to confirm their approval of the Remobilisation Plan and their approval of the 21/22 budget paper for the organisation.

#### **16. LEGAL PROFESSIONAL PRIVILEGE [paper CICB/21/02 refers]**

- 16.1 Mr Spalding, Director SNBTS took Members through the paper. After a robust Discussion, the Board approved the recommended course of action (option 2) as set out in the paper which is consistent with the position already set out by Scottish Government.

Meeting closed at 1415 Hours.

# NSS FORMAL BOARD ACTION LIST 2020-21



CLOSED

**B/21/23**

| Ref Item  | Action  | Responsible                 | Deadline         | Status  |
|---|---|-----------------------------|------------------|---|
| <b>FROM 24 MARCH 2021</b>   |   |                             |                  |   |
| 2021-03-24 Item: 1  | <b>Fraud Awareness Training/Update</b>  |                             |                  |   |
| 2021-03-24 Item: 1.5  | Board Services to add National Fraud Initiative to future meeting of NSS Audit & Risk forward programme                                     | Board Services              | Outwith meeting  | Complete. Added to forward programme for ARC.                     |
| 2021-03-24 Item: 1.6  | Board Services to liaise with FLO to share Fraud Awareness bulletin.  | Board Services              | Outwith meeting  | Complete. Bulletin to be shared when available.                   |
| 2021-03-24 Item: 4.1  | <b>Chief Executive's Update</b> Updates on Adult Social Care and Delivery of Forensic Mental Health to be programmed into a future meeting. | Board Services              | Future meeting.  | Added to forward programme.                                       |
| 2021-03-24 Item: 5  | <b>People Report [paper B/21/06 refers]</b>   |                             |                  |   |
| 2021-03-24 Item: 5.4/5.7  | J Jones to provide an update on Social Security Scotland as to a future meeting.  | J Jones/Board Services      | Future meeting   | Added to forward programme for a future meeting when appropriate. |
| 2021-03-24 Item: 5.5  | RIDDORs and related actions to be discussed at OHSAC and an update to Board as appropriate.   | J Jones/Ian Cant/L Blackett | Outwith meeting. |   |
| 2021-03-24 Item: 12.2   | <b>Whistleblowing Update</b> All Non-Executives to undertake the new Whistleblowing training module in TURAS.                               | All NEDs                    | Outwith meeting  |   |
| <b>FROM 23 SEPTEMBER 2020 – NO OUTSTANDING ACTIONS</b>            |   |                             |                  |   |
| <b>FROM 14 AUGUST 2020 – NO ACTIONS RECORDED FOR THIS MEETING</b> |   |                             |                  |   |
| <b>FROM 26 MAY 2020 – NO OUTSTANDING ACTIONS</b>                  |   |                             |                  |   |
| <b>FROM 26 MARCH 2020 – NO OUTSTANDING ITEMS</b>                  |   |                             |                  |   |

|   |   |
|---|---|
| <b>Meeting:</b>                             | <b>NSS Board</b>                                  |
| <b>Meeting date:</b>                        | <b>25 June 2021</b>                               |
| <b>Title:</b>                               | <b>Committee Annual Reports to the Board</b>      |
| <b>Paper Number:</b>                        | <b>B/21/24</b>                                    |
| <b>Responsible Executive/Non-Executive:</b> | <b>Keith Redpath, Chair</b>                       |
| <b>Report Author:</b>                       | <b>Karen Nicholls, Committee Services Manager</b> |

## 1 Purpose

As part of the overall governance process within NSS each Committee of the Board is required to complete an annual report on the work carried out in relation to the Terms of Reference for that Committee. This report provides a compilation of the following reports;

NSS Clinical Governance and Quality Improvement Committee Annual Report 2020-21

NSS Staff Governance Committee Annual Report 2020-21

NSS Finance, Procurement and Planning Committee Annual Report 2021

NSS Remuneration and Succession Planning Committee Annual Report 2021-21

These reports are prepared by the Committee Chairs to provide assurance to the NSS Board that they are fully meeting their obligations. The information collated into the annual report highlights the work done during the year and provides evidence of adherence to Terms of Reference.

## 2 Recommendation

The Board is recommended to scrutinize and, thereafter approve, the Annual Reports of its standing Committees, in order to assure itself that they have undertaken their duties appropriately and in accordance with their Terms of Reference.

## 3 Route to the Meeting

The annual reports have all been discussed at their relevant Committees prior to circulation to the Board.



## **4. List of appendices**

The following appendices are included with this report:

- Appendix A – NSS Clinical Governance and Quality Improvement Committee Annual Report to the Board 2020-21;
- Appendix B – NSS Staff Governance Committee Annual Report to the Board 2020-21;
- Appendix C – NSS Finance, Procurement and Planning Committee Annual Report to the Board 2020-21
- Appendix D – NSS Remuneration and Succession Planning Committee Annual Report to the Board 2020-21

## Annual Report to NSS Board by NSS Finance, Procurement, and Performance Committee: 1 April 2020 – 31 March 2021

### 1. INTRODUCTION

- 1.1 The purpose of the annual report is to provide a summary of matters considered and to provide an assurance to the NSS Board that the Committee has fulfilled its remit. This report covers the move to Governance Lite requirements during the COVID-19 Pandemic.

### 2. MEMBERSHIP

- 2.1 The Members of the Finance, Procurement, and Performance Committee are:-

- Mrs Kate Dunlop (Chair until 31 July 2020)
- Mr Mark McDavid (Member until 31 July 2020, Chair from 1 August 2020)
- Ms Lisa Blackett, Non-Executive Director (from 21 December 2020)
- Ms Julie Burgess, Non-Executive Director
- Mr Ian Cant, Non-Executive Director
- Mr Gordon Greenhill, Non-Executive Director (from 21 December 2020)
- Mr Keith Redpath, NSS Chair

- 2.2 The following are normally in attendance at meetings of the Committee:-

- Chief Executive
- Director of Finance and Business Services
- Director of Strategy and Governance
- Director of National Procurement

### 3. MEETINGS

- 3.1 The Committee met on the following dates:-

- 26 February 2020
- 26 August 2020
- 19 November 2020
- 3 February 2021.

A meeting scheduled for 14 May 2020 was cancelled due to the COVID-19 Pandemic.

### 4. COMMITTEE ACTIVITIES

- 4.1 The Committee discharged its key duties under its Terms of Reference as follows:

| Item     | Description  | Evidence   |
|----------|--|--|
| ToRs (a) | Approve the draft NSS Annual Operating Plan for submission to the Scottish Government. | <b>Standing Item:</b> The NSS AOP was refocused to become the NSS Remobilisation Plan due to COVID-19 and this was reviewed at each meeting. |

| Item     | Description  | Evidence   |
|----------|--|--|
| ToRs (b) | Approve the annual revisions to the NSS Standing Financial Instructions.   | <b>Standing Item:</b> Finalised at the 3 February 2021 meeting.  |
| ToRs (c) | Approve any procurement contracts which the NSS Standing Financial Instructions require to be approved by the Board.   | <b>Standing Item:</b> Contract Schedule reviewed at each meeting and picked up as appropriate.<br><b>Specific Item:</b><br>Recommendation to Standstill and Award for Procurement of Frameworks Scotland 3 (at meeting on 26 August 2020)  |
| ToRs (d) | At the request of the Board or the Chair and under delegated authority, to approve any procurements which require the authority of the Board or the Chair of the Board under NSS Standing Financial Instructions.  | <b>Standing Item:</b> Contract Schedule reviewed at each meeting and picked up as appropriate  |
| ToRs (e) | At the request of the Board or the Chair, at Outline Business Case and / or Full Business Case stage, to review the financial aspects and make recommendations for any Business Cases which need to be submitted to the Scottish Government for approval.  | None presented in the period   |
| ToRs (f) | To review and recommend the annual 3-year or 5-year (as required) Annual Operating Plan (AOP) and Financial Plan, prepared consistent with statutory financial responsibilities.   | <b>Standing Items:</b> AOP became Remobilisation Plan due to COVID-19 and reviewed at each meeting. Financial Plans were also under constant review due to the impact of COVID-19  |
| ToRs (g) | To review quarterly any occurrences where the Standing Financial Instructions have not been followed   | <b>Standing Item:</b> at every meeting   |
| ToRs (h) | Regularly review the forward service and financial plans, and both the current and planned management actions, of NSS.   | <b>Standing Items:</b> at each meeting.  |
| ToRs (i) | Regularly review and challenge as appropriate:<br>1. Delivery against AOP targets<br>2. NSS Property & Estates strategy and action plan<br>3. NSS Sustainable Development Action Plan<br>4. Delivery of Best Value and Efficiency programmes<br>5. The content of financial reporting and information presented to the Board<br>6. The Business risks contained in the NSS corporate risk register and associated management actions as set out in the Integrated Risk Management Approach | 1. AOP/Remobilisation plan update provided at each meeting<br>2. Delayed due to COVID-19, programmed in for future meetings<br>3. Delayed due to COVID-19 programmed in for future meetings<br>4. Delayed due to COVID-19 programmed in for future meetings<br>5. Financial reports provided at every meeting<br>6. Business risks reviewed at every meeting |

## 5. ADDITIONAL HIGHLIGHTS

- 5.1 In 2020/21, the Committee received regular, focussed updates on the procurement and distribution of Personal Protective Equipment as part of the COVID-19 pandemic response. Members were also regularly updated on the progress on the NSS Remobilisation Plan and related risks, including escalation where required. The Committee were satisfied that all financial, procurement and performance measures, relating to COVID-19 pandemic response were open and transparent. This included scrutiny of funding lines and how this would be articulated and monitored in the next financial year planning.

## **6. CONCLUSIONS AND ASSURANCE TO NSS BOARD**

- 6.1 The Members of the Finance, Procurement, and Performance Committee conclude that they have given due consideration to the effectiveness of the Business Planning, Performance Review, Risk Management, and Complaints Handling arrangements within NSS and can give assurance to the Board in line with their remit under the terms of the Standing Orders for NSS.

Mark McDavid  
Chair of the Finance, Procurement, and Performance Committee  
10<sup>th</sup> June 2021

## NSS STAFF GOVERNANCE COMMITTEE ANNUAL REPORT 2020-2021

### 1. INTRODUCTION

- 1.1 The Staff Governance Committee, on behalf of the NSS Board, is charged with satisfying itself that NSS has processes in place to manage staff effectively and to comply with the Staff Governance Standard. As such, the Committee reviews NSS's performance in meeting the Staff Governance Standards, which require that staff are:

- Well informed;
- Appropriately trained and developed;
- Involved in decisions;
- Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;
- Provided with a continuously improving and safe working environment, promoting the health and well-being of staff, patients and the wider community.

- 1.2 The following are/were members of the Staff Governance Committee during the period 1 April 2020 to 31 March 2021.

Mr John Deffenbaugh, Non-Executive Director (Staff Governance Committee Chair)

Ms Lisa Blackett, Non-Executive Director (from 21.12.20)

Mr Ian Cant, Employee Director

Mrs Susan Cook, Trade Union Representative

Mr Tam Hiddleston, Trade Union Representative

Professor Arturo Langa, Non-Executive Director (from 21.12.20)

Mr Gerry McAteer, Trade Union Representative

Mr Mark McDavid, Non-Executive Director

Mrs Suzanne Milliken, Trade Union Representative

Mr Keith Redpath, NSS Chair

In addition Mr Colin Sinclair (Chief Executive) and Mrs Jacqui Jones (Director of HR and Workforce Development) attended meetings as required.

- 1.3 The Committee's meetings during 2020/21 were held on the following dates: 26 August 2020, 19 November 2020 and 23 February 2021. A meeting that was scheduled for 12 May 2020 had to be cancelled due to the COVID-19 pandemic.

### 2. AIM

- 2.1 The aim of this report is to provide assurance to the Board that NSS complies with the Staff Governance Standard. In addition, this report summarises those matters which were considered and discussed by the Staff Governance Committee. The format for the report this session will reflect the 'Responsibilities' section from the Committee Terms of Reference as follows:

- i. To ensure an effective system of Governance and oversight for the management, safety and welfare of the workforce including a strategic workforce planning strategy.
- ii. Oversee the development of frameworks which ensure delivery of the Staff Governance Standard.
- iii. Review evidence of attainment and maintenance of the Staff Governance Standard through the Great Place to Work Plan (Staff Governance Action Plan). Where there is evidence of short falls the Staff Governance Committee will ensure that causes are identified and remedial action recommended.
- iv. Oversee the development and monitoring of all Organisational policy related to workforce ensuring compliance with National Workforce Policies.
- v. Consider any policy amendment, funding or resource submission to achieve the Staff Governance Standard, providing support as required to drive forward.
- vi. Establish detailed and timely staff governance data reporting standards, ensuring that information is provided to support both NSS operating activities and national monitoring.
- vii. Provide staff governance information for the Statement of Internal Control.
- viii. To review quarterly staff risks contained in the NSS Corporate Risk Register and set out in the Integrated Risk Management Approach, identifying and reporting on specific areas of concern.
- ix. To review quarterly the NSS complaints report in the context of staff risk.
- x. Overseeing the NSS values programme, ensuring that the values are embedded within NSS structures and processes.

Members are asked to note the evidence provided in Appendix A which is mapped against the criteria above.

Additionally, the Committee received regular updates in relation to the NSS COVID-19 Pandemic response such as those below;

- NSS Staff Vaccination Programme – uptake of vaccines through in-house clinics for those identified as priority groups. At the February 2021 meeting it was noted that in some areas, the uptake had been over 90%;
- NSS Staff Vaccination Programme – a lessons learned activity would take place and inform future approaches to vaccination programmes;
- Staff involved in the Equality and Diversity work had been redeployed to COVID-19 response programmes and regular updates would be provided over the coming months.
- There had been a significant drop in sickness absence during the pandemic and a lessons learned would take place to investigate the implications of this after the state of emergency was lifted.

### **NSS Clinical Governance and Quality Improvement Committee 2020/21 Annual Report to the NSS Board**

#### **1. INTRODUCTION**

NSS has a duty to have in place appropriate arrangements to meet its clinical governance responsibilities. Clinical governance is the framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care, defined as "corporate accountability for clinical performance". It is not intended to replace professional self regulation and individual clinical judgement, but to add an extra dimension that will provide the public with assurance that relevant, safe and effective systems and processes are in place. Within NSS this serves to support NSS in delivering effective national and specialist services which enable and support improvements in the health and wellbeing of all the people of Scotland.

Clinical Governance within NSS is overseen by the Clinical Governance and Quality Improvement Committee, a subcommittee of the NSS Board. The committee, chaired by a non-executive member of the Board, receives reports, questions and where appropriate challenges the executives in attendance on aspects of the quality assurance of services likely to have a direct or indirect impact on health and wellbeing and, through its minutes, reports to the NSS Board on all relevant issues.

The Committee met on three occasions during 2020-21, on 4 September 2020, 2 December 2020 and 24 February 2021. There had been a meeting scheduled to take place in June 2020 but this had to be cancelled due to the COVID-19 Pandemic.

During the 2020-21 period, the following were Members and regularly In Attendance at meetings:

#### Members:

Ms Julie Burgess, Non-Executive Director and Committee Chair (until 21.05.20)

Mrs Alison Rooney, Non-Executive Director and Committee Chair (from 1.6.20)

Ms Lisa Blackett, Non-Executive Director (from 21.12.20)

Mr Gordon Greenhill, Non-Executive Director (from 21.12.20)

Professor Arturo Langa, Non-Executive Director (from 21.12.20)

Mr Mark McDavid, Non-Executive Director

Mr Keith Redpath, NSS Chair

#### In Attendance:

Professor Jacqueline Reilly, Director of Nursing and Executive Lead for Quality Improvement

Dr Lorna Ramsay, Medical Director and Executive Lead for Clinical Governance

Mr Colin Sinclair, Chief Executive

Mr Calum Thomson, Associate Director for Nursing, Clinical Governance and Quality Improvement

Professor Marc Turner, Medical Director – Scottish National Blood Transfusion Service

## 2. COMMITTEE ACTIVITIES IN 2019-2020

### 2.1 Evidence of compliance with Terms of Reference

| Item     | Description   | Evidence   |
|----------|---|--|
| ToRs (a) | Review and challenge NSS performance in delivering health outcomes and related quality improvement activities.  | <b>Standing Items:</b> Medical Director's Report, Clinical Governance and Quality Improvement Plan   |
| ToRs (b) | Review and challenge reports on clinical adverse events, risks and complaints, including their identification, causes, management, lessons learnt and service improvement implemented. In addition review of Duty of Candour incidents.       | <b>Standing Item:</b> Adverse Events, and Risks Reports; Duty of Candour Annual Report   |
| ToRs (c) | Review regular reports on blood and tissue safety to satisfy itself that appropriate action is being taken to provide an adequate and safe supply.  | <b>Standing Item:</b> Blood and Tissue Quality, Safety and Sufficiency Report  |
| ToRs (d) | Review compliance with clinical regulatory requirements.  | <b>Standing Items:</b> Blood and Tissue Quality, Safety and Sufficiency Report, Medical Director Report and relevant Annual Reports<br><b>Specific Items:</b> See detail under Section 2.2 – Additional Highlights |
| ToRs (e) | Review major NSS programmes in support of clinical and public health services.  | See detail under Section 2.2 – Additional Highlights   |
| ToRs (f) | Review and monitor work relating to Dental Governance and Screening Governance.   | <b>Standing Items:</b> Medical Director's Report,<br><b>Specific Items:</b> See detail under Section 2.2 – Additional Highlights   |
| ToRs (g) | Gather and monitor information on any upcoming or potential developments within the health service and public health, including statistic trend analysis, and assure itself that NSS is appropriately positioned to support these.            | <b>Standing Items:</b> Medical Director Report, Clinical Governance and Quality Improvement Plan   |
| ToRs (h) | Review and challenge reports on progress against the NSS Equality Outcomes and the NSS Participation Standard.  | NOTE: This item has been allocated to a different Committee for review and was not therefore seen during the period.   |
| ToRs (i) | Draft annually a clinical governance report for inclusion in NSS's Annual Report.   | Undertaken by the Medical Director on behalf of the Committee  |
| ToRs (j) | Review annual reports on: <ul style="list-style-type: none"> <li>NSS Research Governance</li> <li>Infection Prevention and Control</li> <li>Patient Group Directions</li> <li>Clinical Staff Revalidation</li> <li>Duty of Candour</li> </ul> | Relevant Annual Reports  |

### 2.2 Additional Highlights

Over the course of the year, the Committee considered, discussed, or were updated on a number of items:

- Proposals to establish an undergraduate nursing programme within NSS;



- Updates on the Centre of Excellence for Reducing Infections and Risk in the Healthcare Built Environment (later NHSScotland Assure);
- Updates on public inquiries that NSS had been called on to contribute to;
- Progress in establishing the National Screening Oversight Function;
- Recovery of the screening programmes following the pause due to the COVID-19 lockdown;
- Progress, key issues, and next-steps for the Major Review of Breast Screening;
- Clinical activity taking place in response to the NSS COVID programmes of work;
- NSS's role in supporting and delivering the NHS Scotland vaccination programmes;
- NSS own staff vaccination programmes for flu and COVID-19
- NSS's plan for implementing the requirements of the Medical Device Regulations;
- A presentation on a proposed product safety approach to Clinical Safety in Scotland and how it would bring Scotland in line with best practice used elsewhere.

### **2.3 Relationships with other Board Committees**

The Committee continues to recognise the overlap in its responsibilities in respect of certain matters with the Audit and Risk and Staff Governance committee and has in place an agreed memorandum of understanding between these two committees. Cross reference to matters of mutual interest discussed in other committees of the Board (particularly relating to Staff Governance and Audit & Risk) were addressed as a standing item on the agenda of the committee and formed the content of Highlights Reports that were then submitted to formal Board meetings.

## **3. CONCLUSIONS AND ASSURANCE TO BOARD**

The Clinical Governance and Quality Improvement Committee concludes that: Clinical Governance structures and processes continue to be reviewed and monitored across NSS by clinical leaders, executive directors and the Clinical Governance and Quality Improvement Committee. Progress continues to be made in the understanding and reporting of clinical risks within the corporate risk register.

The committee feels able to assure the NSS Board that substantial attention is given by the organisation to its clinical governance arrangements, that this is proportionate to the nature of each Strategic Business Unit's role, and that the Clinical Governance and Quality Improvement Committee's monitoring responsibilities are being met.

**Ms Alison Rooney**

**NSS Clinical Governance and Quality Improvement Committee Chair**

**May 2021**

### **Annual Report to NSS Board and NSS Staff Governance Committee by the NSS Remuneration and Succession Planning Committee, April 2020-March 2021**

#### **1. INTRODUCTION**

- 1.1 The purpose of the annual report is to provide a summary of matters considered and to provide an assurance to the NSS Board and NSS Staff Governance Committee that the NSS Remuneration and Succession Planning Committee has fulfilled its remit.

#### **2. MEMBERSHIP**

- 2.1 The Members of the Remuneration and Succession Planning Committee during the year were:-
- Ian Cant, Employee Director (Chair of the Committee from 21.12.20)
  - John Deffenbaugh, Non-Executive Director (Chair of the Committee until 20.12.20)
  - Keith Redpath, NSS Chair
  - Alison Rooney, Non-Executive Director
  - Julie Burgess, Non-Executive Director

The following are normally in attendance at meetings of the Committee:-

- Chief Executive
- Director of Human Resources (HR) and Workforce Development
- Committee Services Manager

#### **3. MEETINGS**

- 3.1 Due to the COVID-19 pandemic response a governance lite approach was put in place and the NSS Committees were stood down for part of the year and the Remuneration and Succession Planning Committee therefore only met for scheduled meetings on the following dates:-

21<sup>st</sup> July 2020

8<sup>th</sup> December 2020

5<sup>th</sup> February 2020

#### **4. MINUTES OF AND ACTIONS FROM MEETINGS**

- 4.1 Detailed and comprehensive minutes are prepared after each meeting in order to provide a clear audit trail and as evidence if required by the Scottish Government.
- 4.2 An action register is prepared to manage actions agreed from each Committee meeting and is reviewed at each meeting.

## **5. COMMUNICATION TO BOARD AND OTHER GOVERNANCE GROUPS**

- 5.1 The minutes of the Committee must be kept confidential because they contain details of named individuals. However, the following procedures are followed to ensure members of the NSS Board and NSS Staff Governance Committee are appropriately informed and assured:-
- (i) A verbal report is given to the Board meeting following the Committee meeting.
  - (ii) An anonymised summary is prepared after meetings and submitted to the Board.
  - (iii) A verbal report is provided to the Staff Governance Committee by the Chair of the Remuneration and Succession Planning Committee. Additional assurance can be given to the Committee if required by the NSS Chair, who is also a member of the Remuneration and Succession Planning Committee.

## **6. OBJECTIVES AND PERFORMANCE APPRAISALS**

- 6.1 The Committee is required to review the objectives set for members of the Executive Cohort and review their performance appraisals in order to satisfy itself that the performance management process and its application is transparent, rigorous, evidence-based and fully documented. Information summarising final performance appraisals is then submitted to the National Performance Management Committee (NPMC) for their approval.
- 6.2 The Committee considered the year-end appraisals at its meeting in July 2020 and were satisfied that a rigorous performance management appraisal process had been applied in determining the scores and overall performance ratings for 2020/21. The NPMC confirmed in January 2021 it was content with the appraisal outcomes for NSS for 2019/20.
- 6.3 There was also a discussion around the 2020/21 performance plans for individuals in the Executive Cohort. A number of points were highlighted in respect of individuals' objectives and the overall performance plans. The Committee confirmed its support for the plans. Members noted that it was the remit of the NSS Staff Governance Committee to provide assurance to the NSS Board that appraisals and performance plans were being carried out across the rest of the organisation and was therefore outwith the Terms of Reference of this report.
- 6.4 The Committee also received an assurance from the NSS Chief Executive that the 2020/21 year-end performance appraisals for individuals in the Senior Management Cohort had been reviewed and appropriately 'Grandparented'.
- 6.5 It is the Committee's responsibility to satisfy itself that a process has taken place to formally assess the performance of NSS staff based at the Scottish Government Health and Social Care Directorates (SGHSC) at the end of the performance period. The main issue relating to obtaining this assurance was that the staff in question remained part of NSS and Scottish Government (SG) were required to

give them their appraisals. This has been raised as an issue with SG colleagues and a response was awaited.

- 6.6 Mid-year reviews of performance for individuals in the Executive Cohort for 2020/21 were undertaken in December 2019 and the Committee was reassured that members of the senior team were delivering against objectives and remained on target. Having discussed a number of points in respect of individuals' performance, Members confirmed they were satisfied with the performance management process and overall mid-year results.

## **7. SUCCESSION PLANNING**

- 7.1 Succession planning was a key element in workforce planning within NSS and this fed through all items discussed at the meeting. All Senior Management completed their own succession plans as part of the review cycle and this was reflected in the annual appraisals reviewed by the Committee.

## **8. APPOINTMENTS AND TERMINATIONS**

- 8.1 During the year, the Committee ratified decisions taken out of committee/notifications in relation to appointments to the Executive Cohort, other senior appointments and termination settlements where the costs were in excess of £75,000. During a review of the Terms of Reference the Director of HR and Workforce Development noted that this terminology should be updated to reflect the NSS Standing Financial Instructions rather than a specific amount.
- 8.2 Members were particularly impressed with the role NSS HR had played in the rapid recruitment of over 1,000 staff into the National Contact Centre Tracing teams and support to Public Health Scotland recruitment and acknowledged what a massive achievement this had been.
- 8.3 As part of the process for authorising the recruitment of vacancies and salaries on appointment, the Committee received regular monitoring reports outlining recruitment to new/additional posts. This included an overview of key trends of recruitment for all diversity strands. After robust discussion the Committee Members were assured that the NSS recruitment process was fair and robust. Due to the COVID-19 pandemic NSS staff were asked to undertake critical roles outwith their norm and this affected the amount of work in relation to these areas. It was noted by the Committee that these programmes would be refocused as soon as practical.

At the December 2020 meeting it was noted that;

- Princes Trust partnership had been furloughed but engagement had now restarted;
- Glasgow Centre for Inclusive Living had reached out to NSS and work had started with CVs already under consideration in SPST;
- Social Security Scotland work had also been impacted but this was scheduled to restart in January 2021.

## **9. REMUNERATION AND TERMS AND CONDITIONS**

- 9.1 The Committee was provided with the following NHS Circular during 2020/21 – PCS (ESM) 2020/1 Pay 2020-21 which announced the pay arrangements for 2020/21 in respect of the Executive and Senior Management Cohorts.
- 9.2 The Members of the Committee can give assurance to the NSS Board and NSS Staff Governance Committee that NSS is fully compliant with Government requirements on Pay and Terms and Conditions.

## **10. CONSULTANTS' DISCRETIONARY POINTS**

- 10.1 Members were provided assurance that the Discretionary Points process had been carried out appropriately and this was provided by a report discussed at the December 2020 meeting of the Committee.

## **11. COMMITTEE'S TERMS OF REFERENCE AND PROCEDURES**

- 11.1 As requested to do so on an annual basis, the Committee reviewed its Terms of Reference as laid down in the NSS Standing Orders. This review took place at the February 2021 meeting. A final version was still to be approved due to changes in the NSS Standing Orders being implemented, which had been delayed during the pandemic. This draft set of Terms of Reference has therefore been scheduled for a further major review early in 2021.

A forward programme of work for the Committee was produced during the year and discussions during meetings covered all aspects of the duties of the Committee, including the following:

- Review of Recruitment Activity – standing agenda item for all meetings;
- Homologation of decisions taken outwith Committee meetings;
- Review of Performance Appraisals and Objectives for the Executive Cohort.

## **12. INTERNAL AUDIT PLAN**

- 12.1 All NSS Board Committees had been asked to consider what they would like to have included in the Internal Audit plan for 2021/22. Members noted that there was an item in the Annual Audit Plan focusing on future management leadership and development and identified that it would be helpful for the NSS Staff Governance Committee to have input to the remit.

### **13. CONCLUSIONS AND ASSURANCE TO BOARD AND STAFF GOVERNANCE COMMITTEE**

- 13.1 The Members of the NSS Remuneration and Succession Planning Committee conclude that they have given due consideration to the effectiveness of the systems of control concerning remuneration, performance appraisal and succession planning within NSS and can give assurance to the NSS Board and NSS Staff Governance Committee that they have discharged their responsibilities on behalf of the Board and in line with their remit under the terms of the Standing Orders for NSS.

Ian Cant

Chair of the NSS Remuneration and Succession Planning Committee

June 2021

|   |  |
|---|--|
| <b>Meeting:</b>                             | <b>NSS Board</b>                                       |
| <b>Meeting date:</b>                        | <b>Friday, 25 June 2021</b>                            |
| <b>Title:</b>                               | <b>Performance Report</b>                              |
| <b>Paper Number:</b>                        | <b>B/21/25</b>   |
| <b>Responsible Executive/Non-Executive:</b> | <b>Lee Neary, Director SPST</b>                        |
| <b>Report Author:</b>                       | <b>Steve Wallace, Planning and Performance Manager</b> |

## 1 Purpose

This report provides the end of year NSS performance position for the NSS Remobilisation Plan (RMP) FY21. Overall, NSS achieved 87% of its targets (Appendix A).

## 2 Recommendation

The Board is recommended to scrutinise this report and challenge where appropriate whether this is an accurate reflection of NSS performance in Financial Year 2020-2021.

## 3. Discussion

The RMP was effective from August 2020 through to the end of March 2021. It replaced the original NSS Annual Operational Plan (AOP), which was not implemented due to NSS being placed on an emergency footing along with the rest of NHSScotland in March 2020, and the NSS Mobilisation Plan (April to July 2020) which supported NSS as it reorganised its services around COVID-19 (C19) priorities. During the formulation of the NSS Remobilisation plan some additional programmes such as Testing, National Contact Tracing Centre (NCTC) and National Laboratories Programme (NLP) and associated objectives were incorporated.

Following Scottish Government's approval of the RMP, additional C19 Response services and support was put in place that were not captured through the plan. These have been evaluated and included as a separate report in Appendix B.

## 4. Assessment

The RMP included 119 targets to be achieved by the end of March 2021. This is an increase of 59 on the 2019/20 AOP which monitored 60 key performance indicators.

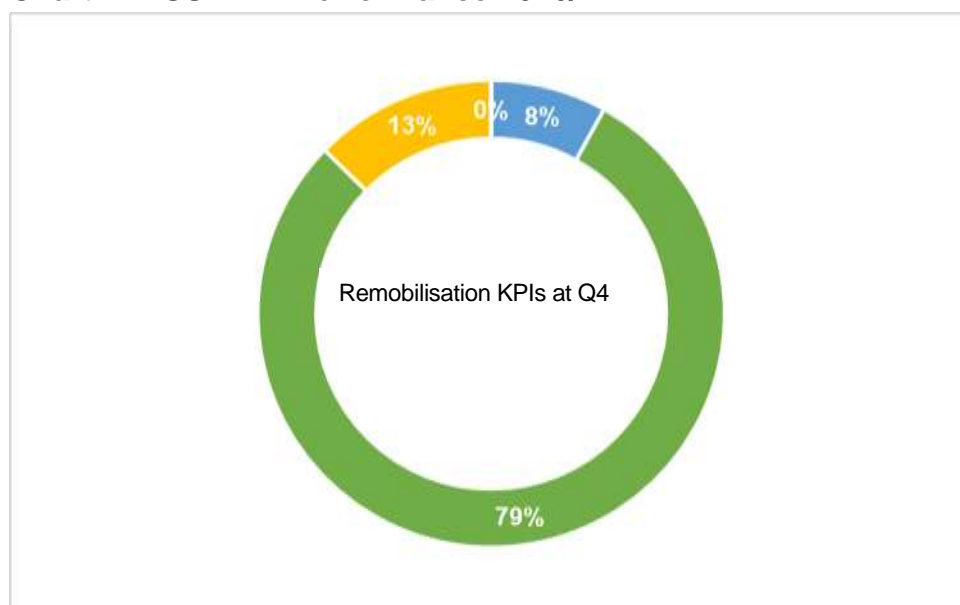
The following table sets out the final NSS performance position against those targets. The results for the FY20 Annual Operational Plan are provided for comparison.

|               |                                  | <b>FY21<br/>Total</b> | <b>FY21<br/>%</b> | <b>FY20<br/>Total</b> | <b>FY20<br/>%</b> |
|---------------|----------------------------------|-----------------------|-------------------|-----------------------|-------------------|
| <b>Blue</b>   | Target exceeded                  | <b>7</b>              | 6%                | 6                     | 10%               |
| <b>Green</b>  | Target achieved                  | <b>69</b>             | 58%               | 49                    | 82%               |
| <b>Amber</b>  | Target missed (within 10%)       | <b>11</b>             | 9%                | 3                     | 5%                |
| <b>Red</b>    | Target missed (greater than 10%) | <b>0</b>              | 0%                | 2                     | 3%                |
| <b>Purple</b> | Delayed due to COVID-19          | <b>32</b>             | 27%               |                       |                   |

As a result of a second C19 wave in Scotland, 32 (27%) of targets were impacted. These have been removed from the overall results as these activities were either delayed or put on hold so that NSS and NHSScotland could refocus on C19 Response priorities.

Overall, NSS achieved 87% of its remaining RMP targets after 32 C19 impacted priorities are excluded. Although this is a decrease on the 92% achieved in FY20, 76 targets were achieved. This is 21 more than the previous year.

**Chart 1: NSS RMP Performance 2020/21**



#### **Above target performance (blue)**

Despite a difficult climate some NSS measures performed well against targets with 7 KPIs achieving a blue rating and exceeding their targets. This is an increase of 1 on FY20. Examples include:

- Practitioner and Counter Fraud Services secured savings above the revised target – £720K against a target of £500K.



- The value of procurement awards to applicable Scottish companies rose. The target has been exceeded with over £100 million worth of contracts awarded to Scottish firms.
- The National Laboratories Programme implemented the Regional Hub Model for C19 Testing, delivered the antibody testing roll-out plan and ensured IT connectivity ahead of target.

### **On target performance (green)**

The number of Green KPIs, at 69, increased from the FY20 figure of 49. Notable achievements for this year included:

- **Clinical Directorate (CD).** The National Screening Oversight Function was established and became fully functional.
- **Strategy, Performance Service Transformation (SPST).** Baseline performance targets for corporate shared services were agreed with Public Health Scotland.
- **Procurement, Commissioning and Facilities (PCF).** Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) tranche 2 activities were all completed. It included interim assurance reports for Golden Jubilee, NHS Fife, NHS Orkney and NHS Dumfries & Galloway Interim Assurance Reports and formal approval of the NHSScotland Assure target operating model and blueprint by Scottish Government.
- **Scottish National Blood Transfusion Service (SNBTS).** Three days' blood supply was maintained and there were no avoidable transfusion or tissue transmitted infections (TTIs).
- **Practitioner and Counter Fraud Services (P&CFS).** Despite the requirement to implement emergency payment measures, a full range of primary care payment services to GPs, Pharmacists, Dentists and Opticians continued promptly and accurately.
- **Digital and Security (DaS).** Growth in Technology partnering.
- **Central Legal Office (CLO).** All targets were met and their annual customer satisfaction survey – measured in September 2020 – achieved an industry-leading 98% rating.

A number of additional C19 focused objectives were successfully delivered as part of our RMP, including:

- Launching the National Contact Tracing Centre.
- Negotiating additional sampling capacity through all available channels in the UK Government Pillar 2 testing programme.

- Successfully handover of Mobile Test Unit operational responsibility to Scottish Ambulance Service
- ServiceNow being leveraged to support regional Contact Centre 360 helpdesks

#### **Performance within 10% of target (amber)**

Excluding C19 impacted targets, there were 11 amber measures. This is an increase of 8 on last year.

**DAS.** Eight measures reported amber due to a variety of factors, including the knock on effects of workload reprioritisation and departmental organisational change being put on hold.

**National Laboratories Programme (NLP).** Three measures were amber primarily due to contractual, IT and funding issues.

#### **Performance missed by more than 10% of target (red)**

Once C19 impacted measures were removed, there were no red indicators in FY21. This compares against 2 red measures at year end in 2020.

## **4 Impact Analysis**

### **4.1 Quality/ Patient Care**

There has been good progress in areas such as screening and innovation support to endoscopy services. However, a number of programmes, were delayed or put on hold due to COVID-19. Impacted programmes included the National Thrombectomy Service, Precision Medicine and Advanced Therapy Medicinal Products (ATMP) and the National Laboratories Programme, where the immunology service review was put on hold. We anticipate these programmes remobilising in 2021/22.

### **4.1 Equality and Diversity, including health inequalities**

Each of the projects/programmes mentioned in this report are responsible for carrying out the pertinent impact assessments.

## **5. Risk Assessment/Management**

An exercise was undertaken to identify all RMP risks. All these risks are being monitored and managed in line with the NSS Integrated Risk Management Approach (IRMA).

## **6. Financial Implications**

There are no direct financial implications associated with this paper.

## **7. Workforce Implications**

There are no direct workforce implications associated with this paper. Staff measures are captured through the HR People Report corporate scorecard and the great place to work strategic objective.

## **8. Route to Meeting**

### **8.1 Governance Route**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

NSS Performance activity has been considered by the following groups during this period.

- NSS Finance, Procurement and Performance Committee
- NSS Executive Management Team
- SBU Senior Management Teams
- Programme boards
- Scottish Government through our sponsor meetings

## **8 List of Appendices and/or Background Papers**

The following appendices are included with this report:

- A – NSS FY21 Performance Results
- B – Performance Report on NSS Support to the COVID response DRAFT

## **Draft Performance Report on NSS as a major partner to the COVID-19 response.**

**May 2021**

### **Introduction**

This paper aims to highlight activity delivered against the COVID-19 (C19) pandemic response, which has been achieved by NSS playing a key role as part of a multi-stakeholder joined up response. In a fast moving and expanding environment, figures are fluid and are correct at the time of writing, but are subject to change. This is an updated version based on the paper submitted to EMT in February (EMT/21/030) and includes end of year information where it is available. It is intended to compliment other performance information provided within NSS and reports on NSS activity that, for timing reasons, did not feature in the NSS Remobilisation Plan.

### **National Testing Programme**

NSS has played a large part in operationalising the UK government's Testing Programme as strategic leadership partner with of Scottish Government and delivered significant leadership in this area. To date we have established 8 drive through regional testing centres, 42 mobile testing units, run by the Scottish Ambulance Service and 44 local walk through testing sites (as at April 21, Source: NSS Testing Programme).

- A total of 1,895,925 people in Scotland have been tested at least once. Of these people
  - 224,851 have tested positive and
  - 1,671,074 were confirmed negative.
- A total of 2,515,400 tests have been carried out through NHS labs and 3,110,011 through UK government labs in Scotland have reported results. (source: Scottish Government website 23 April 2021).

Our Digital and Security SBU have co-ordinated the intelligence around the test results, using our Seer platform to bring the results in and provide management information for Scottish Government and other partners to allow management decision making based on analysis of the data.

We are supporting innovative methods to introduce new mechanisms for testing, buying and distributing 2.9 million lateral flow devices to aid mass testing in Scotland. (Source NSS video – 'Celebrating the achievements of the COVID-19 testing programme in 2020')

<https://www.youtube.com/watch?v=emYgW0Ok0Bk&feature=youtu.be>

These lateral flow tests come back with results in 30 minutes, as the sample does not require to be dealt with in a lab.

### **Contact Tracing (end of year update is pending)**

We set up and manage the National Contact Centre (NCC) on behalf of Public Health Scotland. We have trained over 1,200 NCC staff and helped train a further 2,000 staff in Boards, local authorities and other commercial partners. NCC and Boards have managed

over 150,000 positive C19 cases. 425,000 unique close contacts have been traced to provide isolation advice and support. NCC has contacted more than 35,000 international travellers to Scotland, again to provide isolation support and advice. (Source NSS video).

We played a part in the development of the Protect Scotland app, specifically around security assurance and management information. The app is designed to reduce the spread of C19 by notifying users who have been in contact with another app user who has tested positive. We have set up a Case Management System to allow the contact tracing to be managed and as part of this, we set up a form allowing people who have tested positive to share information about contacts more easily. Information from this system allows us to identify settings where transmission is taking place and quickly highlights outbreaks in specific locations, which plays a vital part in the defence against C19. The system was set up in 6 weeks and included work on security, clinical safety, information governance, design and delivery

We have developed a 'check-in' app for venues, such as restaurants, which can capture data required from the public who attend those venues, saving the venue the requirement to collect the information, which in many cases was paper based. This is secure and encrypted. This is integrated into our case management system and management information platform.

## **National Vaccination Programme**

NSS has provided strategic leadership to the national vaccination programme in partnership with Scottish Government, UK Government, the NHS in Scotland and others to ensure the people of Scotland are vaccinated against C19 quickly and safely and in line with priorities determined by the Joint Committee on Vaccination and Immunisation.

1. To provide priority cohorts with their first C19 dose by mid-April 2021. Achieved.
2. To provide priority cohorts with their second C19 dose by mid-July 2021. On track.
3. To provide first and second C19 doses to the rest of the Scottish population in line with Scottish Government requirements. First doses for the adult population are currently aimed for completion prior to the end of July 2021 and at present is on track.

As at 26th April, 2,773,770 people have received the first dose of a C19 vaccination (61.1% of the population) and 1,068,704 have received their second dose (23.5% of the population).

Our Digital and Security team have created a scheduling system to manage the huge task of allocating appointments in priority order.

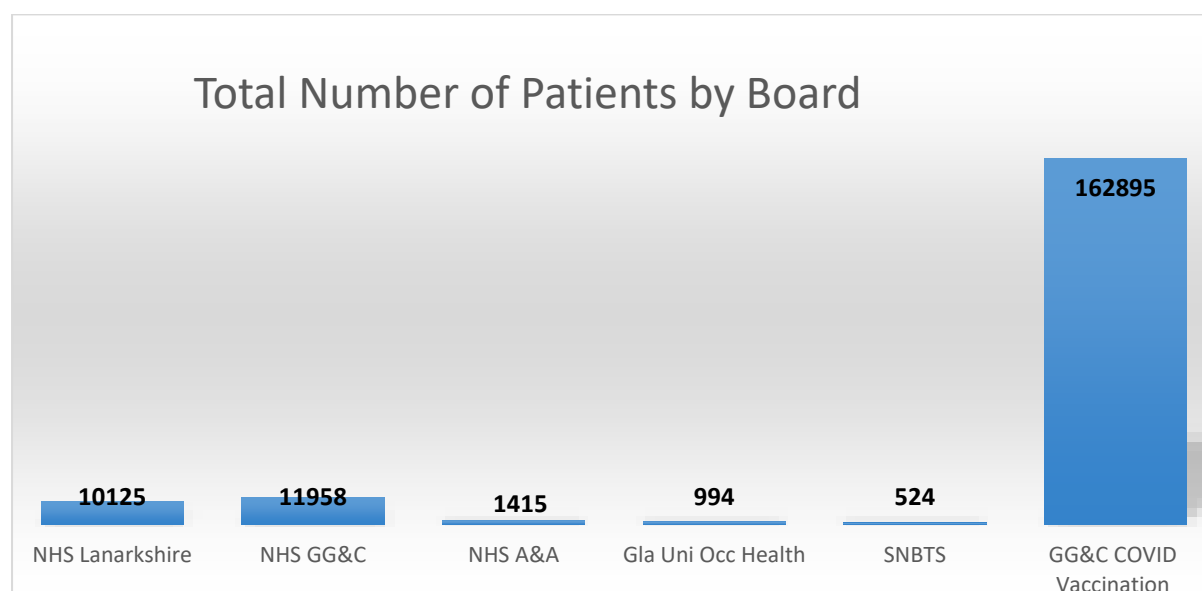
## **NHS Louisa Jordan**

NSS played key role in putting in place the NHS Louisa Jordan facility in Glasgow, including amongst other things leading the mobilisation of the construction partners; setting up the facility; procurement of goods; infection prevention and control advice; IT connectivity; HR advice; occupational health clearance and project management. NSS is now playing a key role in the decommissioning programme for Louisa Jordan through negotiating contracts with the PSCPs, co-ordinating the removal, storage and onward transfer of equipment across

NHSScotland sites and providing programme management support and oversight for the programme.

The following information demonstrates the range of outpatient, vaccination and training activity at NHS Louisa Jordan to date. (source: NHS Louisa Jordan, March 21)

#### **Outpatients by Board: July 2020 – 31 March 2021**



NHS Louisa Jordan has been hosting a vaccination service for NHS Greater Glasgow & Clyde since 8<sup>th</sup> December 2020 and 162,895 people have attended the site to 31 March.

A total of 7,322 participants had been through the National Skills and Education Hub for training and assessment in the five months from end of July to March. There has been a focus on team training and inter professional learning.

#### **Practitioner Services**

The following areas were newly provided in response to the COVID pandemic.

- Bulk mailing of shielding letters on behalf of the Scottish Government – 1.9m letters issued to add, remove and update patients.
- NHS Pharmacy First Scotland service: Scottish Government initiative rolled out in July to enable patients to be seen at Community Pharmacies instead of GP practices.
- C19 service for Community Pharmacy to support supply of medication to manage C19 symptoms.
- Support of additional remuneration relating to new Community Pharmacy delivery service to shielding or house bound patients.

- Implementation of new process across all primary care contractor streams to pay the NHS £500 bonus payment on behalf of the Scottish Government.
- Patient registration, demographic updated and electronic records movement have continued throughout the pandemic; ensuring this data is available throughout the NHS to support patient care.

There has been increased activity in prescription processing, with record monthly highs in March (9.8m) and December 2020 (9.2m).

### Procurement and Distribution

Between 1<sup>st</sup> March 2020 and 31<sup>st</sup> March 2021 NP have shipped over 1bn items of PPE across the Scottish Health and Social care sector as follows;

| Total         | Acute       | Community  | Social Care |
|---------------|-------------|------------|-------------|
| 1,000,563,573 | 613,685,464 | 89,737,851 | 297,140,257 |

The following tables show the levels of PPE by product family purchased across the same period (note there may be slight differences to the totals above)

Updated based on spreadsheets returned from PCF (Apr 1st 2020 – Apr 1st 2021)

| Product Family                | Volume      | Value        |
|-------------------------------|-------------|--------------|
| APRONS - STANDARD             | 176,896,763 | £ 5,850,323  |
| COVID19 AGP NON STERILE GOWNS | 2,379,938   | £ 15,810,858 |
| COVID19 AGP STERILE GOWNS     | 720,236     | £ 1,439,182  |
| FULL FACE VISOR - SINGLE USE  | 9,822,911   | £ 22,635,576 |
| GLOVES EXAMINATION            | 626,761,900 | £ 46,057,070 |
| HAND HYGIENE - ALCOGEL        | 768,884     | £ 5,871,395  |
| MASK FFP2                     | 112,000     | £ 118,375    |
| MASK FFP3                     | 7,001,234   | £ 18,342,465 |
| MASK TYPE IIR FRSM            | 177,951,555 | £ 88,359,409 |
| SAFETY GOGGLES                | 1,712,364   | £ 295,290    |

## 5. Economic Benefit from NP Contracting Activity

The prolonged nature of COVID has allowed for new companies to enter the PPE market, whilst many others have diversified, helping to combat their fall in BAU. Where firms in Scotland can be suitably competitive and able to meet demand, significant business has been awarded and this has a clear benefit to Scotland's economy with employers and employees contributing rather than requiring support. This economic activity also, clearly has a major social and health benefit for Scotland as a whole, studies have estimated that there is an 8 to 1 multiplier effect when spending money in the local economy i.e. 8 times the benefit observed locally against spending money with overseas suppliers.

As at January 2021, 5 Scottish companies have been awarded contracts worth £113m. This has resulted in 152 jobs with an additional 140 jobs expected as a new factory comes on line. All employees are being paid at least the Real Living Wage. Going forward, through working in partnership with Scottish Enterprise, we plan to support these companies so that they can export and have sustainable businesses beyond the current climate.

Using data supplied by NHS National Procurement, Scottish Enterprise's economics team have modelled the potential impact of the additional spend by NHS Scotland in Scottish based supply chains last year. Attached is an extract of that report focussing specifically on PPE.

To illustrate how the Scottish manufacturing base has grown over time the following table sets out the position before the pandemic, compared to now.

Supply snapshot 2020 to 2021:

| <b>PPE Type</b> | <b>2020 (pre-pandemic)<br/>Position - Country of<br/>Manufacture</b> |                   | <b>2021 Position -<br/>Country of<br/>Manufacture</b> |            |
|-----------------|--|-------------------|---|------------|
|                 | <b>Scotland</b>  | <b>ROW</b>        | <b>Scotland</b>                                       | <b>ROW</b> |
| TypellIR        | 0%   | 100%              | 100%  | 0%         |
| FFP3            | 0%   | 100%              | 50%   | 50%        |
| Face Visors     | 34% (rarely used)  | 66% (rarely used) | 100%  | 0%         |
| Aprons          | 0%   | 100%              | 40%   | 60%        |
| Gowns           | 0%   | 100%              | 15%   | 85%        |
| Gloves          | 0%   | 100%              | 0%  | 100%       |
| Hand Sanitiser  | 0%   | 100%              | 57%   | 43%        |



Taking the identified £102.7 million of PPE expenditure and applying the relevant proxies suggested that this additional expenditure has resulted in £66.7 million of additional GVA as well as supporting c1,400 jobs in the Scottish economy. (Note: these figures estimate the gross additional impact of NSS spend, rather than the net impact. In order to calculate the net impacts, SEN would have to take account of other factors such as deadweight and displacement which it does not currently have the information to do.)

Note that this data relates to NHS Scotland spend only, and not for the economic impact of public spend from other procurement in Scotland, or indeed the impact of the Scottish supply chains providing PPE elsewhere in the UK. For example, both Don & Low and Honeywell (Newhouse) secured contracts to supply the UK Department for Health and Social Care. Honeywell are providing c70m FFP2/FFP3 respirator masks and employing c450 staff at their site in Newhouse over 18 months (<https://www.gov.uk/government/news/70-million-face-masks-for-nhs-and-care-workers-through-new-industry-deal>).

## **6. Storage**

Due to the increased PPE and commodities required for the COVID response, along with increase hold of supply due to EU exit, as of 1<sup>st</sup> February, we have leased additional storage and more than doubled the storage capacity of the National Distribution Centre to more than 400,000 square feet of storage space.

The Eurocentral facilities support the Scottish Government's resilience planning strategies for both the current COVID-19 response and potential future pandemic events. The warehouses can hold over 22,000 pallets of stock and will provide PPE and medical equipment to support front line workers. In addition, the two new storage units will provide NP with future expansion opportunities to further support and create value in the delivery of health consumables across NHSScotland.

NSS clinicians continue to coordinate and support the Clinical/consumer Advisory Panels (CAP) to vet new PPE products, the National PPE Clinical Group which manages the relationship between the CAPs and the acute sector and the national Primary Care PPE Group with clinicians from the four contractor groups.

## **Convalescent Plasma**

SNBTS have continued to provide blood tissues and cells as required for the NHS in Scotland throughout the pandemic. SNBTS introduced the collection of convalescent plasma from people who have recovered from C19 (C19-CP). The initiative to collect C19-CP was part of the drive to identify new C19 treatments as part of clinical trials and for compassionate use/standard of care. Following the outcome of the clinical trials the Scotland and UK collection of Convalescent Plasma ceased.

**Legal Advice/Support**

CLO has been involved in a great number of supporting activities ranging from providing licences/leases for buildings such as SEC; data protection support and advice on information sharing; advice on contractual arrangements for hiring of additional staff, including retired staff; advising on ethical policies; and, also trying to assist Boards in managing their claims when the staff who would normally be doing this have other priorities.

As of 26 April 2021, a total of 127 C19 related files were open across all departments in CLO.

**Steve Wallace****Planning and Performance Manager**

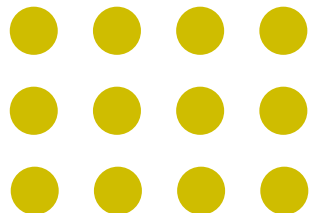


# NSS Performance

## Q4 Report as at March 2021

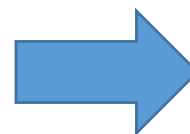
Report to NSS Board

June 25 2021

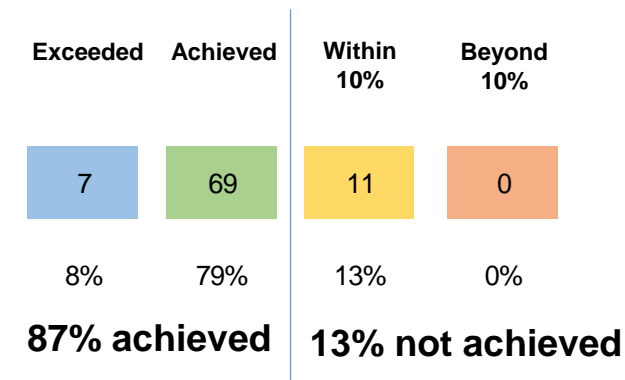


# NSS FY21 Performance

|               |                                  | FY21<br>Total | FY21<br>% | FY20<br>Total | FY20<br>% |
|---------------|----------------------------------|---------------|-----------|---------------|-----------|
| <b>Blue</b>   | Target exceeded                  | 7             | 6%        | 6             | 10%       |
| <b>Green</b>  | Target achieved                  | 69            | 58%       | 49            | 82%       |
| <b>Amber</b>  | Target missed (within 10%)       | 11            | 9%        | 3             | 5%        |
| <b>Red</b>    | Target missed (greater than 10%) | 0             | 0%        | 2             | 3%        |
| <b>Purple</b> | Delayed due to COVID-19          | 32            | 27%       |               |           |



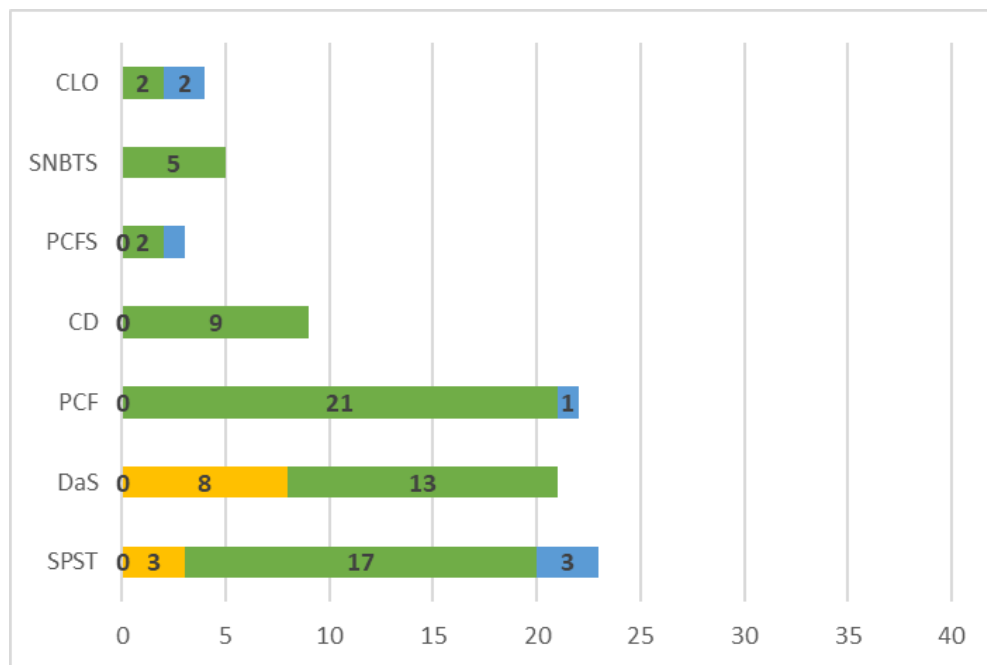
Remobilisation Plan



- The impact of COVID-19 (C19) was a significant cause of below target (amber and red) performance.
- 32 measures (27% of all targets) were delayed or stopped (see slide 4), enabling NSS to support Scotland's C19 response and have been removed from the final analysis.
- NSS overall performance remains positive with 87% of measures achieved (green) or exceeded (blue).
- Amber and red performance for FY21 is 13% amber (11 measures) and 0% (0 measures) red.

# SBU Performance

## Remobilisation end-of-year measures by SBU (C19 impacted results excluded)



## KPIs reporting amber include:

### DAS

- Create a pipeline of pharmacy demand
- Produce a data catalogue
- Implement the shared service model
- Increase DAS profile
- Deliver national programmes
- Introduce minimum viable governance
- Develop portfolio of digital solutions
- Establish graduate/apprenticeship/intern programme

### SPST

- Complete pooling testing pilots
- Roll-out point of care testing
- Deliver digital pathology business case

# C19 impacted performance

32 KPIs did not achieve target and C19 as a factor. 20 are amber and 12 are red. They represent 27% of the 119 Remobilisation Plan key performance indicators and have been excluded from our end of year results.

## AMBER

**There were 20 RMP measures with an amber performance level as a result of C19.**

- DaS Demonstrate alignment of customer targets and objectives through a governed demand portfolio
- Technology strategies developed for channels, data & integration and platforms & infrastructure across DaS
- SHOW Migrate SHOW infrastructure from data centre to public cloud
- GS1 programme Full business case developed and funding sources agreed March 21
- Sustainability and climate change Sustainability included as a measure in all relevant tenders
- Improving Eye Care Services Digital support scoped for Hospital Eye Service Vouchers programme
- Oral Health Clinical monitoring undertaken for Care Home patients
- Oral Health Establishment of National Dental Governance Committee
- Assist Integration Authorities By end of January'21 deliver targeted outcomes
- Assist Integration Authorities Progress review of Programme Outcomes
- Assist Local Government By end of February'21 deliver a portfolio of projects
- Assist Local Government By end of September'20 develop and agree an memorandum of understanding
- Assist Emergency Services Define and deliver projects agreed through memoranda of understanding
- Assist Emergency Services Bi-annual review of progress report
- Assist Third and Independent Sector, ensure public participation standards are embedded within a public participation strategy for NSS
- Assist Third and Independent Sector Final public participation strategy published
- Assist Third and Independent Sector Develop an Engagement plan
- Assist Implement formal joint working arrangements with identified Third and Independent organisations
- National Laboratories Programme (NLP) Establish ability to roll out saliva testing and deploy if found to be safe.
- National Laboratories Programme (NLP) Innovation

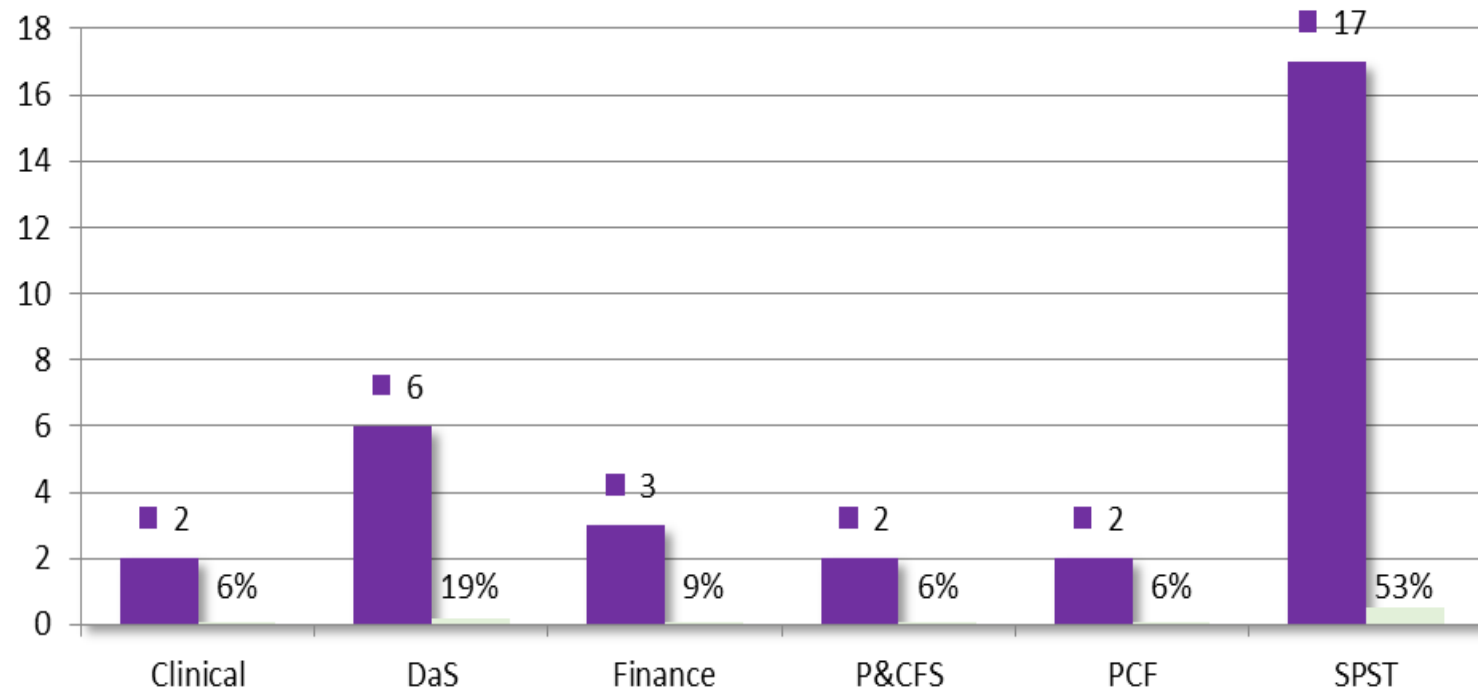
## RED

**There were 12 RMP measures with a red performance level as a result of C19.**

- Service Review for Cellular Pathology
- Service Review for Immunology
- Blood Science service review
- National Laboratories Standardisation
- National Laboratories Information & Intelligence Platform (NLIP)
- South East Payroll Governance approvals from customer boards
- South East Payroll TUPE consultation
- South East Payroll New Service Live
- Precision medicine & advanced therapy medicinal products
- Establish Clinical Informatics Establish Clinical Informatics as a Service
- NSS Digital Workforce capability Development and implementation on NSS Digital Workforce capability underpinned by 0365 March 21
- Medical Device Regulation Quality Management System (MDR) QMS Prepare and establish capability to manage and deploy MDR QMS

# C19 impacted performance

Q4 Mar 21 Covid impacted AOP, Remobilisation



| Reason C19 impacted targets          | Number citing this reason |
|--------------------------------------|---------------------------|
| Dates impacted                       | 12                        |
| Put on hold                          | 11                        |
| Staff and resources impacted         | 5                         |
| Stakeholder and partner availability | 4                         |

**Meeting:** NSS Board

**Meeting date:** 25 June 2021

**Title:** IRMA Annual Review

**Paper Number:** B/21/39

**Paper Number:**

**Responsible Executive/Non-Executive:** Lee Neary, Director, SPST

**Report Author:** Marion Walker, Risk Manager Lead

## 1 Purpose

In line with the revised NSS Standing Orders the Integrated Risk Management Approach (IRMA) is being presented to the NSS Board for approval, following its annual review.

## 2 Recommendation

Board Members are asked to scrutinise and approve the revised Integrated Risk Management Approach.

## 3 Discussion

The NSS risk management policy is reviewed annually by the Risk Manager and Risk Champions to ensure that it complies with the ISO31000 international standard in risk management and local governance guidance. The policy had been updated with minor changes to reflect changes in the governance of risk particularly around risks with information governance implications and the requirement for all risks to NSS to be managed on the NSS Risk Register for visibility and transparency and reflects the minor revisions to the risk appetite wording agreed by Board in December 2020.

## 4 Assessment

The NSS Standing Orders advise that risk management policy is a matter reserved to the Board. In line with this guidance the Audit and Risk Committee members have assessed the amendments to the risk management policy and recommend the revised policy to the Board for approval. A copy of the track changed revised risk management policy is attached to this report.

## 5 Impact Analysis

### 5.1 Quality/ Patient Care

Guidance on the identification and management of clinical risks is contained within IRMA.

### 5.2 Equality and Diversity, including health inequalities

All projects and services are required to carry out an equality impact assessment.



### **5.3 Other impacts**

No other relevant impacts have been identified

## **6 Workforce**

Guidance on the identification and management of staff risks is contained within IRMA.

## **7 Financial**

Guidance on risk management including identification and management of the financial impact of risks is contained within IRMA.

## **8 Risk Assessment/Management**

Guidance for risk assessment/mitigations are contained with IRMA.

## **9 Route to the Meeting**

The Risk Champions have supported the content, and their feedback has informed the development of the content presented in this report. The Planning and Performance Manager and Associate Director, SPC, SPST have also reviewed and commented on the revised IRMA document. The Audit and Risk Committee members have recommended the revised IRMA to the Board for approval. All communications and engagement in relation to risks have been undertaken in line with IRMA.

## **10 List of appendices**

The following appendices are included with this report:

Appendix No.1 IRMA (with tracked changes)

# NSS

## Integrated Risk Management Approach (IRMA)

Date published: ..... ~~25 May 2020~~ xx June 2021  
Version: ..... ~~1.98~~  
Owner: ..... Strategy, Performance and Service Transformation  
Next Review date: ..... ~~May 2021~~ June 2022

## Document Control Sheet

### Key Information

|                       |   |
|-----------------------|---|
| Title:                | Integrated Risk Management Approach   |
| Date Published        | <del>25-May-2020</del> XX June 2021   |
| Date Effective From:  | <del>25-May-2020</del> xx June 2021   |
| Version:              | 1.98  |
| Document Type:        | Risk Management Approach  |
| Document status:      | <del>Final</del> Draft  |
| Author:               | Marion Walker   |
| Owner:                | Matthew Neilson Strategy, Performance & Service Transformation<br>matthewneilson@nhs.scotnet  |
| Approver:             | <del>Risk and Resilience Group</del> NSS Board  |
| Approved by and Date: | <del>Risk and Resilience Group</del> 22.05.20NSS Board XX June 2021   |
| Contact:              | Marion Walker, Risk Manager Lead marion.walker@nhs.scotnet  |
| File Location:        | G:\02 Corporate Gov\Risk Mgmt & Insurance\Risk<br>Mgmt\Approach\IRMA\Integrated Risk Management Approach v1.9<br>2021_Draft_Track Changes.doc |

### Revision History:

| Version | Date      | Summary of Changes  | Approvals   |
|---------|-----------|---|---|
| 1.0     | Jun 2009  | Initial draft to Audit & Risk Committee   | Jun 2009 Audit & Risk Committee   |
| 1.1     | Feb 2010  | Updated for risk reporting approved by NSS Board in Oct 2009  | Oct 2009 NSS Board, Dec 2009 Audit & Risk Committee.<br>Revisions to risk reporting   |
| 1.2     | Oct 2011  | Updated – Clinical risk definition, impact table, risk challenge and review, controls assurance, online NSS Risk Register functionality, associated links.                          | Dec 2010 Audit & Risk Committee<br>- Revisions to risk challenge and review   |
| 1.2     | Oct 2012  | Reviewed – no updates made. Awaiting new structure.   | N/A   |
| 1.3     | Sept 2014 | Updated – Information Governance Committee, SBU structure, risk survey, links   | Sept 2014 Risk Champions<br>Sept 2014 Audit & Risk Committee (for information)  |
| 1.4     | Nov 2015  | Updated Information Governance definitions, new flags on Risk Register, updated governance timings, performance management, and Risk Appetite.                                      | November 2015 Risk Champions<br>Risk Appetite - September 2015 Audit and Risk Committee and November Board Meeting (Approval) |
| 1.5     | Dec 2016  | Updated – Performance Management guidance, revised names of governance Groups and further clarification around certain guidance.  | Nov 2016 Risk Champions<br>Dec 2016 Audit & Risk Committee (for information)  |
| 1.6     | Nov 2017  | Updated - guidance on recording risks in the tool, Business Area flags, sustainability impact assessment, archiving risks, and strategic risks review by governance sub-committees. | Dec 2017 Risk Champions<br>Mar 2018 Audit & Risk Committee (for information)  |
| 1.7     | Nov 2018  | Updated – guidance on risk identification, Business Area flags, clinical and IG governance.   | Nov 2018 Risk Champions<br>Dec 2018 Audit & Risk Committee (for information)  |
| 1.8     | May 2020  | Updated - guidance on impact  | Next Audit & Risk Committee (for  |

|                     |                           |   |  |
|---------------------|---------------------------|---|--|
|                     |                           | category risks, horizon scanning for risks, included wellbeing with H&S, and challenge to IG risks.   | information)                           |
| <a href="#">1.9</a> | <a href="#">June 2021</a> | <a href="#">Updated – guidance on risk appetite, risk register, risk escalation, ownership and review, governance and challenge and definitions</a> | <a href="#">NSS Board xx June 2021</a> |

**Approvals:** This document requires the following signed approvals

| <b>Name:</b>   | <b>Signature:</b>   | <b>Title:</b>       | <b>Date:</b>              | <b>Version:</b>     |
|--|---------------------|---------------------|---------------------------|---------------------|
| Audit & Risk Committee   | N/a                 | N/a                 | Jun 2009                  | 1.0                 |
| Oct 2009 NSS Board<br>Dec 2009 Audit & Risk Committee<br>Revisions to risk reporting | N/a                 | N/a                 | Feb 2010                  | 1.1                 |
| Audit & Risk Committee   | N/a                 | N/a                 | Oct 2011                  | 1.2                 |
| N/a  | N/a                 | N/a                 | Oct 2012                  | 1.2                 |
| Risk Champions/<br>Audit & Risk Committee (For information)                          | N/a                 | N/a                 | Sept 2014                 | 1.3                 |
| Risk Champions/<br>Audit & Risk Committee (For information)                          | N/a                 | N/a                 | Nov 2015                  | 1.4                 |
| Risk Champions/<br>Audit & Risk Committee (For information)                          | N/a                 | N/a                 | Nov 2016                  | 1.5                 |
| Risk Champions/<br>Audit & Risk Committee (For information)                          | N/a                 | N/a                 | Nov 2017                  | 1.6                 |
| Risk Champions/<br>Audit & Risk Committee (For information)                          | N/a                 | N/a                 | Nov 2018                  | 1.7                 |
| Risk Champions/<br>Audit & Risk Committee (For information)                          | N/a                 | N/a                 | May 2020                  | 1.8                 |
| <a href="#">Audit &amp; Risk Committee (XXX)</a><br><a href="#">NSS Board (XXX)</a>  | <a href="#">N/a</a> | <a href="#">N/a</a> | <a href="#">June 2021</a> | <a href="#">1.9</a> |

**Distribution:** This document has been distributed to

| <b>Name:</b>   | <b>Title/SBU:</b>                                      | <b>Date of Issue</b> | <b>Version</b> |
|--|--|----------------------|----------------|
| Divisional Directors, Divisional Risk champions, geNSS | Divisional Directors, Divisional Risk champions, geNSS | Feb 2010             | 1.1            |
| All staff – NSS Staff Update, geNSS                    | All staff – NSS Staff Update, geNSS                    | Oct 2011             | 1.2            |

|                                     |                                     |              |     |
|-------------------------------------|-------------------------------------|--------------|-----|
| All staff – NSS Staff Update, geNSS | All staff – NSS Staff Update, geNSS | Sept 2014    | 1.3 |
| All Staff – NSS Staff Update, geNSS | All Staff – NSS Staff Update, geNSS | Nov 2015     | 1.4 |
| All Staff – NSS Staff Update, geNSS | All Staff – NSS Staff Update, geNSS | Dec 2016     | 1.5 |
| All Staff – NSS Staff Update, geNSS | All Staff – NSS Staff Update, geNSS | Nov 2017     | 1.6 |
| All Staff – NSS Staff Update, geNSS | All Staff – NSS Staff Update, geNSS | Nov/Dec 2018 | 1.7 |
| SBU Risk Champions, geNSS           | SBU Risk Champions, geNSS           | May 2020     | 1.8 |
| SBU Risk Champions, geNSS           | SBU Risk Champions, geNSS           | June 2021    | 1.9 |

### **Linked Documentation:**

| <b>Associated Links</b>                                    | <b>Link</b>   |
|--|---|
| Online NSS Risk Register                                   | <a href="https://apps.nhsnss.scot.nhs.uk/risk/loginT.do">https://apps.nhsnss.scot.nhs.uk/risk/loginT.do</a>   |
| Online NSS Risk Register User Guide                        | <a href="http://genss.nss.scot.nhs.uk/portal/page?_pageid=513,2793187&amp;_dad=portal&amp;_schema=PORTAL">http://genss.nss.scot.nhs.uk/portal/page?_pageid=513,2793187&amp;_dad=portal&amp;_schema=PORTAL</a> |
| NSS Risk Register – Business Objects User Guide            | <a href="http://genss.nss.scot.nhs.uk/portal/page?_pageid=513,2793187&amp;_dad=portal&amp;_schema=PORTAL">http://genss.nss.scot.nhs.uk/portal/page?_pageid=513,2793187&amp;_dad=portal&amp;_schema=PORTAL</a> |
| Adverse Events Management Policy including Duty of Candour | <a href="http://genss.nss.scot.nhs.uk/pls/portal/url/ITEM/653FD000187A37A8E05400212814D70C">http://genss.nss.scot.nhs.uk/pls/portal/url/ITEM/653FD000187A37A8E05400212814D70C</a>                             |
| Information Security Risk SOP                              | <a href="http://genss.nss.scot.nhs.uk/portal/page?_pageid=513,1073117&amp;_dad=portal&amp;_schema=PORTAL">http://genss.nss.scot.nhs.uk/portal/page?_pageid=513,1073117&amp;_dad=portal&amp;_schema=PORTAL</a> |

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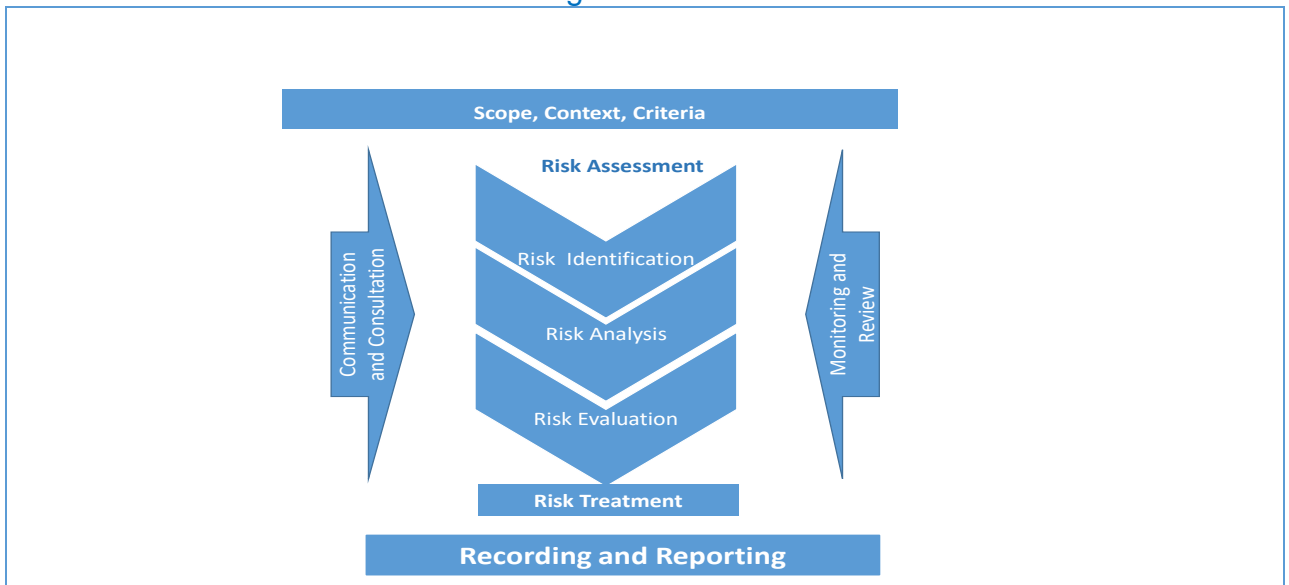
# 1. Introduction

A risk can be defined as an event or set of events which, if they were to occur, could have an impact on the achievement of our objectives. Although the word 'risk' usually has negative implications, it is important to recognise that activities involving risk can have positive as well as negative outcomes.

Risk management is the culture, processes and structures we use to manage risk. Implementation of a comprehensive, effective risk management approach is part of best practice at a strategic level, as well as at an operational and project level, as a means of improving business activities.

The processes described in this document can be used both to reduce negative impacts for the organisation and identify opportunities for improving outcomes.

## Risk Management Process





## **2. Purpose**

The purpose of an Integrated Risk Management Approach is to ensure that risk is identified and assessed in a consistent manner at all levels throughout the organisation, from strategic through to operational levels.

Many of our existing practices and processes already include elements of risk management. The integrated approach consolidates these elements with current best practice in order to:

- Provide an Integrated Risk Management Approach which can be consistently implemented across NSS;
- Demonstrate how risk management is integrated into our strategic planning, operational and day to day activities;
- Ensure that before business decisions are made full consideration is taken of the risks and benefits involved;
- Simplify risk management, making it accessible and understandable to all staff;
- Clarify roles and responsibilities in the risk management process;
- Embed risk management in the organisation and in the decisions we make;
- Continuously improve our risk management approach and the quality of risk information we hold; and
- Provide a framework which will give assurance to the Board and stakeholders of our ability to consistently deliver the commitments in our corporate plans and manage the associated risks.

The Integrated Risk Management Approach will be reviewed every year to ensure that it is effective in supporting the needs of the organisation and complies with best practice.

## **3. NSS Risk Appetite**

Risk appetite is the amount of risk that an organisation is willing to seek or accept in the pursuit of its long term objectives. It is the Board of Directors responsibility to define risk appetite and to ensure that the exercise of risk management throughout the organisation is consistent with that appetite.

The level of risk which NSS is willing to take is continually assessed and reviewed through the strategic planning process. This includes annual Resource Allocation Meetings (RAMs), Senior Management reviews across the Strategic and Support Business Units and Directorates, monthly Executive Management Team (EMT) meetings, NSS Board Sub-Committee's and biannually by the NSS Board. The NSS Risk Appetite will be reviewed by the NSS Audit and Risk Committee and approved by the NSS Board, on an annual basis.

## NSS Risk Appetite Statement

NHS National Services Scotland (NSS) has a considered and responsive approach to its risk appetite in pursuit of its four principal objectives: Customers at the Heart of Everything We Do, Increase our Services Impact, Improving the Way We Do Things and Be a Great Place to Work. Where risks to new and on-going activities are identified, that fall outside our preferred level of risk appetite, NSS will always attempt to mitigate the likelihood or impact of the risk to a level judged to be acceptable in the prevailing conditions. This is in line with the NSS Integrated Risk Management Approach.

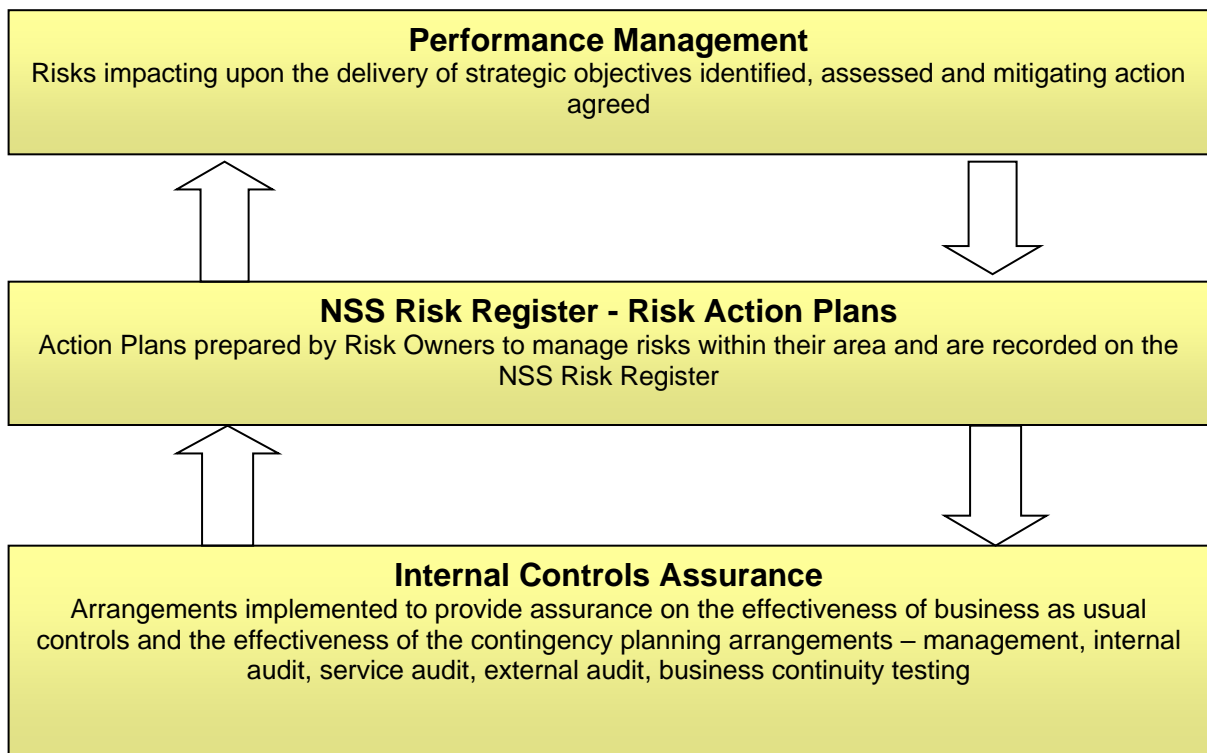
Articulated below are the risk categories and current risk appetite together with an explanation of why.

| Risk Category          | Current Risk Appetite | Why  |
|------------------------|-----------------------|--|
| Business               | High                  | NSS places high importance on services and processes. NSS has a high risk appetite aimed at <u>improving its frontline services and the corporate services that underpin them. increasing the impact of existing services as well as improving the way these operates.</u> The high risk appetite also allows NSS to explore <u>the opportunities to enable health and care transformation with new services. y to deliver existing and new services into new markets.</u>   |
| Clinical               | Low                   | Patient safety is paramount to NSS and as such it has a low appetite for clinical risk.  |
| Information Governance | Low                   | NSS places high importance on using and handling information properly. Having the correct information when required is vital to patient care and effective service delivery. NSS has set a low risk appetite to safeguard sensitive data and ensure regulatory compliance is maintained.   |
| Reputational           | Medium                | To sustain a high reputation NSS has set a medium appetite for risk. NSS seeks to conduct its activities in a way that maintains its reputation; mitigating anything that might jeopardise this and result in adverse publicity. <u>Building and M</u> aintaining the trust and confidence of its existing NHS customer base remains central to NSS values. However, it is accepted that some risk exposure is taken <u>enabling health and care transformation with new services. when growing the wider public sector market; a key element to the revised NSS strategy.</u> |
| Staff                  | Medium                | Staff are critical to NSS achieving its objectives. NSS therefore invests heavily to support and develop its people <u>to thrive and be successful</u> . This medium appetite allows NSS scope to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work. Staff engagement, involvement and empowerment are all themes that emerge from this medium risk stance.  |

## 4. Integrated Approach

For NSS, an Integrated Risk Management Approach means integrating the processes for:

- **Performance Management** which identifies and monitors progress against corporate goals, service objectives and performance targets;
- **Risk Action Plans** which ensure that for all key risks identified (clinical and non-clinical) appropriate mitigating action plans are in place and their effects are assessed and monitored; and
- **Internal Controls Assurance** which is the process for ensuring that key controls are regularly reviewed and assessed both by NSS management and independently by audit.



objectives, clear identification of risk and continuous review and improvement of the control environment.

The following sections identify the management and reporting processes and procedures, roles and responsibilities and staff support required to embed the Integrated Risk Management Approach.

An overview of the processes in place for 'Risk Ownership & Review' and 'Risk Governance & Challenge' is provided in Appendix 1 for information.

## 5. NSS Risk Register

### 5.1. Context

The online NSS Risk Register is the tool which is used to record and manage all risks within-to NSS. These risks can be 'Corporate' in nature – risks which impact on the organisation as a whole, for example, risks associated with our corporate and strategic objectives and the delivery of key services and outcomes. These are reviewed by our governance structures and Directors. Risks can also be associated with smaller programmes or projects which are reviewed by our Strategic and Support Business Units (SBUs), Directorates and management teams.

Access to the NSS Risk Register is approved by the NSS Risk Manager and NSS Risk Champions. Full guidance on the use of the NSS Risk Register is provided in the [Online NSS Risk Register User Guide](#). Details of the main information fields recorded on the NSS Risk Register are provided at Appendix 2.

The key benefits of maintaining all NSS risks on the NSS Risk Register are:

- risks are more visible across the organisation; and
- risk management will be more efficient and effective; and
- ~~the duplication of recording risks at SBU and Corporate level will be reduced.~~

The NSS Risk Register has been designed to allow all risks to be recorded consistently across the organisation and directs users to the key information required to record and manage risk.

~~It should be noted that, where a management group requires a risk to be managed on the project management tool e.g. risks associated with change management programmes or projects, only one overarching corporate risk is required on the NSS Risk Register. This risk should reflect the highest scored risk to NSS associated with that project and include the risk number from the project management tool. Any re-scoring of these risks in the tool should be reflected in the NSS Risk Register application.~~

This section covers how to populate the NSS Risk Register by addressing: risk identification, risk categories, risk assessment and recording. Roles and responsibilities in relation to risk management are summarised in section 11.

## 5.2. Risk Identification

All members of staff have a role to play in identifying risks. Risks can be identified from a number of sources including:

- the planning and performance process as described in section 9 below;
- horizon scanning when we look at events which could happen in the future;
- reviews of significant changes in our services or the environment we operate in;
- programme and project risk assessments;
- following an [adverse event](#) or near miss;
- [data protection](#) impact assessments
- following a [resilience](#) incident;
- health and safety risk assessments;
- the staff governance standard;
- stakeholder engagement;
- [information security risk assessments](#); and testing the controls we have in place around our day to day activities as outlined in section 10 below.

Identifying risks as outlined above promotes a continuous flow of information between the components of the Integrated Risk Management Approach. The risks identified should be classified as Business, Staff, Clinical or Reputational as defined in section 5.3 and assessed using the guidance in section 5.4.

SBU Directors are also responsible for ensuring that risks are identified, recorded on [the risk registers](#) and managed appropriately for portfolios, programmes and projects. All risks [to NSS](#) should be recorded on the NSS Risk Register ~~unless a management group requires a risk to be managed on the project management tool~~. SBU Directors are however encouraged to aggregate or consolidate the recording of risks on the NSS Risk Register in order to make it as meaningful as possible.

## 5.3. Risk Categories

To allow us to focus on the key areas of risk for the organisation, and provide a consistent approach, risks should be assessed and categorised under four headings:

**Business; Staff; Clinical; and Reputational** as defined in the table below.

| Risk Categories – definitions                                      |   |  |   |
|--|---|--|---|
| Business   | Staff   | Clinical   | Reputational  |
| <b>Risks which impact on financial and operational performance</b> | <b>Risks which have an impact on the staff</b><br><br>e.g. compliance with the staff governance standard, pressure on | <b>Risks which impact on patients and the public either directly or indirectly</b> | <b>Risks which have an impact on the reputation of the organisation</b> |

|   |  |  |  |
|---|--|--|--|
| e.g. IT, information governance, <del>ISMS</del> , external/ political risk, business continuity, business processes, regulatory requirements | staff to deliver service, sickness and absenteeism, receive appropriate training, safe working environment, information governance risks involving staff and their data. | e.g. impact on the services, patients, general public and donors including information governance risks. | e.g. when an event (including an information governance event) causes adverse publicity, negative impact on reputation with stakeholders (NHS Boards, The Scottish Government (SG), the public). |
|---|--|--|--|

## 5.4. Risk Assessment

Risks can be assessed as the combination of the **likelihood** of an event occurring and the **impact** of the event. Establishing how we assess likelihood and impact is key to determining the risk rating and subsequent actions to be taken.

### 5.4.1. Likelihood

The likelihood of a risk or event occurring once can be assessed either quantitatively (% occurrence) or qualitatively (chance of occurrence). The most appropriate method should be selected in each case. The assessment of the current likelihood of a risk occurring should take into account the controls currently in place to prevent it.

Having assessed the likelihood of the event happening, the following table should be used to determine the likelihood score (1 – 5) for the event. For example, if the chance of an event happening was 50% the score would be 3.

| Likelihood |                |              |   |
|------------|----------------|--------------|---|
| Score      | Description    | % Occurrence | Chance of Occurrence  |
| 1          | Rare           | 0 – 15%      | Hard to imagine this event happening – will only happen in exceptional circumstances. |
| 2          | Unlikely       | 15 – 35%     | Not expected to occur but might – unlikely to happen.                                 |
| 3          | Possible       | 35 – 60%     | May occur – reasonable chance of occurring.   |
| 4          | Likely         | 60 – 80%     | More likely to occur than not.  |
| 5          | Almost Certain | 80 – 100%    | Hard to imagine this event not happening.   |

#### 5.4.2. Impact

The Business, Staff, Clinical and Reputational impact on the organisation of a risk or event happening should be assessed using the criteria in the following table. The impact score (1-5) can then be determined for **each category**. The assessment of the current impact of a risk occurring should take into account the controls currently in place to minimise the impact.

Information governance ensures the necessary safeguards for, and appropriate use of, personal and business information. Information governance pertains to:

- Data Protection legislation
- Confidentiality
  - to medical / clinical data on patients / donors / doctors, etc
  - to sensitive business data
- Information security
- Records management
- Data quality
- Freedom of Information legislation and the Environmental Information Regulations

An information governance risk is the chance of something happening to the information which will have an impact upon the objectives, personal safety and security of the organisation.

| Impact |             |   |  |   |   |
|--------|-------------|---|--|---|---|
|        |             | Category  |  |   |   |
| Score  | Description | Business  | Staff  | Clinical  | Reputational  |
| 1      | Negligible  | <ul style="list-style-type: none"> <li>Financial impact/penalties/ fines of &lt;£10k</li> <li>Project delays &lt;2% of remaining timescales</li> <li>Negligible disruption which does not impact on service delivery</li> <li>Minimal impact - no operational disruption</li> <li>IG Adverse Event with negligible business impact</li> </ul> | <ul style="list-style-type: none"> <li>No obvious harm to staff</li> <li>Minimal disruption to staff</li> <li>Minimal pressure on staff to deliver service</li> <li>IG Adverse Event with negligible staff privacy impact</li> </ul>   | <ul style="list-style-type: none"> <li>Interruption to a service which does not impact on the delivery of services to patients or the public or the ability to continue to provide service</li> <li>Adverse event leading to minor injury not requiring first aid</li> <li>IG Adverse Event with negligible privacy/ clinical impact</li> </ul>   | <ul style="list-style-type: none"> <li>Rumours generated on social media – no interest to the mainstream media</li> <li>No damage to reputation with stakeholders</li> <li>Overspend of &lt;5% of Budget</li> <li>IG Adverse Event with negligible reputational impact</li> </ul>   |
| 2      | Minor       | <ul style="list-style-type: none"> <li>Financial impact/ penalties/ fines of £10k-£100k</li> <li>Project delays 2%-5% of remaining timescales</li> <li>Minor Impact to service delivery with short term disruption</li> </ul>   | <ul style="list-style-type: none"> <li>Minor H&amp;S or wellbeing incident due to unsafe working environment or working practice</li> <li>Minor staff complaint</li> <li>Minor pressure on staff to deliver service</li> <li>2%-5% of staff not taking the opportunity to attend/ undertake training</li> <li>Minor impact on staff not involved in decisions that affect them</li> <li>Voluntary redundancy/ redeployment with 1-2 individuals impacted</li> <li>IG breach with personal data relating to &lt;10 staff that poses low privacy risk</li> </ul> | <ul style="list-style-type: none"> <li>Minor effect on the health impact of our services</li> <li>Short term disruption to service with minor impact on delivery of services to patients/ public</li> <li>Minor injury or illness – first aid treatment required</li> <li>IG breach with personal data relating to &lt;10 individuals that pose low risk to privacy and has no impact on their health or safety but causes localised delays or inconvenience</li> </ul> | <ul style="list-style-type: none"> <li>Some public embarrassment</li> <li>Minor impact of social media causing low level of engagement</li> <li>Minor damage to reputation with stakeholders (1 NHS Board)</li> <li>Minor effect on staff morale</li> <li>Overspend of 5-15% of Budget</li> <li>IG breach which results in an adverse finding but no enforcement action by an external regulator</li> </ul> |
| 3      | Moderate    | <ul style="list-style-type: none"> <li>Financial impact/ penalties/ fines of £100k-£250k</li> <li>Project delays 5%-20% of remaining timescales</li> <li>Some operational objectives partially achievable</li> <li>Moderate disruption to service delivery</li> </ul>   | <ul style="list-style-type: none"> <li>H&amp;S or wellbeing incident with some harm</li> <li>Increased staff sickness and absenteeism</li> <li>Staff/ trade union unrest</li> <li>Moderate pressure on staff to deliver service</li> <li>Moderate number of staff not taking the opportunity to attend/ undertake training</li> <li>Moderate impact on staff not involved in decisions that affect them</li> <li>Moderate voluntary redundancy/ redeployment</li> </ul>  | <ul style="list-style-type: none"> <li>Moderate effect on the health impact of our services</li> <li>Some disruption in service with unacceptable impact on delivery of services to patients/public</li> <li>Significant injury requiring medical treatment and/or counselling</li> <li>IG breach with personal data or privacy / data integrity breach relating to between 10-100 individuals</li> <li>IG breach with sensitive</li> </ul>                             | <ul style="list-style-type: none"> <li>Long-term adverse publicity in specific geographical areas</li> <li>Moderate impact of social media generating further posts from other organisations</li> <li>Moderate damage to reputation with local Stakeholders (&gt; 1 NHS Board)</li> <li>MP/MSP concerns</li> <li>Moderate effect on staff morale</li> <li>Overspend of 15-40%</li> </ul>                    |



| Impact |              |  |  |  |   |
|--------|--------------|--|--|--|---|
|        |              | Category   |  |  |   |
| Score  | Description  | Business   | Staff  | Clinical   | Reputational  |
|        |              |  | <ul style="list-style-type: none"> <li>of staff</li> <li>IG breach with personal data or privacy/ data integrity breach relating to between 10-100 staff members</li> <li>IG breach with sensitive staff information causing negative staff impact</li> </ul>  | clinical information   | <ul style="list-style-type: none"> <li>of Budget</li> <li>Enforcement action with no monetary penalties taken by an external regulator</li> </ul>   |
| 4      | Major        | <ul style="list-style-type: none"> <li>Financial impact/ penalties/ fines of £250k-£1,000k</li> <li>Project delays 20%-50% of remaining timescales</li> <li>Major Impact to service delivery, sustained loss of service resulting in major contingency plans being invoked.</li> </ul>   | <ul style="list-style-type: none"> <li>Severe H&amp;S or wellbeing incident</li> <li>Rising industrial disputes</li> <li>Prolonged pressures on staff to deliver service</li> <li>Unable to recruit skilled staff to key roles for extended period</li> <li>Very disengaged workforce at organisational (NSS or SBU) level</li> <li>Voluntary redundancy/ redeployment of all SBU staff or very large numbers of staff</li> <li>Major error due to staff not having the opportunity to attend training</li> <li>IG breach with personal data or privacy / data integrity breach relating to &gt;100 staff members</li> <li>IG breach with highly sensitive personal information which could affect the health or safety of &gt;1 individual</li> </ul> | <ul style="list-style-type: none"> <li>Major effect on the health impact of our services</li> <li>Sustained loss of service which has serious impact on delivery of services to patients/public (resulting in major contingency plans being invoked)</li> <li>Major injuries/long term incapacity or disability requiring medical treatment and/ or counselling</li> <li>IG breach with personal data or privacy/ data integrity breach relating to &gt;100 individuals</li> <li>IG breach with highly sensitive personal information which could affect the health or safety of &gt;1 individual</li> </ul> | <ul style="list-style-type: none"> <li>National media coverage adverse publicity of less than 3 days</li> <li>Major impact of social media generating interest among public and influencers</li> <li>Major impact on reputation with stakeholders nationally</li> <li>Significant effect on staff morale</li> <li>Overspend of 40-60% of Budget</li> <li>Maximum enforcement action by an external regulator</li> </ul> |
| 5      | Catastrophic | <ul style="list-style-type: none"> <li>Financial impact/ penalties/ fines of &gt;£1,000k</li> <li>Project delays &gt;50% of remaining timescales</li> <li>Catastrophic impact to service delivery</li> <li>Permanent loss of core service or facility</li> <li>Disruption to facility leading to catastrophic "knock on" effect</li> </ul> | <ul style="list-style-type: none"> <li>Loss of life/ life changing injuries to a member of staff</li> <li>Prolonged industrial action</li> <li>Voluntary redundancy/ redeployment on NSS scale</li> <li>Loss/ integrity of data or privacy breach relating to several Health Boards or on a national scale that impacts large numbers of NHS Scotland staff</li> </ul>   | <ul style="list-style-type: none"> <li>Severe effect on the health impact of our services</li> <li>Permanent loss of service or facility</li> <li>Incident leading to death or major permanent incapacity</li> <li>Loss/ integrity of data or privacy breach relating to several Health Boards or on a national scale that could impact large numbers of individuals</li> </ul>  | <ul style="list-style-type: none"> <li>National /International media adverse publicity of more than 3 days.</li> <li>Trending on major social media platforms</li> <li>Ministerial concern</li> <li>Court enforcement</li> <li>Public inquiry</li> <li>Severe impact on reputation and stakeholder relations national/international</li> <li>Overspend of &gt;60% of Budget</li> </ul>                                  |

#### 5.4.3. Risk rating (likelihood x impact)

The risk rating or combined score is assessed by multiplying together the likelihood and impact scores. Risks are then classified as Red, Amber or Green (High, Medium or Low risk) based on the table below. The score achieved determines the action to be taken in relation to the risk as outlined in the key.

|        |              |   | Likelihood |          |          |        |                |
|--------|--------------|---|------------|----------|----------|--------|----------------|
|        |              |   | Rare       | Unlikely | Possible | Likely | Almost Certain |
|        |              |   | Score      | 1        | 2        | 3      | 4              |
| Impact | Catastrophic | 5 | 5          | 10       | 15       | 20     | 25             |
|        | Major        | 4 | 4          | 8        | 12       | 16     | 20             |
|        | Moderate     | 3 | 3          | 6        | 9        | 12     | 15             |
|        | Minor        | 2 | 2          | 4        | 6        | 8      | 10             |
|        | Negligible   | 1 | 1          | 2        | 3        | 4      | 5              |

#### Key

| Risk rating   | Combined score | Action/Treatment   |
|---------------|----------------|--|
| <b>HIGH</b>   | 15 – 25        | Poses a serious threat. Requires immediate action to reduce/mitigate the risk. |
| <b>MEDIUM</b> | 9 – 12         | Poses a threat and should be pro-actively managed to reduce/mitigate the risk. |
| <b>LOW</b>    | 1 – 8          | Poses a low threat and should continue to be monitored.                        |

## 5.5. Risk Recording

### 5.5.1. Primary and Secondary Risk

Having assessed the current likelihood and impacts associated with the risk for each risk category, each risk should be assigned with:

- 1.a **Primary Risk Category**: this is the risk category (Business, Staff, Clinical or Reputational) which scores the highest risk rating (likelihood x impact); and
- 2.a **Secondary Risk Category**: the risk category which scores the second highest risk rating (likelihood x impact).

The **Primary Risk Category** and the current likelihood and impact scores are recorded on the NSS Risk Register. (Note: Only the Secondary Risk Category name is recorded on the NSS Risk Register).

### 5.5.2. Risk Description & Impact Description

It is important to give a clear description of the risk which has been identified and the potential impacts (Business, Staff, Clinical and Reputational) on the organisation, should the risk occur. This will allow the risk to be more easily understood and more effectively managed.

If risks are identified which are commercially sensitive or relate to patient safety, the level of information recorded should be considered to ensure that data protection, patient or contractual confidentiality is not breached.

### 5.5.3. Confidential Risks

Risks should only be marked as confidential if deemed so by a Member of the EMT. These risks will only be visible to the Chief Executive, SBU Director, risk owner or risk permit within the risk register, however, confidential risks will pull through into business objects risk reporting.

### 5.5.4. Risk Owner

The Risk Owner is the named individual responsible for the effective management of the risk. This is not necessarily the individual who first identified the risk.

For Corporate risks recorded on the NSS Risk Register the risk owner should be a Director or a direct report to a Director.

For other risks being managed on the NSS Risk Register the risk owner should be identified by the SBU/Directorate.

#### **5.5.5. ~~Health, Financial, Clinical~~ and Sustainability Impact**

The Financial Impact, ~~Potential Adverse Health Impact and Number of People Potentially Affected by the risk~~ should be completed for each risk. The clinical impact and sustainability impact of each the risk should also be assessed. ~~for direct and indirect impact.~~

#### **5.5.6. Risk Reviews**

The risks recorded should be reviewed monthly as a minimum to ensure that the information is still relevant and accurate. The risk rating should be updated to reflect the current risk taking into account actions taken to reduce the likelihood or impact of the risk.

#### **5.5.7. Proximity date**

The proximity date is the date when a risk could become an issue and should be considered when assessing the risk and designing the action plan.

#### **5.5.8. Action plan**

The action plan is where the risk owner records the actions to be taken and the controls to be adopted to manage/ treat the risk. The actions to be taken will depend on the type of mitigating action required (prevention, reduction, acceptance, transference, contingency as defined in Appendix 3 Definitions).

The narrative in this section should include:

- the actions to be taken to address the risk could include resource/ budget requirements where appropriate (decrease the impact and/or likelihood);
- the action owner; and
- the timescales for implementation.

#### **5.5.9. Action Updates**

The actions identified to address risks should be reviewed monthly as a minimum to ensure that they are being progressed and to record 'action updates'.

Action updates provide details of progress to date against the actions identified in the action plan. The Risk Owner should clearly state which actions have been taken.

**The Risk Ratings (likelihood and impact) as described in section 5.4 above should be reviewed and updated monthly as a minimum and should reflect the current risk taking into account the risk mitigating actions taken as documented in the action updates. In this way the Risk Rating remains current.**

### 5.5.10. Risk Business Area/ Project/ Group/ Department

Details of risk business areas should be added to all risks recorded in the Risk Register. This allows them to be identified as belonging to a particular area of the business and to be pulled through into appropriate reports. Business area details should be flagged for all appropriate areas and many risks will have multiple areas flagged.

For risks with a clinical dimension, information governance implication or direct or indirect sustainability impact the appropriate **clinical** flag, **information governance** flag or **direct or indirect sustainability** flag should be added to these risks. Full details of applying business areas to risks are contained within section 6.2 of the Risk Register Online User Guide.

### 5.5.11. Residual Risk

The main focus is on the current Risk Rating which takes into account the risk mitigating actions actually in place.

The Residual Risk is the **expected remaining risk** after all risk mitigating actions have been implemented and is provided to indicate the level of risk we hope to achieve by taking the actions in the action plan.

The residual risk should also be reviewed monthly as a minimum to ensure that it is still relevant and accurate.

### 5.5.12. Closing and Archiving Risks

Where a risk owner reviews a risk and considers that it has been either mitigated as far as possible or no longer exists then it can be closed by the risk owner. The risk owner should record an update detailing why the risk has been closed. The Risk Champion should review closed risks and archive them within six months of the risk being closed. When appropriate, Risk Champions and Risk Owners can re-open archived risks.

### 5.5.13. Risks which become issues

If a risk occurs/materialises it can become an issue, resilience incident or adverse event depending on the definition criteria, and would then be managed and recorded through that route. **The NSS Risk Register contains an issues log which means that where risks recorded become issues, and they are not being recorded through another means, they can continue to be monitored on this tool. Other issues (which have not been risks) can also be recorded by users on this issues log.**<sup>2</sup> e.g. where an Internal/Service Audit

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<sup>2</sup> See the NSS Risk Register User Guide for issues log functionality.

identifies control weaknesses (non-conformances) these can be logged as issues on the Risk Register tool and managed appropriately through to resolution.

#### **5.5.14 Issue**

An issue is an event that has happened, or is happening, that was not planned and requires additional or remedial action.

Issues should be managed by the appropriate staff with support from SBU Directors. An issue is by its nature a live event and will require close management attention in line with NSS governance processes.

## 6. Risk Escalation

### 6.1. Context

All staff throughout NSS have a responsibility for identifying risk. To ensure that risks are managed effectively, they must be escalated to the appropriate levels in the organisation and to external stakeholders where necessary.

SBU Directors have overall responsibility for establishing effective risk escalation procedures supported by:

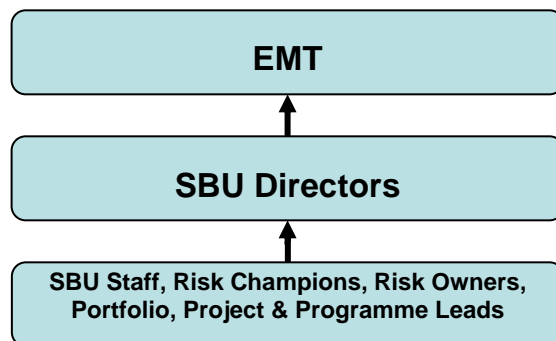
- Risk Champions appointed at SBU level;
- SBU risk reviews;
- Management Group risk reviews; and
- Risk Leads who chair the Management Groups and provide advice on Business, Staff, Clinical, Reputational and Information Governance risks respectively; and
- EMT reviews risk and escalate to the Board any strategic risks

Full roles and responsibilities are provided in section 11.

### 6.2. Escalation process

Risk registers are in place, supported by ~~either the Risk Register tool or project management tool,~~ for specific portfolios, programmes and projects. SBU Directors should ensure that procedures are in place to escalate risks ~~from the project management tool registers to the NSS Risk Register~~ where they could have an impact on the organisation as defined in section 5.4.2 above.

This will allow risks to be visible and support to be provided when required.



## 7. Risk Ownership & Review

### 7.1. Context

**SBU Directors** and **Risk Owners** are responsible for the day to day management of individual risks. Risk Management is also supported by SBU, Management Group and EMT reviews (see Appendix 1a Risk Ownership & Review for process overview). The level of review is outlined below.

### 7.2. Risk Review

SBU Directors should engage with their Senior Management Teams, Risk Owners and Risk Champions monthly to review risk ratings and risk action plans and ensure risks are being managed effectively. SBU Directors should also engage with Management Groups where applicable.

Risk Champions support the Management Groups by providing the NSS Risk Register reports for review.

The EMT reviews corporate risks and issues on a monthly basis, with discussions lead by the Director of Strategy, Performance and Service Transformation. In addition, the EMT will request additional reporting from time to time.

In the event of an urgent emerging risk that requires immediate escalation, SBU Directors should contact the Chief Executive directly. Requirement to inform external stakeholders should also be considered.

The table below provides details of the content and frequency of risk reviews undertaken.

| Risk Review | Risks Reported and Reviewed  | Content of Risk Register presented  | Risks added at meetings  | Frequency (minimum)   |
|-------------|--|---|--|---|
| SBU         | <ul style="list-style-type: none"><li>• Corporate SBU risks on NSS Risk Register</li><li>• Key SBU Projects/ Programme risks - SBU decides</li></ul> | <ul style="list-style-type: none"><li>• Corporate SBU Risks on NSS Risk Register</li><li>• SBU Project/ Programme Registers at appropriate levels</li></ul> | <ul style="list-style-type: none"><li>• SBU risks</li><li>• Project/ Programme risks</li></ul> | <ul style="list-style-type: none"><li>• Monthly</li><li>• Monthly</li></ul> |



| Risk Review  | Risks Reported and Reviewed  | Content of Risk Register presented   | Risks added at meetings  | Frequency (minimum)   |
|--|--|--|--|---|
| <b>Management Groups</b>   |  |  |  |   |
| HR   | <ul style="list-style-type: none"> <li>Staff risks on NSS Risk Register – Red and new Amber</li> </ul>   | <ul style="list-style-type: none"> <li>Staff risks on NSS Risk Register – Red and new Amber</li> </ul>   | <ul style="list-style-type: none"> <li>Staff risks</li> </ul>  | <ul style="list-style-type: none"> <li>Quarterly</li> </ul>                                   |
| <del>Clinical Leadership Team</del><br><del>Clinical Governance and Quality Improvement Team</del> | <ul style="list-style-type: none"> <li>Clinical risks on NSS Risk Register - Red and new Amber</li> <li>Clinical issues recorded on the NSS Risk Register</li> <li>All Strategic Clinical risks</li> </ul> | <ul style="list-style-type: none"> <li>Clinical risks on NSS Risk Register - Red and new Amber</li> <li>Clinical issues recorded on the NSS Risk Register</li> <li>All Strategic Clinical risks</li> </ul> | <ul style="list-style-type: none"> <li>Clinical risks</li> </ul>                                       | <ul style="list-style-type: none"> <li>Monthly</li> </ul>                                     |
| Clinical Directorate   | <ul style="list-style-type: none"> <li>All new risks on NSS Risk Register</li> <li>All risks with a clinical impact</li> </ul>   | <ul style="list-style-type: none"> <li>All new risks on NSS Risk Register</li> <li>All risks with a clinical impact</li> </ul>   | <ul style="list-style-type: none"> <li>Clinical risks</li> <li>Risks with a clinical impact</li> </ul> | <ul style="list-style-type: none"> <li><del>Monthly</del><br/><del>Weekly</del></li> </ul>    |
| <del>Heads of Finance Senior Team Group</del>  | <ul style="list-style-type: none"> <li>Business risks on NSS Risk Register – Red and new Amber</li> </ul>  | <ul style="list-style-type: none"> <li>Business risks on NSS Risk Register – Red and new Amber</li> </ul>  | <ul style="list-style-type: none"> <li>Business risks</li> </ul>                                       | <ul style="list-style-type: none"> <li>Monthly</li> </ul>                                     |
| Communications Senior Team   | <ul style="list-style-type: none"> <li>Reputational Risks on NSS Risk Register – Red and all new risks</li> </ul>  | <ul style="list-style-type: none"> <li>Reputational Risks on NSS Risk Register – Red and all new risks</li> </ul>  | <ul style="list-style-type: none"> <li>Reputational risks</li> </ul>                                   | <ul style="list-style-type: none"> <li><del>Quarterly</del><br/><del>Monthly</del></li> </ul> |
| Information Governance (IG) Group  | <ul style="list-style-type: none"> <li>All Red and new Amber Risks on NSS Risk Register with IG implications</li> </ul>  | <ul style="list-style-type: none"> <li>All Red and new Amber risks on NSS Risk Register with IG implications</li> </ul>  | <ul style="list-style-type: none"> <li>Risks with IG implications</li> </ul>                           | <ul style="list-style-type: none"> <li>3xp.a.</li> </ul>                                      |

| <b>Risk Review</b>       | <b>Risks Reported and Reviewed</b>  | <b>Content of Risk Register presented</b>  | <b>Risks added at meetings</b>   | <b>Frequency (minimum)</b>                                    |
|--------------------------|---|--|--|---|
|                          | <ul style="list-style-type: none"> <li>• All Strategic risks with IG implications</li> <li>• All corporate issues recorded on the NSS Risk Register with IG implications</li> </ul> | <ul style="list-style-type: none"> <li>• All Strategic risks with IG implications</li> <li>• All corporate issues recorded on the NSS Risk Register with IG implications</li> <li>•</li> </ul> |  |   |
| Corporate IG Leads Group | <ul style="list-style-type: none"> <li>• All risks on NSS Risk Register with IG implications</li> </ul>   | <ul style="list-style-type: none"> <li>• All risks on NSS Risk Register with IG implications</li> </ul>  | <ul style="list-style-type: none"> <li>• Risks with IG implications</li> </ul>                       | <ul style="list-style-type: none"> <li>• Quarterly</li> </ul> |
| EMT                      | <ul style="list-style-type: none"> <li>• All risk categories on NSS Risk Register – Red and new Amber</li> <li>• Issues recorded on the NSS Risk Register</li> </ul>                | <ul style="list-style-type: none"> <li>• All risk categories on NSS Risk Register – Red and new Amber</li> <li>• Issues recorded on the NSS Risk Register</li> </ul>                           | <ul style="list-style-type: none"> <li>• NSS risks – all categories</li> <li>• NSS Issues</li> </ul> | <ul style="list-style-type: none"> <li>• Monthly</li> </ul>   |

## 8. Risk Governance & Challenge

The Governance committees review and challenge the risks on the NSS Risk Register as outlined in the table below.

In addition, the Audit & Risk Committee reviews the effectiveness of the Risk Management framework quarterly (see Appendix 1b Risk Governance & Challenge for process overview).

The table below provides details of the content and frequency of risk reviews undertaken and review and approval of the NSS Risk Appetite.

| Risk Challenge  | NSS Risks Reported and Reviewed   | Content of Risk Register presented                    | Frequency             |
|---|---|---|-----------------------|
| Finance, Procurement & Performance Committee          | <ul style="list-style-type: none"> <li>• <b>Business</b> risks - All Corporate Red and new Amber</li> <li>• All Strategic Business risks</li> </ul>   | • <del>All risks reviewed</del>                       | • Quarterly           |
| Staff Governance Committee                            | <ul style="list-style-type: none"> <li>• <b>Staff</b> risks - All Corporate Red and new Amber</li> <li>• All Strategic Staff risks</li> </ul>   | • <del>All risks reviewed</del>                       | • Quarterly           |
| Clinical Governance and Quality Improvement Committee | <ul style="list-style-type: none"> <li>• <b>Clinical</b> risks - All Corporate Red and new Amber</li> <li>• All Strategic Clinical risks</li> </ul>   | • <del>All risks reviewed</del>                       | • Quarterly           |
| Audit & Risk Committee                                | <ul style="list-style-type: none"> <li>• <u>All Corporate Red risks, Reputational and Information Governance risks</u> - All Corporate Red and new <u>reputational and information governance</u> Amber.</li> <li>• All Strategic Reputational risks</li> </ul> | • <del>All risks reviewed</del>                       | • Quarterly           |
|   | <ul style="list-style-type: none"> <li>• Risk Appetite</li> </ul>   | • <del>Review Risk Appetite</del>                     | • Annually            |
| Information Governance Committee                      | <ul style="list-style-type: none"> <li>• <del>All Corporate Red and new Amber identified with information governance implications</del></li> <li>• <del>All Strategic risks with information governance implications</del></li> </ul>                           | • <del>All risks reviewed</del>                       | • <del>3 x p.a.</del> |
| Board   | <ul style="list-style-type: none"> <li>• All risk categories-Corporate Red</li> <li>• All Strategic Risks</li> <li>• Any issues which have arisen and whether risk register worked properly</li> </ul>  | • <del>Summary only for Red and Strategic risks</del> | • 2x p.a.             |
|   | <ul style="list-style-type: none"> <li>• All urgent and important risks and issues</li> </ul>   | • <del>Summary only for Red risks and issues</del>    | • As required         |

| Risk Challenge | NSS Risks Reported and Reviewed   | Content of Risk Register presented   | Frequency  |
|----------------|---|--|--|
|                | <ul style="list-style-type: none"> <li>• All strategic risks</li> </ul> | <ul style="list-style-type: none"> <li>• Summary on Strategic Performance Framework</li> </ul> | <ul style="list-style-type: none"> <li>• 2 x p.a.</li> </ul> |
|                | <ul style="list-style-type: none"> <li>• Risk Appetite</li> </ul>       | <ul style="list-style-type: none"> <li>• Approve Risk Appetite</li> </ul>                      | <ul style="list-style-type: none"> <li>• Annually</li> </ul> |

## 9. Performance Management

### 9.1. Context

In best practice organisations, the role of risk management is no longer to simply detect and address threats to the organisation but also to enhance reputation and improve performance. In order to achieve this, we need to have clarity within performance management about the priorities for each SBU, determine how success will be measured and have a common set of corporate values to refer to when identifying and assessing risks.

**Performance management sets the context in which risks will be evaluated and managed within an organisation. Through performance management we ensure that:**

- we have clarity about our objectives and targets and that these have been established with reference to corporate values and the needs and requirements of key stakeholders;
- performance targets have been risk assessed and are regularly challenged and reviewed;
- the actions required to meet these performance targets have been embedded in business processes;
- the benefits and outcomes of interventions are measured. We utilise the Realistic Medicine framework to aid us to outline the benefits through the notion of Triple Value, which looks at Allocative, Technical and Personalised value;
- delivery against targets is regularly assessed and corrective actions identified and monitored as required; and
- where risks are identified they have been clearly assessed.

**The following Planning and Performance processes are used to address risk:**

### 9.2. Resource Allocation Meeting/Strategic Planning Meeting

NSS has Corporate Objectives in place, highlighted within our Strategy, which provide the basis for the strategic delivery framework for SBUs, including outcomes and key performance indicators (KPIs).

In addition, specific service delivery objectives and associated outcomes and KPIs are agreed with The Scottish Government Health & Social Care Directorate (SGHSC) in March each year through the submission of the NSS Annual Operational Delivery Plan.

Resource Allocation Meetings (RAM)/Strategic Planning meetings are held annually with SBUs in November and in January/ February with the Chief Executive and members of the Executive Management Team. For each SBU, the purpose of this meeting is to agree the five-year plan including:

- service delivery objectives and targets;
- risks and opportunities associated with service delivery objectives and targets;
- workforce requirements; and
- financial resource requirements.

These strategic planning meetings provide a method of horizon scanning. Risks identified through the Strategic Planning Meetings which impact on the organisation as a whole (Corporate risks) will be recorded on the NSS Risk Register.

SBU Directors are also responsible for ensuring that risk and performance management is monitored and reviewed as part of the internal reporting cycle.

The NSS Board also undertakes horizon scanning through their regular assessment of the strategic risks facing the organisation and we review our strategy on a regular basis through EMT and Board.

## 10. Internal Controls Assurance

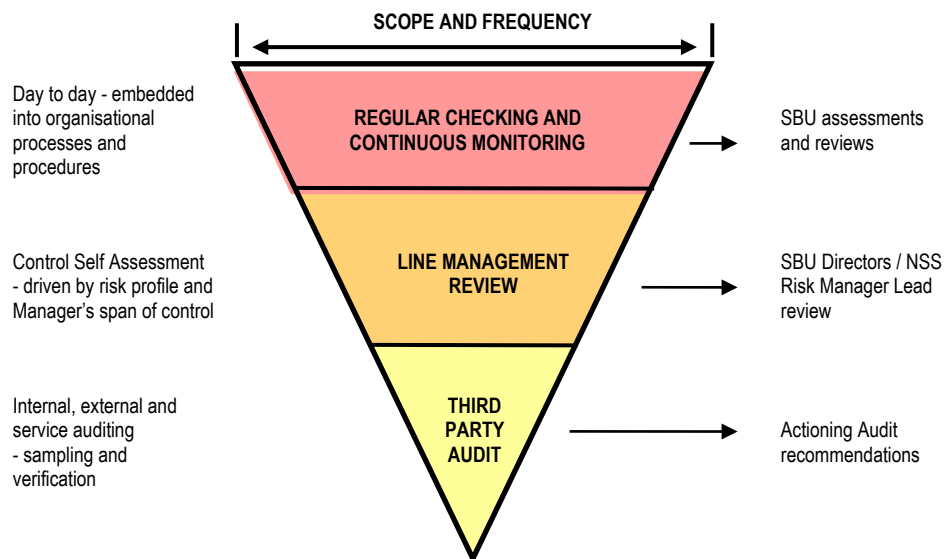
### 10.1. Context

To support the delivery of corporate, business or project objectives, SBUs should understand the key processes and controls which need to be in place to minimise risk, deliver a consistently high quality of service, and comply with relevant regulations, professional standards and internal policies and procedures.

These processes and controls need to be monitored, reviewed and challenged to identify where they are working well and also identify where controls are absent or need to be improved. This is in addition to the work that is undertaken by internal, external and service audit, and also external inspection bodies. The absence of controls or weak controls could result in the organisation being exposed to risks.

Many processes and approaches already exist for assessing controls and identifying risks in the SBUs. The purpose of this section is to provide a consistent framework which can be applied across the organisation.

#### Internal Controls Assurance



If controls are not in place at the operational level there is a risk that outputs and services may not be achieved.

## 10.2. SBU assessment

The assessment of internal controls and associated risks is supported by the NSS Risk Manager and Risk Champions. The key controls in place at the operational level can be assessed as follows:

1. Identify the key business objectives and RAM submissions as set out in the SBU Business Plan ~~and Health Impact Assessments~~.
2. Establish the key **processes** in place to ensure these objectives are delivered.
3. Identify the **individuals and groups** responsible for the controls in place around these objectives.

Key controls needed to ensure that objectives are achieved successfully and could include, for example, controls to ensure payments are accurate, reports are on time or regulatory standards are maintained. To establish the controls required in relation to your business activities and associated risks, areas which can be considered include:

- i. Risk Management & Clinical Governance standards;
- ii. External Regulatory & Legal requirements e.g. Information Governance, Equalities & Diversities;
- iii. Relevant Professional Standards and Guidelines;
- iv. NSS Standing Financial Instructions;
- v. Scottish Government requirements – Scottish Public Finance Manual and relevant guidance;
- vi. Internal, external and service audit reports;
- vii. Programmes and projects;
- viii. Health, Safety and Wellbeing requirements;
- ix. Near miss/ incident reporting; and
- x. Internal quality management systems.

There may also be other areas to consider which are specific to your SBU or Directorate.

4. Develop a SBU work plan to test whether the key controls identified are efficiently and effectively supporting the business objectives.
5. Where controls are weak or absent, design and implement new or improved controls to address the weaknesses and/or gaps and address the risks.

The SBU ICA Checklist will be reviewed by the Risk Champions each year as supporting evidence for the submission of the Annual Assurance Statements made by Directors, as part of the annual accounts process.

In this way, assurance is provided to the Chief Executive in support of the Governance Statement in the Annual Accounts.

### **10.3. SBU Director/ Risk Manager Review**

Annual Certificates of Assurance, including an Internal Controls checklist, are completed by SBU Directors as part of the annual accounts process. This certificate and checklist is used as a mechanism for providing assurance to the Chief Executive that key high level internal controls are in place across the organisation. The checklist includes areas such as strategic and business planning, major investments, information governance, financial management, risk management, staff governance and clinical governance.

The responses on the checklist should be reviewed by the SBU Risk Champions each year prior to submission to NSS Business Services.

Risk Champions should also review the ICA Checklist each year with SBU management and report to SBU Directors on:

- areas for inclusion in the internal audit plan; and
- opportunities for improvement across SBUs.

Where a control weakness is identified and represents a risk to the organisation as a whole it will be recorded on the NSS Risk Register.

### **10.4. Internal, external and service audit**

Internal, external and service audit also play a role in risk assessment by assessing whether we have set the appropriate control objectives based on valid risk assessments and whether the controls we have in place address these control objectives.

Where an Internal/Service Audit identifies control weaknesses (non-conformances) these should be logged as issues on the Risk Register tool and managed appropriately through to resolution. This provides a complete evidence trail of actions undertaken to address any issues raised.

Where significant risks are identified, the responsible SBU Director should record them on the NSS Risk Register where they should be monitored and managed through to resolution.



## **11. Roles & Responsibilities**

### **11.1. Context**

The responsibility for risk management lies with all members of staff, with the Chief Executive having overall responsibility for ensuring effective risk management in the organisation. The key roles and responsibilities are summarised below:

### **11.2. Staff**

All staff have a responsibility to report events, incidents or accidents which have or could lead to Business, Staff, Clinical or Reputational risks for the organisation, its staff and stakeholders. Responsibility includes:

- Following the Integrated Risk Management Approach;
- Being open and honest about reporting general risks identified including near misses, operational risks, health, safety and wellbeing risks, information governance risks and regulatory issues;
- Reporting to SBU Directors, programme/ project leads where applicable to ensure that risk registers are kept up to date; and
- Developing risk awareness through training where necessary.

### **11.3. Programme/Project Leads**

Programme and Project Leads are appointed to manage specific areas of work. This includes:

- Identifying, recording, monitoring and reviewing risks associated with the programme/project;
- Ensuring actions are taken to manage the risks, including development of contingency plans; and
- Escalating and reporting risks to SBU Directors, senior management and other relevant stakeholders such as Programme and Project Boards where appropriate, as detailed in section 6.2 above.

#### **11.4. Risk Champions**

Risk Champions are appointed by SBUs to support risk management. This includes:

- Supporting the Integrated Risk Management Approach;
- Being a key reference point for staff for advice and support on risk management;
- Supporting SBU Directors with their risk reporting requirements;
- Assisting with the Internal Controls Assurance assessment and follow up;
- Working with other Risk Champions to ensure consistency across NSS;
- Sharing knowledge and experience to identify opportunities for continuous improvement; and
- Supporting staff risk management training.

#### **11.5. NSS Risk Manager**

The NSS Risk Manager is responsible for leading on the Integrated Risk Management Approach. This includes:

- Management and coordination of the processes required to support the Integrated Risk Management Approach;
- Supporting the SBU internal controls assurance reviews and reviewing the SBU Internal Controls Assurance checklists;
- Providing support and advice to management and staff;
- Ensuring that training is provided for staff where required;
- Preparing the risk reports for the EMT themes, Finance, Procurement and Performance Committee, Audit & Risk Committee and the Board;
- Co-Chairing the Risk and Resilience Group meetings; and
- Driving continuous improvement in risk management.

#### **11.6. Risk Owner**

The Risk Owner is the named individual assigned to manage a risk. For Corporate NSS risks on the NSS Risk Register this should be the SBU Director or direct report to the SBU Director. The Risk Owner's role includes:

- Managing all aspects of the risk(s) assigned to them including the action plan;
- Obtaining SBU and Corporate support where necessary;
- Determining and/or authorising the actions needed to mitigate the risk; and
- Ensuring that risks assigned to them are kept up to date.

#### **11.7. SBU Directors**

SBU Directors are responsible for ensuring that risk registers are maintained and reviewed, and that appropriate risk management strategies and practices are adopted within their SBUs. With respect to the Integrated Risk Management Approach, this role also includes:

- Reporting on risk management during Resource Allocation/Strategic Planning Meetings and Performance Meetings;
- Ensuring that key business objectives and new commissions have been risk assessed;
- Establishing a risk management process for identifying, evaluating, monitoring and reviewing risks for inclusion on the NSS Risk Register;
- Assessing risks monthly with support from Risk Champions, Risk Owners, Project/Programme leads and staff;
- Reporting on risks to Senior Management Team meetings and Management Groups for review where appropriate;
- Ensuring that risk registers are kept up to date and clearly flagged for action by the EMT;
- Reporting urgent risks directly to the Chief Executive and relevant Risk Lead(s);
- Advising risk owners, where appropriate, of outcomes from Senior Management Team, Management Group and EMT meetings;
- Assessing the SBU Internal Controls Assurance framework in relation to key outputs/objectives;
- Taking actions to address control weaknesses identified through internal, external and service audits; and
- Completing and sign-off the Annual Certificate of Assurance and Internal Controls checklist.

#### **11.8. Management Groups**

The role of the Management Groups in relation to risk management is to challenge and review risks on the NSS Risk Register raised in their respective areas of focus (Business, Staff, Clinical, Reputational and Information Governance risks). This includes:

- Reviewing risk, action plans and progress;
- Challenging risk ratings and for consistency accuracy and action plans for effectiveness; and
- Highlighting cross organisational risks for review at EMT.

#### **11.9. Executive Management Team (EMT)**

The EMT meets monthly and comprises the Chief Executive, the NSS Executive Directors. Their role includes:

- Reviewing the NSS Risk Register (All Red and new Amber risks) monthly through the online Risk Register;
- Escalating to the Board any risks they consider to be strategic;
- Advising on the appropriateness of the actions to be taken;
- Providing advice on or taking actions in relation to risks where requested by SBU Directors; and
- Dealing with conflicts of interest between people's personal objectives and NSS's objectives.

## 12. Governance

### 12.1. Chief Executive

The Chief Executive is responsible for reviewing the effectiveness of the system of internal control, which includes the maintenance of a risk register for the organisation and associated risk mitigation strategy.

### 12.2. Audit & Risk Committee

The Audit & Risk Committee meets quarterly and comprises Non Executive Directors. Its key role is assisting the Board in delivering its responsibilities by providing assurance that an appropriate system of internal control has been implemented and is operating effectively. This includes:

- Overseeing the risk management framework for NSS;
- Approving internal, external and service audits;
- Reviewing the NSS Risk Appetite Statement;
- Reviewing the NSS Risk Management report quarterly; and
- Challenging the NSS Reputational risks quarterly and those risks identified as information governance risks.

### 12.3. Other Committees

The Finance Procurement & Performance Committee, Staff Governance Committee, and Clinical Governance & Quality Improvement Committee and ~~Information Governance Committee~~ all comprise of Non-Executive Directors. These committees meet at least quarterly regularly during the year and challenge the NSS Business, Staff, and Clinical ~~and Information Governance~~ risks respectively.

### 12.4. NSS Board

The NSS Board meets approximately eight times per year and comprises the Chair, Chief Executive, Executive and Non-Executive Directors. The Board receives a Risk Management Update Report twice a year for review. The Board approves the NSS Integrated Risk Management Approach (IRMA) including the Risk Appetite Statement.

### 12.5. Project/Programme Boards

Project and programme Boards may be internal or external to NSS. They are responsible for the governance of projects and programmes including risk management. Risks identified for projects and programmes which have an impact on NSS are reported on the NSS Risk Register.

## **13. Training**

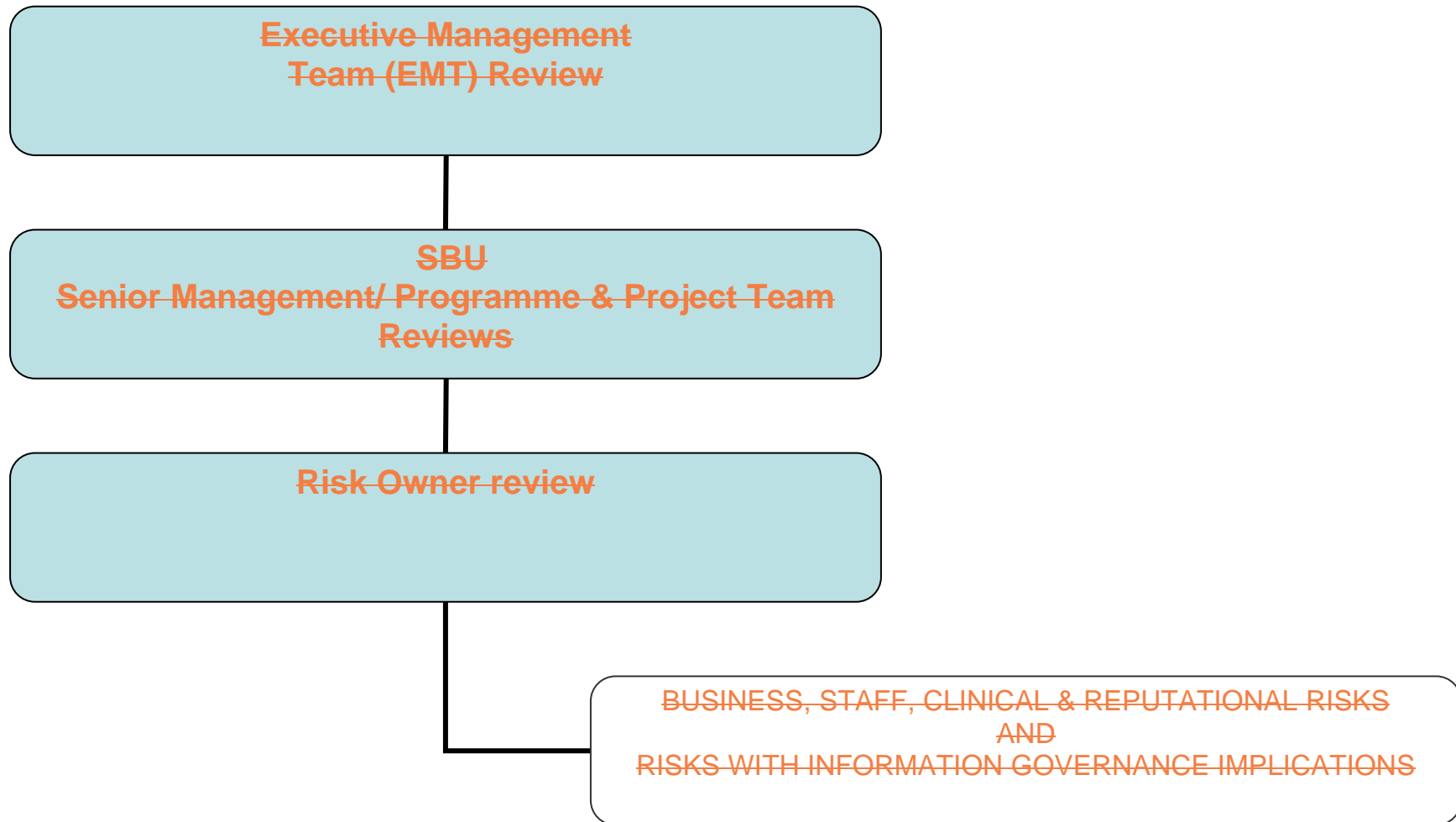
The NSS Risk Manager will oversee the training requirements in relation to the Integrated Risk Management Approach with:

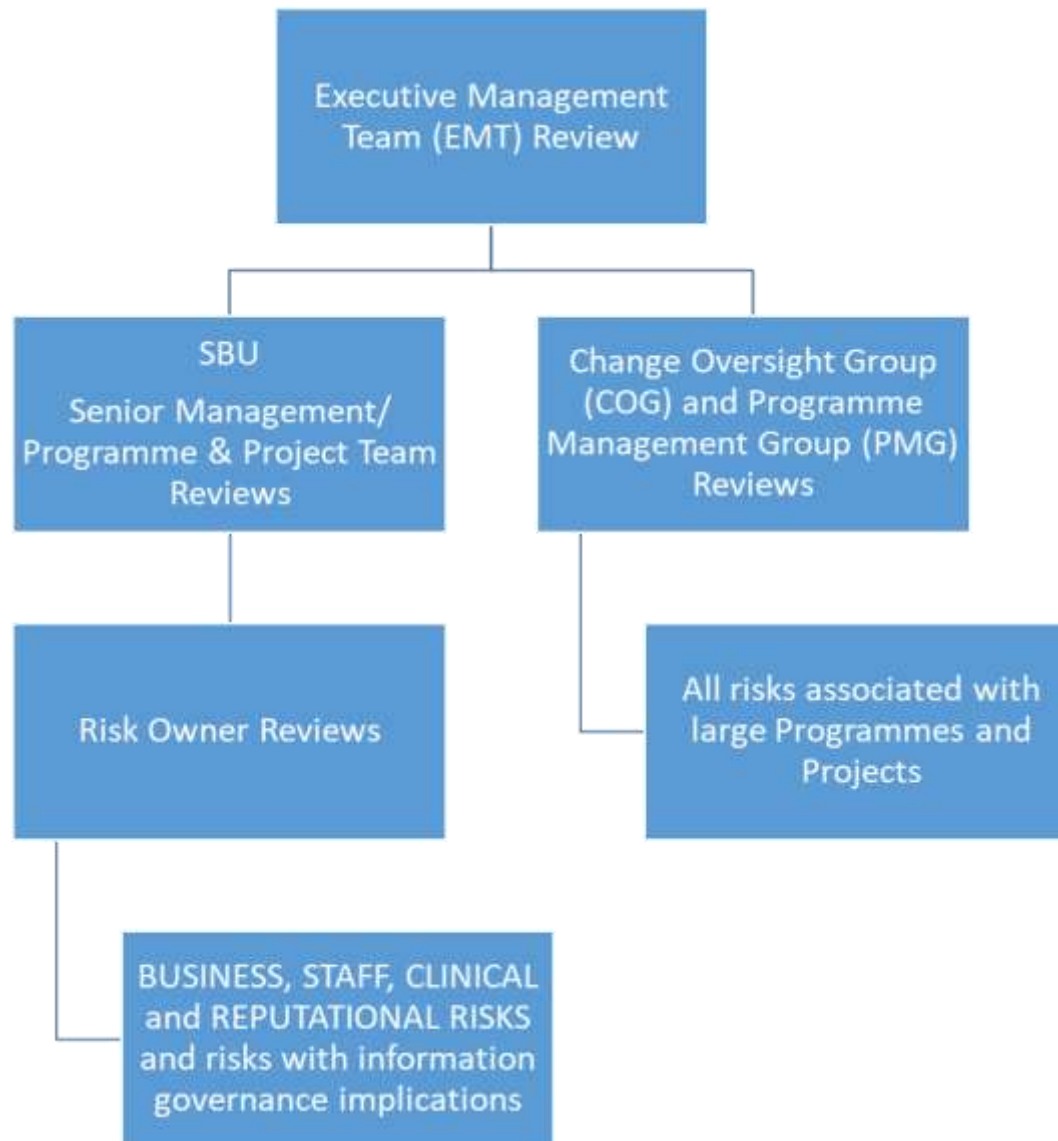
- The Programme Management Office assisting with training for the project management Risk Potential Assessment Tool;
- The Organisational Development team being approached to assist with general training requirements identified;
- Risk Champions supporting specific SBU training requirements; and
- The online risk register application.

**The Integrated Risk Management Approach will be embedded in the organisation by:**

- Developing training programmes where required to address the needs of staff and the organisation;
- Identifying training providers – internal Risk Champions, Organisational Development (OD), assistance and external providers where appropriate;
- Using relevant examples during training to stimulate discussion and promote awareness of risk in the organisation;
- Developing staff risk management guidance to raise awareness of risk management, its purpose, processes and definitions;
- Mandatory for all staff eLearning Risk and Resilience training;
- Using Corporate Values to support and encourage staff to raise and address risks; and
- Promoting the positive outcomes from effective risk management to ensure the gains achieved are recognised.

## Appendix 1a Risk Ownership & Review

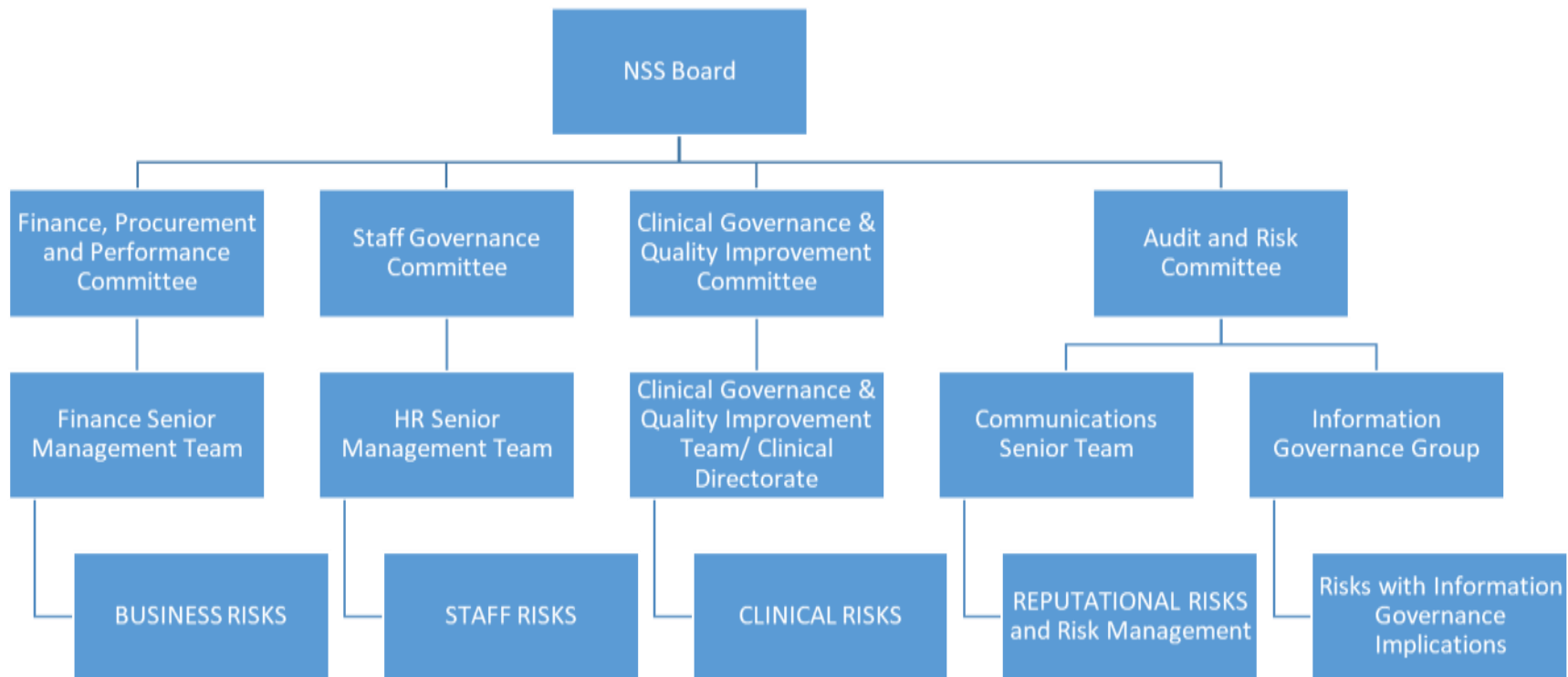




**Appendix 1b   Risk Governance & Challenge**

|





## Appendix 2 NSS Risk Register – Main information fields

| Risk Number      | Risk Title     |
|------------------|----------------|
| System generated | Input by owner |

| Date Raised      | SBU                                    | Risk Description   | Impact Description  | Owner  | Impact    | Likelihood | Score Current risk                               | Residual RAG  | Mitigation Strategy   | Primary Category                     | Secondary Category                          |
|------------------|--|--|---|--|-----------|------------|--|---|---|--------------------------------------|---|
| System generated | Area risk relates to - NSS or SBU name | Provide brief details of the risk only (not the impact) and reason why this may occur.<br><br>There is a risk that X may occur/ may not be achieved due to Y/ if Z does not occur etc. | Provide, as a minimum, impact descriptions for the Primary and Secondary risk categories - see IRMA impact descriptions for guidance. Where possible provide all impacts to give full picture.<br><br><i>Business: Financial Impact, project delays, operational disruption</i><br><i>Staff: Health &amp; Safety incident, complaint, industrial action, recruitment - i.e. staff governance principles - well informed/trained/consulted/fairly and consistently treated/safe working environment</i><br><i>Clinical: Health Impact, delivery services to patients/public, harm/injury to patient/public</i><br><i>Reputational: press/media interest, damage to reputation with stakeholders (NHS Boards, SGHD, Ministers) and staff, budget overspends</i> | For NSS Corporate risks this is the SBU Director or a direct report to an SBU Director | Score 1-5 | Score 1-5  | This is your Current risk assessment (RAG score) | This is the expected risk remaining after all actions in Action Plan taken. | How you decrease this risk - Acceptance, Contingency, Prevention, Transference (see Appendix 3 Definitions) | Category with highest combined score | Category with second highest combined score |

| ID               | Action Created Date | Action Plan  | Updated On       | Update Description  |
|------------------|---------------------|--|------------------|---|
| System generated | System generated    | What are we <u>going to do</u> to reduce the 'Impact' and/or 'Likelihood' of the risk occurring? | System generated | What have we <u>done</u> to date to complete this action? Provide monthly updates against the Action Plan |

## Appendix 3 Definitions

Definitions of the key terms in this document are listed below.

| Term  | Definition   |
|---|--|
| <b>Acceptance (mitigating action)</b>                           | acceptance of the burden of loss, or benefit of gain, from a particular risk e.g. risk rating is acceptable or mitigation is not possible/ cost prohibitive  |
| <b>Clinical Impact</b>  | a Business Area flag to be added to a risk where there is a clinical dimension, to highlight that the risk should be reviewed and monitored from a clinical perspective.   |
| <b>Contingency (mitigating action)</b>                          | Actions planned to come into force if the risk occurs e.g. business continuity plans   |
| <b><u>Corporate Risks</u></b>                                   | <u>are risks owned by SBU Directors. They are organisational wide, longer term risks. Typically concerned with where the organisation wants to go, and how to get there.</u>   |
| <b>Control</b>  | a process, policy, device or other action that acts to minimise negative risk or enhance positive opportunities  |
| <b><u>Environmental Impact</u></b>                              | <u>assessing the risk for environmental impact (sustainability impact assessment either direct/ indirect impact/ no impact guidance)</u>   |
| <b><u>Financial Impact</u></b>                                  | <u>assessing the risk for financial impact</u>   |
| <b>SBU</b>  | refers to Strategic Business Unit and Directorates   |
| <b>SBU Directors</b>  | refers to SBU Directors, Associate Directors of SBUs and Directorate Directors   |
| <b>Horizon Scanning</b>   | looking at events which could happen in the future   |
| <b><del>Hi-Fi-Ei</del></b>                                      | <del>assessing the risk for health impact (no of people potentially affected and potential adverse health impact), financial impact and environmental impact (sustainability impact assessment either direct/ indirect impact/ no impact guidance)</del>   |
| <b>Impact</b>   | a measure of the effect of the risk occurring; rated as a score of 1 – 5   |
| <b>Information Systems</b>                                      | an integrated set of components for collecting, storing, and processing data and for providing information, knowledge, and digital products. The main components of information systems are computer hardware and software, telecommunications, databases and data warehouses, human resources, and procedures |
| <b><del>Information Security Management System (ISMS)</del></b> | <del>an ISMS is a systematic approach based on ISO 27001 consisting of processes, technology and people that helps protect and manage an organisation's information through effective risk management</del>  |
| <b>Issue</b>  | If a risk occurs/materialises it can become an issue,  |

| Term                                  | Definition  |
|---------------------------------------|---|
|                                       | resilience incident or adverse event depending on the definition criteria.  |
| <b>Likelihood</b>                     | used as a general description of probability; can be expressed quantitatively or qualitatively; rated as a score of 1 – 5   |
| <b>Monitor</b>                        | to check, supervise, observe critically or measure the progress of an activity, action or system on a regular basis in order to identify change from the performance level required or expected |
| <b>Operational risks</b>              | day to day, 'business as usual' risks typically relating to processes, resources and impact on business services.   |
| <b>Portfolio</b>                      | all the programmes and stand-alone projects being undertaken by an organisation, a group of organisations or an organisational unit   |
| <b>Prevention (mitigating action)</b> | actions taken to reduce the <b>likelihood and impact</b> of a risk occurring  |
| <b>Primary Risk Category</b>          | the risk category which scores the highest risk rating (likelihood x impact)  |
| <b>Programme</b>                      | a group of projects that aims to achieve a strategic goal of the organisation, planned and managed in a coordinated way.  |
| <b>Programme Risks</b>                | risks that affect the viability of the overall programme, in terms of realising benefits or achieving required outcomes.  |
| <b>Project</b>                        | a specific piece of work aiming at acquiring a specific product or achieving a unique outcome, or series of outcomes, as distinct from being a repetitive process                               |
| <b>Project Risks</b>                  | risks to deliverables (outputs, products or services) from individual projects associated with cost, schedule and resource  |
| <b>Reduction (mitigating action)</b>  | actions taken to lessen the <b>impact</b> associated with a risk  |
| <b>Residual risk</b>                  | expected risk remaining (likelihood, impact and combined RAG score) after implementation of <b>risk mitigating actions</b> (see Appendix 2 NSS Risk Register)                                   |
| <b>Risk</b>                           | the chance of something happening that will have an impact on objectives; risk is measured in terms of the impact of an event and its likelihood; risk may have a positive or negative impact   |
| <b>Risk Appetite</b>                  | the amount of risk that an organisation is willing to seek or accept in the pursuit of its long term objectives   |
| <b>Risk Category</b>                  | Business, Staff, Clinical or Reputational   |
| <b>Risk Identification</b>            | the process of determining what, where, when, why and how something could happen  |
| <b>Risk management</b>                | the culture, processes and structures that are directed   |

| Term                              | Definition   |
|-----------------------------------|--|
|                                   | towards realising potential opportunities whilst managing adverse effects  |
| <b>Risk mitigating actions</b>    | actions taken to reduce the likelihood and/or impact of the risk (see <b>prevention, reduction, acceptance, transference, contingency</b> )  |
| <b>Risk Rating</b>                | this is the figure derived by multiplying together the <b>likelihood</b> and <b>impact</b> scores; scores are categorised as Red, Amber or Green (RAG)   |
| <b>Secondary Risk Category</b>    | the risk category which scores the second highest risk rating (likelihood x impact).   |
| <b>Strategic Risk</b>             | organisational wide, longer term risks that usually require senior management and or Executive / Board decisions and actions; typically concerned with where the organisation wants to go, how to get there and how to ensure survival, including business continuity risks. |
| <b>Transference (action type)</b> | a specialist form of risk reduction where the management of the risk is passed to a third party via, for instance, an insurance policy or penalty clause, such that the impact of the risk is no longer an issue   |

|                                      |  |
|--------------------------------------|--|
| Meeting:                             | NSS Board  |
| Meeting date:                        | Friday, 25 June 2021                                   |
| Title:                               | B/21/26  |
| Responsible Executive/Non-Executive: | Jacqui Jones, Director of HR and Workforce Development |
| Report Author:                       | Jacqui Jones, Director of HR and Workforce Development |

## 1. Purpose

The purpose of this paper is to provide the Board with a range of workforce data and information to allow discussion and scrutiny of the highlights, good practice and issues of concern, covering the year ending 31 March 2021.

## 2. Recommendation

It is recommended that the Board:

- Note the areas where performance has improved in 2020/21 and the examples of highlights and good practice contained within the report;
- Consider and raise any concerns; and
- Note that actions are in place to address areas where performance requires to improve in 2021/22.

## 3. Discussion

The Executive Management Team and the NSS Partnership Forum consider and discuss the People Report on a monthly basis. A version of this report is also presented to each Staff Governance Committee and the NSS Board. This cover paper provides a narrative and is accompanied by a presentation which sets out more detail.

## 4. Assessment

Overall NSS has been in a positive position on a range of workforce issues. Examples of areas where performance has been good or improved are highlighted below, along with areas where improvement is required.

### Highlights for 2020/21

**Absence.** Sickness Absence ended the year at 2.60%, a significant decrease on the previous two years which both ended above target. There has been a 30.02% decrease in cost of sickness absence and 27.95% reduction in hours lost. Whilst anxiety/stress/

depression remain the highest reason for sickness absence, this has reduced by 16.49% on the previous fiscal year.

There have been a total of 852 special leave absence requests due to COVID-19, these peaked around April/May of 2020, and again in January/February of 2021 due to a return to shielding. There are currently seven employees on special leave due to COVID-19 as at 8 April 2021. 59 employees have tested positive for COVID-19 throughout the year.

There has been a reduction in special leave requests for carer and/or emergency or domestic issues and this most likely linked to the increased flexibility in working patterns and lack of travel into a work environment. This has seen a 19.39% decrease in cost and a 13.68% decrease in hours attributed to special leave.

**Recruitment.** There have been 371 jobs advertised within the 2020/21 fiscal year, with a total of 2,976 vacancies - 2,409 of these vacancies were related to NCTC. The first year retention rate is at 83.72% which is an acceptable performance considering the number of vacancies recruited into. There have been a total of 14,624 applications throughout the 2020/21 fiscal year which is an unprecedented level.

**Job Evaluation.** 131 posts were evaluated in the past year and 4.03% of these were evaluated out with the agreed timescale against an objective of 5% or less.

**Vaccination.** All individuals identified within Priority Groups 1, 2 & 3 for COVID-19 Vaccination were personally invited to make an appointment within the occupational health system (677 staff). Of these 55% booked with 366 vaccinated, and a further 481 advising that they have received their vaccination externally. Vaccine Dose 2 Clinics commenced 6 April 2021 and the programme is on track to deliver on time.

**Lateral Flow testing.** Current guidelines are to offer all health care staff who are required to work in or visit buildings, in addition to being public or patient facing roles, twice week lateral flow testing kits for use at home. Training and distribution of kits commenced being rolled out during March and April 2021.

**Accident Incidence rate.** The accident incident rate for NSS ended the year at 15.21 per 1,000 employees against an objective of less than 30.42 per 1,000 employees.

**Corporate NSS Leadership Programme.** HR have responded to support the NSS leadership community with a number of bespoke digital events every month. These include: Strategic Influencing Masterclass Programme; Remote Working; Maintaining Morale; Remote Meetings; Resilience; Growth Mind-set and Strengths for Leadership. 271 leaders have participated in these events.

**All Access Pass (AAP) Tailored Leadership Development Programme.** The Project Lift Talent Management Data Summary received March 2021 included staff who had completed the Project Lift Self-Assessment Questionnaire (SAQ) up to and including December 2020. This data showed that 274 staff completed the SAQ; 191 staff identified as high potential; 19 careers coaching conversations completed and three scheduled with Project Lift team and nine managers successful on Leadership Cubed.

**NSS Internal Coaching.** This has provided around 320 coaching hours this year, delivered by 10 part time, qualified coaches across 30 coaching clients. HR have successfully integrated the PHS and NSS coaching services.

## **Areas where improvement is required beyond 2020/21**

### **Statutory and Mandatory Training.**

**Statutory Training** ended the year at 89.58% completion rate. Statutory Training is the rolling two year e-learning package on fire safety awareness for all staff. Anecdotally we understand that staff feel that if they are not in the work environment then completion of this package is not required. Discussions have taken place at EMT and at SBU Partnership Forums with the emphasis being on those staff who are in a work environment completing this training if they have not already done so. This will be kept under review as and when staff start returning to the office work environment.

**Mandatory Training.** Three courses ended the year at just over 89% completion rate. These are three year rolling e-learning packages with the following completion rates: Health and Safety Induction 89.96%; Manual Handling 89.32% and Risk/Resilience 89.70%. Discussions have taken place at EMT, the NSS Partnership Forum and SBU Partnership Forums and the Occupational Health and Safety Advisory Committee. Everyone is committed to improving performance in these areas and this will be monitored closely in 2021/22.

The Mandatory rolling two year Information Governance e-Learning package, ended the year at 87% completion rate. It has been agreed that this package will be moving to a three year rolling programme to be consistent with other Mandatory training.

**Appraisal/PDP/Objective.** The overall completion rate for NSS ended the fiscal year at 70% with Appraisal at 61%; PDP at 61% and Objective completion at 64%. All of which are an improvement on the previous fiscal year performance. Notwithstanding the issues with the lag in data reporting by NES, the Executive Management Team all agree that improvement is required and actions are being taken within the SBUs to improve on this performance.

**RIDDORS.** The year ended with 11 RIDDORS being reported to the Health and Safety Executive. Five within PCF at National Distribution Centre, two within SNBTS - Jack Copland Centre, three within SNBTS Donor Services – External Sessions and one within SNBTS – Ninewells. All have been investigated by local management and HR with a root cause analysis undertaken. Details of this and the action plan associated with improvement are in a separate report to the Board.

## **5. Impact Analysis**

### **Equality and Diversity, including health inequalities**

The whole concept of the Staff Governance Standard is about the fair and consistent treatment of staff. How they are managed and how they feel they are managed. By ensuring compliance with the Staff Governance Standard and the application of best employment practice NSS should be a great place to work.

## **6. Risk Assessment/Management**

All issues which are of concern and which represent a risk to NSS are reviewed and discussed at the EMT and Partnership Forum.



## **7. Financial Implications**

Through the application of best employment practice, and good people management there should be a positive impact on the finance of the organisation.

## **8. Workforce Implications**

This report covers all key issues associated with compliance with the Staff Governance Standard and best employment practice. It should provide a “snap shot” of the key people management issues in NSS at a given period of time, along with some trend analysis.

## **9. Route to Meeting**

### **Governance Route**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- EMT at the meetings on 19 April 2021 and 14 June 2021
- NSS Partnership Forum at the meeting on 20 April 2021

### **Communication, involvement, engagement and consultation**

Workforce Data is made available in real time form via the Tableau system to all SBU Directors and Managers across NSS. The HR Business Partners engage with the SBUs to provide additional information breakdowns for fuller discussion. The information is also available to our Trade Union colleagues for their considerations as appropriate.

## **10. List of Appendices and/or Background Papers**

The following appendices are included with this report:

- Appendix No 1, NSS People Report – March 2021 (slide deck)

**Jacqui Jones**  
**Director of HR and Workforce Development**  
**8 June 2021**

# NSS People Report

Year End Report

March 2021

# Summary

## **Headcount**

The current Headcount for NSS is 3,300 and the total WTE is 3,023.38. The NCTC has been split out from SPST, and will appear within dashboards as SPST-NCTC to differentiate it from SPST SBU.

## **Absence**

Sickness absence has ended the year at 2.60% which is a significant decrease on the previous two years which both ended above target at 4.21%. There has been a 30.02% decrease in cost and a 27.95% decrease in hours lost when compared to the previous year. Anxiety/stress/depression continues to be the most common reason for absence, making up 39.71% of the total YTD cost of absence but this is a significant reduction on previous years. It should be noted that the SBUs with the highest rates due to anxiety/stress/depression are those with the highest proportion of frontline workers.

## **Statutory Training**

Compliance with 3 year mandatory training is above 90%. 2 year mandatory training and statutory training compliance have both ended the year slightly below the 10% threshold.

## **Turas**

Turas compliances finish the year at 61% for Appraisal, 61% for PDP and 64% for Objective, a slight increase from previous fiscal year figures.

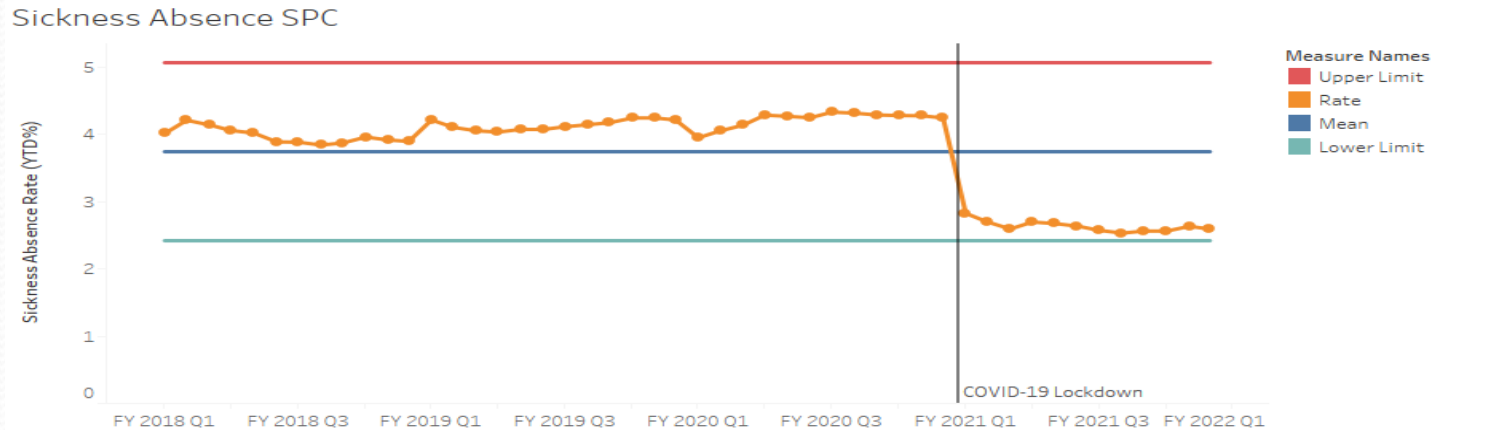
## **COVID-19**

A total of 59 employees have tested positive for COVID-19 across the past year, with 852 special leave requests submitted. There have been a total of 100 employee requests to be tested for COVID-19 with 70 eligible for testing. Employee groups identified as requiring to undertake Lateral Flow Testing are being managed within the Staff Covid Vaccination Programme. There are currently seven employees (8 April) on COVID-19 related Special Leave.

## **RIDDORs**

To date, NSS have submitted 11 RIDDOR reports to the Health and Safety Executive. A detailed root cause and trend analysis is being undertaken and the Executive Management Team and the Occupational Health and Safety Advisory Committee have been provided with detailed reports and recommendations.

# Statistical Process Control



The NSS sickness absence has seen a significant reduction across this fiscal year compared to the previous year, ending the year on 2.59%, down from 4.24% at the end of the previous fiscal year.

The YTD figure is sitting just above the Lower Control Limit (LCL) which has been calculated at 2.42%. Sickness Absence SPC trend has seen very little movement month to month from the beginning of this fiscal year (2.82%).

All SBUs except for **PCF** have finished the year above the LCL - PCF have finished at 4.52% with their LCL calculated at 4.56%.

The year end position for all SBUs is considerably lower than the previous year end, with only **DaS**, **SNBTS** and **SPST** having slightly higher rates at the end of the fiscal year compared to the beginning (**DaS** 0.76% in April 2020, 1.39% in March 2021, **SNBTS** 2.50% in April 2020 compared to 2.98% in March 2021 and **SPST** 1.33% in April 2020 compared to 1.35% in March 2021).

**Clinical** SBU has seen a 0.00% sickness absence rate throughout the 2020/21 fiscal year.

Sickness absence has been low throughout the fiscal year as employees were asked to work from home at the end of March 2020.



# Sickness Absence

NSS sickness absence rate has ended the 2020/21 fiscal year at 2.60%, a significant decrease from the previous two years which both ended at 4.21%.

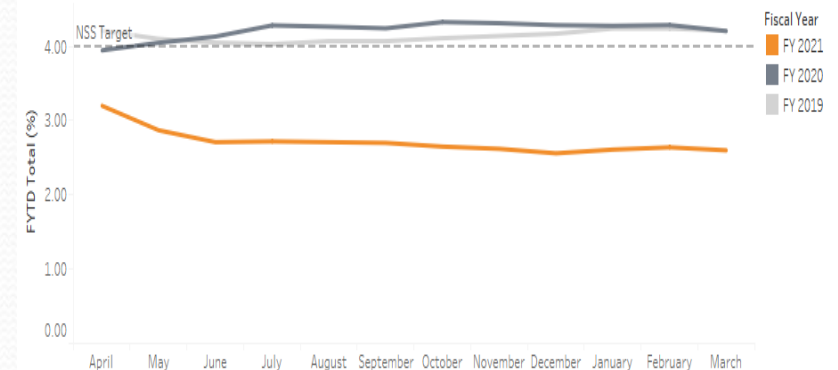
LT sickness at year end is 1.79%, compared to 2.73% at the end of the previous fiscal year. ST absence rate at year end is 0.81%, again a decrease from the 2019/2020 fiscal year which ended at 1.48%.

All SBUs have finished the year significantly lower than the previous fiscal year. PCF is the SBU with the highest SA rate YTD and the only SBU above the 4% target at 4.53%, however this is much lower than the previous fiscal year at 6.21%.

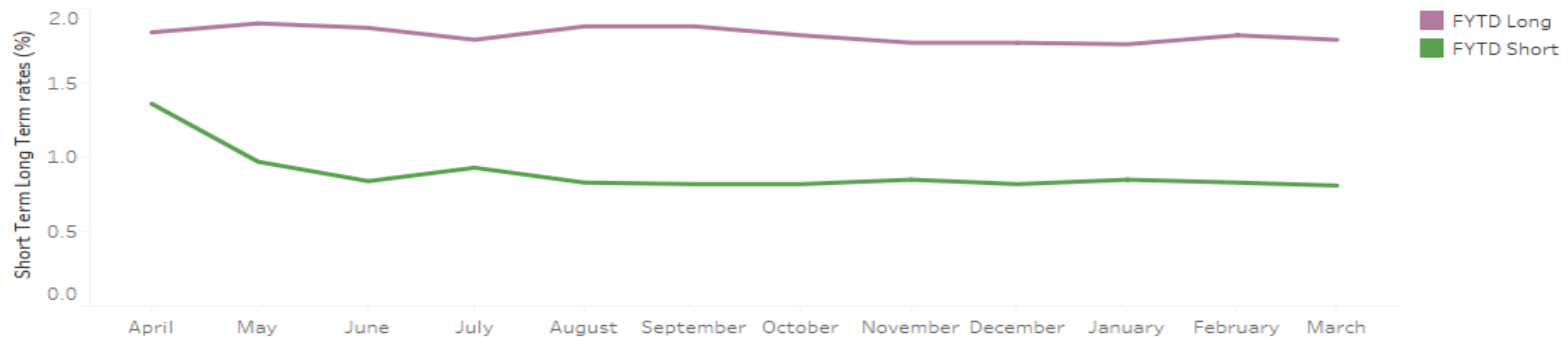
Finance and P&CFS finished the previous year above the 4% target (at 4.94% and 4.60% respectively) and are now well below target with 1.39% and 2.79% at the end of this fiscal year.

Clinical has reported no absences throughout 2020/2021.

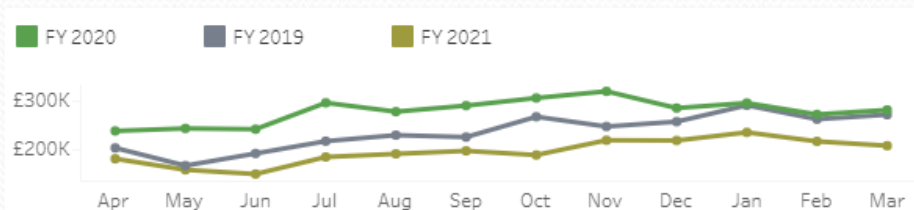
SA Trend



SA LT ST Trend



# Sickness Absence Cost



| Current month | Current FY | Previous FY |                 |
|---------------|------------|-------------|-----------------|
| £205,782      | £2,323,904 | £3,320,397  | Cost of absence |
| 13,379        | 151,498    | 207,791     | Hours lost      |

The overall cost of absence for the 2020/21 fiscal year is £2.323m, This is a reduction of £996k (30.02%) in cost, with a decrease of approximately 56,000 hours (27.95%) when compared to the previous fiscal year. The cost in absence has continued to remain lower than previous years, indicating that there is a direct correlation in absence reduction in relation to COVID-19.

**Anxiety/Stress/Depression** – Remains the highest reason for absence throughout the 2020/21 fiscal year, contributing to 39.71% of the total annual cost of absence. The total cost for 2020/21 equates to £923k, which is a reduction of 16.49% from 2019/20. All SBUs with the exception of PCF and CLO have seen a decrease in cost and hours due to this reason. It should be noted that the SBUs with the highest rates due to anxiety/stress/depression are those with the highest proportion of frontline workers – PCF (41.59%) and SNBTS (23.52%) equating to 65.1% of the overall cost in relation to anxiety/stress/depression.

**Cough/Cold/Flu** - Highlights the largest reduction in cost for the year with a current position of £80k, this is a significant decrease of £200k (71.24%) from 2019/20 which ended the year with a cost of £279k. The only SBUs reporting absences due to cough/cold/flu in the 2020/21 fiscal year are those with the highest number of frontline workers - P&CFS, PCF, SNBTS and DaS.

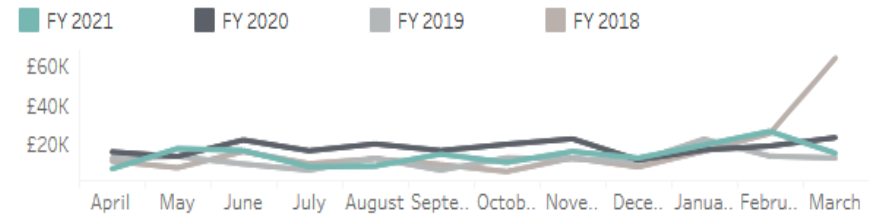
**Other Known Causes- Not Otherwise Classified** – This was the second most common reason for absence in 2020/21, with a total cost of £201k, however has seen a decrease of 10.39% in cost, a reduction of just over £23k.

**Gastro – Intestinal Issues** – This was the third most common reason for absence in 2020/21, at a total cost of £182k and 12,037 hours lost. Gastro – Intestinal Issues indicates a £97k (34.84%) reduction in cost from the previous fiscal year.



# Special Leave

|               |            |             |                          |
|---------------|------------|-------------|--------------------------|
| Current month | Current FY | Previous FY | Cost of<br>Special Leave |
| £15,934       | £182,805   | £226,777    |                          |
| 862           | 10,912     | 12,641      | Hours Lost               |



There has been an overall reduction in special leave requests in the 2020/21 fiscal year. There have been a total of 566 requests this year, compared to 775 last fiscal year. This has seen a 19.39% decrease in cost and a 13.68% decrease in hours attributed to special leave. The significant reduction in absence reasons such as Carer and Emergency/Domestic Issues are most likely due to more flexible working patterns, as well as the introduction of COVID-19 Special Leave absence reasons.

The most common reason for special leave continues to be **Bereavement** at a cost of £108,809 (a -3.42% decrease from the previous year) and 6,304 hours (a 6.83% increase on the previous year).

The second most common reason is **Compassionate** leave which ends the year at a total cost of £27,831, (a 18.39% decrease on 2019/20) and 1,722 hours (a 15.09% decrease from 2019/20).

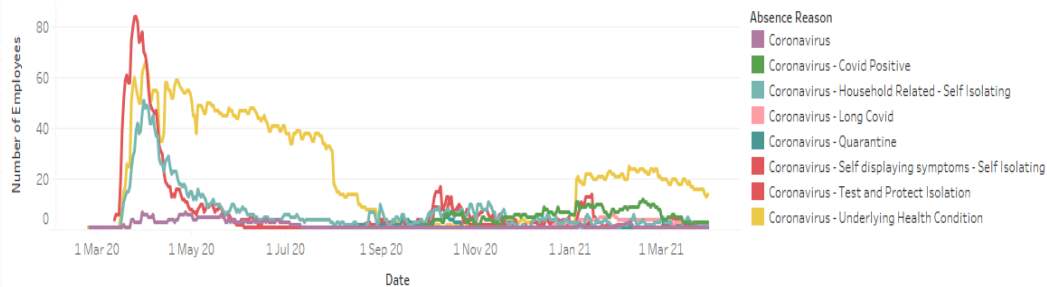
The third most common reason is **Carer** which has cost the organisation a total of £26,081 with 1,491 hours lost across 2020/21, this is a 53.15% reduction when compared to the previous year for cost, and a 52.98% decrease in hours.

**Bad Weather Conditions** has seen a significant increase in both cost and hours lost with 90% of the total YTD cost due to the poor weather conditions in February. The YTD total is £8,182 with 631 hours lost which is an increase of 601 hours when compared to the previous year. The main contributors are the SBUs where people would be expected to attend work at an NSS building - SNBTS, PCF & P&CFS.

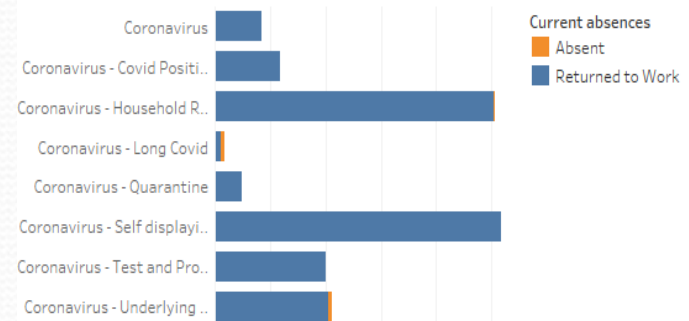
**Emergency/domestic issues** has also seen a reduction across the current fiscal year, with a total cost of £7,918 (-56.08% decrease) and 552 hours (a 54.15% reduction).

# COVID-19 Special Leave

Total Absent Employees



COVID-19 Absence Reasons



As of 8 April, there have been a total of 58 employees who have tested positive for COVID-19. There are currently seven employees on Special Leave for Coronavirus :

- 4 due to Underlying Health Condition (all PCF)
- 3 Long Covid cases (2 PCF, 1 SNBTS)

There has been a total of 852 Special Leave Absence requests due to COVID-19, these peaked around April/May of 2020, and again in January/February of 2021 due to a return to shielding.

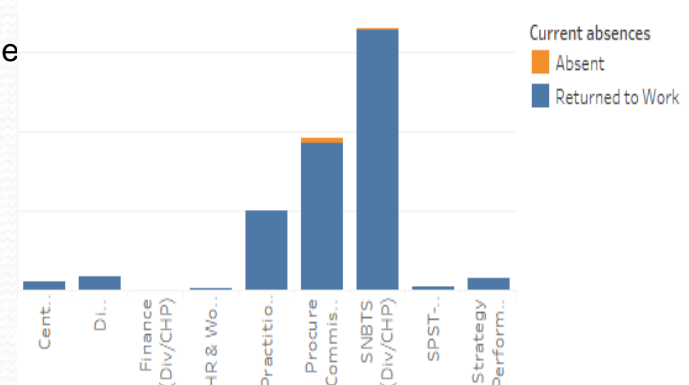
A total of 100 tests have been requested for employees (10 of which have been previously tested). Of these, 70 have been deemed eligible for testing, the majority of which are in SNBTS.

Employees tested:

- SNBTS – 64
- PCF – 5
- Clinical – 1

A total of 59 tests have also been requested for household members.

SBU Breakdown





# Case Management

The 2020/21 fiscal year has ended with a total of 122 employees with an Active Trigger, of which 41 (33.61%) are currently being supported through HR. A total of 382 employees reached absence triggers during the current fiscal year, a decrease of 86 on the previous year.

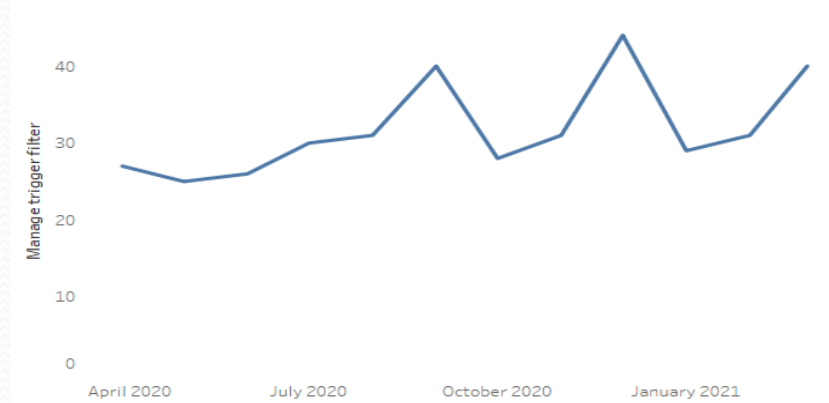
There has been an increase in the number of calls being logged with case management to support Attendance and Capability issues. A number of managers are reporting that although they were previously concerned about absence levels or capability issues, they were mindful of the situation and the requirement for employees to adjust to different ways of working over the past year. Unfortunately, these situations have not improved and the cases are now being considered for progression in line with the current case management protocol. Managers are being reminded of the support available from HR to assist them in the management of issues at an early stage.

## Case Category Breakdown\*:

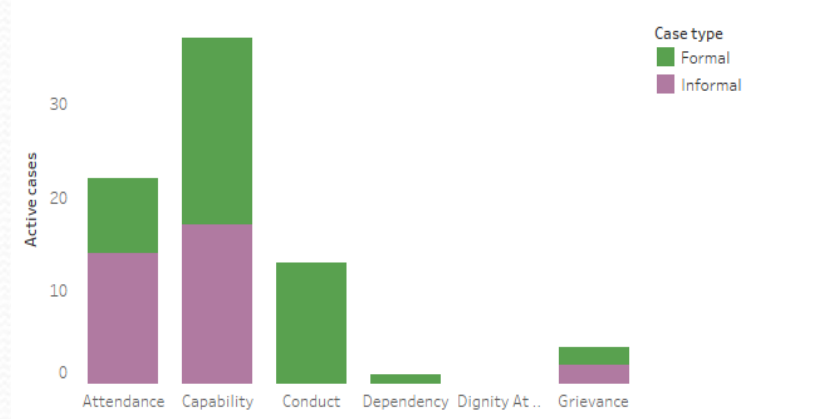
Attendance = 25 (-30)  
Capability = 39 (-90)  
Conduct= 15 (-13)  
Dependency= 1 (-2)  
Dignity at Work= 2 (-15)  
Grievance = 4 (-2)

\* Figures when compared to 2019/20 fiscal year

New Triggers



Active case SBU



# Turnover

NSS has ended the fiscal year at 7.91%, which is over the 7% target. This is primarily due to high turnover rate within SPST- NCTC which has a YTD turnover rate of 34.83%. This is an increase on turnover at the end of the last fiscal year which was 7.07%.

## New Starts – 539 YTD

CLO - 7

Clinical - 5

DaS - 28

Finance - 10

HR - 20

P&CFS - 3

PCF - 53

SNBTS - 78

SPST-NCTC - 282

SPST - 53

## Leavers – 221 YTD

CLO - 3

Clinical - 0

DaS - 13

Finance - 3

HR - 5

P&CF - 15

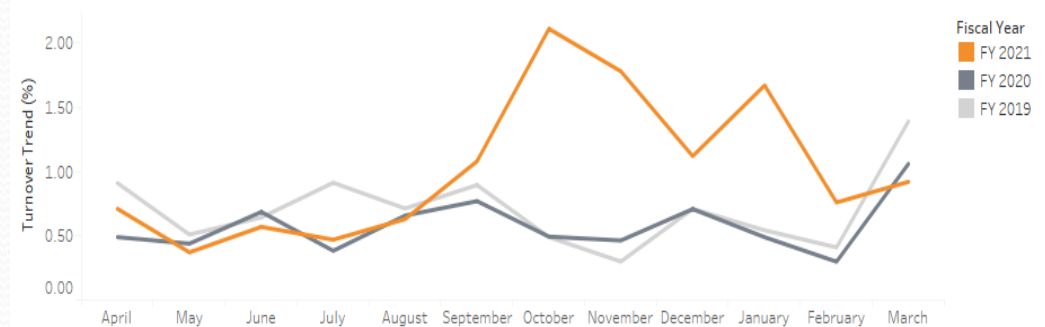
PCF - 46

SNBTS - 72

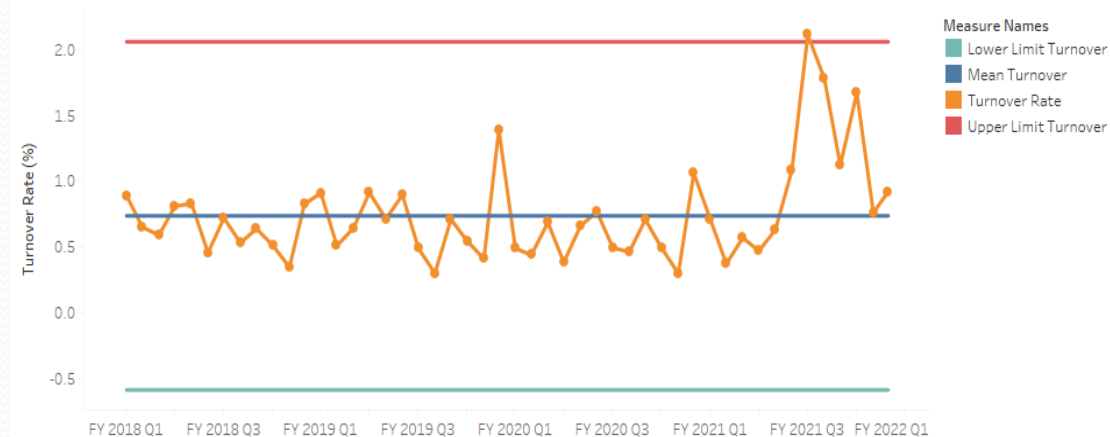
SPST-NCTC - 52

SPST - 12

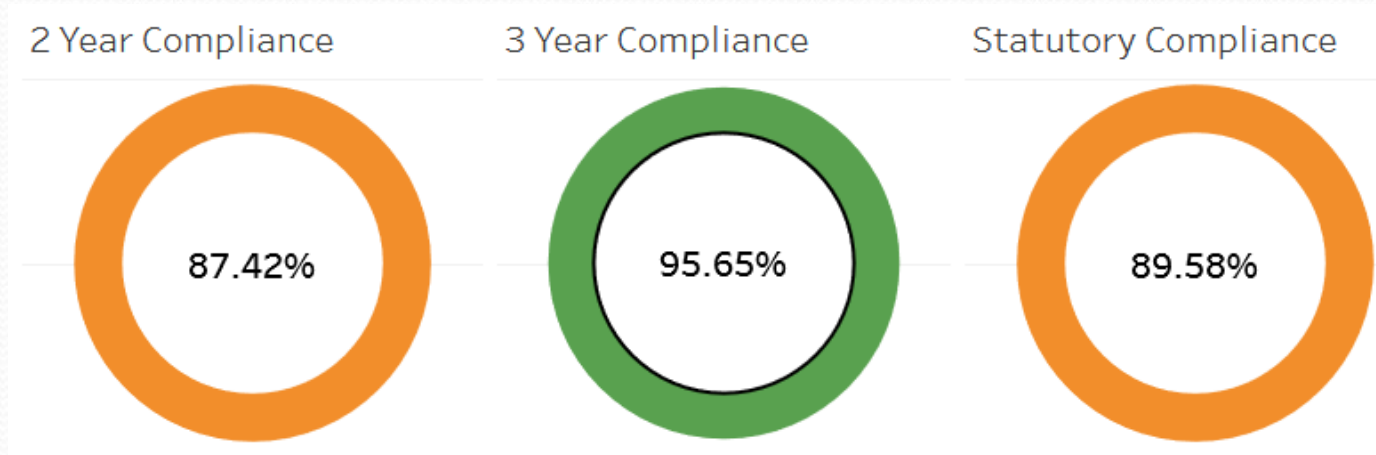
Turnover trend



Turnover SPC



# Mandatory/Statutory Training



At NSS level, only 3 year Compliance has ended the year above the 90% target. Both 2 year Compliance and Statutory Compliance are slightly below. The previous fiscal year saw 2 year Compliance at 93.44%, 3 year at 90.61% and Statutory Compliance at 4.96%.

Statutory Compliance relates to the Fire Safety course which was launched in April 2020, and has remained below the 90% target throughout the fiscal year.

There are five courses which have ended the year below the 10% threshold., NSS Health and Safety Induction (89.96%), NSS Fire Safety (89.58%), NSS Information Governance (87.42%), NSS Manual Handling (89.32%) and NSS Risk and Resilience (89.70%).



# Turas Appraisal

Appraisal Compliance

61%

PDP Compliance

61%

Objective Compliance

64%

Post Outlines Missing

82

No of. A4C Employee No Login

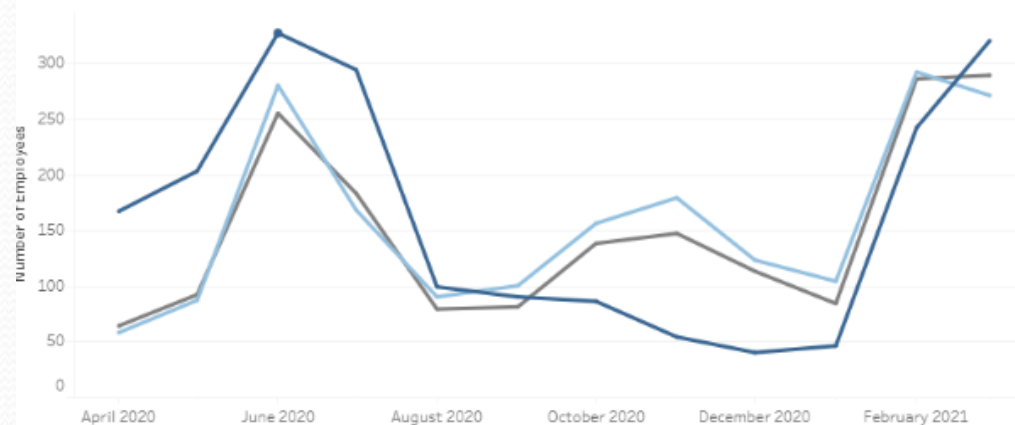
196

At NSS level Turas Appraisal figures have increased from the end of the previous year - Appraisal +4%, PDP +3%, and Objective +8%. From the trend data it highlights that the appraisal completion inclines between April and June and therefore we expect to see a significant increase in Q1.

Compliance across SBUs varies, with both DaS and SNBTS below 70% for all three compliances.

SPST – NCTC has a compliance rate of 2% which considering the rate of recruitment over such a short period of time for posts which did not previously exist, is understandable and will impact the overall compliance rate of NSS. With the exclusion of NCTC, compliance for NSS is 70% completion rate for the fiscal year.

Trend on Appraisal Compliance

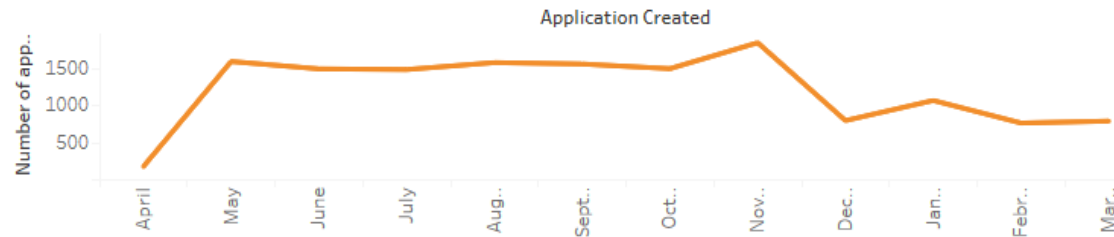


# Recruitment

YTD Advertised Roles



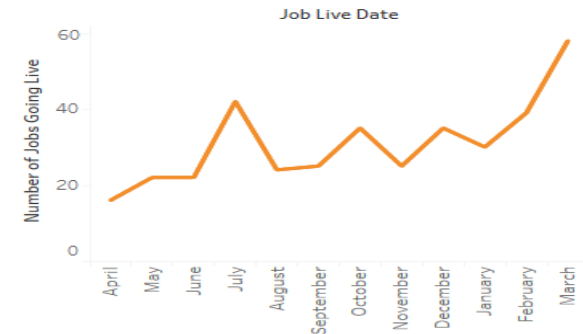
Application Trend



There have been 371 jobs advertised within the 2020/2021 fiscal year, with a total of 2,976 vacancies - 2,409 of these vacancies were related to NCTC. 72.48% of vacancies relate to fixed term posts, with 13.24% permanent contracts, 9.58% staff bank, 4.40% fixed term or secondment. There are currently 61 live posts, with eight currently on hold.

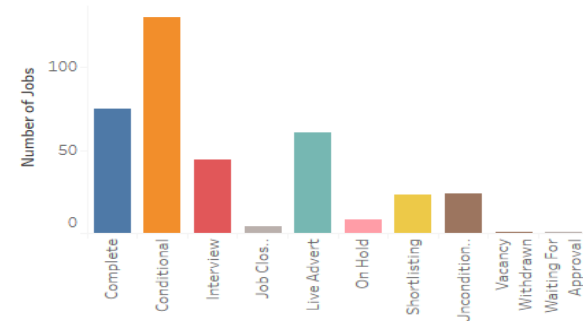
Application rate has ended the year at 37.28%, with offer acceptance at 96.20% (56.25% of this is internal applicants). First year retention rate is at 83.72%. There have been a total of 14,624 applications throughout the 2020/21 fiscal year.

New Jobs Posted



| SBU       | Jobs | Vacancies |
|-----------|------|-----------|
| CLO       | 9    | 13        |
| Clinical  | 5    | 5         |
| DaS       | 64   | 86        |
| Finance   | 10   | 14        |
| HR        | 16   | 21        |
| P&CF      | 25   | 28        |
| PCF       | 67   | 102       |
| SNBTS     | 127  | 185       |
| SPST-NCTC | 12   | 2409      |
| SPST      | 36   | 113       |

Job Status



# Redeployment

During 2020/21 there has been an overall decrease in the number of staff on the Redeployment Register, with the year end figure at 28. This reduction has been through staff obtaining suitable alternative employment, approved VR/VER applications and through the departure of staff on Fixed Term Contracts who have joined the Register during their notice period but have not been successful in finding redeployment.

No staff have left the Redeployment Register during Q3 and Q4. However, during Q4, six staff have been redeployed and have commenced trial periods which are due to end during Q1 2021/22 and a further four staff have been approved for Voluntary Redundancy and arrangements for exiting during Q1 2021/22 are being finalised.

|  | Q4<br>2019/20 | Q1<br>2020/21 | Q2<br>2020/21 | Q3<br>2020/21 | Q4<br>2020/21 |
|--|---------------|---------------|---------------|---------------|---------------|
| Actively seeking suitable alternative employment | 41            | 37            | 33            | 23            | 16            |
| In trial period                                  | 5             | 8             | 3             | 0             | 6             |
| Awaiting future VR/VER Exit Date                 | 0             | 0             | 0             | 1             | 4             |
| Agreed will not be matched to posts at this time | 0             | 0             | 0             | 2             | 2             |
| <b>TOTAL</b>                                     | <b>46</b>     | <b>45</b>     | <b>36</b>     | <b>26</b>     | <b>28</b>     |





# Job Evaluation

From 1 April 2020 to 31 March 2021, there has been a total of 131 NSS posts that have been through an AfC Job Evaluation process. An additional seven external (Social Security Scotland) have also been through the process.

|                                  | CL<br>O | Clini<br>cal | DaS | Finan<br>ce | HR | P&C<br>F | PCF | SNB<br>TS | SPST | NSS |
|----------------------------------|---------|--------------|-----|-------------|----|----------|-----|-----------|------|-----|
| Evaluation of a new post process | 2       | 5            | 3   | 1           | 9  | 16       | 17  | 21        | 13   | 87  |
| 2 <sup>nd</sup> Stage            | 0       | 0            | 0   | 0           | 0  | 0        | 1   | 0         | 1    | 2   |
| Job Re-Evaluation Process        | 0       | 1            | 1   | 0           | 0  | 3        | 3   | 3         | 1    | 12  |
| Job Evaluation Review            | 0       | 1            | 0   | 0           | 0  | 0        | 0   | 0         | 0    | 1   |
| Post Update Process              | 0       | 0            | 6   | 1           | 3  | 0        | 0   | 12        | 1    | 23  |
| Job Analysis Questionnaire (JAQ) | 0       | 0            | 0   | 0           | 0  | 0        | 1   | 1         | 0    | 2   |
| Total                            | 2       | 7            | 10  | 2           | 12 | 19       | 22  | 37        | 16   | 131 |

# Health & Safety

| Accident Rate | Avg Time to Close | Absence Days |
|---------------|-------------------|--------------|
| 15.21         | 39.68             | 201.0        |

## Health & Safety Update:

The data shows that this year we have seen the accident Incidence rate across the organisation at 15.21 against a target of less than 30.42 work related accidents per 1,000 workers

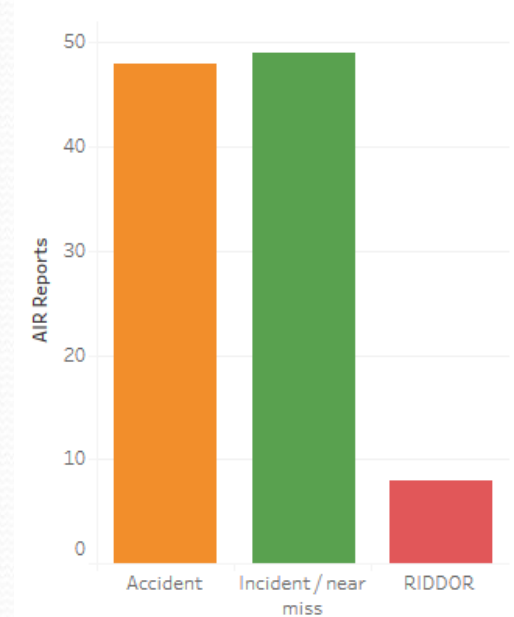
## RIDDOR Reporting – Year to Date

To date, NSS have submitted 11 RIDDOR reports to the Health and Safety Executive.

- Five within PCF at National Distribution Centre
- Two within SNBTS - Jack Copland Centre
- Three within SNBTS Donor Services – External Sessions
- One within SNBTS – Ninewells

The Health and Safety Advisors have undertaken a root cause analysis of each RIDDOR. This is the subject of a separate report to the Board.

AIR counts





# Occupational Health & Wellbeing

## Occupational Health Update:

Normal occupational health service was delayed for a period with regard to manager and self-referrals due to the organisational priority during the pandemic. The normal service has resumed.

## COVID-19 Vaccination Programme

Occupational Health and Business Support continue to support the NSS COVID-19 programme delivery of vaccinations within suitable NSS buildings to priority groups.

There is a final clinic planned for week beginning 7 June, any outstanding second dose appointments will be referred to local Health Boards. A large complex audit of the data in MyCohort, Core Cohort and the VaxApp is being carried out to ensure all appointments have been captured.

The Programme Board will be undertaking a lessons learned in the month of June, in order to support future COVID booster and flu vaccination programmes.

| 1st dose                   | Identified as P1-3 | Invited | Booked | % Invited who have booked | Vaccinated | Appointment Pending | Total staff vaccinated inc External | Externally Vaccinated |
|----------------------------|--------------------|---------|--------|---------------------------|------------|---------------------|-------------------------------------|-----------------------|
| National Services Scotland | 677                | 666     | 369    | 55%                       | 366        | 3                   | 847                                 | 481                   |

| 2nd dose                   | Identified as P1-3 | Invited | Booked | % Invited who have booked | Vaccinated | Appointment Pending | Total staff vaccinated inc External | Externally Vaccinated |
|----------------------------|--------------------|---------|--------|---------------------------|------------|---------------------|-------------------------------------|-----------------------|
| National Services Scotland | 677                | 219     | 219    | 55%                       | 14         | 205                 | 149                                 | 135                   |

|   |   |
|---|---|
| <b>Meeting:</b>                             | <b>NSS Board</b>                              |
| <b>Meeting date:</b>                        | <b>25 June 2021</b>                           |
| <b>Title:</b>                               | <b>Risk Management Update</b>                 |
| <b>Paper Number:</b>                        | <b>B/21/40</b>                                |
| <b>Responsible Executive/Non-Executive:</b> | <b>Lee Neary, Director, SPST</b>              |
| <b>Report Author:</b>                       | <b>Marion Walker, Risk Manager Lead, SPST</b> |

## **1 Purpose**

This paper is brought to the Board in line with the bi-annual risk management update/reporting requirements set out in the NSS Integrated Risk Management Approach (IRMA) for scrutiny and comment.

## **2 Recommendation**

The Board are asked to scrutinise the risk profile for the organisation and agree that the risk register represents an accurate position of risks to NSS. They are asked to challenge the report should there be areas of concern to Members that are not highlighted or explained adequately. Members are also asked to note the changes/improvements made to the risk management approach.

## **3 Discussion**

To present the Board with the bi-annual risk management update in line with the reporting requirements set out in the NSS Integrated Risk Management Approach (IRMA) for review and comment.

All risks are being managed appropriately by risk owners, and at 31 May 2021, NSS has three red risks on the NSS Risk Register. The Red and new Amber risks have been reviewed and challenged according to IRMA guidance.

The risk profile remains similar to that of the previous period. A review of corporate risks was undertaken by the EMT in January 2021 to identify any missing risks in relation to NSSs remobilisation plan and large projects and programmes. The EMT will also be undertaking a review of strategic risks in June 2021. At present less than half the SBUs are meeting the standard for completing mandatory risk and resilience training and the overall training performance is amber. The overall position is regularly reviewed by the EMT and SBU Senior Teams.

Risk management is the culture, processes and structures we use to manage risks. Clinical risks are considered by the Clinical Governance & Quality Improvement Committee. None of the risks considered within this report has identified clinical as their primary or secondary risk category.

## **4 Workforce**

Staff risks are considered by the Staff Governance Committee. One risk under consideration within this report has identified staff impact as their secondary risk category, PGMS Service Delivery (5636).

## **5 Financial**

All risks in NSS are assessed for their financial impact. One red risk has a potential financial impact of greater than £1 million, Unstructured & Unqualified Data (6121).

## **6 Risk Assessment/Management**

All risks are being monitored and managed in line with the IRMA

## **7 Impact Assessments**

### **7.1 Equality and Diversity, including health inequalities**

All projects and services associated with risks are required to carry out an equality impact assessment.

### **7.2 Other impacts**

No other relevant impacts have been identified

## **8 Route to the Meeting**

The Executive Management Team (EMT) reviewed all corporate red and new amber risks at its meeting on 18 June 2021.

The Board Committees have reviewed all corporate red and new amber risks at their recent meetings, within their areas of responsibility.

All communications and engagement in relation to these risks has been undertaken in line with IRMA.

## **9 List of appendices**

The following appendices are included with this report:

- Appendix 1, Summary of Red Risk as at 31 May 2021
- Appendix 2, Strategic Risks as at 31 May 2021

## RISK MANAGEMENT UPDATE

### 1. NSS Risk Register

#### 1.1 Summary

The risk management update is presented to formal Board meetings twice a year in line with the NSS Integrated Risk Management Approach (IRMA). The risk management update was last presented to the 21 December 2020 Board meeting.

NSS management groups and Board Committees have reviewed the corporate NSS risks (Red and new Amber) by risk category on a regular basis.

The EMT has reviewed and challenged the corporate red risks and new amber risks on the NSS Risk Register monthly during the period and undertook a risk workshop in January 2021 to ensure that all risks to NSS are captured within the risk register; particularly risks arising from the Remobilisation Plan and risks to NSS in relation to the projects and programmes of work led by NSS.

The Board and Committees have also reviewed their strategic risks regularly, ensuring these are up to date and in line with current strategic thinking. Risks have then been updated by risk owners to reflect the comments received by the Board and EMT. The EMT held a strategic risk workshop on 18 June 2021 and new strategic risks aligned to the new Board Assurance Framework will be presented to the Board in August as part of their strategic development session.

The tables and charts below summarises the movements in risks since the last report to the Board in December 2020. This covers the period from 30 November 2020 to 31 May 2021, and shows the active managing of all risks, including red risks, in the period.

| Risk Rating | Nov '20<br>No of risks | Movements |              |              |               | Jun '21<br>No of risks |
|-------------|------------------------|-----------|--------------|--------------|---------------|------------------------|
|             |                        | New risks | Closed risks | Transfers in | Transfers out |                        |
| HIGH        | 4                      | 4         | (1)          | 0            | (4)           | 3                      |
| MEDIUM      | 37                     | 4         | (6)          | 9            | (14)          | 30                     |
| LOW         | 9                      | 4         | (6)          | 16           | (6)           | 17                     |
| Total       | 50                     | 12        | (13)         | 25           | (24)          | 50                     |

At 31 May 2021, the number of corporate risks held on the NSS Risk Register remained unchanged at 50. While a number of new risks were identified during the period, they have been managed effectively, closed or mitigated down to an Amber or Green risk rating.

A summary of the Corporate Red risks on the NSS Risk Register as at 31 May 2021 is provided in Appendix 1. In summary:

| Current red risks  | Previous red risks  |
|--|---|
| <ul style="list-style-type: none"> <li>6282 Devices with Win10 Builds (new)</li> <li>6121 Unstructured and Unclassified Data</li> <li>6249 P&amp;CFS Bespoke System - Oracle 12C &amp; Windows 7/XP (new)</li> </ul> | <ul style="list-style-type: none"> <li>4561 Brexit (closed)</li> <li>5671 nDCVP Programme (raised to red then mitigated to amber)</li> <li>4577 IG Legislation Breach (now amber)</li> <li>6256 Pandemic Stock Shelf Life (raised as a new red risk then mitigated to amber)</li> <li>6247 Continued Use of Windows7 (now amber)</li> </ul> |

## 1.2 Risks by Category

The corporate risks on the NSS Risk Register as at 31 May 2021 are summarised below by Risk Category.

| Risk Rating         | Risk Category |       |          |              | May '21 No. of Risks | % of total |
|---------------------|---------------|-------|----------|--------------|----------------------|------------|
|                     | Business      | Staff | Clinical | Reputational |                      |            |
| <b>HIGH</b>         | 2             | 0     | 0        | 1            | 3                    | 6%         |
| <b>MEDIUM</b>       | 16            | 0     | 3        | 11           | 30                   | 60%        |
| <b>LOW</b>          | 7             | 3     | 1        | 6            | 17                   | 34%        |
| <b>Total</b>        | 25            | 3     | 4        | 18           | 50                   | 100%       |
| <i>Total Nov'20</i> | 18            | 4     | 7        | 21           | 50                   |            |

The number of risks classified as Business have increased, and those classified as Clinical, Reputational and Staff have all decreased in the last six-month period.

### 1.3 Risk Profile

The current risk profile for NSS corporate risks is shown below.

|         |              |       | Likelihood |          |          |        |                | Total | Nov '20 |
|---------|--------------|-------|------------|----------|----------|--------|----------------|-------|---------|
|         |              |       | Rare       | Unlikely | Possible | Likely | Almost Certain |       |         |
|         |              | Score | 1          | 2        | 3        | 4      | 5              |       |         |
| Impact  | Catastrophic | 5     | 2          | 9        | 2        |        |                | 13    | 13      |
|         | Major        | 4     | 1          | 4        | 8        |        |                | 13    | 17      |
|         | Moderate     | 3     |            | 5        | 12       | 1      | 1              | 19    | 19      |
|         | Minor        | 2     |            | 3        |          |        |                | 3     | 1       |
|         | Negligible   | 1     |            |          | 1        | 1      |                | 2     | 0       |
| Total   |              |       | 3          | 21       | 23       | 2      | 1              | 50    |         |
| Nov '20 |              |       | 0          | 18       | 25       | 7      | 0              |       | 50      |

The changes to our risk profile (increase or decrease in number of risks) in the period from 30 November 2020 to 31 May 2021 are summarised in the heat map below.

|        |              |       | Likelihood |          |          |        |                | Total Change |
|--------|--------------|-------|------------|----------|----------|--------|----------------|--------------|
|        |              |       | Rare       | Unlikely | Possible | Likely | Almost Certain |              |
|        |              | Score | 1          | 2        | 3        | 4      | 5              |              |
| Impact | Catastrophic | 5     | +2         | -1       | -1       |        |                | 0            |
|        | Major        | 4     | +1         | +1       | -5       |        |                | -3           |
|        | Moderate     | 3     |            |          | +4       | -5     |                | -1           |
|        | Minor        | 2     |            | +3       | -1       |        |                | +2           |
|        | Negligible   | 1     |            |          | +1       | +1     |                | +2           |
|        | Total change |       |            |          |          |        |                | 0            |

Key points to note from the above heat maps are:

- High and medium risks have reduced within the period.
- Two red risks have been classified as “possible” and “catastrophic”, risks 6282 Devices with Windows 10 Builds (V1709) and 6121 Unstructured and Unclassified Data.
- One red risk has been classified as “almost certain” with a “moderate” impact, risk 6249 Oracle 12 C support removal.



## **2. Risk Challenge & Review**

The individual risk categories have been reported to, and challenged by, the appropriate NSS Committees in the period. The most recent reviews are as follows:

- Business risks – Finance, Procurement & Performance Committee on 11 May 2021 provided challenge on the new Red Business risks and sought clarification on the unstructured and unclassified data risk. They were assured that work was being undertaken to fully establish the size and scale of this risk and the mitigating actions required to address it;
- Staff risks - Staff Governance Committee on 13 May 2021. Risk report was well received, with recommendation that consideration be given to risks around TURAS and appraisals;
- Reputational risks – Audit and Risk Committee on 18 June 2021. Received the Integrated Risk Management Approach for challenge and support prior to submission at today's Board meeting and were provided with assurance that all risks categorised as Reputational were being managed and mitigated appropriately; and
- Clinical risks – Clinical Governance and Quality Improvement Committee on 19 May 2021. The report was well received with Committee Members were assured that clinical risks were being managed and mitigated appropriately.

Information Governance risks across all of the above categories were also reviewed during the period, with the most recent review taking place on 18 June 2021 by the Audit & Risk Committee. The Information Governance Group continues to review fully all risks with an information governance impact.

## **3. Strategic Risks Challenge & Review**

Strategic risks have been defined by NSS as those that if crystallised would impact the long-term vision and success of NSS. These risks are owned by the Board and as new risks emerge the Board Members have the opportunity to discuss these risks at the Committee meetings within their area of responsibility and decide whether they should be flagged as strategic for their ongoing consideration. As our strategic risks can be Red, Amber or Green this allows the Committees the opportunity to focus on all strategic risks, and not just the Red and new Amber risks.

During the period risks 4561 Brexit and 5230 Clinical Waste Management were closed. These risks have been removed from the strategic 'watch-list'.

There are 5 remaining strategic risks:

- 5671 nDCVP Programme (Amber)
- 5636 PGMS Service Delivery (Amber)
- 5114 UK Infected Blood (Langstaff) Inquiry (Green)
- 5800 Primary and Community Care Strategic Theme (Green)
- 5523 National Security Operations Centre (Green)

A review of strategic risks was undertaken by the Executive Management Team on 14 June 2021. The aim was to identify the principle strategic risks faced by NSS in line with the Board Assurance Framework. These are now being developed with the EMT and risk owners and will be presented to the Board at its development session on 30 August 2021.

Details of the strategic risks have been included as Appendix 2.

#### **4. Further Development of the Risk Management Application**

The Risk Register is continually updated to ensure that it fulfils the needs of the Risk Champions and stakeholders. This risk register forms part of the Strategy, Performance and Service Transformation project. An options appraisal has been agreed by the SPST Senior Management Team to move the current risk register system to a new risk register system using a custom application developed in house by the DaS ServiceNow Team. Due to the continued response to Covid-19 by the ServiceNow Team no date has been set for the replacement risk register development to commence.

#### **5. Integrated Risk Management Approach (IRMA) – continuous improvement**

##### **Performance Management Tool**

A replacement performance management system is being developed as part of the Board Assurance Framework programme. While we await a replacement performance tool the EMT reviews corporate risks and issues using reports run from the NSS Risk Register.

##### **Integrated Risk Management Approach (IRMA) guidance**

The annual review of IRMA has been undertaken by the Risk Lead and Risk Champions during the period and minor amendments made to the approach. The changes have been reviewed by the Audit and Risk Committee and will be presented to the Board for approval on 25 June 2021.

##### **Risk Champions Group Meetings**

Risk Champion meetings are held quarterly with the latest meeting held on 23 June 2021. The meeting was a joint meeting between Risk Champions and Resilience Leads and focuses on continuous improvement to risk and resilience management within NSS.

#### **6. Risk Management Training**

The Risk and Resilience (R&R) eLearning awareness module forms part of the mandatory training for all NSS staff and a new module was launched on 1 April 2021. All staff are required to complete this training on a rolling three yearly basis. SBUs have been set a target to achieve 90% or more. At present less than half are meeting the standard and the overall training performance is amber. Overall performance stands at 87%. This is the same level of performance as the previous report. Although there is a shift in individual SBU performance, this is consistent with the rolling nature of mandatory training. Below are details of the mandatory R&R eLearning undertaken by SBU's as at 31 May 2021. The overall position is regularly reviewed by the EMT and SBU Senior Teams.

| <b>SBU</b>                                      | <b>% Completed<br/>31 May 2021</b> | <b>% Completed<br/>31 Oct 2020</b> |
|---|------------------------------------|------------------------------------|
| Practitioner & Counter Fraud Services           | 95                                 | 95                                 |
| Central Legal Office                            | 93                                 | 85                                 |
| Finance   | 90                                 | 91                                 |
| SPST (National Contract Centre)                 | 90                                 | -                                  |
| Clinical Directorate                            | 89                                 | 94                                 |
| SNBTS   | 88                                 | 95                                 |
| Procurement Commissioning & Facilities          | 86                                 | 89                                 |
| Strategy Performance and Service Transformation | 82                                 | 75                                 |
| Digital and Security                            | 81                                 | 86                                 |
| HR & Workforce Development                      | 80                                 | 81                                 |
| <b>TOTAL</b>                                    | <b>87</b>                          | <b>87</b>                          |



## Appendix 1: Summary of Red Risk as at 31 May 2021

### Reputational (Red/High)

| Date Raised | SBU | Title and ID                           | Risk Description   | Last Update | Proximity Date | Risk Rating | Residual RAG | Risk Appetite | Movement on prior period | Secondary Category | Financial Impact | Strategic Objective            | Executive Lead    |
|-------------|-----|--|--|-------------|----------------|-------------|--------------|---------------|--------------------------|--------------------|------------------|--------------------------------|-------------------|
| 10/02/2021  | DaS | Devices with Win10 v1709 Builds (6282) | Devices with Win10 v1709 Builds (approx. x1720 in total) are no longer receiving Microsoft Security Updates which increases our exposure to Cyber Attacks until upgrade to latest version is completed | 03/06/2021  | 30/08/2021     | 15          | 5            | Medium        | New                      | Business           | N/A              | Improving the way we do things | Deryck Mitchelson |

### Business (Red/High)

| Date Raised | SBU | Title and ID                            | Risk Description   | Last Update | Proximity Date | Risk Rating | Residual RAG | Risk Appetite | Movement on prior period | Secondary Category | Financial Impact | Strategic Objective                       | Executive Lead    |
|-------------|-----|---|--|-------------|----------------|-------------|--------------|---------------|--------------------------|--------------------|------------------|---|-------------------|
| 09/09/2020  | NSS | Unstructured & Unclassified Data (6121) | There is a risk that due to the amount of unstructured and unclassified data held on the corporate storage areas, including Microsoft shared server environment, NSS will become non-compliant with governance and security legislation. | 05/06/2021  | 31/12/2021     | 15          | 8            | High          | ↔                        | Reputational       | >£1,000k         | Customer at the heart of everything we do | Deryck Mitchelson |

## Business (Red/High)

| Date Raised | SBU  | Title and ID  | Risk Description  | Last Update | Proximity Date | Risk Rating | Residual RAG | Risk Appetite | Movement on prior period | Secondary Category | Financial Impact | Strategic Objective            | Executive Lead |
|-------------|------|---|---|-------------|----------------|-------------|--------------|---------------|--------------------------|--------------------|------------------|--------------------------------|----------------|
| 13/01/2021  | PCFS | P&CFS Bespoke System - Oracle 12C & Windows 7/XP (6249) | Oracle will be removing support for their Oracle 12C system from April 2022, as a result of this there is a risk that business critical applications used by P&CFS will be unsupported from this date unless they are moved onto supported platforms There is a business risk that if core systems are not supported they will be less resilient and will also carry security and IG vulnerabilities. There is a risk that neither NSS nor the Scottish Government will have funding to deliver the required re-engineering work in the required timeframe. | 26/05/2021  | 31/03/2022     | 15          | 8            | High          | New                      | Reputational       | £100k-£250K      | Improving the way we do things | Martin Bell    |

## Appendix 2 Strategic Risks as at 31 May 2021

### Business (Amber/Medium)

| Date Raised | SBU  | Title and ID                 | Risk Description  | Last Update | Proximity Date | Risk Rating | Residual RAG | Risk Appetite | Movement on prior period | Secondary Category | Financial Impact | Strategic Objective            | Executive Lead |
|-------------|------|------------------------------|---|-------------|----------------|-------------|--------------|---------------|--------------------------|--------------------|------------------|--------------------------------|----------------|
| 12.09.2019  | PCFS | nDCVP Programme (5671)       | There is a risk that New DCVP (Data Capture Validation and Pricing) will not be delivered to agreed costs and timescales.   | 21/05/2021  | 21/06/2022     | 9           | 6            | High          | ↓                        | Reputational       | >£1,000K         | Improving the way we do things | Martin Bell    |
| 05.09.2019  | SPST | PGMS Service Delivery (5636) | There is a risk that PgMS cannot meet the surge in demand from Scottish Government, Health Boards and National Health Portfolio Delivery in response to the Covid 19 pandemic. PgMS operate a fully cost recoverable service therefore any unforeseen reduction in demand could also result in an adverse financial impact. | 08/06/2021  | 30/09/2020     | 9           | 6            | High          | ↔                        | Staff              | >£1,000K         | Increase our service impact    | Lee Neary      |

## Reputational (Amber/Medium)

| Date Raised | SBU   | Title and ID                                      | Risk Description   | Last Update | Proximity Date | Risk Rating | Residual RAG | Risk Appetite | Movement on prior period | Secondary Category | Financial Impact | Strategic Objective                       | Executive Lead    |
|-------------|-------|---|--|-------------|----------------|-------------|--------------|---------------|--------------------------|--------------------|------------------|---|-------------------|
| 17/07/2018  | SNBTS | UK Infected Blood (Langstaff) Inquiry (5114)      | There is a risk the UK Infected Blood (Langstaff) Inquiry may lead to additional cost and adverse reputational impact for SNBTS/NSS.   | 17/03/2021  | 31/3/2022      | 8           | 8            | Medium        | ↓                        | Business           | £100K-£250K      | Customer at the heart of everything we do | Craig Spalding    |
| 17.12.2019  | NSS   | Primary and Community Care Strategic Theme (5800) | There is a risk that NSS fail to deliver the strategic intent of the Primary and Community Care theme due to lack of join up and/or engagement with key stakeholders, internally and externally. | 10/06/2021  | 31/03/2022     | 6           | 6            | Medium        | ↓                        | Business           | £100K-£250K      | Increase our service impact               | Martin Bell       |
| 31.05.2019  | DaS   | National Security Operations Centre (5523)        | There is a risk that there will not be sufficient funding for a National health Security Operations Centre (SOC) as recommended by SG and Gartner review   | 15/04/2021  | 30/04/2021     | 5           | 5            | Medium        | ↓                        | Business           | Nil              | Improving the way we do things            | Deryck Mitchelson |

|   |  |
|---|--|
| <b>Meeting:</b>                             | <b>NSS Board</b>   |
| <b>Meeting date:</b>                        | <b>Friday, 25 June 2021</b>  |
| <b>Title:</b>                               | <b>Reportable incidents across NSS for 2020/21</b>   |
| <b>Paper Number:</b>                        | <b>B/21/27</b>   |
| <b>Responsible Executive/Non-Executive:</b> | <b>Jacqui Jones, Director of HR and Workforce Development</b><br><b>Ian Cant, Employee Director and Chair of OHSAC</b> |
| <b>Report Author:</b>                       | <b>Mairi Gaffney, Head of NSS Healthy Working Lives</b>  |

## 1 Purpose

This is presented to the Board for scrutiny and ultimate approval for direction of travel and actions identified. This review was requested by the NSS Staff Governance Committee at their meeting held on 13<sup>th</sup> May 2021.

## 2 Recommendation

**The Board is asked to:**

- Scrutinise the background and actions taken
- Endorse the future governance and strategic direction for Health and Safety

## 3. Discussion

### 3.1 The Great Place to Work Plan identifies a number of key aims and deliverables to support the provision of a continuously improving safe working environment and practices for all NSS employees, visitors and contractors.

These aims are measured in a number of different ways; from the requirement to complete planned preventative maintenance (PPM); statutory compliance; staff training; use of safe systems of work; to measures relating to accidents and incidents. NSS has a suite of measures that cover all aspects of these elements and these are both pro-active and re-active in nature. A key measure associated within the Occupational Health and Safety Advisory Committee (OHSAC) plan is:

- Number of accidents/incidents that result in being reportable to the Health & Safety Executive (HSE) under the category of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) is four or less.

NSS during 2020/21 submitted 11 RIDDOR Reports to the Health and Safety Executive. This represented an increase of seven in relation to the prior year (+ one in Procurement,

Commissioning and Facilities (PCF) and + six in the Scottish National Blood Transfusion Service (SNBTS)).

All accidents have been reported as a result of the injured persons being absent from work for a period of greater than seven days. The average return to work time for the reportable incidents during this period in PCF was 14 days and 44 days in SNBTS.

All the accidents have been investigated within the SBU and a root cause analysis undertaken by a Health and Safety Advisor. The root cause analysis identifies a wide range of reasons for the accidents and these are being put into an overarching improvement plan which will be owned and overseen by OHSAC. This action plan is divided into the following categories: **Immediate recommendations are within three months and Medium recommendations are three to six months.**

The actions which have been identified and are included in the overarching improvement plan and also the individual SBU improvement plans, along with regular reporting into OHSAC will ensure appropriate governance and assurance is provided. Along with an escalation route for issues, concerns and risks to the Chair of OHSAC and Executive Lead.

A number of actions have already been taken within PCF and also SNBTS to improve performance in this area and these are set out below, at section 3.3.

## 3.2 Background

Due to the NSS organisational response to COVID-19, each of our Business Units have faced new challenges as they manage a changing risk profile over the last year.

With COVID-19 restrictions having a major impact on our workforce, workplaces and work processes it is very difficult to have a direct year on year comparison and trending over the last few years in relation to the organisation measures.

A significant proportion of staff working from home, changes in the operation within NSS buildings where some areas have seen a significant increase in the number of people, materials, processing and equipment moves. 2020/21 has provided a unique data set and one which has required a different approach to health and safety management within each Business Unit.

However even with changing workplaces it would have been anticipated that NSS would continue to see a direct link between the organisational measures, an increasing accident / incident rate and increasing number of events reported. This trend has not been identified for the past two to three years. In addition, measures relating to the overall number of accidents has reduced whilst there has been an increase in activity.

PCF has seen a significant increase in activity relating to volume throughput with SNBTS changing clinical practice in relation to services to support the COVID-19 response. These include:

## PCF

- Additional PPM within NSS estates and facilities including the inclusion of NHS Louisa Jordan;
- Increased levels of stock movements into the site;
- Increased level of stock movement to and from third party;
- Increased number of item picks which was up 10% year on year;
- Changes to way stock is received into site with maximum pallet storage height reduced to 1.4m which increases number of pallet moves and increased level of manual handling with the break down and rebuilding of oversized pallets;
- Additional staffing has been used at various points through the year with an additional 60 agency staff on boarded in April/May last year across three shifts;
- Additional shifts added, with a number of Saturday and Sunday overtime shifts delivered as demand required.

## SNBTS

- Asking donors to arrive by themselves at a session;
- One-way pedestrian routes within workplaces e.g. labs;
- Staggered shift finish times to allow one shift to leave site before the next arrives;
- Shorter working hours to allow staff to have more breaks and remove face masks;
- Reduced staffing due to COVID-19 special leave and restrictions requiring less staff in a workspace.

### 3.3 Assessment

OHSAC has completed an in depth review of the data recorded and an overview of the operation and governance of safety management within the SBUs over the last year. The 2020/21 accident incident rate of 15.09 accidents per 1,000 workers against an objective of less than 30.42 per 1,000 employees the lowest rate recorded over the last five years.

**Table 1: Description of Event per SBU 2019 to 2021**

| Category    | RIDDORs |         |     | Accidents |         |     | Incidents |         |     |
|-------------|---------|---------|-----|-----------|---------|-----|-----------|---------|-----|
| Years       | 2019-20 | 2020-21 | +/- | 2019-20   | 2020-21 | +/- | 2019-20   | 2020-21 | +/- |
| PCF         | 4       | 5       | +1  | 56        | 16      | -40 | 54        | 31      | -23 |
| SNBTS       | 0       | 6       | +6  | 78        | 29      | -49 | 41        | 52      | +11 |
| Rest of NSS | 0       | 0       | -   | 28        | 0       | -28 | 28        | 4       | -24 |

All of the events submitted were within the two main Business Units which continued to operate throughout COVID-19 within NSS buildings, SNBTS and PCF.

#### Overview of RIDDOR Reportable Incidents

**SNBTS** – Four slip/trip incidents (wet floors & Ice); one manual handling of a cage and one stepping over an object.

**PCF** – Three incidents of grazed ankle or wrists caught by a cage or pallet; one fall from PPT due to sudden braking and one injury caused by slow moving collision of two LLOPs.

## **Strategic Improvement Plans**

### **Overarching**

OHSAC have agreed a strategic approach to health and safety at work, and this includes a strategic approach to the improvement plans, at an NSS level and for the two SBUs where the accidents occurred.

As stated in section 3, OHSAC are developing an overarching and detailed improvement plan, which is based on the root cause analysis and investigations which have been undertaken. The improvement plan includes an overarching and strategic approach which then feeds into the improvement plans of the two SBUs. The improvement plan includes, the immediate actions, which have already been taken within the two SBUs, and a range of further medium term actions. Examples of the immediate actions which have been taken are set out below.

As the improvement plans are very detailed, it was felt not appropriate to share with the Board at this stage. However, the Board can be assured that OHSAC are working closely with the SBU Directors and their teams to ensure that actions are taken to improve performance and that these are monitored, reviewed and reported to OHSAC on a regular basis.

OHSAC has also recognised that a significant proportion of staff are still working from home and there is a continued requirement to ensure the active promotion and reporting of health safety and wellbeing. Various communications from NSS Stay Connected, HR Connect to Teams and individual updates have been used to emphasise the importance of health and safety at work. A recent focus has been on the completion of statutory fire training and additionally ensuring new employees complete the necessary induction processes on a virtual basis if required. This activity will continue and will be linked to the NSS Future Ready Programme.

### **PCF**

PCF senior management team approved and endorsed a new health and safety strategy in November 2020. The strategy was the culmination of a full review of the health and safety culture across the SBU with a strategic aim of adopting a more proactive approach to safety performance and embedding an interdependent safety culture. The strategy was agreed by OHSAC, in partnership with the Trade Unions, and was underpinned by a Health and Safety GAP analysis and action plan. This approach will be replicated in SNBTS.

The key elements of the three-year strategy are:

- Year 1 – Re-establish base conditions (details are provided below)
- Year 2 – Beyond compliance
- Year 3 – Develop a centre of excellence

#### **Year 1 – Re-establish base conditions**

By adopting a strategic approach for improving the safety culture within PCF, the following activities have been delivered:-

- Review of PCF Governance framework with the establishment of Operational Safety Delivery Group which provided monthly overview and engagement with representatives of Health and Safety subgroup;
- Keys risks are identified and managed through a safety gap analysis which assisted in the identification and prioritisation of key risk area;



- Eight improvement programmes have been identified for delivery in 2021-2022;
- Clear communications and engagement across the SBU with reference to infection prevention and control;
- Defined a meaningful set of health and safety performance measures which has altered the focus from reactive measures and provided a focus on the inputs to the safety management system. Operational Safety Dashboards have been developed for both warehouse and facilities sub groups with monthly reporting into the Operational Safety Delivery group and a balanced scorecard including health safety and wellbeing data developed and reported to PCF SMT monthly;
- Creation of an overarching “Balanced Scorecard” approach;
- Enhanced warehouse safety behaviour observation form has been developed and piloted within NDC Candeside which provides a wider focus on observed behaviours across all areas of the warehouse completed by both management and staff side colleagues;
- The provision of COVID-19 secure workplaces for those who cannot work from home provided a focus on infection control and prevention across ongoing operations. This includes the procurement and deployment of new technology to support physical distancing across our warehouse sites;
- Programme of senior leadership safety tours has been developed to continue focus on safety improvements across PCF sites, engage with staff on health, safety and wellbeing matters and demonstrate the SBU commitment to improving the safety culture across PCF operations.

## **SNBTS**

SNBTS have requested support from the Health and Safety team to carry out a safety cultural survey and follow the same strategic approach and process that has commenced within PCF. This will provide a clear framework for organisational goals and focus on a more outcome based approach to Health and Safety at Work, accidents and incidents. The method and timing of the survey will be discussed and progressed at the SNBTS Health and Safety Committee meetings and reported to OHSAC.

In addition, a detailed analysis has been completed on all the metrics with a future strategic focus on proactively increasing “near miss” reporting as a preventative measure to reduce any accidents and RIDDORs.

## **Enhanced Performance Management**

NSS has recently introduced a new electronic Accident & Incident reporting and management system. Workshops and demonstrations have been offered to staff on how to complete all stages of the system which is used to:

- Identify and highlight trend analysis within all quarterly reports to OHSAC and also report at SBU Health and Safety meetings and sub-group meetings;
- Provide accident and incident information to SBU Health, Safety & Wellbeing Committees and guidance on corrective actions. SBUs record corrective actions in the committee action notes and overall actions in the action plan within the Risk Profile;
- The benefits of the system are that it makes the management of accidents and incidents from reporting to closure with appropriate escalations in place easier as well as easier for all staff to report an accident or incident and for managers to manage the report.

## **4 Impact Analysis**

### **4.1 Quality/ Patient Care**

Potential reduced service delivery due to sickness absence which may support patient care requirements.

### **4.2 Risk Assessment/Management**

Occupational Health and Safety risk management will continue to be monitored through:

- NSS Risk Management Process;
- OHSAC governance;
- Business Unit risk profile submissions;
- Health and safety performance management process;
- Accident / Incident management procedure.

### **4.3 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because paper does not have a direct impact on policy changes at this time.

### **4.4 Other impacts**

Non Applicable.

## **5 Financial Implications**

There is a financial risk associated through increased personal injury litigation as a result of workplace accidents.

## **6 Workforce Implications**

Engagement has been ongoing through the Occupational Health Safety and Wellbeing Committees across NSS to support the development of the Business Unit risk profiles.

PCF have undertaken an exercise to complete a guided self-assessment workshop against a number of key indicators associated with a positive safety culture to inform and evidence potential areas of concern as well as to help prioritise next stages in the PCF safety improvement programme. Workshops were completed with PCF Operational Safety Delivery group, Warehouse Safety sub group and Operational FM Safety sub group.

SNBTS have focussed on first three RIDDORs at the Donor Services Health & Safety Forum meetings. Following two RIDDORs within the Process & Testing directorate, the Associate Director held staff briefing sessions reiterating their health and safety responsibilities.

## **7 Route to Meeting**

### **7.1 Governance Route**

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- OHSAC
- EMT
- PCF
  - Senior Management Team
  - PCF Operational Safety Delivery group
  - Warehouse Safety sub group
  - Operational FM Safety sub group
- SNBTS
  - Health & Safety Committee
  - Donor Services Health & Safety Forum
  - Patient Services Health & Safety Group

## **7.2 Communication, involvement, engagement and consultation**

The Board has carried out its duties to involve and engage external stakeholders where appropriate. Actions agreed as a result of OHSAC discussion and SBU actions agreed.

## **8 List of Appendices and/or Background Papers**

The following appendices are included with this report:

- **Appendix 1** - PCF Safety Improvement Programmes

## Appendix 1 - PCF Safety Improvement Programmes

### **Bespoke Improvements Programmes Development**

Please see below a brief overview of the Logistic warehouse specific improvement programmes followed by more details of one of the specific programmes related to one of the root causes associated with the PCF incidents.

| Safety Culture indicator | Programme description   | Status  | Progress Achievement                        |
|--------------------------|---|---|---|
| Premises/ equipment      | MHE Improvement Programme – Improving the MHE equipment and operator competency   | Action plan commenced with target implementation from Jul-21  |   |
| Calibration              | Improving the quality of accident incident reporting and investigation  | Commenced Apr-21 and all accident investigators across PCF have been identified with details updated within risk profile  |   |
| Calibration              | Development of KPIs to include increased focus on leading indicators of safety performance                              | Developed and reporting into PCF balanced scorecard from Apr-21   |   |
| People                   | Develop and deliver a programme of monthly toolbox talks related to the significant hazards across logistic sites       | Commenced from Apr-21. April updates included: <ul style="list-style-type: none"> <li>• COVID physical distancing</li> <li>• Deployment of Reatec technology</li> </ul> |   |
| People                   | Rollout of New Shift safety behaviour observation form  | Pilot with Shift A in May-21 with outcomes reviewed by the Ops HS&W sub-group on 14 June 2021 for further rollout   | Pilot will be reviewed prior to full launch |
| Leadership               | Increase senior leadership visibility across our sites highlighting top down commitment to improving safety culture     | Commenced from Apr-21 with a KPI included with the PCF BCS  |   |
| Leadership               | Frontline safety leadership programme   | Actions identified. Target date of Q4 2020/21   |   |
| Wellbeing                | Provide full health surveillance programme with associated focus on key lifestyle risk factors for warehouse population | Actions identified. Target date of Q4 2020/21   |   |

Each of the programmes identified above have been broken down to include a programme of tasks which are required to be fully delivered to realise the benefits associated within improving safety culture.

An example is noted below which is linked to the use of Mechanical Handling equipment which was identified as a contributing factor to three of our RIDDOR reportable incidents.

| <b>MHE – Improving the MHE equipment and operator competency</b> |   |  |
|--|---|--|
| Training   | PPT, LLOPs  | Review the PPT and LLOP training certification process to include fully documented course content and practical assessment of all MHE functionality and operation and period for future assessment.  |
| Information instruction  | Tool box talk   | Toolbox talk to be developed and delivered to include reference to the incidents that have been recorded and the key points for the safe use of MHE.   |
| Accident/incident review   | Investigation and Safety Alert process                          | All future incidents involving MHE will involve a formal accident investigation with the provision of a safety Alert to be issued across all sites/shift.  |
| Capacity and Competency  | Develop SMEs for each piece of equipment                        | MHE lead to be identified for each shift and location.   |
| Calibration and Monitoring                                       | MHE operator behaviour checklist                                | Review new shift observation form to include specific section on behavioural observation of MHE operators.   |
| Proactive Management and continuous improvement                  | Introduction of Driver points systems                           | Develop a policy and points system which identifies levels of poor MHE operator behaviour and applies points to a limit which then would require re-training and certification.  |
| Positive Engagement  | Rewarding positive behaviours                                   | Introduce regular reward programme for those displaying good behaviours (draw every six months for those who have no points as noted above).   |
| MHE equipment  | Enhancing the in-built safety of the equipment across the sites | Undertake a review of the PPT and other handling equipment in use across the site to ensure they are appropriate for the activities being undertaken. Engage with Toyota to understand what technical advances can be utilised and prepare an options appraisal for the safety improvement of MHE. |

## **Monitoring and Evaluation**

Monitoring and evaluation of improvement will be linked directly to the health and Safety governance structure within PCF.

Operational Health Safety Delivery group supported by Healthy Working Lives will oversee the rollout and delivery of the improvement programmes across PCF over the next year and provide regular updates to the PCF health and Safety Committee. The committee has already offered to provide additional support and resource to deliver these plans fully over the next year.

# PCF

## Health Safety & Wellbeing



# Health Safety & Wellbeing

PCF delivering the NSS HSW strategy



## Our Aim

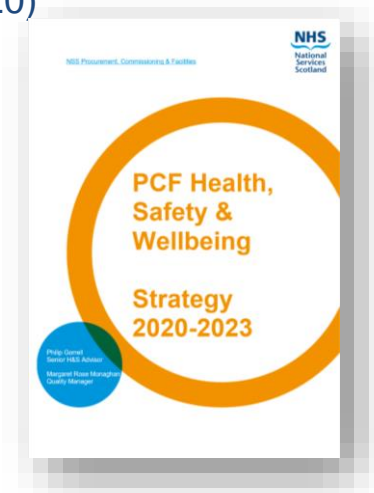
**“PCF to be recognised as the Strategic Business Unit (SBU) that considers and strives to identify Safety, Health and Wellbeing as its number one priority, providing a working environment which delivers industry leading performance while developing an interdependent safety culture.”**

## Our Approach

- Year 1 – Re-establish base conditions
- Year 2 – Beyond compliance
- Year 3 – Centre of Excellence

## Components

- Agreed 2020-23 PCF Health Safety and Wellbeing Strategy (November 2020)
- Agreed new governance structure
- Risk Profile Update
- Analytics and hierarchy of controls
- Integration into new PCF Balanced Scorecard approach
- Culture, communications & engagement
- Review process





# Health Safety & Wellbeing

## Establishing the Cycle of Improvement



# PCF 21/22 HSW Review Summary

## Baseline

- Response to COVID-19 - new challenges as they manage a changing risk profile over the last year.
- COVID-19 restrictions having a major impact on our workforce, workplaces and work.
- A significant proportion of staff working from home.
- Changes in the operation within NSS buildings where some areas have seen a significant increase in the number of people, materials, processing and equipment moves.
- Significant underlying improvement in Accidents and Incidents levels.
- Disappointing increase in RIDDOR events (no serious injury events).

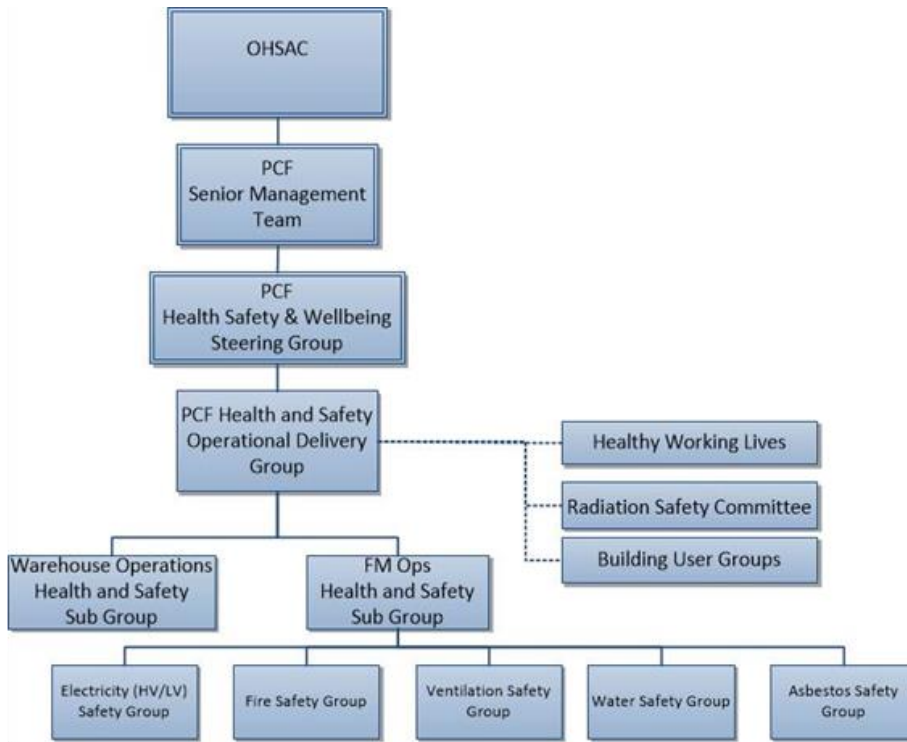
| Category | RIDDORs |         |     | Accidents |         |     | Incidents |         |     |
|----------|---------|---------|-----|-----------|---------|-----|-----------|---------|-----|
| Years    | 2019-20 | 2020-21 | +/- | 2019-20   | 2020-21 | +/- | 2019-20   | 2020-21 | +/- |
| PCF      | 4       | 5       | +1  | 56        | 16      | -40 | 54        | 31      | -23 |

# PCF Delivering the Strategy

## Governance Structure



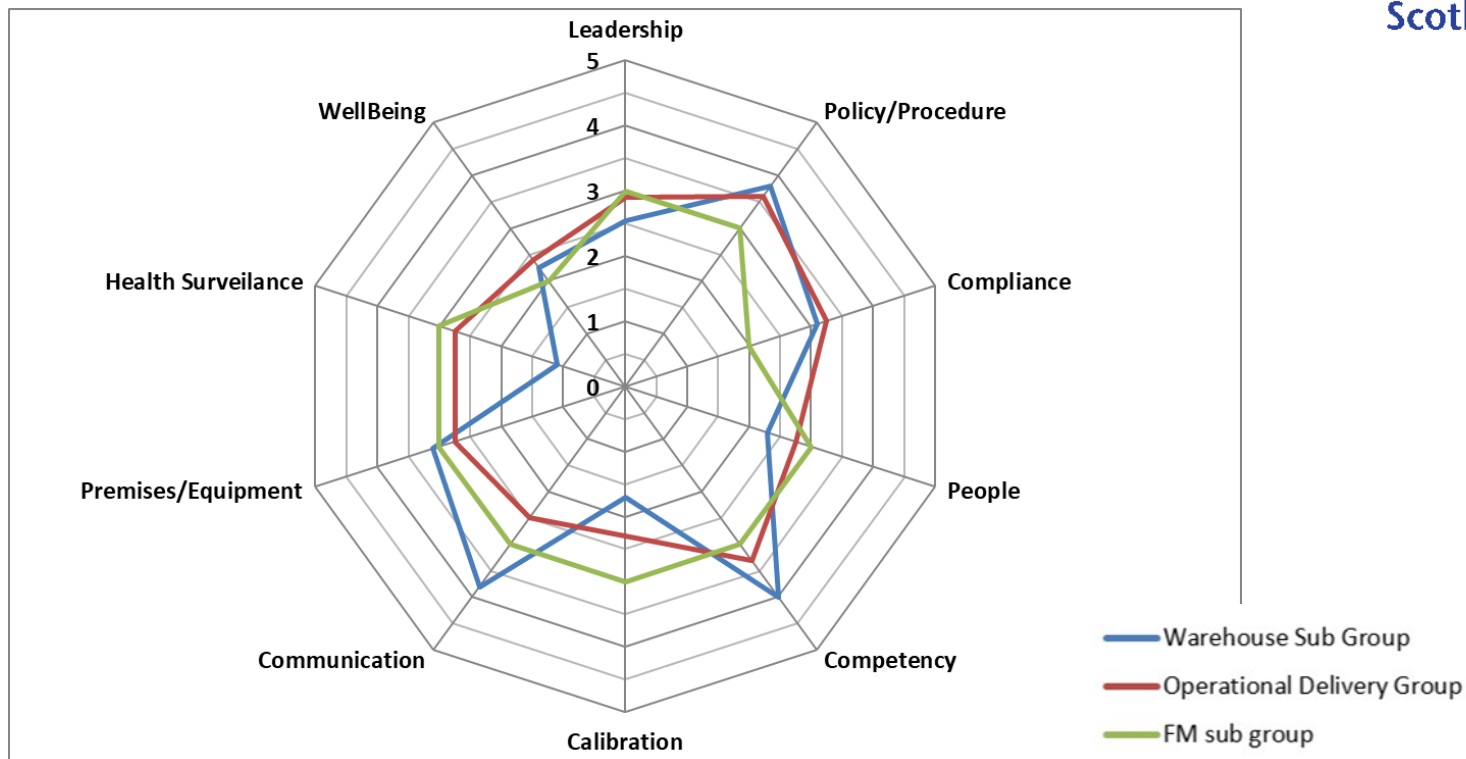
- Governance Structure



## Objectives

- To support NSS and contribute to the development of an improved safe working environment which is governed by the NSS Occupational Health, Safety and Wellbeing Policy and the NSS Fire Safety Policy.
- Undertake the necessary planning to promote health, safety and wellbeing best practice.
- Encourage all staff to take ownership of their health, safety and wellbeing.
- To promote, support and embed the NSS strategic vision for health, safety and wellbeing.
- To deliver a safety first culture and improve safety performance across all areas of PCF.
- Shape the safety strategy for PCF in alignment with NSS and monitor performance and compliance against agreed plans.

# PCF Safety Culture GAP Analysis



- Facilitated workshops with each of the main governance groups within PCF
- Quantitative and qualitative self assessment against safety culture indicators
- Analysis of the data to identify and prioritise areas of improvement
- Development of improvement plans against priorities
- Improvement programmes in place
- Review annually to track year on year improvement

# Improvement Action Plans

## NP Warehouses

1. Improving the MHE equipment and operator competency.
2. New Shift safety observation form.
3. Increase senior leadership visibility.
4. Safety Leadership Programme.
5. Monthly toolbox talks.
6. Improving the quality of accident incident investigation.
7. Development of KPIs.
8. Wellbeing.

## NSS Estates and Facilities

1. Supporting the workforce through increased knowledge driving a safety culture.
2. Improve RAM processes through incumbent Hard FM service provider, controlled within Estates and Facilities Safety Groups.
3. Improve permit to work processes, controlled within Estates and Facilities Safety Groups.
4. Toolbox talk framework developed and commenced – yearly programme being developed for consistency and continuity.
5. Established safety groups controlling and managing Estates and Facilities Health, Safety and compliance driving a robust and controlled safety culture.
6. KPIs developed and monitored through Estates and Facilities Health and Safety Group.

# Safe Working Environment

## Observational

### Shift Behavioural Checklist

- Site wide Observation process introduced on a “no blame” basis.
- Looks to assess operational compliance against the controls identified within SSoW.
- Reviewed content of checklist to reflect all aspects of work across warehouse.
- Additional Checklist introduced in respect to COVID-19 and physical distancing.
- Opportunity to undertake ‘positive safety intervention’ to address individual safety behaviours.
- Output reporting as part of new SMT balanced scorecard and analysis of data.

## Reporting and Learning

- Reporting Systems
- Investigation and Learning
- Analytics
- Improvement

# Measure and Engage

## Performance Insights:

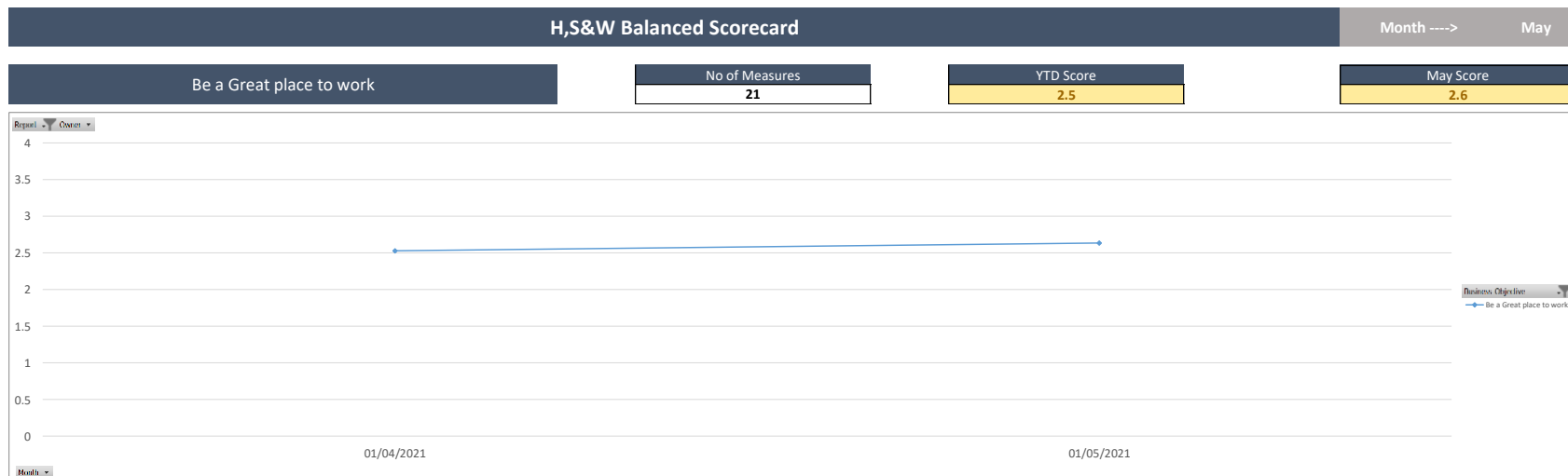
- Increased level of monitoring, reporting and analysis across PCF
- Movement toward the proactive monitoring of the inputs to Safety Management System (leading indicators)
- Resetting the performance baseline
- Externally calibrating the data

## Staff Engagement:

- HSW Warehouse sub-group
- Wellbeing and Wellness initiatives
- Improvement groups
- Team talks

| Business Measure                                    |                                |
|---|--------------------------------|
| PCF No of RIDDOR Incidents                          | Target                         |
|   | Occurrence                     |
|   | Year to Date Occurrence        |
| Lost Time Accidents (number of)                     | YTD Target                     |
|   | Occurrence in reporting period |
|   | YTD Actual                     |
| Accident Frequency Rate                             | Target                         |
|   | Actual                         |
| HS&W Steering Group Meetings                        | Target                         |
|   | Actual                         |
|   | Target %                       |
|   | Actual %                       |
| Safety Leadership Walk About                        | Target                         |
|   | Actual                         |
|   | Target %                       |
|   | Actual %                       |
| Risk Profile - Review                               | Target                         |
|   | Actual                         |
|   | Target %                       |
|   | Actual %                       |
| Risk Profile - Submission                           | Target                         |
|   | Actual                         |
|   | Target %                       |
|   | Actual %                       |
| COVID-19 Observations - PCF Warehouses - Coddington | Target - per month             |
|   | Actual - per month             |
|   | Target - Accumulative          |
|   | Actual - Accumulative          |
|   | Target - Accumulative %        |
|   | Actual - Accumulative %        |

# HS&W Balanced Scorecard (April, May)



| Business Measure  | Reporting Frequency | Monthly Target | Apr-21 | May-21 | Apr-21 | May-21 |
|---|---------------------|----------------|--------|--------|--------|--------|
| Accident Frequency Rate   | Monthly             | 4              | 1.2    | 1      | 4      | 4      |
| Building Audits   | Monthly             | 10             | 6      | 6      | 1      | 1      |
| Completion of required health surveillance  | Monthly             | 100%           | 100%   | 100%   | 3      | 3      |
| COVID-19 Observations - PCF Warehouses - Coddington                                   | Monthly             | 20             | 19     | 21     | 2      | 3      |
| COVID-19 Observations - PCF Warehouses - NDC  | Monthly             | 60             | 67     | 63     | 3      | 3      |
| COVID-19 Observations - PCF Warehouses - Titan  | Monthly             | 40             | 44     | 42     | 3      | 3      |
| HS&W Monthly Campaign   | Monthly             | 100%           | 100%   | 100%   | 3      | 3      |
| Lost Time Accidents (number of)   | Monthly             | 4              | 0      | 0      | 3      | 3      |
| Management of Risk Assessments  | Monthly             | 100%           | 21%    | 23%    | 0      | 0      |
| Management of Safe Systems of Work  | Monthly             | 100%           | 62%    | 58%    | 1      | 1      |
| Mental health related sickness absence hours less than 20/21 outcome                  | Monthly             | 1725           | 1627   | 2044   | 3      | 2      |
| Observations - PCF Warehouses - Coddington  | Monthly             | 20             | 19     | 21     | 2      | 3      |
| Observations - PCF Warehouses - NDC   | Monthly             | 60             | 67     | 63     | 3      | 3      |
| Observations - PCF Warehouses - Titan   | Monthly             | 40             | 44     | 42     | 3      | 3      |
| PCF No of RIDDOR Incidents  | Monthly             | 2              | 0      | 0      | 3      | 3      |
| Planned Preventive Maintenance  | Monthly             | 100%           | 94%    | 95%    | 2      | 2      |
| Promotion of positive lifestyle interventions (delivery of wellbeing calendar events) | Monthly             | 2              | 1      | 2      | 3      | 3      |
| Risk Profile - Review   | Monthly             | 2              | 1      | 2      | 3      | 3      |
| Safety Leadership Walk About  | Monthly             | 1              | 0      | 3      | 0      | 4      |

21 monthly measures  
2 quarterly measures

Focal point of discussion  
at HS&W ODG meeting  
on 14 June



# Learn and Improve



- *HSW Mandatory Training*
- *Improvement Action Plan Delivery*
- *Proactive Staff Engagement*
- *AIR investigation root cause*
- *Quarterly Risk Profile Review*
- *Safe System of Work Reviews*
- *Reporting and Awareness*

**Meeting:** NSS Board  
**Meeting date:** 25<sup>th</sup> June 2021  
**Title:** Financial Performance – Month 2  
**Paper Number:** B/21/28  
**Responsible Executive/Non-Executive:** Carolyn Low, Director of Finance  
**Report Author:** Andy McLean, Deputy Director of Finance

## 1 Purpose

This report forms part of NSS's formal financial management arrangements and is produced as a result of routine financial management and reporting processes.

## 2 Recommendation

The Board is asked to scrutinise NSS's financial performance for the period to 31<sup>st</sup> May 21 (Month 2)

## 3 Discussion

The position stated will be used to report to SG Health Finance monthly through the FPR, and is reported routinely to FPPC and the Board to support overall governance arrangements.

## 4 Impact Assessment

**Quality/ Patient Care/Equality and Diversity, including health inequalities**

There are no direct quality or patient care issues relating to this paper.

## 5 Workforce Implications

There are no direct workforce implications within this report.

## 6 Financial Implications

The report confirms that NSS is on track to meet all of its financial objectives.

| NSS Targets            | Year to Date<br>£000 | Forecast<br>Outturn<br>£000 | RAG |
|------------------------|----------------------|-----------------------------|-----|
| Revenue Outturn        | (85)                 | -                           | G   |
| NSS CRES Savings Total | 708                  | 6,964                       | G   |
| NSD CRES Savings Total | 566                  | 10,186                      | G   |
| Capital Outturn        | 0                    | 0                           | G   |

## 7 Risk Assessment/Management

The report highlights the following financial risks:

- NSS has only received its baseline funding allocation to-date with a significant amount of additional funding outstanding (£404m) – although this is more around timing and is therefore deemed to be low risk.
- Nevertheless, SG has advised there is risk around certain specific allocations, including the 20/21 revenue surplus (£0.75m) and funding for FAIR implementation and the UK infected blood enquiry within SNBTS (totalling £1m).
- Also, pressures within Operational Facilities Management (partially in relation to the set-up of Regional Labs) have emerged which will involve significant investment with funding routes still to be confirmed

The financial risk highlighted above may limit NSS' ability to invest in prioritised SBU service developments during FY21/22. Further detail and clarity is required before any approvals will be made.

## 8 Route to meeting

The position reported reflects the position agreed between Finance and SBU directors as part of the routine financial management and reporting process. All Covid-19 expenditure reported is in line with formal governance arrangements agreed with SG and all relevant parties have been involved and engaged where appropriate:

The financial position at an SBU level is agreed between SBU directors and Finance business controllers, then a consolidated position produced for EMT. Actions agreed will be managed collectively by EMT.

The financial position was discussed with EMT at its meeting on 14<sup>th</sup> June 21.

## 9 List of appendices

The following appendices are included with this report:

- Appendix No 1: NSS Financial Performance – Month 2



# **NSS Financial Performance**

**May 2021**

# NHS National Services Scotland Board

## Financial Performance – May 2021

### Executive Summary



#### Performance Summary

At this early stage in the Financial Year, NSS is forecasting full achievement of all statutory financial targets for 2021/22.

The Revenue under spend of £0.022m reflects the month 2 position for all SBU's. Covid expenditure continues at a significant rate with £38.7m expenditure in the first 2 months. Full funding for all Covid costs are assumed.

| NSS Targets            | Year to Date<br>£000 | Forecast<br>Outturn<br>£000 | RAG      |
|------------------------|----------------------|-----------------------------|----------|
| Revenue Outturn        | (85)                 | 0                           | <u>G</u> |
| NSS CRES Savings Total | 708                  | 6,964                       | <u>G</u> |
| NSD CRES Savings Total | 566                  | 10,186                      | G        |
| Capital Outturn        | 0                    | 0                           | G        |

#### Key Messages

The achievement of statutory financial targets will be challenging in 2021/22.

A key focus for NSS is the forthcoming RAM Planning cycle where SBU's need to fully map out the impact of Covid and consider future financial sustainability particularly where Covid funding will cease.

Funding for developments in 21/22 is limited and is predicated on return of the NSS 20/21 surplus, achievement of identified CRES initiatives, and securing / identifying funding for pressure areas in Operational FM.

Development bids will be presented to EMT for approval over the next 2 weeks.

#### Risks and Issues

NSS has only received its baseline allocation from SG to date with significant levels of funding still outstanding.

SG Finance has advised that there is a risk that NSS will not have its 20/21 revenue surplus (£0.75m) reinstated in 21/22. This is a similar position for all Boards across NHS Scotland and reflects the extremely challenging financial forecast overall.

SNBTS have also raised a risk around receipt of funding for FAIR implementation and UK infected blood enquiry (£1m in total).

Programme slippage due to Covid, will result in increased pressures in 21/22 should funding not be returned. This covers a number of areas including NSD £4m, NHSS Assure £1m, Operational FM £1.5m, Waste Resilience £0.6m and Cytosponge / CCE £0.3m.

Emerging pressures are also being managed in Operational FM for both Forresterhill and Gartnavel sites, partly in relation to the regional labs setup. This will involve a significant investment in 21/22. Funding routes for these issues needs to be clarified ASAP.

# NHS National Services Scotland Board

## Financial Performance – May 2021

### COVID-19

#### Year to date

- The 21/22 budget for Covid is estimated at £341m compared to the 20/21 position of £438m. The main reduction relates to lower PPE costs based on SG assumptions (reduced from £202m) and part year costs for Louisa Jordan for decommissioning.
- Covid costs for the first 2 months of the year are £38.7m. This is slightly lower than expected partly due to a reduction in volume over the first 2 months and the impact of lower prices.

| Covid-19 Expenditure                      | Revenue        | Capital      |
|---|----------------|--------------|
|   | (£000)         | (£000)       |
| Personal protective equipment             | 171,000        | -            |
| COVID-19 screening and testing for virus  | 75,809         | -            |
| Louisa Jordan costs                       | 12,300         | -            |
| Contact Tracing Costs                     | 17,823         | -            |
| Immunisation Costs (COVID-19)             | 30,662         | -            |
| Additional Freight and Transport          | 10,500         | -            |
| Digital, IT & Telephony Costs             | 6,024          | -            |
| Estates & Facilities cost                 | 3,241          | 5,948        |
| Flu Programme Delivery Costs              | 4,078          | -            |
| Additional hospital drug spend            | 125            | -            |
| Additional staffing                       | 5,756          | -            |
| Convalescent Plasma - SNBTS               | 892            | -            |
| Developing Treatment for COVID-19 - SNBTS | 230            | -            |
| Deep cleans                               | 65             | -            |
| Other                                     | 493            | -            |
| Loss of income                            | 2,389          | -            |
| <b>Total</b>                              | <b>341,387</b> | <b>5,948</b> |

#### Forecast Outturn

- PPE expenditure relates to expected product issues to Health Boards, Community and Social Care partners during 21/22. Pandemic stock balances currently sit at £102m.
- The Testing BAU model was signed off by SG in April 2021 with recruitment well underway. SBU's services underpin delivery of PCR and LFD testing across Scotland. The new services for this year are Whole Genome Sequencing, Allele Specific PCR and Pathway support which are an extension to the model. Costs are likely to be below the £75m as demand v capacity is lower than original budget.
- The Louisa Jordan facility is now closed with decommissioning underway. Costs for the Hydro as a vaccine centre are included under Immunisation costs.
- Immunisation costs per the opening budget assumed 10 months of vaccination costs covering Covid and extended seasonal flu, but is subject to change given emerging policy.
- Capital expenditure includes remaining fit-out costs for the new warehousing facilities.
- Elements of Core NSS budget where there was slippage due to Covid, will require Covid funding in 21/22.

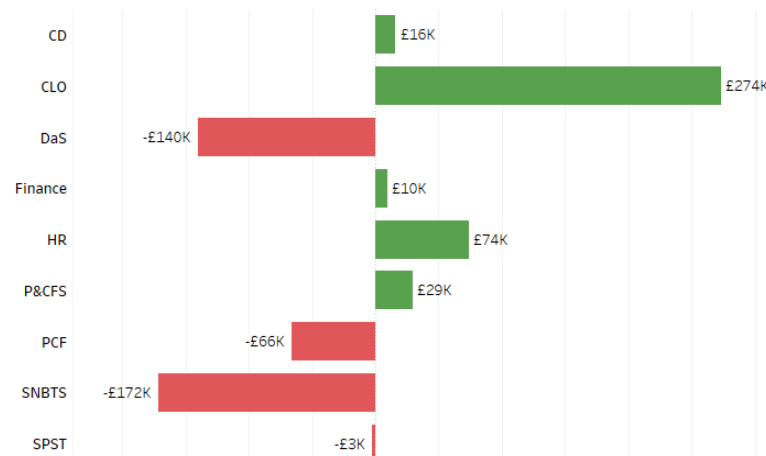
#### Main Movements by SBU

SBU's were reporting a significant operating deficit of £85k

- CLO – Surplus of £274k. Predominantly driven by additional income above budget by the CLO Litigation team. The full year position for CLO is currently forecast at breakeven.
- SNBTS - deficit of (£172k). The main driver of YTD deficit is timing on Medical Costs (£185k). A breakeven forecast is assumed but is reliant achievement of CRES savings and also **receipt of funding from SG for both FAIR study implementation £422k and the UK infected blood Enquiry £650k. SG are supportive of both, but are pushing back on funding.**
- DaS – deficit of (£140K). Costs around the assessment of DaS moving to Cloud hosting (£46K), re-procurement of SWAN (£32K) and e-rostering programme (£25K) are driving the over spend. SWAN & e-Rostering variances will be funded other recoveries are expected to return the overall position to breakeven.
- PCF – deficit of (£66k). Small deficits across a number of areas including NSD £42k, most of which arising from phasing with no major concerns for the year end breakeven position at present.

- HR – Surplus of £74k. A combination of vacancies in Pay in the normal HR establishment and non-pay costs. Full year position forecast at breakeven and subject to significant COVID / contact tracing funding.
- P&CFS– Surplus of £29k, due to pay underspend for recruitment delays offset by Non-pay overspend and lower income received in SHSC and Dental.
- Clinical – Surplus £16k predominantly driven by year end reversals. The full year position is currently forecast at breakeven though is dependent on achievement of the remaining savings target.
- Finance – underspend of £10k with a full year forecast position of breakeven, but dependant on achievement of income targets and Covid funding.

#### Revenue variances – Year to Date



# NHS National Services Scotland Board

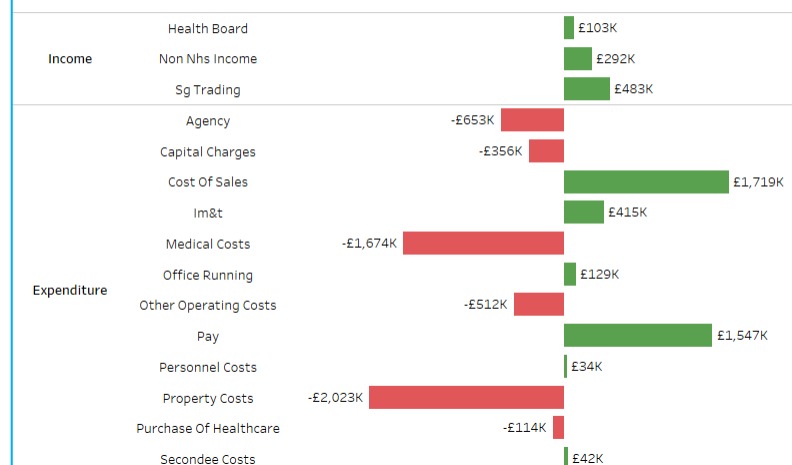
## Financial Performance – May 2021

### Revenue Analysis

#### Final Outturn

- The variances across Income mainly due to CLO additional Income £328k. Logistics NDC income is lower than planned by £2.2m with maintenance income pass through costs exceeding budget levels.
- Pay is underspend £1.5m, but with a corresponding overspend on Agency/contractors of £0.6m. Additional overtime and excess costs related to Covid are included, but budgeted costs slightly lower than anticipated in Covid areas, e.g. Contact Tracing.
- Cost of Sales relates to lower product supplied through the NDC (£1.7m) as NDC volumes remain lower than planned. This excludes PPE.
- IM&T costs are lower than phased budgets on national programmes but corresponding recharges in Other Operating costs and income to offset.
- Medical costs relate to higher maintenance pass through costs offset against income above.
- Property Costs – the adverse variance relates to Louisa Jordan costs where decommissioning costs are being incurred slightly earlier than the phased budget. This will be rectified over the next 2 months when the project concludes.

#### Revenue variance analysis – Year to Date





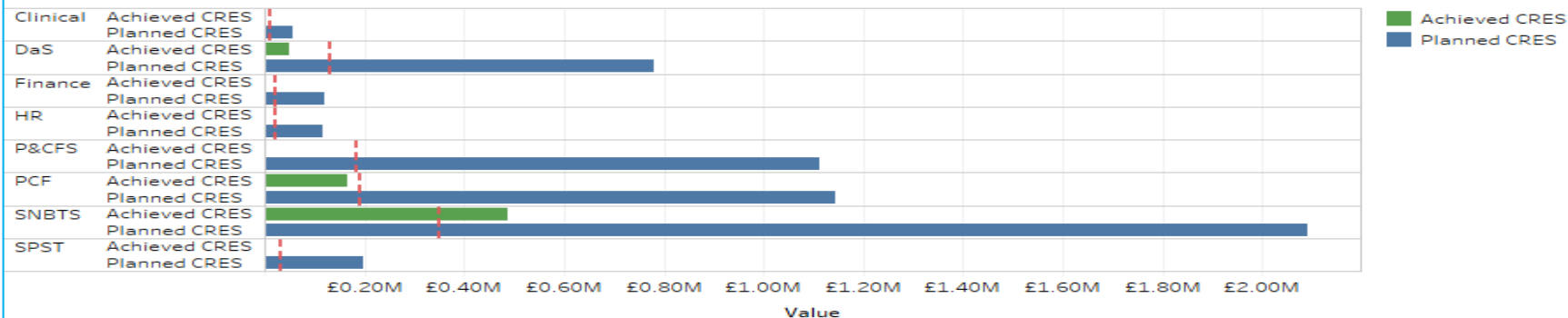
# NHS National Services Scotland Board

## Financial Performance – May 2021

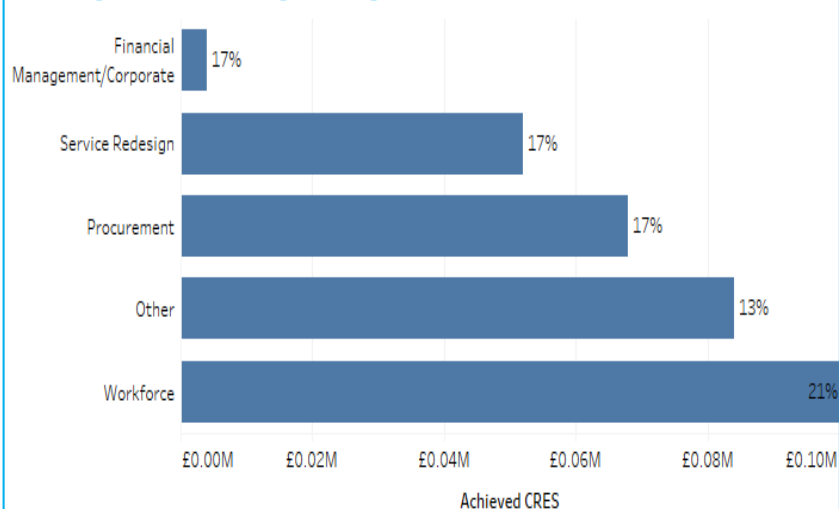
### Delivery of Cash Releasing Efficiency Savings

CRES Savings - Achieved vs Planned

--- = YTD Target CRES



CRES Savings - Value and % of budgeted savings identified



NSD annual savings target is £10,186k with £566k achieved.

SBU CRES Target is £6.9m, Achieved to date is £708k.

Currently £1.7m of the CRES Target is still to be identified.

SBU's continue to have difficulty in delivering planned CRES initiatives on a recurring basis due to Covid-19. **For the majority this is compensated by non recurring savings and therefore overall CRES targets will be achieved.**

Budgets have been reduced by 5% recurrently at the start of the year.

# NHS National Services Scotland Board

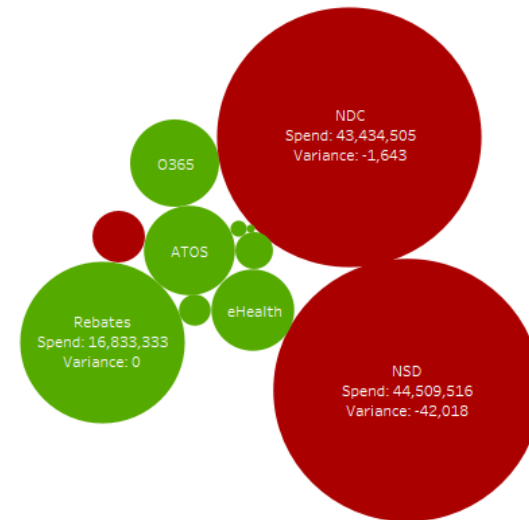
## Financial Performance – May 2021

### Services delivered on behalf of NHS Scotland

#### Year to date

- NSS manages services on behalf of NHS Scotland with a full year budget of £829m.
- Overall a PCF overspend of £44k is reported due to overspend in Logistics of £2k and NSD £42k.
- eHealth SLA, PACS, GPIT, CHI, ATOS, O365, Scotcap, MESH and Rebates are all delivering within plan or small underspends, which are offset by a slight overspend in SIBBS

#### Services delivered on behalf of Scotland - YTD Position



# NHS National Services Scotland Board

## Financial Performance – May 2021

### Scottish Government Funding Allocation Tracker



#### Received

Baseline funding of £343m has been received to date.

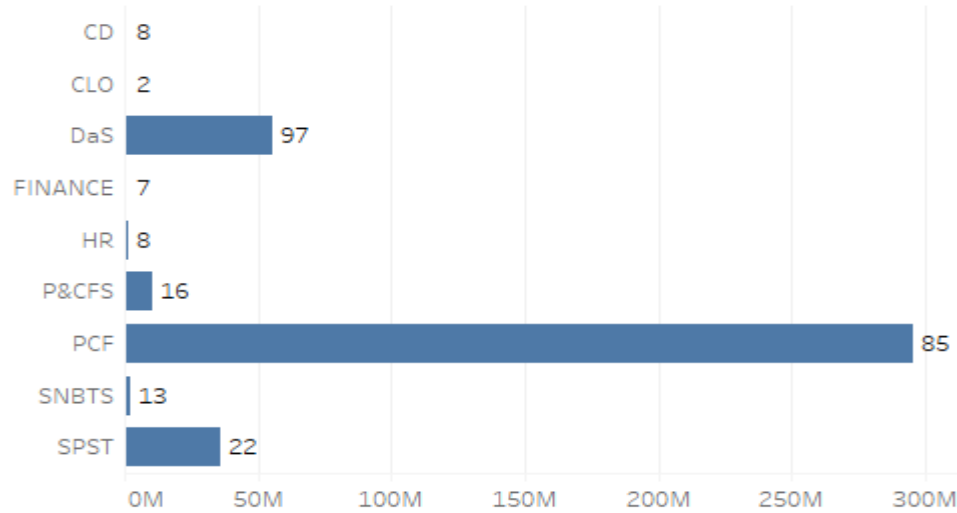
Allocations totalling £2.04m returned to SG in 20/21 reflecting slippage in a number of areas including NSD, COE, Waste resilience, Cytosponge/CCE and SPST programmes. NSS has requested return of these allocations in 21/22 but SG are unable to confirm at this stage.

#### Outstanding

£404m remains outstanding which is 258 individual allocations, including £251m related to Covid spend.

Business Controllers working with SBUs to understand levels of risk

#### SG Allocations - Amounts and No. of Allocations Outstanding



# NHS National Services Scotland Board

## Financial Performance – May 2021

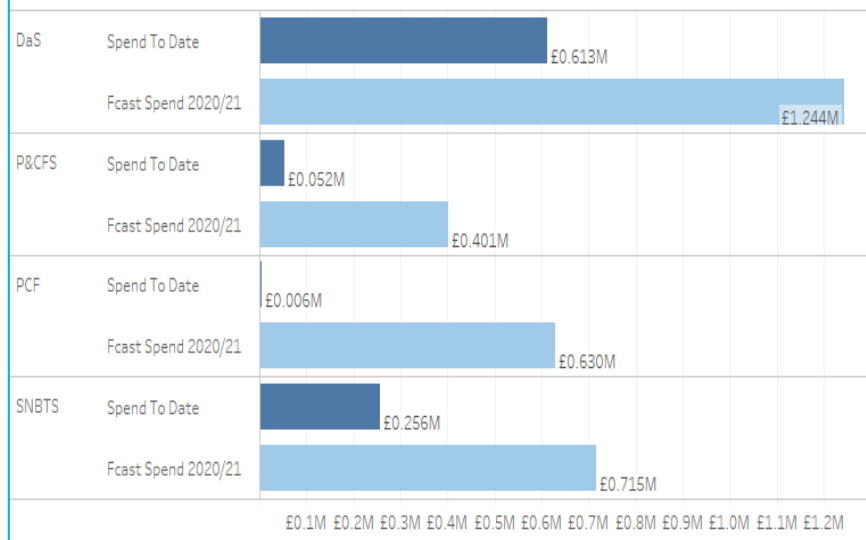
### Capital Programme Delivery

#### Year to date

Budget comprising NSS allocation of £2.927m of which £1.7m has been allocated to recurring requirements/projects

SG additional capital to be confirmed - £1.2m CHI and £138k Radiology

#### Capital Expenditure - SBU Forecast versus YTD Spend



| NSS CAPITAL DEVELOPMENT FUNDING   |                                      | Budget        | FY            |
|-----------------------------------|--------------------------------------|---------------|---------------|
| Opening position                  | Opening AOP                          | 2,927         | 2,927         |
|                                   | 20/21 slippage allocation            | 212           | 212           |
|                                   | <b>Opening position total</b>        | <b>3,139</b>  | <b>3,139</b>  |
| Critical projects approved        | nDCVP                                | -401          | -401          |
|                                   | SNBTS Equipment Rolling Replacement  | -315          | -315          |
|                                   | SNBTS Fleet Modernisation            | -300          | -300          |
|                                   | Breast Screen Unit                   | -630          | -630          |
|                                   | Give Blood Creative Insights & Prod. | -100          | -100          |
|                                   |                                      |               |               |
|                                   | <u>Slippage - requirement tbc</u>    |               |               |
|                                   | Warehouse Management System          | -91           | -91           |
|                                   | nDCVP                                | -121          | -121          |
|                                   | Fleet Replacement                    | 0             | 0             |
|                                   | <b>Committed</b>                     | <b>-1,958</b> | <b>-1,958</b> |
| <b>Available for Developments</b> |                                      | <b>1,181</b>  | <b>1,181</b>  |

| SG CAPITAL DEVELOPMENT FUNDING |                       | Budget       | FY           |
|--------------------------------|-----------------------|--------------|--------------|
| Opening position               | CHI                   | 1,244        | 1,244        |
| Additional approved            | Radiology             | 138          | 138          |
|                                | Covid - Equip & Maint | 5,948        | 5,948        |
| <b>Total SG Funding</b>        |                       | <b>7,330</b> | <b>7,330</b> |



|   |   |
|---|---|
| <b>Meeting:</b>                             | <b>Board Meeting</b>  |
| <b>Meeting date:</b>                        | <b>June 2020</b>  |
| <b>Title:</b>                               | <b>Digital and Security COVID-19 Programmes<br/>Update</b>  |
| <b>Paper Number:</b>                        | <b>B/21/29</b>  |
| <b>Responsible Executive/Non-Executive:</b> | <b>Deryck Mitchelson, Digital and Security Director</b>   |
| <b>Report Author:</b>                       | <b>Karen Young, Portfolio Services Director<br/>(Interim) &amp; Shelley Brackenridge, Digital Office<br/>Director</b> |

## 1. Purpose

The purpose of this report is to allow the Board to scrutinise the most significant Digital and Security the Board COVID-19 programmes as follows;

- COVID-19
- e-Rostering
- National PACS Re-Provisioning
- Phase 2 Local Health Board PACS V12 Technical Refresh
- CHI/Child Health Systems
- GP IT Re-Provisioning
- National O365
- Cyber Centre of Excellence (CCoE)

## 2. Recommendations

The Board is recommended to scrutinise each of the programmes and challenge progress as appropriate.

## 3. Discussion

Digital and Security continue to progress National Programmes and have recently added e-Rostering to the portfolio. The Programmes are presented and are governed through the internal NSS processes and engagement with Public Health Scotland and Scottish Government as required.

Current Overview, Status and Financial summaries follow: -

## COVID-19 Portfolio

### Background

Digital and Security have delivered an extensive portfolio of capabilities and services to support the National pandemic response throughout 2020 and progressing in 2021. It is expected that delivery will continue through Summer 2022.

### Status

The overall RAG status of the Programme is **Green**.

Test & Protect continues to provide robust solutions across Scotland in management of the pandemic. Dashboards, data storage, portals and the systems supporting testing and vaccinations continue to be enhanced to meet the requirements of the Scottish Government. Data modelling tools using Artificial Intelligence has been deployed to support Health Boards across Scotland to predict demand continuing to enable planning at a regional level.

### National Testing

The Support portal to manage testing through the new regional labs is in place and integrated with the system providing weekly results to all Care Home staff in Scotland. Portals have been developed to capture results of Lateral Flow Tests (LFTs) and Polymerase Chain Reaction (PCR) tests and a stream of backlog improvement actions on the portals are progressing. Potentially further requirement to build out apps may be emerging.

### Vaccinations

The National Vaccination Scheduling System (NVSS), which went live in February, continues to be improved and has overseen the scheduling of more than 4.2M citizens across Scotland. This is supported by the Vaccination Hub with real-time data, Dashboards to inform SG and Health Board planning and reporting. A fully digital solution was launched to support scheduling for under 30's in May and has managed 450K registrations which are awaiting HB scheduling. This "test of change" is currently the only solution which does not rely on printing and posting and will be considered for winter flu appointments.

### Hospitality

The recent relaxation of COVID-19 protection levels has seen a significant increase in the use of the checkin Scotland application which NSS implemented. The total number of "check-ins" is just under 4M across 15K venues. The application is fully integrated with the contact tracing system and we are seeing a substantial increase for requests for this data from contact tracers as the number of positive tests is increasing.

## **COVID Certificates for International Travel**

NSS is leading on the implementation of the smartphone application that will support International travel and have access to vaccination and testing records. It is expected that this will be completed around the end of July.

### **Budget**

Current review on 21/22 resource plans to migrate towards a BAU model from September 21 is being prepared for agreement late June.

## **e-Rostering Programme**

### **Background**

The e-Rostering Programme was established by the NHSS Business Systems Programme Board, to implement a single national time recording and rostering system, to deliver efficiencies in the management of staff.

The initial phase of this Programme (Due Diligence) has almost completed. An updated recommendation will be taken to Directors of Digital, Directors of Finance and Chief Executives with updated timelines.

### **Status**

The overall RAG status of the Programme is **Amber**.

The Programme is in start-up phase, with an increased focus on due diligence activities. As part of this, the Programme is reviewing the Technical proposal to ensure strategic fit, with planning underway to enable an accelerated implementation. Work progresses to put in place back-to-back funding agreements with Health Boards, that will then enable the Commercial Agreement to be confirmed. An in “principle” agreement for a 3 years’ delivery plan has been achieved.

Work is underway to agree and establish the correct Governance arrangements.

### **Budget**

Scottish Government have committed funding for the first two years to support implementation. Boards will provide the remaining funding. The FBC identifies that the efficiencies/financial benefits will be realised by Boards through adoption of the system thus covering the costs of implementation and ongoing operational costs.

## **National PACS Re-Provisioning Programme**

### **Background**

In April 2020, the Digital Health and Care Directorate in Scottish Government, commissioned NSS to carry out the PACS Re-Provisioning Programme with the aim of having new contractual arrangements for a “Once for Scotland” PACS system before the end of January 2023. A PACS Re-Provisioning Team and a PACS Re-Provisioning Board



were established in 2020. Both are accountable to the newly formed Enabling Technologies Board (ETB). The ETB is accountable to the Digital Health and Care Strategic Portfolio Board who will provide ultimate sign off for the PACS Re-Provisioning Outline Business Case and Full Business Case.

## **Status**

The overall PACS Reprovisioning RAG status is **Green**.

All key deliverables remain on track in this Phase 1- Pre-Procurement Stage. Stage 1 and 2 milestones were completed in December 2020, resulting in the endorsement of the Initial Agreement by the Enabling Technology Board.

Stage 3 activities are well underway and due to complete by end of December 2021. Deliverables include Requirements Specification, Contract and Procurement Documents and an Approved Outline Business Case. The Advert is on schedule to be issued in January 2022.

The PACS Re-Provisioning Scope Refinement and Contract and Procurement Strategy have been approved by Programme Board and SG sponsor, enabling the Programme to continue to plan.

Requirements workshops continue to be a priority focus and will continue to the middle of June 2021. The Business Case work has focused on the Economic Case and Benefits model.

For Market Research, PIN feedback was analysed and six supplier meetings/demos were held. Meetings have also taken place with NHS Wales and NHS Northern Ireland on the status of their PACS Re-Procurement Programmes. The timing of countrywide Radiology Procurements in Wales and Northern Ireland could have an impact on the quality of bids and responses we receive from Suppliers.

## **Budget**

The budget remains on track within the Scottish Government commission.

## **Phase 2 Local Health Board PACS V12 Technical Refresh Programme**

### **Background**

The PACS V12 Technical Refresh Programme involves 15 Health Boards. This technical refresh will also consolidate the number of Local PACS Sites from 31 to 22. The Programme is scheduled to complete at the end of February 2022.

### **Status**

The overall RAG status of the Programme is **Amber** as there is a risk that COVID-19 will impact on planned activities during 2021/22.

The Programme is currently on schedule with 14 out of 22 project implementations complete.

The most recent PACS Implementation was in NHS Greater Glasgow and Clyde on 29th April. This was the first of three Glasgow consolidation projects and a new approach to cutover was made possible due to technical reasons. This eliminated the need for downtime throughout the process. The implementation was successful and this approach will be used

for the remaining GG&C sites in addition to NHS Tayside who share a similar technical approach.

Due to Health Board resource challenges (due to Covid) and other project dependencies in some boards (Local RIS projects), the programme plan dates for some Health Boards have been re-planned so that these local pressures could be accommodated whilst at the same time, minimising the risk of any slippage to the overall Programme end date in February 2022.

The Go Live dates for the remaining sites are as follows:

- NHS Highland - Raigmore – 30 June 2021
- NHS Grampian – 21 July 2021
- NHS Tayside (consolidation 3 sites to 1 site) – 18 August 2021
- NHS Golden Jubilee – 1 September 2021 (at risk due to Local RIS implementation)
- NHS Ayrshire & Arran (consolidation 2 sites to 1 site) – 6 October 2021
- NHS Western Isles – 27 October 2021
- NHS GGC North (GRI and Gartnavel consolidation 2 sites to 1 site) – 13 November 2021
- NHS GGC South (QUEH, Royal Hospital for Children and INS consolidation 3 sites to 1 site) – 19 February 2022.

## **Budget**

The budget remains on track within the Scottish Government commission. The supplier (Philips) fixed price charges for the Phase 2 implementation remain on budget.

## **CHI/Child Health Systems**

### **Background**

In 2014, NSS was commissioned to develop a Business Case to modernise the CHI (Community Health Index) system, the GP Patient Registration system (GPRS), the Child Health systems and the Scottish Immunisation Recall System (SIRS). This ultimately resulted in a procurement exercise and the awarding of contracts for a single replacement system for CHI and GPPRS, and a new, single Scottish Child Public Health & Wellbeing System (SCPHWS). In addition to implementing these systems, the Programme also encompasses the delivery of a new standards-based National Integration Platform for Scotland with the potential to substantially simplify and reduce costs for future implementation of national and local systems.

### **Status**

The overall RAG status of the Programme is **Green**.

The Programme remains on track, with all key milestones reporting Green, however the Delivery Confidence Assessment has moved to Amber to reflect the issues the Child Health project is navigating, with data migration and integration work-streams both tracking late. The Project is confident a joint action plan will be agreed with the Supplier within 2-3 weeks, and as Data Migration is not on the critical path, recovery is likely.

Work continues with NSS DaS in relation to hosting the new systems within the National Secure Azure Cloud, utilising the national integration platform and implementing a suitable end to end Service Support Wrapper.

The new CHI system successfully went live in early March 2021, running concurrently with the Legacy CHI. Concurrent CHI is being used to support the Covid Vaccination Programme. Ongoing Early Life Support is in place.

The CHI independent assurance Gateway Review 4 successfully concluded with a Green/Amber Delivery Confidence.

July 2022 will see the Legacy Child Health systems replaced with SCPHWS system and full go-live for New CHI and GPRS, with Legacy CHI decommissioned in November 2022.

## **Budget**

The budget remains on track within the Scottish Government commission and the overall 'whole life' cost remains within the financial envelope (baselined at FBC v3, May 2018).

## **GP IT Re-Provisioning**

### **Background**

NSS was commissioned by Scottish Government in 2014 to carry out a procurement exercise to re-provision GP IT systems. Ultimately, that resulted in three suppliers (EMIS Health, Eva and Cegedim) being appointed to the Framework Agreement and, as set out in the agreement, had until February 2020 to develop their GP IT systems to deliver Tranche 1 of the Scottish requirements, and pass Accreditation Testing. First deployments were originally expected from the summer of 2020. However, all suppliers subsequently indicated that they were unable to meet the contractual deadline for delivery of Tranche 1. The Programme has been working with these suppliers to develop their systems in line with the Scottish requirements. These systems will not be available to Health Boards until they are fully tested and accredited.

### **Status - Commercial in Confidence**

The overall RAG status of the Programme is **Amber**.

The first possible deployment by Cegedim (Vision) remains Summer 2021, if Boards wish to take this opportunity. All Tranche 1 go-live functionality has been delivered with formal Accreditation due to complete end July 2021.

The EMIS development activity continues to be slower than expected, but still reporting 'Amber' status to meet their Summer 2022 target for first deployment. A detailed development plan is awaited and failure to deliver this plan by the June Project meeting, with associated assurance of timelines, will result in them moving to a Red status.

Eva have now formally confirmed that they will not be able to deliver Scottish functionality before 2023. The project team continues to meet with their senior team once a month for a status update. This situation will be kept under review.

Boards are still working on cohort formation and considering their position in relation to Direct Award.

## Budget

The budget remains on track within the confirmed Scottish Government commission.

## National O365

### Background

In 2016, NSS, on behalf of NHSScotland, signed a contract with Microsoft for a national O365 license agreement to replace the previous Microsoft Enterprise Wide Agreement for licensing. In May 2021 a new 3 year license agreement was signed with Microsoft bringing additional capability across cyber security and compliance allowing migration of non-structured data (work, excel etc) onto a national sharepoint and onedrive solution.

### Status

The overall RAG status of the Programme is **Amber**.

The Programme is completing the last tasks of Phase 2 within the current Programme delivery schedule. Phase 3 of the Programme is now commencing, with all the necessary commercial tasks around the new Enterprise License Agreements for 2021/22 completed. The new Phase 3 deal delivers a new license mix, that better reflects the needs of the NHS in Scotland, it also supports a post COVID-19 world.

Phase 3 will see activities transition from the National Programme Team to a permanent support team based within NSS DaS.

### Budget

Programme budget for 21/22 confirmed with SG having further made available a further allocation to support territorial Boards' implementation. Similarly, additional consideration is requested for National board implementations.

## Cyber Centre of Excellence (CCoE)

### Background

NSS has committed as part of its three-year cyber security improvement plan to launching an operational cyber centre. Following agreement with Scottish Government Digital Health and Care Department, this centre was expanded to become a scalable Cyber Centre of Excellence (CCoE) suitable for all of NHS Scotland. The Centre is initially being built to house all cyber security services for NSS and to provide a catalogue of services to other Health Boards and Organisations, starting with the North Region. Scoping work is beginning to determine a best fit service model for all Health Boards and to understand future requirements for Social Care

### Status

The overall RAG status of the Programme is **Green**

The Centre is being delivered in three phases. Phase One (NSS coverage) is largely complete, bar some technical procurement of cyber security. NSS baseline funding has

allowed for initial recruitment which will complete in the first week of July. Phase Two (North Region) has commenced, with engagement with all six North Boards focusing on Network and Information Security (NIS) Regulations compliance improvement.

Phase Three (rest of Scotland and Social Care) will begin in July 2021, with engagement and scoping exercises being carried out leading to a suitable service model and related governance and reporting being established this financial year.

### **Budget**

SG has indicated that the CCoE will be fully funded beyond Phase One. Programme budget for 21/22 is confirmed with SG having initially allocated £420k. Further funding is anticipated this financial year but is predicated on successful formulation of an acceptable service model and governance arrangements being agreed

### **3. Quality/ Patient Care**

Scope captured in Programme governance.

### **4. Workforce**

Resource plans managed within each Programme.

### **5. Financial**

Budget information included above.

### **6. Risk Assessment/Management**

Risk managed within each Programme and overarching risks included in NSS risk review.

### **7. Equality and Diversity, including health inequalities**

No EQIA is required for this report.

### **8. Route to the Meeting**

The Board has carried out its duties to involve and engage external stakeholders where appropriate. Regular reviews are conducted fortnightly as part of NSS **PSG** and DaS includes status updates as part of all Board packs.

| Date of Meeting  | 24/03/2021   | Responsible Officer        | Author           | 25/06/2021   | Responsible Officer  | Author          |
|--|--|----------------------------|------------------|--|----------------------|-----------------|
| Apologies/Additional Attendees                                 | Audit Scotland/Scottish Government                                   |                            |                  | Audit Scotland/Scottish Gov/5 x NSS Staff  |                      |                 |
| FOR APPROVAL   |  |                            |                  |  |                      |                 |
| Standing Items   | Draft Minutes from previous meeting                                  | Keith Redpath              | Board Services   | Draft Minutes from previous meeting  | Keith Redpath        | Board Services  |
|  | Actions from previous meetings                                       | Keith Redpath              | Board Services   | Actions from previous meetings NSS Annual Accounts**   | Keith Redpath        | Board Services  |
|  |  |                            | Laura Howard     |  |                      |                 |
| Additional Requests<br>Items moved or deferred<br>FOR SCRUTINY | Standing Financial Instructions Review/NSS Strategy Update           | Carolyn Low<br>Mary Morgan | Matthew Neilson  | 1. RIDDORS per minutes 24.3.21 (OHSAC)   |                      |                 |
| Standing Items   | NSS 5 Year Plan  | Colin Sinclair             | Matthew Nielson  | End of Year Performance Report   | Lee Neary            | Matthew Neilson |
|  | NSS AOP/Remob 21/22  | Colin Sinclair             | Matthew Neilson  | Register of Interests (6 monthly)  | Keith Redpath        | Board Services  |
|  | Review of Risk Appetite  | Matthew Neilson            | Marion Walker    | Committee Annual Reports   | All Committee Chairs | Board Services  |
|  | Public Sector Equalities Duty  | Matthew Neilson            | Louise Maclennan |  |                      |                 |
|  | Fraud Training (2 year cycle)  | Gordon James               | CFS              |  |                      |                 |
|  | Chair's Report   | Keith Redpath              | Keith Redpath    | Chair's Report   | Keith Redpath        | Keith Redpath   |
|  | Chief Executives Report  | Mary Morgan                | Mary Morgan      | Chief Executives Report  | Mary Morgan          | Mary Morgan     |
|  | Finance Report   | Carolyn Low                | Finance Matthew  | Finance Report   | Carolyn Low          | Finance Matthew |
|  | Performance Report   | Mary Morgan                | Neilson          | Performance Report   | Lee Neary            | Neilson         |
|  | People Report  | Jacqui Jones               | HR               | People Report  | Jacqui Jones         | HR              |
|  | Digital and Security Report  | Deryck Mitchelson          | DaS              | Digital and Security Report  | Deryck Mitchelson    | DaS             |
| Additional Requests  | Cyber Security Excellence Centre                                     | Deryck Mitchelson          | Scott Barnett    | Corporate shared services*   | Lee Neary            | Fiona Callan    |
|  | New Ways of Working  | ?                          | Matthew Neilson  |  |                      |                 |
| Items moved or deferred  |  |                            |                  | *deferred to September meeting per Fiona Callan<br>** deferred to extra meeting in August per Audit Scotland |                      |                 |
| FOR INFORMATION<br>Standing Items                              | NSS Policies<br>Draft and Approved Minutes from all Board Committees |                            |                  | NSS Policies<br>Draft and Approved Minutes from all Board Committees   |                      |                 |
| Additional Requests<br>Items moved or deferred                 |  |                            |                  |  |                      |                 |





# Minutes (Approved)

B/21/31

## NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE

### MINUTES OF NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE MEETING, HELD ON 24 FEBRUARY 2021, VIA TEAMs DIGITAL PLATFORM, COMMENCING AT 0930HRS

**Present:** Mrs Alison Rooney – Non-Executive Director [Chair]  
 Ms Lisa Blackett, Non-Executive Director  
 Mr Gordon Greenhill, Non-Executive Director  
 Professor Arturo Langa, Non-Executive Director  
 Mr Mark McDavid – Non-Executive Director  
 Mr Keith Redpath – NSS Chair

**In Attendance:** Dr Anna Lamont – Interim Medical Director, PCF  
 Mrs Mary Morgan – Director of SPST  
 Dr Lorna Ramsay – Medical Director & Executive Lead for Clinical Governance  
 Professor Jacqui Reilly – Nurse Director & Executive Lead for Quality Improvement  
 Mr David Stirling -  
 Mr Calum Thomson – Associate Director for Nursing, Clinical Governance and Quality Improvement  
 Professor Marc Turner – Medical Director, SNBTS  
 Mrs Lynsey Bailey – Committee Secretary [Minutes]

**Apologies:** Mr Colin Sinclair – NSS Chief Executive

#### ACTION

#### 1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

- 1.1 Mrs Rooney welcomed all to the meeting and noted apologies as above. Before starting the formal business of the meeting, Mrs Rooney asked the Committee Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

#### 2. MINUTES OF CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON 2 DECEMBER 2020 [paper CG/21/02 refers]

- 2.1 Following a brief discussion, Members approved the minutes from the meeting held on 2 December 2020.

#### 3. ACTIONS AND MATTERS ARISING [paper CG/21/03 refers]

- 3.1 Members noted the updates and that the majority of actions were either in progress or covered by the forward programme.
- 3.2 Members discussed the uptake of the flu vaccine, and correlation with the uptake of the COVID-19 vaccine. Following an update on the identified priority groups of staff who were being specifically invited to in-house clinics, Members were pleased to note that uptake among these groups had been higher than anticipated.



**4. RESEARCH GOVERNANCE ANNUAL REPORT [paper CG/21/04 refers]**

- 4.1 Mr Stirling introduced his paper, which described NSS's research activity in 2019/20 and provided assurance around the relevant governance structures and standards. Members received an overview of the very robust structure in SNBTS and were also assured that consideration was being given to how that could be replicated consistently across NSS as a whole. Members also discussed the arrangements in place with Public Health Scotland, noting that this relationship was at an early stage and appropriate links were still developing. Members were impressed with the number of publications that had been published in spite of the pandemic and noted the update on the Intellectual Property register. Members were pleased to note that NSS's Strategic Business Units were being actively encouraged to consider research and innovation in their business plans. Members were also assured the measures being taken to ensure innovation were being built on so that NSS had a fully comprehensive research, development and innovation strategy. Members noted the timelines, how the Scottish National Blood Transfusion Service's Research Advisory Group fed into the process and, although it was a five-year strategy, it was reviewed annually. Members then discussed how this linked in with the research, development and innovation requirements of the National Screening Oversight Function and NHSScotland Assure. Members thanked Mr Stirling for the report and confirmed they were content to approve it.

**5. MEDICAL DIRECTOR'S UPDATE [paper CG/21/05 refers]**

- 5.1 Dr Ramsay spoke to her update, which covered the work of the clinical directorate and clinical areas across the organisation as relevant. Members noted the transition to the new dental clinical governance arrangements was almost ready to start but could not fully take place until the legislation to finally stand down the Scottish Dental Practice Board (SDPB) was confirmed. In the meantime, work was ongoing with the remaining SDPB member to get endorsement of the transition arrangements. Members also recognised the changes required of dentistry services in response to COVID-19 had also impacted on timescales. Members discussed the number of new clinically related services generated by COVID-19. Members were pleased to note that the need for more planning around clinical governance and quality improvement in relation to new services, and embedding the recent lessons learned, had been identified as necessary and that engagement with colleagues had already begun to move this into a more Business As Usual position.
- 5.2 Professor Reilly provided an update on progress to date on NHSScotland Assure and establishing the appropriate links with Healthcare Improvement Scotland and NHS Education for Scotland. Members were provided with an overview of the plans to launch on 1 June 2021, the engagement plan with bodies such as Scottish Association of Medical Directors, and the plans covering Year 1 through to transitioning to BAU. Members were assured that the work already done in respect of new builds had illustrated the value of the service. Members agreed that it would be useful to see more detail on the structure and function and Professor Reilly offered to share this outside of the meeting. **Action: Professor Reilly to circulate information on the detail and structure of NHS Scotland Assure.** J Reilly
- 5.3 Dr Ramsay gave Members an overview of the background to the National Cancer Resource Commission and the discussions at Scottish Government. Members were advised that work was ongoing to more tightly define the commission and Dr Ramsay expected to receive this in the coming week. There was a desire to move quickly and get the Commission established before the end of March 2021. Members were updated on the plans for recruitment and where this would sit within NSS. Mr Gareth Brown had agreed to be the Senior Responsible Officer due to the links with screening. Members discussed the

clarity of the scope and were assured that this was being carefully considered and built into the wording of the commission. It would be clear that it was to be a two-year programme with a plan for transition after the end point. This had come from the Cancer Policy Group at Scottish Government and engagement had taken place with territorial Boards. Members were assured that NSS was proceeding carefully but were also keen that expectations were well-managed about what would happen beyond the programme.

- 5.4 Dr Lamont provided some further detail on the work on Complex Mesh Surgery Procurement. Members noted the specification and plans for commissioning a non-NHS surgery provider by May 2021. Given the sensitivities and level of visibility, this was something it was felt that Members should be made aware of and assured that it was being properly managed. Finally, Members were given an update on the breast screening review. They were assured that the recommendations had not been unduly impacted by COVID-19 constraints.

## 6. **BLOOD SAFETY [paper CG/21/06 refers]**

- 6.1 Professor Turner spoke to his report, which updated on blood safety issues within the Scottish National Blood Transfusion Service (SNBTS). Members were updated on the convalescent plasma trials, noting it had been agreed at both UK and Scottish Government level that the issue of convalescent plasma would be paused at present. However, collection through whole blood donation would continue over the next 4-6 weeks whilst awaiting the full analysis of the RECOVERY trial data and pending discussions with the UK Department of Health around the feasibility of a clinical trial in early phase infection. Work was ongoing in preparation for implementation of the FAIR (For the Assessment of Individualised Risk) recommendations on 14 June 2021. This date remained challenging because there was considerable work to be completed by the end of March 2021 in order to give time for training to be rolled out to staff, and for donors to be prepared for the more intrusive screening questions. Members were advised that there had been early engagement with some donor staff already and those involved had not raised any concerns. Members were pleased to note that SNBTS was mindful of the potential negative impacts and that there was an achievable plan for a 4-5% increase in donors ahead of implementation. Members were also briefly updated and assured regarding preparations for the organ donation opt out legislation taking effect. Members thanked Professor Turner for his report

## 7. **ASSURANCE REPORTS**

- 7.1 Members considered the Clinical Adverse Events report [paper CG/21/07], which updated on all clinical adverse events activity from October to December 2020. Members noted the following highlights:
- No National Category 1 clinical adverse events reported in NSS during the quarter.
  - Two National Category 2 clinical adverse events reported by SNBTS and PCF respectively during the quarter.
  - Two SNBTS events had activated the organisational Duty of Candour (DOC) procedure.
  - A total of 38 National Category 3 clinical adverse events were reported during the quarter.
  - Five significant Good Manufacturing Practice (GMP) incidents were reported by SNBTS during the quarter.
  - Adverse events work within screening recommenced on 1 October 2020.

**ACTION**

7.2 Members were pleased to note that the DOC process was maturing. Going back to the incidents, Members sought and received more detail on the incidents relating to donor acceptance, newborn screening, Abdominal Aortic Aneurysm screening, and the cytosponge programme. Members were pleased to see where improvements had been made but asked about whether there were any repeat patterns being identified. Mr Thomson assured that work had been done to identify themes across incidents and apply a human factors/ergonomics approach to the responses. Members asked about benchmarking NSS's DOC incidence against the rest of the NHS and were advised that it was low based on both pure numbers and as a percentage. However, public health related DOC incidents would need some monitoring as this was an area which would potentially be emerging or increasing in the future (e.g. through paused screening during the pandemic). Members were assured that adverse events were being well managed with lessons being learned and taken forward.

7.3 Members then discussed the Clinical Risks report [paper CG/21/08, which updated on corporate clinical risks on the NSS Risk Register. Members noted that exposure to red clinical risk remained at zero. They were provided with an overview of the four amber corporate clinical risks, and that the clinical impact flag had been added to 28 NSS corporate risks. They were also assured that the Clinical Directorate continued to regularly review all red and amber risks with an identified clinical impact and had also included a deep dive of their own risks during the recent quarter. Members were given an overview of review process. Members thanked those involved for the comprehensive update.

## **8. NSS COVID-19 RESPONSE ACTIVITIES [paper CG/21/09 refers]**

8.1 Dr Ramsay spoke to the paper, which provided an overview of the major areas in which NSS was supporting the ongoing COVID-19 response from the clinical governance perspective. This included the establishment of entirely new programmes and services within extremely short timescales covering:

- COVID-19 Testing
- National Contact Tracing Centre
- COVID-19 Vaccination, including Helpline
- Personal Protective Equipment
- Infection Prevention Control
- Digital and Data - clinical safety assurance

Members noted that a framework was being developed, and would be presented at a future meeting. This would clarify and clearly articulate the specific governance arrangements in relation to these programmes and services. Members sought and received clarity around NSS's role and contributions in respect of infection prevention and control, and COVID-19 testing. Members thanked Dr Ramsay for the update and were pleased to note how well it spoke to NSS's standing as an organisation.

## **9. DRAFT NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE ANNUAL REPORT TO THE BOARD [paper CG/21/10 refers]**

9.1 Members were broadly content with the draft annual report but suggested that the Medical Director's report needed to be included against item 5e. Members also discussed Dr Ramsay's comments and Mrs Bailey, Dr Ramsay and Mrs Rooney agreed to consider how to incorporate them into the finalised update. **Action: Mrs Bailey, Dr Ramsay and Mrs Rooney to consider updates to the Annual Report**

**L Bailey/  
L Ramsay/  
A Rooney**

**ACTION**

**9. DRAFT NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE TERMS OF REFERENCE [paper CG/21/11 refers]**

- 9.1 Members felt the Terms of Reference were good in terms of review and challenge but perhaps needed strengthened in terms of developing strategy. Members also felt that it could be worth refreshing the membership list and the remit. Dr Ramsay agreed to give this some consideration and make some further updates to share with Mrs Rooney. **Action: Dr Ramsay and Mrs Rooney to consider updates to the Terms of Reference.**

**10. DRAFT CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT ACTION PLAN [paper CG/21/12 refers]**

- 10.1 Members discussed the plan for holding proposed development sessions and agreed they were content to progress it. Mrs Bailey agreed to identify dates and issue invitations as soon as possible. **Action: Mrs Bailey to identify dates and issue invitations for Clinical Governance Committee Development Sessions.**

**L Bailey**

**11. NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE FORWARD PROGRAMME [paper CG/21/13 refers]**

- 11.1 Members were content with the forward programme as it currently stood but were reminded that, as it was a work in progress, anything that arose could and should be added. Members were also advised about new members of the Clinical team who would be invited to future meetings as part of their induction.

**12. OTHER GOVERNANCE ISSUES**

- 12.1 There were no other governance issues to discuss.

**13. ANY OTHER BUSINESS**

- 13.1 Members had no further business to raise.

**14. HIGHLIGHTS REPORT FOR THE BOARD [paper CG/21/14 refers]**

- 14.1 Members agreed the following should be included in the Highlights Report to the Board:
- Approval of the annual Research Governance Report
  - The update on the National Cancer Resource Commission
  - Progress in the complex Mesh Surgery Procurement
  - Updates from SNBTS on convalescent plasma and the implementation of FAIR recommendations.

**15. DATE OF NEXT MEETING**

- 15.1 Members noted the next meeting was scheduled for Wednesday, 19 May 2021 at 0930hrs.

There being no further business, the meeting finished at 1217hrs

# Minutes

## (Draft) B/21/32

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### NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE

#### MINUTES OF MEETING HELD ON WEDNESDAY 19 MAY 2021 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

##### Present:

Mrs Alison Rooney – Non-Executive Director [Chair]  
Ms Lisa Blackett – Non-Executive Director  
Mr Gordon Greenhill – Non-Executive Director  
Professor Arturo Langa – Non-Executive Director  
Mr Mark McDavid – Non-Executive Director  
Mr Keith Redpath – NSS Chair

##### In Attendance:

Dr Lizzy Day – Scottish Clinical Leadership Fellow  
Dr Anna Lamont – Interim Medical Director, PCF  
Mrs Mary Morgan – Chief Executive  
Dr Lorna Ramsay – Medical Director & Executive Lead for Clinical Governance  
Professor Jacqui Reilly – Nurse Director & Executive Lead for Quality Improvement  
Dr David Stirling – Director of Healthcare Science  
Mr Calum Thomson – Associate Director for Nursing, Clinical Governance and Quality Improvement  
Professor Marc Turner – Medical Director, SNBTS  
Mrs Lynsey Bailey – Committee Secretary [Minutes]

##### Apologies:

None

#### 1. WELCOME AND INTRODUCTIONS

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



Chair  
Chief Executive

Keith Redpath  
Mary Morgan

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

**2. MINUTES AND MATTERS ARISING [Papers CG/21/16 and CG/21/17 refer]**

- 2.1 Members noted the minutes from the previous meeting on 24 February 2021 and, following a brief discussion, approved them as an accurate record of the meeting. Members noted that all other actions were either completed, covered by the agenda, or programmed in for a future meeting.

**3. NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE ANNUAL REPORT [Paper CG/21/20 refers]**

- 3.1 Members suggested some minor corrections – changing the mention of the Committee as a sub-committee, being more specific in paragraph 2.3.4 on the cover sheet about the types of risks reviewed, ensuring the section headings were correct, and that the Committee's title change was reflected throughout. With these updates made, Members were content to approve the Annual Report.

**4. NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE TERMS OF REFERENCE [Paper CG/21/20 refers]**

- 4.1 Members were given an overview of the review discussions between Mrs Rooney, Mr Redpath, and Dr Ramsay. In respect of point g) under Key Duties (Provide advice, as required, to the Board on the clinical impacts of any new service developments proposed for adoption by NSS) Members agreed that this Committee had a role for apprising the Board and there was a need to ensure that this was not lost. This would not involve looking at every single new service, but capturing those with a clinical focus or impact through the Medical Director's Report and the Blood Safety Report at a minimum. Members also discussed the Vice-Chair appointment and all were content for Professor Langa to fill that role.

**[Secretary's Note:** The following item was brought forward on the agenda to accommodate Professor Turner's availability]

**5. BLOOD SAFETY REPORT [Paper CG/21/21 refers]**

- 5.1 Professor Turner spoke to his report, which updated on blood safety issues within the Scottish National Blood Transfusion Service (SNBTS). Members discussed the fatal incident resulting from an unexpected pre-transplant medicine interaction in detail. Members were given assurances that this incident had been unavoidable in the circumstances and all required reporting had been done through every appropriate channel and a deferral between the treatments in question had been introduced. Members noted that, at the time, there had been no contra-indication identified and acknowledged the challenges in covering all eventualities but were assured that the reporting mechanisms used would highlight the additional steps that needed to be introduced to all appropriate bodies. Members discussed the importance, in an incident of this magnitude, of having the communication and co-ordination in place to allow visibility of who did what, and when. Professor Turner assured

Members that the incident had been responded to promptly and all three mutually responsible organisations had been notified. As NSS was not the lead organisation, its involvement was to engage and liaise appropriately with the other organisations, which had happened with all appropriate steps being taken. Dr Ramsay also confirmed that she was comfortable that all possible steps had been taken appropriately, and promptly. Members also briefly discussed the confidentiality issues involved and how to manage them.

- 5.2 Members were also updated on the implementation of the recommendations based on the work of FAIR (For the Assessment of Individual Risk) on 14 June 2021 to coincide with World Donor Day. Invitations for donations on 14 June 2021 had been issued and Members noted that all donations were now by appointment to minimise lost donations. SNBTS was mindful of the potential impact on donations posed by the additional questions being asked (e.g. people not comfortable answering, possible slight increase in deferrals) but this was being managed ahead of the appointments as far as possible through the web-portal. Members asked about the impact on staff and were advised that, while SNBTS had not surveyed staff, they were assuming a similar range of attitudes to the donors surveyed so efforts were being made to reduce the level of the questions being asked in session. Members were content with the assurances provided and thanked Professor Turner for his comprehensive report.

## **6. INFECTION PREVENTION AND CONTROL (IPC)ANNUAL REPORT [Paper CG/21/35 refers]**

- 6.1 Professor Reilly spoke to the report, which described the delivery of the Infection Prevention and Control Service (IPCS) within SNBTS and wider NSS during 2020-21. Members were assured that NSS's monitoring scores exceeded the national targets. There were no exceptions to report, with high levels of hygiene compliance and this had been borne out by walk-arounds. In respect of mandatory training, NSS had achieved 98% completion among clinical staff. Cleaning monitoring audits also evidenced a high standard being maintained. Professor Reilly wished to acknowledge the support of Ms Hayley Kane, Infection Prevention and Control Manager, for the additional COVID-19 work. Members received an overview of the response to cases amongst NSS staff and were assured that these cases had been imported from the community and had not impacted on patients and donors. Members were pleased to note that policy requirements had been met for 2020/21.
- 6.2 Members asked about COVID-19 vaccination uptake and were advised that this had not been included as it was more of an Occupational Health issue but Dr Ramsay and Professor Reilly could confirm that uptake among Clinical staff was high. Members expressed their appreciation for the work that had gone into the report but requested that the title was changed to simply show it as an NSS report since SNBTS was part of NSS. Members asked whether there were any areas for improvement. They were advised that while estates management issues (mainly ventilation and water systems) were managed proactively and reported through OHSAC, their visibility at this level could be better. Members were also advised that there had been a glitch where IPC mandatory training had not been allocated to some staff who needed it but managers were working

to address this. Going back to the estates issues, there was an annual work plan for water and ventilation, along with mechanisms to identify any potential infections to pick up in the annual report, and this would be reflected in future reports. Members sought assurances around any delays in IPC work due to COVID, and were advised that any issues identified were prioritised relative to the risk and safety implications. Following these discussions, Members were content to approve the report.

## **7. DUTY OF CANDOUR ANNUAL REPORT [Paper CG/21/25 refers]**

- 7.1 Members considered the report, which aimed to provide assurance of appropriate governance around Duty of Candour events and compliance with regulations for the period 1 April 2020 and 31 March 2021. Members discussed expanding the scope to screening services and linking it to adverse events report. They also acknowledged the complexities in applying Duty of Candour in preventative measures like screening. Members could be assured that the number of incidents triggering the Duty of Candour process was small as a proportion of overall interactions. Members wished to commend staff for their work on this and were content to approve the report.

## **8. RESEARCH GOVERNANCE ANNUAL REPORT [Paper CG/21/26 refers]**

- 8.1 Members discussed the content of the report, which updated on research activities in which NSS had been involved during 2020-21, and were impressed at the level of activity despite the pandemic. Dr Stirling gave Members an overview of the move to integrate with the overall UK framework and highlighted that the next annual report would look different.

## **9. MEDICAL DIRECTOR'S UPDATE [Paper CG/21/27 refers]**

- 9.1 Dr Ramsay spoke to her report, which provided an update on clinically-related areas of NSS strategic/enabling activity and on relevant aspects of business as usual areas from a clinical perspective. Particular highlights were:
  - The work on NHS Assure had been mainly handed over. ready for launch in June 2021;
  - The Screening Oversight Board had been successfully established and now moved on to supporting the remobilisation work;
  - Dental governance continued its development;
  - Work was underway on the Cancer Network following formal receipt of the commission;
  - Dr Tucker had taken up post as Deputy Medical Director;
  - NSS's winter planning was underway;
  - The work in clinical safety assessment was well underway and was hoped to become routine in future.



- 74% of clinical and patient-facing staff had received their COVID-19 vaccinations. Some had been vaccinated through their territorial Health Boards and this information was still being gathered so the overall number was probably higher;
- Work on the substantive refresh of the NSS Research and Innovation Strategy continued, as detailed in the previous agenda item.

9.2 Members were given further updates on the Cancer Network, specifically the landscape and challenges in setting it up and getting the clinical governance arrangements clarified. In respect of NHS Assure, Members were given an overview of the route to maturity and final handover through the service design work throughout year one. Members discussed the work on research and innovations, and taking the lessons learned from COVID-19 so that implementation could be quicker. They received an overview of the impact the SCOTCAP and Cytosponge work had. Members were assured that NSS was getting the leadership and governance in place to have a very clear work plan for the innovations being taken forward for Scotland-wide adoption. COVID-19 had provided unique opportunity for consensus and NSS would be capitalising on that going forward. Members thanked Dr Ramsay for her report.

## **10. ADVERSE EVENTS AND COMPLAINTS [Paper CG/21/28 refers]**

10.1 There had been one external National Category 1 clinical adverse event and four external National Category 2 clinical adverse events reported, all by PCF. None of the adverse events reported had activated the organisational Duty of Candour procedure. The report also provided assurance that all appropriate mitigations were in place. Following a brief discussion, Members advised they were content with the report, commending the diligence and work behind it.

## **11. CLINICAL RISKS [Paper CG/21/34 refers]**

11.1 Members briefly discussed the paper, which provided details of corporate clinical risks on the NSS Risk Register, together with an opportunity to review all red and new amber clinical risks and challenge actions taken. Members acknowledged the continuing theme of looking at risks versus issues and articulating it better. They were pleased to note that there were no red corporate clinical risks and the number of amber corporate clinical risks had decreased. They also received an overview of how the Clinical Directorate reviewed any red and amber risks with a primary or secondary clinical category, or that had a clinical risk flag applied on the NSS Risk Register as part of their weekly and monthly meetings. Members confirmed that these updates provided the necessary assurance that clinical risks were being managed and mitigated appropriately.

## **12. PAPERS FOR INFORMATION**

12.1 Members noted the following papers, which had been provided for information only:

- NSS Clinical Governance Committee Forward Programme [paper **CG/21/27** refers];
- SNBTS Response to the Chief Nursing Officer's Letter DL(2021)9 [paper **CG/21/28** refers].

## **13. ANY OTHER BUSINESS**

13.1 Members reflected that everything on the agenda had aligned with continual improvement, which was positive and they hoped to see this more.

There being no further business, the meeting closed at 1232hrs.

# Minutes (Approved)

B/21/33

## NHS NATIONAL SERVICES SCOTLAND (NSS)

### MINUTES OF STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY, 23 FEBRUARY 2021 HELD VIA TEAMS, COMMENCING 1330HRS

**Present:** Mr John Deffenbaugh, Non-Executive Director [Chair]  
 Ms Lisa Blackett, Non-Executive Director  
 Mr Tam Hiddleston, UNISON  
 Professor Arturo Langa, Non-Executive Director  
 Mr Gerry McAteer, UNISON  
 Mr Mark McDavid, Non-Executive Director  
 Mr Keith Redpath, NSS Chair

**In Attendance:** Mrs Jacqui Jones, Director of HR & Workforce Development  
 Ms Louise MacLennan  
 Ms Jayne-Marie McIntyre  
 Ms Sarah Moffat  
 Mrs Mary Morgan, Director of Strategy, Performance and Service Transformation  
 Professor Jacqui Reilly, Director of Nursing  
 Ms Aileen Stewart, Associate Director of HR  
 Mrs Lynsey Bailey, Committee Secretary

**Apologies:** Mr Ian Cant, Employee Director  
 Mrs Susan Cook, UNISON  
 Ms Suzanne Milliken, Union Representative  
 Mr Colin Sinclair, Chief Executive

## ACTION

### 1. WELCOME AND INTRODUCTION

- 1.1 Mr Deffenbaugh welcomed all to the meeting, in particular to Ms Blackett and Professor Langa who were attending their first meeting as full members. Apologies were noted as above. Members were asked to declare any interests in the context of the agenda items to be considered but no interests were declared.

### 2. MINUTES AND MATTERS ARISING FROM NSS STAFF GOVERNANCE COMMITTEE ON 19 NOVEMBER 2020 [papers SG/21/02 & SG/21/03 refer]

- 2.1 Following a brief discussion, and subject to minor corrections to paper references, Members approved the minutes of the meeting held on 19 November 2020 as a true and fair record.
- 2.2 Members noted that all actions were either completed, covered by the agenda, or being taken forward outside of the meeting. Members asked about staff uptake of the COVID-19 vaccine. Members were advised that only identified priority groups of staff were being offered the vaccine through in-house clinics but were assured uptake among these groups had been higher than anticipated and, in some areas, was over 90%. Members felt it helped that the COVID-19 vaccine programme was clearly focussed on protecting the vulnerable.

### 3. NSS PARTNERSHIP FORUM UPDATE

- 3.1 Mrs Morgan updated Members on the work of the NSS Partnership Forum since the previous NSS Staff Committee meeting. The main discussions had been

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Chair  
 Chief Executive

Keith Redpath  
 Colin Sinclair

**ACTION**

around the vaccination programme and the COVID-19 lessons learned in respect of new ways of working. Members were given a high-level overview of the likely hybrid model being proposed but noted that this was subject to confirmation of the national level guidelines. Members discussed potential timelines for returning to normal office working and acknowledged this would also be contingent on national guidelines and the Scottish Government's roadmap out of lockdown.

**4. NATIONAL CONTACT TRACING CENTRE (NCTC) UPDATE**

- 4.1 Members received a presentation which provided an overview of how HR had responded to the request for the establishment of the NCTC. It covered the work on recruitment, collaboration with colleagues from across many SBUs, development of the services, and the proposed next steps. Members discussed the basis on which NCTC staff had been contracted and the numbers of fixed-term and bank staff. They also received an overview of how the national contract tracing service aligned with local contact tracing infrastructure. Members recognised the huge scale of this work and how well everyone involved had worked together. Members were keen that some work was done to look at the detail of staff turnover and establish whether further improvements could be made. Members commended a job well done, recognising the team effort involved, and were pleased to note that it had provided some useful lessons learned for the future. Members requested a more detailed spotlight session on this at a future meeting. Mrs Bailey and Mrs Jones agreed to look at the forward programme and schedule it in. **ACTION: Mrs Bailey and Mrs Jones to schedule a spotlight session on the National Contract Tracing Centre at a future meeting.**

**L Bailey/  
J Jones**

**5. PEOPLE REPORT [paper SG/21/04 refers]**

- 5.1 Members were pleased to note that NSS remained in a positive position. They recognised that this was still a work in progress and a number of issues required closer monitoring. These were the number of incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), the sickness absence rate in Procurement, Commissioning and Facilities, appraisal and objective completion rates, and the Statutory and Mandatory Training figures. A major contributory factor to these issues was the number of new employees into NSS, and conversations were taking place at EMT and with SBU Directors to address that. HR also continued to support Strategic Business Units to make any necessary improvements. In respect of appraisals, Members were given an overview of the technical issues which were contributing to the challenges in recording them but were assured there were plans to address them. Members also discussed highlighting employees' individual responsibility for ensuring their appraisal took place and was appropriately recorded.
- 5.2 Members discussed the work on the new ways of working and how to monitor the well-being of staff working at home. NSS was receiving a range of feedback on how staff felt about working from home and there was some engagement with staff that needed to take place to establish more detail (e.g. there had been some reduction in sickness absence, but it was not entirely clear why). Members noted the recruitment and turnover figures and were keen for clarification on the impact of the NCTC on the figures. Members noted that exit interviews for NCTC staff were being established which would help to inform future strategies. Going back to the key issues mentioned at the beginning of the discussion, Members were assured that NSS had an active Occupational Health and Safety Advisory Committee which was monitoring the RIDDORS, the mandatory and statutory training position was improving and being monitored, and sickness absence rates were also improving. The COVID-19 response year should be a resetting year and Members recognised that there would be associated harms which had yet to be identified. There was also a need to also understand and establish what would be considered as "normal" and acceptable in a post-pandemic situation. Members thanked Mrs Jones for her

**ACTION**

update. NSS was doing well in the current circumstances and Members were pleased to note the number of lessons learned being identified and taken forward.

**6. NSS STAFF RISKS – RED AND AMBER [paper SG/21/05 refers]**

- 6.1 Members discussed the report and particularly noted the amber risks highlighted regarding the health and well-being of staff working from home, the impact of leaving the EU on NSS's non-EU workforce, and the limited opportunities to redeploy technical and specialist staff. Members discussed the proportionality of risk and getting the balance between highlighting something for awareness and having clarity about any actions which could or should be taken by the Committee. Members recognised that there had been a move towards looking more at strategic risks but there was also a need for understanding risks more generally and continuing to challenge. Mr Deffenbaugh suggested it may be worth having a discussion at a later date on the potential "vaccination passport" which had been proposed and what NSS's response would be if it were enacted.

**7. WHISTLEBLOWING UPDATE [papers SG/21/06 and SG/21/06a refers]**

- 7.1 Members noted that the National Whistleblowing Standards had a new process and procedure for handling whistleblowing concerns raised by staff and others delivering NHS Services. Professor Reilly spoke to the paper, which provided an update on NSS's plans for implementation for approval, which included a proposal for communications and staff training needs. The key issue for discussion related to the requirement that any organisation delivering NHS services, whether it is a private company, a third sector organisation or a primary care provider, has the same requirement to ensure access to a procedure in line with these Standards. Members noted that while it was not clear to what extent NSS was required to ensure these were in place for all its suppliers, NSS would aim to ensure all those in scope were at least aware of NSS's policy and process and know who to contact to raise a concern. The communication plans took account of this scope and could be adapted to meet any additional need. Members agreed that the response to this needed to be proportionate to the size of the risk and recognised that, for third party suppliers, it would be hard to monitor completely. NSS would also not be expected to investigate in all cases, but there needed to be some mechanism for ensuring NSS was notified of issues raised involving suppliers in order to consider whether further action was necessary. Consideration had been given to creating an entry for this on the risk register but, since the risk was low and the mitigations in place were appropriate, Members were content with the proposals for how assurances would be provided to the Board. Members were content to note and approve the paper, thanking all involved for the significant work which had gone into it.

**8. EQUALITY AND DIVERSITY UPDATE [paper SG/21/07 refers]**

- 8.1 Members were advised that key staff involved in the equality and diversity work had been diverted to COVID-19 response work but there had been no extension granted in relation to publication of the statutory reports. Ms MacLennan provided an overview of the ongoing work to gather the required information and publish reports and assured Members that the deadlines would be met. Members were also updated on the progress in embedding the Equality and Fairer Scotland Duty Impact Assessment process, and ensuring the clarity was being provided regarding the responsibilities and legal requirements. Members also noted the national activity being driven by Scottish Government on race equality and how NSS was responding to that. Members asked about NSS's position on trans issues and were assured that NSS was well engaged and would have an appropriate position or response if asked. Members confirmed they were content with the update and fully supported the work being done.

**ACTION****9. GREAT PLACE TO WORK PLAN UPDATE**

- 9.1 Ms Stewart spoke to her presentation which provided an update on NSS's 2020/21 Great Place to Work plan. Members were pleased to note the good progress achieved, in particular that a number of the plan's deliverables had been achieved despite the challenges of responding to the pandemic. Members were advised that the plan for 2021/22 should continue to maintain and improve on all strands with particular attention to Stands 3 and 4 of the Staff Governance Standard (i.e. "treats all employees with dignity and respect", and "provide staff with a continuously improving and safe working environment"). This would include the Workforce Vision on ways of working for the future, a focus on wellbeing (which extended to financial and digital wellbeing), and delivering Equality and Inclusion outcomes. Members thanked Ms Stewart for her presentation.

**10. DRAFT TERMS OF REFERENCE [paper SG/21/08 refers]**

- 10.1 Members considered the draft Terms of Reference and were broadly content with them. Following a brief discussion, it was agreed to consider how to make the link with the NSS Partnership Forum more explicit in the wording. **ACTION: Mrs Bailey and Ms Stewart to look at how to highlight links with the NSS Partnership Forum in the final draft of the SGC Terms of Reference.**

**L Bailey/  
A Stewart**

**11. DRAFT ANNUAL REPORT [paper SG/21/09 refers]**

- 11.1 Members briefly discussed the initial draft of the Committee's annual report to the Board and had no feedback on the content at this time. Members were invited to get back to Mrs Bailey with any other feedback that might arise ahead of the next meeting

**12. OTHER COMMITTEE ISSUES**

- 12.1 Members were updated on discussions at the recent Remuneration and Succession Planning Committee (RSPC). The main highlight had been a presentation from Mrs Jones on leadership capability. Other highlights were the agreement to review the Standing Orders in relation to vacancies over £75,000, the conversation on Project Lift, and discussions about the Executive Level Appraisals. On a more general note, Members were pleased to note that Mr Cant had been re-elected as Employee Director for another four year term which had been confirmed by the Scottish Government's Public Appointment Unit.

**13. ITEMS FOR THE BOARD COMMITTEE HIGHLIGHTS REPORT [paper SG/21/10 refers]**

- 13.1 Members agreed the following for inclusion in the Committee's Highlights Report to the Board:

**Issues and Risks for the Board's Attention:**

- Discussion on whistleblowing and proportionality of the response to requirements relating to suppliers;
- The need to reflect on the potential vaccine passport – namely the associated issues and risks, and planning the organisational response.

**Emerging Themes:**

- Lessons learned emerging and being taken forward e.g. contract tracing and sickness absence;
- Good assurance that people issues were being addressed by the Executive Management Team.

**Governance improvements:**

- Corporate consideration of risk to NSS and function of risk reports

**ACTION****14. ANY OTHER BUSINESS**

- 14.1 Professor Langa asked whether whistleblowing reporting could be incorporated into People Report in future. It was agreed that consideration would be given as to how this could be done.

**15. REVIEW OF MEETING**

- 15.1 Members felt it had been a very positive meeting. They discussed summaries of papers, agreeing that some papers had done this well, and were keen to try and standardise it across all papers. In terms of meeting etiquette, it was suggested asking for contributors to only have their cameras on while speaking could potentially feel exclusionary to some people, and was perhaps not as necessary for preserving bandwidth as previously thought. Members also discussed the requirement for all presenters to attend for the whole meeting and how to ensure this did not create undue pressure or stress, especially during the pandemic response period. Members noted that continuing to hold meetings in this virtual form would need to be carefully monitored. Under the current restrictions there was no other option, but Members agreed that it was becoming too easy to move from meeting to meeting without taking adequate breaks and were mindful of the negative impact this could have.

**16. DATE OF NEXT MEETING**

- 16.1 Members noted the next meeting was scheduled for Thursday, 13 May 2021 at 0930hrs.

There being no further business, the meeting finished at 1702hrs.

# Minutes (Draft)

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## NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

### MINUTES OF MEETING HELD ON THURSDAY 13 MAY 2021 VIA TEAMs DIGITAL PLATFORM AT 1400 HRS

**B/21/34**

#### Present:

Mr John Deffenbaugh – Non-Executive Director and Committee Chair  
Ms Lisa Blackett – Non-Executive Director  
Mr Ian Cant – Non-Executive Director  
Mrs Susan Cook – Trade Union Representative  
Mr Gordon Greenhill – Non-Executive Director  
Mr Tam Hiddleston – Trade Union Representative  
Professor Arturo Langa – Non-Executive Director  
Mr Gerry McAteer – Trade Union Representative  
Mr Mark McDavid – Non-Executive Director  
Mrs Suzanne Milliken – Trade Union Representative  
Mr Keith Redpath – NSS Chair

#### In Attendance:

Mr Gordon Bruce – Operations Manager, Customer Experience (item 7)  
Mrs Louise MacLennan – Head of Equality and Engagement (Item 10)  
Ms Sarah Moffat – Head of People Solutions and Experience (for Item 7)  
Mrs Mary Morgan – Chief Executive  
Ms Aileen Stewart – Associate Director of HR [deputising for Mrs Jones]  
Mrs Lynsey Bailey – Committee Secretary [Minutes]

#### Apologies:

Mrs Jacqui Jones – Director of HR and Workforce Development

## 1. WELCOME AND INTRODUCTIONS

- 1.1 Mr Deffenbaugh welcomed all to the meeting, which was being held virtually via the TEAMs platform, noting the apologies as recorded above.
- 1.2 Before starting the formal business of the meeting, Mr Deffenbaugh asked Members if they had any interests to declare in the context of the items on the agenda. No interests were declared.



Chair  
Chief Executive

Keith Redpath  
Mary Morgan

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.



**2. MINUTES AND MATTERS ARISING [Papers SG/21/13 and SG/21/14 refer]**

- 2.1 Members noted the minutes from 23 February 2021 and, following a brief discussion, approved them in full. Members noted that all actions were either completed, covered by the agenda, or programmed in for a future meeting.

**3. NSS STAFF GOVERNANCE COMMITTEE ANNUAL REPORT TO THE BOARD [Paper SG/21/15 refers]**

- 3.1 Members discussed the final draft of the report and suggested that it might be helpful to include some assurance around the measures put in place to support staff during the pandemic. The also suggested that it could also be good to strengthen the content around the whistleblowing standards. Mr Deffenbaugh and Mr Redpath agreed to work on this outwith the meeting.

**Action: J Deffenbaugh and K Redpath the report and consider what additional information could be added on the impact of COVID-19.**

**4. NSS STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE [Paper SG/21/16 refers]**

- 4.1 Mr Redpath advised that he had plans for standardising Terms of Reference across all of the Committees. Members discussed the requirements for a quorum and felt that, now there were more Trade Union representatives, there should also be a balance in the quorum requirements. It was agreed that it should be two Non-Executives and two Trade Union representatives. Following a brief discussion it was also agreed for balance, that the proposed Vice-Chair appointment should be a Trade Union representative.

**Action: K Redpath to meet with J Jones and J Deffenbaugh to discuss updates to the Terms of Reference and bring back a finalised version for approval at a later date.**

**5. GREAT PLACE TO WORK PLAN [Paper SG/21/17 refers]**

- 5.1 Ms Stewart briefly summarised the background of the updated Great Place to Work Plan, which took the outcomes of the Everyone Matters survey results into consideration. Both wellbeing, and dignity and respect had been identified as key areas for focus from the survey results. For context, it was highlighted that a full iMatter survey would be coming later in the year, and the Future Ready work would also be taken forward. Members were also assured that the plan as presented had been endorsed by the NSS Partnership Forum. Members recognised that it had been a very challenging year and NSS had been in a learning situation about how to work differently – the proof would be in how that learning was taken forward. The iMatter Survey would also be very important for getting insight into how well staff had been supported through the pandemic and the impact of the changes that had been implemented. Members asked about timescales for the gap analysis on wellbeing and what could be expected from it. They were advised that the scope was being expanded beyond Occupational Health to take account of wider factors such as social, financial, and digital wellbeing in order to see what more could be done.

- 5.2 Members were keen to minimise any risk of normalising the “crisis mode” hours that some staff had worked during the last year. They were assured that the Future Ready work would look to find a sustainable, flexible way of working that met business needs while allowing staff the time they needed for themselves, striking an appropriate balance between corporate support and individuals taking personal responsibility. HR would also be looking at the Future Ready work in terms of managers and senior staff to see how different managers’ experiences had been. In terms of benchmarking against similar organisations, NSS had performed well and engagement was high. There were some concerns but these were mainly around the pace of change necessitated by the circumstances. The Everyone Matters survey had been done before the major recruitment for the National Contact Centre (NCC), so returns on future survey responses may need to be adjusted as the bank staff from the NCC would now be counted but they may not see themselves as needing to respond. Following a brief discussion, re-iterating the rationale behind the key areas chosen for focus, Members confirmed they were content to approve the plan.

## **6. PARTNERSHIP FORUM UPDATE**

- 6.1 NSS’s Partnership Forum remained a dynamic meeting place but the current main area of focus was the Future Ready programme. Members were assured that NSS worked well in partnership with the trade unions and there were no great areas of contention, as any areas of disagreement were worked through. All the papers presented at this meeting had been through both the Partnership Forum and EMT. This last year of remote working for the majority of staff had made it difficult for the Partnership Forum to have the extent of visibility they usually had at an individual level but the overall feeling was that, in the main, NSS was a great place to work.

## **7. SPOTLIGHT SESSION: NATIONAL CONTACT CENTRE (NCC)**

- 7.1 Members received a presentation providing an overview of everything behind the setting up and running of the NCC - the challenges, how these were responded to, the lessons learned and the successes. Members felt it was helpful to see it in detail and expressed their gratitude to the team for all the work involved. There were still some challenges but staff were meeting them admirably. One thing that could be better was that, due to the pace of the work, more could be done to integrate NCC staff into NSS/NHSSScotland but that was a piece of learning to take forward. Members commended the establishment of the NCC as an astounding piece of work and a good example of what could be achieved in partnership. They agreed that it was important to take the time to make the staff feel part of the organisation and noted work was being done to build this more into the induction programme and on-boarding. Members were impressed by the Tracespace wellbeing hub and were pleased to hear it was well used. Members noted the work of the NCC had expanded from solely contact tracing to providing helpline services for vaccinations etc. and acknowledged the importance of this with regard to the possibilities beyond the pandemic.
- 7.2 Going back to Tracespace, Members felt this was an example of an NCC development which could be used to highlight that integration was about sharing best practice for the benefit of all. Members asked whether NCC staff would remain as home workers or if there might be an office base in future. They were advised there was that flexibility within the fixed-term contracts but consideration was being given to what the organisation structure would be going forward and what the ask on the

staff would be. HR recognised that there was a risk that the NCC would lose staff as the economy opened up but this was being managed. Working from home (at least for the majority of the time) was likely to be the default position but this was something that would need to be considered going forward. Members discussed plans for gathering staff feedback and were advised there would be a balance of inclusion in the wider NSS work going forward with continuing the town hall sessions. They also noted that the very nature of how NCC was set-up meant Teams had been vital and effective as a channel for informal feedback.

## **8. PEOPLE REPORT [Paper SG/21/18 refers]**

- 8.1 Members were pleased to note the positive highlights in the paper – sickness absence had significantly come down and there had been a 39% reduction of staff on redeployment. The recruitment team had delivered a considerable amount of work and the vaccination and testing processes had been successful. The new whistleblowing standards had been implemented, with everything on track and no issues raised so far – NSS had engaged with its suppliers and the updated training course was in place and would be rolled out over the coming year. However, there were some areas for concern. Firstly there was the number of incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), which was the highest that NSS had ever had so a deep dive was being undertaken and would be considered in full. Another concern was around performance management and HR recognised the need to put effort into the support needed around objective setting and appraisals, and the statutory and mandatory training. Members noted that work was ongoing with the Communications team to convey the content of this report to staff.
- 8.2 Members expressed concerns about the number of RIDDORS and were assured that NSS's Occupational Health and Safety Advisory Committee (OHSAC) had commissioned investigations into this to bring back firm evidence for identification of appropriate mitigating actions. The EMTs concerns around the RIDDORS had been made clear and the priority was to ensure that NSS was not in this position again. There did seem to be a large component of human behaviour and Members highlighted the need to consider what could be done about that in order to avoid replication of previous issues. Members also acknowledged that while the sickness absence figures looked favourable on paper, there was a need to ensure that staff were not working while sick simply because they were able to work from home. Members felt it was important that this was also considered as part of the Future Ready work. Members discussed the consultation on the Working from/at Home policy and emphasised the importance of NSS responding to that as the initial engagement took place pre-pandemic and the world had changed. Members were keen to ensure this policy enabled progress in the Future Ready work and did not inadvertently create barriers. Members sought clarification about turnover figures and were assured that NSS was not overly high in general although spikes could occur in specific areas due to demographics (retirements etc). Members also received an overview of the work being done to improve the exit interview process.
- 8.3 Members discussed the appraisals figure, noting that a contributory factor was timing. Significant numbers of new staff (e.g. NCC) would not have had a chance to have theirs yet. With staff working from home as well, it was important to establish whether the conversations were taking place but not being recorded or not happening due to work pressures etc. Members acknowledged that TURAS was a minimum viable product so there were issues (delays in updating data, no automatic notification of

managers etc,) as its ongoing development was not prioritised. Members also received a brief overview of the support in place for staff struggling with isolation and the changes to redeployment. Going back to the number of RIDDORS, it was noted that in the National Distribution Centre RIDDORS have always been higher but Members were now concerned. They asked for an action plan and timeline and were told that this would come out of the upcoming OHSAC meeting. Mr Redpath asked for a report to the Board meeting on 25 June 2021 about RIDDORS.

**Action: HR to provide a report on RIDDORS to the 25 June 2021 Board Meeting.**

- 8.4 In respect of the Turas issues, Members were reminded that NSS was mandated to use it but there was meeting scheduled soon to look at how some recent improvements introduced could be used. Members discussion linking appraisal to pay progression but were advised that the systems did not allow for that – that was supposed to be through the Knowledge and Skills Framework and linking the Cost of Living increase to appraisals would not be appropriate. Members agreed that the upheaval of the last year would not be obvious from the report – in general, NSS's position was really positive and that was down to the great response from staff, who should be thanked for that. Members also asked for a written update on the work done by the Whistleblowing implementation group and updates on the action plan to address priority contractors.

**Action: HR to provide a written update on the work of the Whistleblowing Implementation Group**

## **9 STAFF RISKS [Paper SG/21/19 refers]**

- 9.1 Members discussed the paper and were pleased to note that two risks had been closed as all the mitigations identified had been put in place. Members were advised that there was a newly raised risk on DSE assessment, which was currently being reviewed, and the risk relating to EU Settlement was also being reviewed. There were no red or amber risks open on the register at this time. Members noted that RIDDORS would be addressed through OHSAC's work but suggested it could be worth considering whether something should be added on TURAS and appraisals.

## **10 EQUALITIES REPORTING: PAY GAP [Paper SG/21/20 refers]**

- 10.1 Members were advised that this report, which focussed on gender, ethnicity and disability pay gap information relating to the NSS workforce, had already been published due to legislative requirements. Across all the characteristics, the key factor behind any pay gaps that existed was length of services and pay-point. The transfer of staff to Public Health Scotland also had an impact. However, NSS was reporting a positive position – especially in relation to the gender, ethnicity and disability. What needed to be made clear was that any pay gap was not the result of anything NSS has directly done, but from the application of the pay system and process. Members briefly discussed the need to find a way of minimising the impact of taking time off to care for children or elderly parents, as this tended to be done predominantly by female staff. They expressed a hope that the Future Ready work would remove some barriers for people returning to work and help staff progress in their career more easily. Members discussed how Agenda for Change was managed on the basis of equal pay for work of equal value and this had been demonstrated to be robust. The Executive and Senior Manager, Dental, and Medical staff pay scales were also equally as robust. Increments had also been adjusted to reduce the risk of

gaps based on length of service. Staff changing from part-time to full-time or vice-versa could be a challenge at times and more could be done to address the factors in that which were within NSS's control. Members recognised that this could be potential indirect discrimination as it was more likely that female staff would change their hours this way. Members were advised that going to funded establishment should help to address this issue but sometimes, when there is a part-time staff member looking to increase their hours, it was about whether there was a vacancy in that space that needed to be filled.

## **11 EQUALITIES REPORTING: EQUALITIES OUTCOMES [Paper SG/21/21refers]**

- 11.1 Ms MacLennan spoke to the highlights of the report, which updated on progress with equalities and inclusion and provided a high-level summary of the key activities in this area. Members discussed a possible correction regarding the recruitment of the new Non-Executives but Mrs MacLennan clarified that this referred to those recruited through NSS's process, whilst Professor Langa had been appointed through a different process. Members commended the report and it was hoped people would see the outcomes were woven into the Great Place to Work Plan. Members recalled a previous presentation around disabled employee experiences and were pleased to note the review of how well the Reasonable Adjustment Passport had worked. New ways of working brought in during the pandemic had been of help to staff with a wide variety of conditions (e.g. neurodiverse staff not having to use crowded public transport at peak times). Staff now seemed to be more willing to declare any disabilities they had but this tended to come mostly from new starts, which was also contributing to the pay gap as described before. Members discussed benchmarking NSS against other boards and were advised that this had not been done yet. However, Mrs MacLennan assured Members that she would be looking at other Board's reports as they were published. It was likely that the other National Boards's reports would be similar though as they were subject to the same structure and processes. Based on the discussions, Members confirmed that they were content to approve the report.

## **12 FORWARD PROGRAMME [Paper SG/21/22 refers]**

- 12.1 Members noted the current draft of the Forward Programme and were reminded to contact Board Services at any time if they had any updates for it.

## **13. ANY OTHER BUSINESS**

- 13.1 Members noted that trade unions had generally accepted the recent pay award offer although two unions had rejected it and were entering into their own negotiations. However, all unions were awaiting the Cabinet Secretary appointment before any agreement could formally be signed off.

## **14. MEETING REVIEW**

- 14.1 Members felt the meeting had been positive with good challenge.

There being no further business, the meeting closed at 1243hrs.

# Minutes (APPROVED)

B/21/35

## NHS NATIONAL SERVICES SCOTLAND (NSS)

### MINUTES OF THE NSS AUDIT AND RISK COMMITTEE MEETING HELD ON 02 MARCH 2021 COMMENCING AT 0930 HRS

**Present:** Ms Julie Burgess, Non-Executive Committee (Chair)  
 Ms Lisa Blackett, Non-Executive Director  
 Mr John Deffenbaugh, Non-Executive Director  
 Mr Gordon Greenhill, Non-Executive Director  
 Professor Arturo Langa, Non-Executive Director  
 Mrs Alison Rooney, Non-Executive Director

**In Attendance:** Ms Rachel Browne, External Auditor, Audit Scotland  
 Mr Lee Dobbing, Service Auditor – KPMG  
 Ms Inire Evong, External Auditor – Audit Scotland  
 Ms Laura Howard, Associate Director - Finance Operations  
 Mrs Carolyn Low, Director of Finance  
 Mr James Lucas, Internal Auditor - KPMG  
 Mrs Eilidh McLaughlin, Associate Director of Information Security and Governance [Items 14 & 15]  
 Mr Deryck Mitchelson, Director of Digital and Security  
 Mrs Mary Morgan, Director of Strategy, Performance, and Service Transformation  
 Mr Matthew Neilson, Associate Director  
 Dr Lorna Ramsay, NSS Medical Director and Caldicott Guardian [Items 14 & 15]  
 Ms Trish Ruddy, NSS Privacy Advisor [Item 15]  
 Mr Neil Thomas

**Apologies** Mr Colin Sinclair, NSS Chief Executive

## ACTION

### 1. WELCOME, APOLOGIES AND IN ATTENDANCE

- 1.1 Ms Burgess welcomed everyone to the meeting, noting the apologies and those in attendance. Before starting the formal business of the meeting, Ms Burgess asked Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

### 2. DRAFT MINUTES OF THE NSS AUDIT AND RISK COMMITTEE [ARC] MEETINGS HELD ON 2 DECEMBER 2020 [paper AR/21/02 refers]

- 2.1 Members considered the minutes of the previous meeting held on 2 December 2020 and, subject to correction of some minor typographical errors, were content to approve as a correct record. **Action: Mrs Bailey to correct the minor typographical errors identified.** L Bailey

### 3. MATTERS ARISING [paper AR/21/03 refers]

- 3.1 Members noted the updates provided which showed that that the vast majority of the actions were completed, covered by the other items on agenda, or scheduled for discussion at the Board. Ms Burgess confirmed that she had received Counter Fraud Training, and Ms Howard and Professor Langa were arranging a time to discuss the linking of the Counter Fraud and Whistleblowing policies.



#### Headquarters

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 EDINBURGH EH12 9EB

Chair: Mr Keith Redpath  
 Chief Executive: Mr Colin Sinclair

**ACTION****4. INTERNAL AUDIT STATUS REPORT [paper AR/21/04 refers]**

- 4.1 Mr Lucas spoke to the paper which provided a summary of progress against the internal audit plan. Members noted those audits which had been re-prioritised and moved to 2021-22 Draft Plan, and were assured that those which had not been moved were on track to be completed by the year-end point.

**5. COMPLETED INTERNAL AUDIT: CAPITAL PLANNING [paper AR/21/06 refers]**

- 5.1 Members discussed the findings in the report on the Capital Planning internal audit. They were pleased to note that the report was positive overall. The audit had identified some changes that would need to be made but these were already being addressed. Members sought clarity on the first recommendation regarding involvement of Finance at an early stage of a project. They were assured that this was about achieving consistency and a more proactive approach, as for lower value/routine projects, it tends not to happen until a later stage. Mr Lucas agreed to look at the wording and try to make that clearer.

**Action: Mr Lucas to consider re-wording Recommendation 1 for clarity.**

**J Lucas**

**6. DRAFT INTERNAL AUDIT PLAN [paper AR/21/07 refers]**

- 6.1 Members noted the updates provided on the progress in developing the Draft Internal Audit Plan for 2021/22, acknowledging that the number of days had been reduced and there were still feedback from the Executive Teams to be incorporated. In considering whether there were any gaps in the plan, Members felt that having an audit of the whistleblowing standards implementation would be useful. However, they recognised it might be best to leave that for the 2022-23 financial year as the guidance had only just recently been published. Members asked whether the timing of the strategic objective audit was still appropriate given the upcoming change of Chief Executive. Mrs Morgan confirmed that she was content with the timing as it would be a key audit for future planning. Members also noted that the timeline of the audit relating to third party supplier management was already being changed due to an overlap in scope with an external audit. Members were pleased to see an audit on staff wellbeing planned in the first quarter of 2021/22 but sought clarity on the comment about productivity levels. Mr Lucas advised that was a general comment based on anecdotal evidence from across all KPMG's clients so was not specific, and may well not be applicable, to NSS.

- 6.2 In terms of leadership and essential line management Members were keen to see benchmarking of NSS against similar organisations if possible. Going back to the audit of the strategic objectives, Members received an overview of the approach that would be taken. They were also advised that the audit of COVID-19 services was noted as a placeholder in anticipation of the potential need to respond to future public inquiries. In considering the number of audit days, Members sought assurances that the projected number was enough. Members were keen that the audit on leadership looked at what would be needed in the new environment rather than being entirely focussed on how NSS had done during the pandemic. Members agreed that payroll services would definitely need to be audited once the new services had been established and noted that the deferral was recognition of the delay to that. Members also agreed that the timing of the audit on the new cancer resource would need to be considered as the service was still in development. Members acknowledged that this was a busy plan and would need to be carefully balanced with the business as usual work.

**ACTION****7. EXTERNAL AUDIT UPDATE [paper AR/21/08 refers]**

- 7.1 Ms Browne spoke to the update on the Draft External Audit planning process and an overview of the timelines for agreeing both the plan itself and the scope of the proposed work. Members were keen to see the planning concluded as quickly as possible and that the process also utilised the ways of working developed during the pandemic to avoid undue stress and pressure on staff. They were assured that the lessons learned from last year had been taken on board and, with remote auditing better established, the process could be managed better. It was agreed that once management had signed off on a working draft, a short, ad-hoc Audit and Risk Committee meeting could then be convened via TEAMS.

**8. COVID-19 GUIDE [paper AR/21/09 refers]**

- 8.1 Ms Grant spoke to the paper, which had been developed in response to the impact of remote auditing, and the refocusing of Audit Scotland's principles in that environment. Members discussed how to take forward some of the key considerations within the paper. To that end, Members proposed a questionnaire and holding development sessions in the run up to year-end – one on risk and one on annual accounts. **Action: Board Services to schedule development sessions.** Members recognised that COVID-19 related risks would be a factor at least in the medium term, and that elements of the pandemic response would be subject to audits for years to come but, of those, Personal Protective Equipment (PPE) was the most pressing. Members also acknowledged that this was about using resources based on risk and having assurance that the processes were picking up areas which were not immediately reported to this Committee. However, Members felt assured that they had positive answers to these questions already so a high-level stock-take was appropriate at this point.

**Board Services****9. NHS IN SCOTLAND [paper AR/21/10 refers]**

- 9.1 Members noted the paper, which was focused this year on NHSScotland's response to the Covid-19 pandemic. Members' attention was drawn in particular to the section that highlighted NSS's role in supplying PPE, as well as financial performance. Members discussed the recommendation for NSS to ensure the move back to the more usual tendering process and agreed that should be included on the forward programme for the Finance, Procurement and Performance Committee (FPPC). Members expressed concerns that it read like NSS had not been considering VFM, sustainability and quality and agreed that it did not feel like that reflected fairly on the work which had been done. Members recognised the absolute necessity for assessing the impact on staff well-being. Members also wished to commend everyone in the organisation for the high performance on the recurring savings figure. In respect of National Board Collaboration, Members were keen to get a sense of the progress made on that. Going back to PPE, Mrs Low offered to share an update presented at FPPC specifically on this, which would show that there was lots to celebrate but also lessons learned to take forward. **Action: Mrs Low to share update on PPE from the February 2021 FPPC meeting with Members.**

**Mrs Low****10. SERVICE AUDIT PLAN 2020/21 [paper AR/21/11 refers]**

- 10.1 Mr Dobbing spoke to paper, which updated on progress towards delivering the Service Audit reports for 2020/21. Members noted that the control framework for IT had now been agreed and the service audit was in an improved position in that respect. Testing was due to begin in the coming days, continuing through to the end of April 2021 and would be reported in May 2021. Members discussed the outcome of the audit and were advised that there would be a focus on communication and escalation where necessary. Exceptions which had previously been identified may change by the end of the testing period,



**ACTION**

especially since the frameworks were still being developed, so it would not be helpful to predict the final outcome ahead of testing being completed. It was important to re-iterate that service audit was a process over a year and the auditors would not have a final answer before it was complete. However, it was possible to take a “temperature check” at a given point and respond to it as necessary. Members were reassured that NSS had a close working relationship with the auditors and the understanding of how that has been developed. It was now important to ensure stakeholders understood this and use the report itself to describe the process better.

**11. INTERNAL AUDIT ACTIONS REPORT [paper AR/21/12 refers]**

- 11.1 Members noted the report which provided an overview of NSS performance against Internal Audit Actions. All actions were on track with one extension request. Members discussed the clinical waste actions and agreed that the actions regarding general clinical waste should be closed off and, due to the specific security issues involved, vaccine waste would to be managed through a separate route as part of business as usual operations. Members also agreed that complaints needed to transition to a Business As Usual position.

**12. RISK MANAGEMENT UPDATE [paper AR/21/13 refers]**

- 12.1 Mr Neilson took members through the paper, which provided details of all Red risks and any new Amber Reputational risks recorded on the NSS Risk Register as at 31 January 2021. Members discussed the Windows 7 risk and noted that it should be classified as a business risk rather than a reputational risk. Members also discussed Oracle support and received assurance it was not a “cliff-edge” situation. In respect of the risk relating to the shelf-life of pandemic stock, consideration would be given to where this best sat. Members asked whether the reporting on the corporate level Brexit risk could be drilled down into further, and were advised that the EMT had already done this and recommended that the risk be closed. Members were assured that any specific Brexit risks at Strategic Business Unit level would continue to be monitored and escalated as appropriate. Regarding the risk around unstructured/unclassified data, Members received assurances about resourcing and that more detail would be included for the next update. Members also recognised that there may be benefit to linking this with the Information Governance section of the agenda. Members discussed the issues with legacy systems in PCFS and whether any similar issues were yet to emerge. They were advised that this was being monitored but it was difficult to accurately predict due to the changes forced by COVID-19. However, it did highlight a potential issue around use of, and reliance on, legacy systems.

**13. FRAUD UPDATE [paper AR/21/14 refers]**

- 13.1 Members were pleased to note that the National Fraud initiative work was well underway and on track to be completed in line with the annual accounts. No issues were anticipated to be found. There had been no new fraud cases in the current quarter and work on the two existing cases was ongoing. Ms Howard updated on the work being done with Counter Fraud Services (CFS) on external cases relating to onward sale of PPE, as well as a number of CFS’s national programmes of work. Members were also pleased to note the high rate of compliance regarding the Fraud Awareness eLearning module, and the progress of the fraud awareness training programme.

## ACTION

**14. UPDATED AUDIT AND RISK COMMITTEE CONSITUTION AND TERMS OF REFERENCE [paper AR/21/15 refers]**

- 14.1 Members discussed the current Terms of Reference and any updates that may be required. Members agreed the final paragraph in section one should be re-worked to provide clarity on the Committee's level of authority and there should be wording to capture information governance under key duties. There were also minor formatting corrections in the section relating to meetings and membership. **Action: Mrs Bailey to update and circulate the Terms of Reference to have a final draft for approval at the next ARC meeting.**

L Bailey

**15. INFORMATION SECURITY AND GOVERNANCE UPDATE [paper AR/21/16 refers]**

- 15.1 Mrs McLaughlin spoke to her paper, which updated on key aspects of information governance and security activity since the previous report presented in December 2020. Members noted that the continued and sustained pressure on the team due to volume of work in relation to pandemic response was expected to continue for some time to come, and were assured that resourcing was being actively considered. Compliance tasks relating to business as usual work had been, by necessity, de-prioritised but assurance was given that the risk and governance implications of this were being kept under review. Members were also updated on the challenges specifically relating to Records Management and the Information Asset Register. Members were advised that the impact of these challenges had been an increase in Freedom of Information (FOI) request response time breaches due to pressures of work but were assured that some temporary solutions had been sought to assist with this.

- 15.2 Members were pleased to note that progress on the Centre of Excellence business case had been positive. Risks relating to information security and governance had also been scrutinised with the reduction of risk 4577 (relating to legislative compliance) from amber to red, notwithstanding the FOI pressures mentioned earlier. However, Members were assured that this risk would be kept under close review in light of resourcing and capacity pressures. Members were also pleased to note that two previously adverse events which had been previously reported to the Information Commissioner's Office had been appropriately managed without the requirement for ICO intervention. Members were content with the report although asked, regarding compliance, if it would be possible to consider providing slightly more detail.

**16. DATA PROTECTION OFFICER'S (DPO) PRESENTATION ON LEGISLATIVE DUTIES IN RELATION TO REPORTING [paper AR/21/17 refers]**

- 16.1 Ms Ruddy spoke to her paper summarising the obligations under the General Data Protection Regulations (GDPR) and the Data Protection Officer's role, as well as updating on NSS's current status against each of the GDPR obligations. Members noted that although there had been progress in some areas, records of processing activities and 'Accountability Principle' compliance remained the key areas of concern. It was hoped that as NSS's additional temporary resource became more focussed towards internal compliance tasks the speed of progress would increase. The report also highlighted that, due to the volume and pace of demand in relation to the COVID-19 response, there was a growing backlog of data protection related compliance documentation to be fully completed for COVID-19 products and services. Members noted the update on preparations for a potential no adequacy decision regarding GDPR legislation following the EU exit, recognising the agreement reached at the end of the EU exit transition period gave additional time. However, the adequacy ruling was still awaited as at 19 February 2021, and the Scottish Government continued to advise the importance of monitoring the risk in this area.

**ACTION**

- 16.2 Members were advised that DPO training had been delayed due to COVID-19 but were assured that it was a key consideration. Members discussed areas where there were elements of good practice and culture, and were pleased to note that Ms Ruddy had engaged with Board Services about signposting things like the Data Privacy Impact Assessments. Members discussed how any conflicts of interest for the DPO was managed and were assured it was considered day to day, and that the onus was very much on the DPO to highlight that. Members asked whether there had been any increase in requests from public regarding their data as a result of Test and Trace, noting that there had been increases in Subject Access Requests, as well as Freedom Of Information requests for death data (which tended to be media driven). Members also asked about the impact of the upcoming changes to the donor screening questions and were assured that the relevant Equality Impact and Data Privacy Impact Assessments would be completed and shared appropriately.

**17. COMMITTEE HIGHLIGHTS REPORT [paper AR/21/18 refers]**

- 17.1 Members agreed the following items for the Committee Highlights Report to the Board:
- The Committee received the final report on the Capital Planning audit
  - The Committee received updates on progress for the Internal and External Audit Action plans;
  - Proposals for development sessions on risks and the annual accounts;
  - Considered two Audit Scotland reports - the COVID-19 Guide for Audit Committees and the NHS in Scotland Report;
  - Highlighting the recommendation from the NHS Scotland Report about the tendering processes for the Finance, Procurement and Performance Committee forward programme;
  - The Committee recognised that in addition to the work that had been done in respect of the service audit control frameworks (which had improved), there could also be more within the report to clarify the process for the benefit of stakeholders;
  - The Committee reviewed their Terms of Reference and made some suggestions for updates.

**18. ANY OTHER BUSINESS**

- 18.1 Members had no other business to raise at this point.

**19. DATE OF NEXT MEETING**

- 19.1 Members noted the next meeting was scheduled for Wednesday, 26 May 2021 at 0930hrs.

There being no further formal business the meeting finished at 1300hrs

# Minutes

## (Draft) B/21/36

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### NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE

#### MINUTES OF MEETING HELD ON WEDNESDAY 26 MAY 2021 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

##### Present:

Ms Julie Burgess – Non-Executive Director and Committee Chair  
Mr John Deffenbaugh – Non Executive Director  
Mr Gordon Greenhill – Non-Executive Director  
Professor Arturo Langa – Non-Executive Director  
Ms Alison Rooney – Non-Executive Director

##### In Attendance:

Mr Martin Bell – Director of Practitioner and Counter Fraud Services (PCFS)  
Ms Lisa Blackett – Non-Executive Director  
Ms Rachel Browne – External Auditor, Audit Scotland  
Mr Lee Dobbing – Service Auditor, KPMG  
Ms Inire Evong – External Auditor, Audit Scotland  
Ms Laura Howard – Associate Director of Finance  
Mrs Carolyn Low – Director of Finance  
Mr James Lucas – Internal Auditor, KPMG  
Mr Deryck Mitchelson – Director of Digital and Security  
Mrs Mary Morgan – Chief Executive  
Mr Matthew Neilson – Associate Director of Strategy, Performance, and Communications  
Mr Neil Thomas – Partner, KPMG  
Mrs Lynsey Bailey – Committee Secretary [Minutes]

##### Apologies:

None

#### 1. WELCOME AND INTRODUCTIONS

- 1.1 Ms Burgess welcomed all to the meeting, which was being held virtually via the TEAMs platform.
- 1.2 Before starting the formal business of the meeting, Ms Burgess asked Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.
- 1.3 Ms Burgess also wished to highlight that some papers had been removed from the original agenda as they had arrived too late to allow the Non-Executive Directors to carry out due diligence. Ms Burgess and Mr Lucas agreed to meet following the meeting to discuss what support could be offered in relation to reports and meeting



Chair  
Chief Executive

Keith Redpath  
Mary Morgan

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

deadlines. Members noted that, in future late or removed papers would also be recorded in the minutes.

**Action: J Burgess and J Lucas to meet following the meeting regarding potential support for reporting.**

## **2. MINUTES AND MATTERS ARISING [Papers AR/21/18 and AR/21/19 refer]**

- 2.1 Members noted the minutes from the previous meeting on 3 March 2021 and, following a brief discussion, approved them subject to a couple of corrections. At minute 5.1, Members agreed to replace “integration” with “involvement” and, at minute 8.1, to pick up the development sessions as a specific action for the action list. With regard to minute 11.1, Mr Neilson suggested this should be re-worded to reflect that the vaccine waste would be incorporated into business as usual but that would not be expected to be reported back to this Committee. Members noted that all other actions were either completed, covered by the agenda, or programmed in for a future meeting.

**Action: L Bailey to update the minutes and action list to reflect the feedback provided.**

## **3. NSS AUDIT AND RISK COMMITTEE TERMS OF REFERENCE [Paper AR/21/20 refers]**

- 3.1 Members confirmed their contentment with the updates made as per the feedback they had provided by e-mail. Following a brief discussion around attendees, and potentially strengthening the wording around that, Members approved the Terms of Reference as presented.

## **4. ACCOUNTING POLICIES [Paper AR/21/21 refers]**

- 4.1 Ms Howard spoke to the paper, which confirmed that there were no changes to the accounting policies for 2020/21. Members received clarification on the adjustments for the pandemic stock that would be seen in this year’s annual report and accounts, noting it was ultimately a presentation issue. They understood the reasons but expressed concerns about what would happen when the stock became obsolete and the potential level of write-offs that may be required. They were assured that provisions were already being made within the treatment of slow-moving stock, aiming to minimise the impact of any write-off as far as possible and ensure that nothing was written off in advance of its expiry. Members suggested that this should be covered with an entry on the risk register if there was not one already. Members were also advised that the introduction of the latest lease standards from the International Financial Reporting Standards Foundation (IFRS16 Leases) had been delayed until 2021/22 and noted the reasons for it. Following these discussions, Members confirmed they were content to recommend the policies for approval.

## **5. SERVICE AUDIT SUMMARY [Paper AR/21/35 refers]**

- 5.1 Members received an overview from Mrs Low of the work done in the light of qualified opinion last year, and how this had helped to achieve an unqualified opinion in both the Payroll and National IT Services Service Audits. Issues remain in the Primary Care Payments Service Audit, and Mrs Low referenced additional work carried out

by internal audit and an independent investigation carried out by Mr John Gebbie, Director of Finance at NHS24. Findings from this work and any recommended actions would be covered in the Management Response. Mr Dobbing presented the Service Audit Summary paper. He apologised for the lateness of the papers but confirmed it had been necessary to fully develop the opinions being given. He also wished to record his appreciation for the work done by the teams within NSS and highlight how communications had improved from the previous year.

## **6. SERVICE AUDIT: PAYROLL [Paper AR/21/25 refers]**

- 6.1 Members were pleased to note the unqualified opinion provided for this audit. Members received an overview of the updates to the controls frameworks to better capture the Payroll team's work and accommodate the new ways of working necessitated by the pandemic. Members appreciated these changes to the framework and felt they worked for all involved. Mr Dobbing provided an overview of the engagement over the whole year, the exceptions found, and how the conclusions had been reached about the impact those exceptions would or should have on the opinion. Members appreciated that there was not a hard and fast rule, as professional judgement and context also came into play, but felt this could be done more consistently across all service audit areas.

## **7. SERVICE AUDIT: IT [Paper AR/21/26 refers]**

- 7.1 Members discussed the areas that had originally given cause for concern and been leading to potential qualification of the audit opinion. They noted the effort from IT to get the extended testing done in order to provide the necessary evidence to get to an unqualified opinion. The approach had been pragmatic and flexible, with a recognition of the need to do things differently and that the exceptions had been a result of that. Members were keen to understand why this could not have been applied in the other service audit areas. Members commended Mr Mitchelson and his team, acknowledging the pressures and environment they had to navigate. Members sought and received assurance that this would carry forward into future years now that the framework was in place. Mr Mitchelson advised that there had been a lot of manual work and there was also a limit to what could be done in legacy systems. The plan was to reduce use of legacy systems (rather than try enhance and retrofit) and build on the work done with new systems that would be introduced. Members received an overview of timescales and staff introduced to work on this and agreed that having the right people at the right level working on it made a difference. Members wished to record their appreciation for all the efforts made and were pleased to note the unqualified audit opinion.

## **8. SERVICE AUDIT: PRACTITIONER SERVICES [Paper AR/21/27 refers]**

- 8.1 Mr Dobbing explained that the audit opinion had been qualified against four out of the five control objectives. This was due to test of effectiveness failures (with additional control design failures in two of the objectives) and some fundamental issues around audit trail. Mr Dobbing updated on the measures taken following last year's issues to describe the framework and control objectives as a matter of urgency. However, the timescales had meant that the wording of controls was still being tweaked in March 2021, which accounted for the two objectives which had failed at the test of design stage. Throughout fieldwork testing, weekly calls had taken place with Mr Bell

and the team where feedback had been provided. Discussions had also taken place in June 2020 about looking at the more challenging controls in a different way but the control framework ultimately did not take that on board, although this may or may not have changed the final outcome. Members were also given a brief overview of other routes for potentially escalating any issues.

- 8.2 Members felt that the flexibility around different ways of working due to COVID, and the observations on materiality, which had been applied in other Service Audit areas was not carried through to this report. While they acknowledged that Mr Dobbing was the engagement and co-ordination lead, and there were different audit leads in each area, they felt there should still be a co-ordinated and consistent approach which did not seem to be the case. Mr Dobbing confirmed that each fieldwork meeting was well represented by control owners. The common theme was audit trail so if the control objectives could be structured slightly differently with audit trail as a control objective by itself, that might have been the only one qualified. Members expressed concerns that the issues with design had not been flagged at the previous Committee meeting on 2 March 2021 but Mr Dobbing advised that the conversations on the control framework were still ongoing at that point and this was about the logistics of doing the work rather than the findings.
- 8.3 Members discussed the issue about “verified” versus “checked” and Mr Dobbing explained the need to follow control wording to the letter. There was no room for interpretation although, if the work had reached the point of a materiality discussion, this would have come out in that. Members asked if the working conditions resulting from the pandemic had contributed to this – perhaps a lack of opportunity for discussion to reach a point of understanding – but were assured that there had been no problem or gaps in terms of the evidence so it did not feel as if the pandemic had impacted on this. Articulation of the control framework was key and if that was not right then the auditors would struggle. Members were keen to see a determination to get the controls framework to a point where testing could be done as early and frequently as possible to give the best chance of achieving an unqualified opinion. They also reflected on communications and how to ensure this was as valuable and constructive as it could be. Both Mrs Morgan and Mr Bell agreed the focus should be looking forward and getting the controls framework right. Members were advised that work had already begun on this and, for the coming year, PCFS would be looking to get the testing done early to establish the evidence flow.
- 8.4 Members received an overview of the pressures that PCFS had been under and what had been delivered within that context and were assured that no Board had taken issue with the payments processed. However, this had not been articulated well enough and that would be the challenge going forward. Members wished for assurance that they would have a clear view of what was happening to avoid surprises. They did not agree that the reports felt as if they had been approached the same way and it was very clear they were written by different people in respect of flexibility and materiality. They also agreed that the controls framework had to allow for any changes outwith NSS’s control to be reflected. Members acknowledged that there had been issues on both sides and some practical actions were needed very quickly to get this right, with senior oversight to make it happen. Members asked for issues to be escalated at an earlier stage and for future Service Audit updates to contain more detail.
- 8.5 Members expressed concerns that the relationships did not seem to be as good as in other areas and asked whether there were any specific issues there. However, they were advised that the relationship felt very effective and it was unclear what

more could be done to improve. Workshops had previously been held on control frameworks and there was an appetite to do something similar again. The frustrations in the conversations seemed to centre around findings and materiality, although more about how it was being done rather than what was being done. Members agreed there was a need to ensure that everything possible was being done to give the best chance of achieving an unqualified opinion, discuss how to handle this year's outcomes with stakeholder boards, look at how to resolve any internal issues, and move forward.

## **9. SERVICE AUDIT: MANAGEMENT RESPONSE [Paper AR/21/28 refers]**

- 9.1 Mrs Low provided Members with the background and timeline for the development of this management response and the response to stakeholders. Members were assured that the commissioning of additional work by Deloitte would be worth the investment to assure the stakeholder boards and that all service audit areas would be moving from manual controls to automation as far as possible. Reflecting on the broader context in the reporting would also help clarify materiality. In respect of the risk of material financial mis-statement, Mrs Low was comfortable that assurance on this could be provided to stakeholder Boards. Members expressed concerns that the fact that NSS had not achieved the improvements aimed for was a reputational risk. However, as part of the recommendations, one of the roles of the Service Audit sub-group would be to hold both the EMT and KPMG to account
- 9.2 Members felt reassured by what had been laid out but were mindful of the time and energy expended on this by all involved. Members discussed the terminology being used, recognising the need to highlight the support through enhanced assurance briefings. Members briefly discussed what the stakeholder Boards would do with the KPMG report and acknowledged that what NSS had done would help their decision making. The KPMG Financial Controls Audit report should remove the need for stakeholder Boards to do local testing and similar actions to those undertaken last year will be underway locally to understand impact and materiality taking into consideration the Service Audit findings and Audit Scotland's view. Members were assured that Deloitte had the necessary experience to understand the context make appropriate recommendations for process improvement and had been procured through the Cabinet Office framework.
- 9.3 Members asked what would happen next with the report from Mr Gebbie and were advised that the report would be presented to the Directors of Finance group. This, along with the internal audit report, should provide sufficient assurance regarding the risk of financial mis-statement. Members felt that materiality statements were absolutely relevant but had concerns about leaving in statements which related more to contract management. Members were advised that as Mr Gebbie was a Director of Finance, the Directors of Finance group would receive a full briefing regardless. Members also felt that the Deloitte report should come to this Committee in addition to the Service Audit Steering Group. Members were also concerned by the statement in the investigation report that relationships seemed to be subjective , therefore sought and received assurances that both KPMG and NSS were equally committed to improving that.



**10. SERVICE AUDIT: INTERNAL AUDIT [Paper AR/21/34 refers]**

- 10.1 Mr Lucas spoke to the report on the internal audit, which had been commissioned on the process and controls for transactional payments within PCFS. The audit had found no issues in sample testing but identified some low risk findings overall. The report concluded that significant assurance could be provided with minor improvements identified and Members were pleased with that. This report combined with the discussions under the previous two agenda items meant that Members felt assured, while noting the qualification, that there was no risk of material financial mis-statement. Members were also content to accept the recommendations made.

**11. NATIONAL SINGLE INSTANCE (NSI) FINANCIAL LEDGER SERVICE AUDIT REPORT 2020/21 [Paper AR/21/29 refers]**

- 11.1 Members noted the paper, which provided reasonable assurance on the controls and processes in place for the operation of the NSI Financial Ledger Service by NHS Ayrshire and Arran, and was being commended to the Committee. Members confirmed they felt sufficiently assured by the report.

**12. EXTERNAL AUDIT PROGRESS [Paper AR/21/30 refers]**

- 12.1 Ms Browne spoke to the paper, updating on the audit work and timelines. Members sought and received assurances that there were no major surprises anticipated. The only caveat was around the treatment of pandemic stock and its implications as this would not become apparent until testing started. However, there should be nothing of concern in that respect. One change to the report that Members could expect to see was that more of the transactions from NSS's agency role would appear for visibility but these did not impact on NSS's financial position. Members briefly sought assurances around what would be done if any required information was not there and were advised that Audit Scotland would then carry out its own testing. Mrs Morgan also highlighted that NSS was currently under enormously high scrutiny, with an unprecedented level of audit activity, so this would be raised as a strategic risk. Members also enquired about any potential Section 22 Audit on the COVID-19 response and were advised that they would be fully sighted on the outcomes of that

**13. FORWARD PROGRAMME [Paper AR/21/338 refers]**

- 13.1 Members noted the forward programme as presented and were reminded to contact the Board Services Team at any time with any updates they may have.

**14. ANY OTHER BUSINESS**

- 14.1 Members had no further business to raise.

There being no further business, the meeting closed at 1317hrs.

# minutes (APPROVED)

B/21/37

## NHS NATIONAL SERVICES SCOTLAND BOARD

### MINUTES OF MEETING OF THE FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE (FPPC) HELD VIA THE TEAMS PLATFORM, COMMENCING AT 0930HRS ON WEDNESDAY, 3 FEBRUARY 2021

**Present:** Mr Mark McDavid (Committee Chair)  
 Ms Julie Burgess, Non-Executive Director  
 Mr Ian Cant, Non-Executive Director  
 Ms Lisa Blackett, Non-Executive Director  
 Mr Gordon Greenhill, Non-Executive Director  
 Mr Keith Redpath, NSS Chair

**In Attendance:** Mr Gordon Beattie, Director National Procurement  
 Ms Laura Howard, Associate Director of Finance  
 Mrs Carolyn Low, Director, Finance and Business Services  
 Mr Andrew McLean, Deputy Director of Finance  
 Mrs Mary Morgan, Director Strategy, Performance and Service Transformation  
 Mr Matthew Neilson, Associate Director of Strategy, Performance, and Communications  
 Mr Colin Sinclair, Chief Executive [Items 1 – 12]  
 Mrs Marion Walker, Risk Manager Lead [Item 12]  
 Mrs Lynsey Bailey, Committee Secretary [Minutes]

**Apologies:** None

## ACTION

### 1. INTRODUCTIONS AND APOLOGIES FOR ABSENCE

- 1.1 Mr McDavid welcomed everyone to the meeting and apologies were noted as above. Members were asked if they had any interests to declare in the context of the agenda items to be considered. No interests were declared.

### 2. MINUTES OF THE MEETING HELD ON 21 NOVEMBER 2020 AND MATTERS ARISING [papers FPP/21/02 and FPP/21/03 refer]

- 2.1 Following a brief discussion, Members approved the minutes of the meeting held on 27 November 2020 as a true record pending minor correction of the date in the heading for the draft minutes and paper reference numbers.
- 2.2 Members noted that the majority of action items were either completed, in progress or covered by the agenda.

### 3. DRAFT FINANCIAL PLAN [paper FPP/21/04 refers]

- 3.1 Mr McLean spoke to the Draft Financial Plan, highlighting that Scottish Government had asked for one year rather than the usual longer term view. Members noted the uplift was lower than expected but Scottish Government had committed to fully funding any additional uplift that was required following the outcome of pay discussions. Planning had also been done on the assumption that COVID-19 services would be fully funded. There was positive movement in terms of the overall funding position but there was still a deficit projected. However, there was also lots of ongoing work that would generate savings which would be translated into the plan in due course. Members were advised that there



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Chair  
 Chief Executive

Mr Keith Redpath  
 Mr Colin Sinclair

would be no recurring return of the £1.5m National Board Collaboration savings. Members discussed the deficit position of £2.7m and were assured this would move closer to break even (which was the main focus). They also noted that SBUs had been given their timescales to resubmit balanced financial plans which would come to the Board for approval in March 2021. Mrs Low advised that she was also keen to establish the medium term view, in addition to the year-long plan being submitted, to avoid losing opportunities further down the line. In respect of the £1.5m National Board Collaboration, Members were advised that Mr Sinclair would be making the case to Scottish Government that a break-even position would be more difficult with out and that, should it continue to not be returned, the measures needed to accommodate it would reduce NSS's capacity to deliver in other areas. Members were given an overview of the move towards fully recovering costs for the dedicated, fixed-term resource being established for COVID-19 services to allow business as usual to be re-established. Members were content to note the paper and looked forward to seeing the final version presented to the NSS Board.

#### **4. DRAFT REMOBILISATION PLAN [paper FPP/21/05 refers]**

- 4.1 Mrs Morgan spoke to the paper, which provided a draft outline of the items to be included in the full worked up NSS Remobilisation Plan for 2021/22. Members asked whether the wording around convalescent plasma and NHS Scotland Assure reflected the current position. NHSScotland Assure was working towards a go live date of 1 June but the final details and clarity around new public body were still to come. The wording on convalescent plasma referred to clinical trials, which was also not being collected specifically through apheresis but through the regular whole blood collection and Members agreed that including some clarity on that detail would be helpful. Regarding sustainability, Members noted that NSS had some expertise on this within Health Facilities Scotland and so it had been included in recognition that Scotland needed to do more work on this to achieve its goals. Resilience was included specifically as it was recognised that further planning, for the next pandemic for example, and overall improved resilience was required. Members were advised that more of this detail would be included in the final plan at the end of the month. Members commended the paper as a very succinct and clear summary of what NSS would be changing and improving. Mr Neilson then spoke about the objectives, KPIs etc, that would lie underneath this and how it would be developed into a performance dashboard and used in a review of the plan in around 6 months. Members were also given an overview of how changes would be recorded in a change log and reflected in the performance reporting. Members thanked Mrs Morgan and Mr Neilson, confirming that they were content to endorse the draft plan.

#### **5. FINANCE REPORT [paper FPP/21/06 refers]**

- 5.1 Mrs Low spoke to the paper, which summarised NSS's position as at the end of December 2020. Members were pleased to note that NSS was on track to deliver against its targets although Mrs Low highlighted that there was a projected surplus which was similar to the deficit projected in 2021/22. Members were advised that options were being explored for utilising these funds by expediting aspects of plans for 2021/22, and discussions were underway with Scottish Government Finance colleagues to ensure any funds required in future years were returned where appropriate. Members noted the favourable position and commended the good work being done by Mrs Low and colleagues to maintain a positive working relationship with Scottish Government.

#### **6. OCCURRENCES WHERE THE NSS STANDING FINANCIAL INSTRUCTIONS (SFIs) HAD NOT BEEN FOLLOWED**

- 6.1 Mrs Low confirmed to Members that there had been no occurrences in this period.

**7. REFRESH OF NSS'S SFIs [paper FPP/21/07 refers]**

- 7.1 Ms Howard spoke to the updates made to the SFIs. The main highlights were the removal of the emergency provisions put in place specifically relating to COVID-19 and reflecting the lessons learned in order to achieve consistency in levels of authority. It also ensured the SFIs reflected the growing scope and scale of the organisation and its services. Members were also pleased to note the development of at-a-glance, concise summaries of each level of authority. Timescales had been brought forward to have this in place for 1 April and Members were invited to provide any feedback they may have by 22 February 2021 to be incorporated into the final version being presented to the NSS Board in March 2021. Members discussed contract requirements and were keen to establish clarity on when Central Legal Office involvement would be considered as discretionary and when it would be a requirement. Members also asked about guidelines for Board Members regarding their responsibilities and Ms Howard offered to provide that in a document, as well as hold a brief workshop-style session. Members noted that the mention of the Workforce Policy Terms and Conditions Group in the "Extension to Pay during periods of absence" section needed to be updated, and were assured that providing clarity around the level for reporting of appointments to the NSS Staff Governance Committee was being picked up.

**[Secretary's Note:** Mr Redpath temporarily took over as meeting chair while Mr McDavid was unavailable]

**8. NATIONAL PROCUREMENT SCHEDULE [paper FPP/21/08 refers]**

- 8.1 Members noted the paper, which provided a review of the Procurement, Commissioning and Facilities contract schedule for all contracts to be awarded in 2020/21, and the contracts forecasted to be awarded in 2021/22. In particular, Members noted the COVID-19 work and the impact, recruitment and business continuity planning. Members asked about the element of choice within procurement frameworks and received an overview of how panels identified and engaged suppliers that met Boards' needs. Members noted that, where possible, National Procurement would award on a "Once for Scotland" basis but certain circumstances would require the availability of options. It was also intended to incorporate this into the pre-contract phase and build in continuous improvement throughout the life of a contract. Again, Members discussed the involvement of Central Legal Office in decisions and, where they were not, being clear on the reasons for it. Members were conscious that there would be increased pressure on procurement post-COVID-19 and the need to maximise savings would double in intensity. On a final note, Mr Beattie advised he had recommended that the clotting factors contract come back at a future date due to a change in the UK plasma situation. Members thanked Mr Beattie for the report.

**[Secretary's Note:** Mr McDavid returned to the meeting and resumed the Chair]

**9. PERSONAL PROTECTIVE EQUIPMENT (PPE) UPDATE [paper FPP/21/09 refers]**

- 9.1 Mr Beattie spoke to the paper which provided an overview of the PPE supply in support of the COVID-19 response. The modelling had been revised in line with infection rate impact scenarios released by Scottish Governments and Members were given an overview of how that had been translated into the supply management. Members discussed the cost differential between local supply and imports, and how sustainable that would be. They noted that, while the costs of imports may be lower in some cases, this was not the sole factor taken into account in awarding supply contracts. Members acknowledged that pandemic stock was an insurance

policy with a shelf-life so were assured that National Procurement were modelling quite tightly through demand. Going back to the point of local supply and sustainability, Members were pleased to note that work was ongoing with Heriot-Watt University to provide a mechanism to better quantify the economic benefits. Members commended the great work that had been done by National Procurement in respect of PPE supply during the pandemic. Members received an overview of the work being done with Scottish Government to model supply management for the future and the projected timescales for the requirement to maintain the current levels of stock.

## **10. CONSUMABLES AND WAREHOUSE UPDATE [paper FPP/21/10 refers]**

- 10.1 Members noted the paper which provided an update on warehouse commissioning. The main highlights were in respect of Titan and EC165. The Titan fit was progressing well and, due to the pause of the work in respect of a 3<sup>rd</sup> party sub-tenant for EC165, a shadow design had been progressed for original NSS sole tenancy of the site. There had been good input on this work from NSS resources and once they were up and running, the additional warehouses would take some of the current pressures off the National Distribution Centre at Canderside. Members asked about the implications of the 12 week delay to EC165 but were advised that there was a no detriment agreement to ensure and additional costs incurred would be covered and were assured that it would not cause any problems from a service perspective.

## **11. NSS REMOBILISATION PLAN [paper FPP/21/11 refers]**

- 11.1 Members discussed the paper, which updated on the latest NSS performance position in relation to the Remobilisation Plan (RMP). Members noted that performance was largely as expected with 62% of measures on track, 28% reporting at amber, and 10% at red. Members were advised COVID-19 was having a clear impact on target achievement so, taking that into account, NSS was reporting well. Members expressed concerns that NSS would be held to account for instances where it had not been possible to achieve the targets due to the COVID-19 response work, and suggested more could be done to provide that context and clarification. Members were advised that a year-end performance report would be produced, and this would include more detail on the COVID-19 support work, and its impact, which could not be captured within the existing performance metrics. This also highlighted one of the arguments in favour of the change log previously mentioned.
- 11.2 Mrs Low updated on progress with the South East Payroll, providing an overview of the reasons for delays in the TUPE transfer for some of the boards involved. She advised that the NHSScotland Directors of Finance (DoFs) had met on 21 January 2021, and noted that reaching the stage of TUPE transfer of staff within the next year was unlikely due to COVID pressures. Members agreed it was disappointing to not be taking advantage of a good opportunity but were pleased to note that work was ongoing to get agreement on a collective position to move forward for January 2022. Options were being looked at but getting all five organisations on board at the same time worked best and would be the priority. This was an example of a metric that was red for reasons outwith NSS's control so Members were keen to find a way of reflecting that.

## **12. REVIEW OF BUSINESS RISKS [paper FPP/21/12 refers]**

- 12.1 Mrs Walker highlighted that, since the previous report, there had been one new red risk (6121 - Unstructured and Unclassified Data) and one new amber risk (6205 - Inability to meet Financial Targets). The information in the report was as at 31 December 2020 but Members expressed concerns that updates for these risks, which would have been expected within that time frame, were not recorded. Mrs Walker agreed to take this back to the respective risk owners and get a

process in place to ensure this was addressed for future reports. In respect of the financial amber risk, Members discussed whether it was reflective on the basis of the reports earlier in the agenda. Mrs Low suggested that perhaps title of the risk could better reflect that it referred specifically to the potential impact of the service transformation plan on the financial position. Mr Neilson provided an overview of EMT risk review and how gaps were being addressed, giving assurance to Members that the gaps flagged would be taken back to the respective directors.

### **13. RESILIENCE UPDATE [paper FPP/21/13 refers]**

13.1 Mrs Morgan spoke to paper, which provided an update on NSS's resilience activities. In particular, the report highlighted:

- the well-managed responses to the 12 minor incidents which had arisen;
- the establishment of an Executive Out of Hours on call rota, which had not yet received any emergency contacts;
- the completion of the Scottish Government assurance templates to address the potential impacts of the UEFA 2021 Football Tournament and Conference of Parties Climate Change Summit.

Members noted the report and thanked Mrs Morgan for the update.

### **14. BOARD HIGHLIGHTS REPORT [paper FPP/21/14 refers]**

14.1 Mrs Bailey agreed to draft up a report ahead of the next NSS Board meeting on 26 March 2021. Members were keen that it captured the contributions of National Procurement to the COVID-19 response.

**ACTION: Mrs Bailey to draft up the highlights report and send to Mr McDavid ahead of submission to the NSS Board.** Mrs Bailey

### **15. ANY OTHER BUSINESS**

15.1 Members had no other business to raise.

### **16. DATE OF NEXT MEETING**

16.1 Members noted the next meeting was scheduled for Wednesday, 3 February 2021 at 14:00, via the TEAMS platform.

There being no further business, the meeting finished at 1215hrs.

# Minutes (Draft) B/21/38

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## NHS NATIONAL SERVICES SCOTLAND FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE

### MINUTES OF MEETING HELD ON TUESDAY 11 MAY 2021 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

#### Present:

Mr Mark McDavid – Non-Executive Director and Committee Chair  
Ms Julie Burgess – Non Executive Director  
Mr Ian Cant – Non-Executive Director  
Ms Lisa Blackett – Non-Executive Director  
Mr Gordon Greenhill – Non-Executive Director  
Mr Keith Redpath – NSS Chair

#### In Attendance:

Mr Gordon Beattie – Director of National Procurement  
Mr Gordon James – Director of Procurement, Commissioning and Facilities  
Mrs Carolyn Low – Director of Finance  
Mrs Mary Morgan – Chief Executive  
Mr Matthew Neilson – Associate Director of Strategy, Performance, and Communications  
Mr Markus Hiemann – Sustainability Manager  
Mrs Marion Walker – Risk Manager Lead [Item ??]  
Mrs Lynsey Bailey – Committee Secretary [Minutes]

#### Apologies:

None

## 1. WELCOME AND INTRODUCTIONS

- 1.1 Mr McDavid 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 McDavid asked 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 FPP/21/17 and FPP/21/18 refer]

- 2.1 Members noted the minutes from 2 February 2021 and, following a brief discussion, approved them in full. Members noted that all actions were either completed, covered by the agenda, or programmed in for a future meeting.



Chair  
Chief Executive

Keith Redpath  
Mary Morgan

NHS National Services Scotland is the common name of the Common Services Agency for the Scottish Health Service.

### **3. NSS FINANCE, PROCUREMENT, AND PERFORMANCE COMMITTEE ANNUAL REPORT TO THE BOARD [Paper FPP/21/19 refers]**

- 3.1 Members discussed the need to cover 2019/20 within this report. While this Committee itself could not meet at the time the 2019/20 report would have been produced, the Board had already signed off on the overall governance arrangements for 2019/20 through the mechanisms that were put in place at the start of the pandemic. Members agreed that there should be no need to cover this retrospectively at this stage. Members also felt that there could be more said about the impact of COVID-19. Mrs Bailey agreed to remove the 2019/20 information and make it solely a 2020/21 report, and consider what additional information could be added on the impact of COVID-19.

**Action: L Bailey to remove 2019/20 information from the report and consider what additional information could be added on the impact of COVID-19.**

### **4. NSS FINANCE, PROCUREMENT, AND PERFORMANCE COMMITTEE TERMS OF REFERENCE AND WORKPLAN [Papers FPP/21/20 and FPP/21/29a refer]**

- 4.1 Mr Redpath advised that he had plans for rewording the Committee's remit, along with some other feedback that he wished to discuss with Mrs Low and Mr McDavid. Members agreed there was need for more clarity of purpose, and on areas of assurance. They felt that the procurement and performance elements of the Committee's work did not come through as strongly as the finance elements did. It was suggested that performance needed to be considered in terms of the Board Strategic Framework and that it would be worth splitting the agenda into internal programmes for NSS and external programmes NSS hosts or runs on behalf of the wider NHS in Scotland. This approach would allow greater visibility around the governance for NSD. Members agreed that this was potentially something for a development session - looking at any gaps and risks in relation to national governance. Mr Redpath agreed to meet with Mrs Low and Mr McDavid to discuss taking this forward and then bring back a finalised version of the Terms of Reference for approval at a later date. Members discussed how the Vice-Chair for the Committee would be appointed and noted that this would be done taking a view across all the Committees. However, Mr Greenhill was agreed to be the best the candidate for this Committee.

**Action: K Redpath to meet with C Low and M McDavid to discuss updates to the Terms of Reference and bring back a finalised version for approval at a later date.**

### **5. PROPERTY LEASE EXTENSIONS [Paper FPP/21/21 refers]**

- 5.1 Mr James spoke to the paper detailing proposed lease extensions for NSS's Possilpark, Bain Square, and Pentland Science Park sites, explaining the background to the recommendations. Members noted that there was no significant cost increase for Bain Square and the Pentland Science Park. There was a cost increase for Possilpark but it still offered the best value for what was required. Members agreed on the proposals for Bain Square and the Pentland Science Park but were surprised when it came to Possilpark, as the plan discussed in 2014 had been to vacate the site by the end of the current lease. Members were assured that it was still the plan to vacate Possilpark but organisational change had impacted on the logistics plans



for SNBTS and more time was needed to sort this out. Five years was the minimum term that the landlord was willing to offer and, unfortunately, at this stage it was the only option.

- 5.2 Members expressed concerns that this paper seemed to have come late in the process and sought assurance around where the governance of this process lay. Mr James assured Members that the Property Asset Management Board (PAMB) was looking to pull together a list of all NSS property and infrastructure, with information about when things like upgrades and lease renewals would be due, and this would be shared with Members for visibility. In respect of the Possilpark site, Members were keen to have alternatives identified from a disaster recovery perspective. Mr James clarified the governance process and assured Members that the Property Asset Management Strategy (PAMS) was presented to this Committee although this paper was picking up what had missed the usual governance process, primarily due to COVID-19 and the PAMS would ensure that this was more in line for future. PAMS was due to be refreshed in light of Future Ready proposals about estates rationalisation and would come back later on in 2021. Raising one final point on the Possilpark site, Members other main concern was the potential vulnerabilities in terms of risk and resilience. However, they received an overview of the appropriate arrangements in place, which would continue to be reviewed and improved as necessary.

## **6. FINANCE REPORT [Paper FPP/21/22 refers]**

- 6.1 Mrs Low spoke to the highlights of the report. Members were pleased to note that NSS was on track to meet its statutory financial targets, and even reporting an outturn surplus. NSS had delivered on its CRES targets and was in a strong position as a result of that. Treatment of some of the spend on COVID had changed which meant there were differences from how it had previously been reported but nothing that had a material impact on NSS's overall position. An underspend of £2.2m had been returned to Scottish Government. However, it was too soon to know the financial position and how much would be returned to NSS (as the final allocation letter was still to be issued) but that risk was being managed. There had been more movement and complexity than usual in the financial landscape this year but NSS's outturn was strong and the result of a huge collective effort. In respect of the year-end adjustment, there had been lots of discussion about how to account for Personal Protective Equipment (PPE) and other hospital equipment. Members commended the work done by the Finance team over the last year, acknowledging how challenging circumstances had been, and how positively this reflected on NSS.
- 6.2 Members asked about the plans for slow moving stock out and were assured this was being managed so that the stock turn and distribution was right. National Procurement would also be working with suppliers as the stock was being run down and reporting on it regularly. Any write-off would be confirmed next year but NSS would look to have interim write-offs for visibility. Members were advised that there was usually slow moving stock to deal with, albeit on a smaller scale. Discussions had taken place with Scottish Government at the start of last year and, per those discussions, stock had been purchased based on the demand profile at that point being maintained until June 2021. National Procurement would ensure this stock was appropriately rotated to minimise the write-off but could not guarantee that there would be nothing to write-off. The aim was to mitigate the risk and spend for any future pandemic stockpile.

- 6.3 Members enquired about the £25m of stock held offsite and were advised that it was bonded stock being held by the supplier. The two new warehouse sites were being used for holding anything that NSS had to store. In respect of the overheads and staffing costs, a lot of the additional overspend was due to bringing in contractors to deal with additional demand and provide backfill, as the new model was not yet in place. However, work was progressing on that, and the necessary organisational change over the next year, which would see a move from using temporary staff to appointing more permanent staff.
- 6.4 Members discussed the shelf life of PPE and were given an overview of how the stock was managed. There had been discussions about which balance sheet the stock would sit on and Audit Scotland had determined that, per accounting standards, it should sit with NHSScotland on a cost-neutral basis. Members acknowledged that there was an anticipated third wave of COVID-19 still to come but there was no indication of what that would look like. There was also the need to take the arrangements for provision of PPE to the wider health and social care environment into consideration. There was also a stock of hospital equipment which would need to be regularly inspected and would therefore be better off being used than stored. Members briefly discussed how it could be worth considering offering this equipment to other countries that may benefit.

## **7. INSTANCES WHERE NSS STANDING FINANCIAL INSTRUCTIONS HAVE NOT BEEN FOLLOWED**

- 7.1 Mrs Low advised Members that there were no instances to report. She also highlighted the proposed move to an annual report and only raising instances by exception. Members were supportive of this but recognised that this was something for the updated Terms of Reference.

## **8. PROCUREMENT CONTRACT SCHEDULE [Paper FPP/21/23 refers]**

- 8.1 Mr Beattie spoke to the paper, which provided an overview on the annual national procurement workplan along with a contract breakdown. Members were updated on the recruitment of additional staff to deal with the backlog created by the pandemic response. Members were also pleased to note the outturn from 2020/21, which was £38.6m in secured savings and £11.7m in delivered savings. There was also an additional cost avoidance, over and above the original workplan, of £96m through activities to support COVID-19 requirements. Mr Mollart spoke to a presentation summarising the workplan for 2021/22, which indicated 113 contracts up for renewal and 62 projects that were either new procurements or commercial activities – a total of 175 projects worth approximately £645m with identified target secured savings of around £17m. Members acknowledged that this presented a significant challenge to deliver. The presentation concluded with an overview of the challenges, risks and mitigations and highlights of the strategic sourcing activities. Members were content to endorse the report and presentation. They felt it had been helpful and gave a clear picture of what could be expected in the coming year.

**9 PANDEMIC RESPONSE NOTICE REVIEW [Paper FPP/21/24 refers]**

- 9.1 Members were advised that there had been some media interest on 8 April 2021 regarding National Procurement's advertising of contract awards. Members were reminded about the use of emergency procedures in April 2020. The table within the paper showed slight delays in publishing but, at the time, the focus was on Intensive Care Unit equipment and PPE. Overall, National Procurement had met the required advertising timescales for 89% of awards by volume and 86% by value. Work was also ongoing to track the value and adjust awards as necessary. This work had initially been done on a reactive basis in the first few months but has now caught up on that. Members commended the work done so far but sought (and received) assurance that there was nothing of concern in the awards that were still to be done. Consideration was being given to bringing this into the usual performance measures and providing a separate quick update on any specific exceptions that needed to be resolved. Members noted that this was an issue which had been picked up by Audit Scotland and this level of detail was something that would be required going forward.

**10 2020/21 YEAR END PERFORMANCE REPORT AND REMOBILISATION PLAN [Paper FPP/21/25 refers]**

- 10.1 Mr Neilson provided Members with an overview of the work that had gone into the report and how the targets that had been impacted by COVID-19 were being captured separately. This led to an overall position of 87% of targets achieved and 13% of targets missed which felt right and acknowledged what was out with NSS's direct control. There had also been a significant increase in targets, even without taking the additional work resulting from COVID-19 into account. Members confirmed they were content to endorse the report as an accurate reflection of NSS's performance, and for it to be used as a reference for the annual report. Members also commended the extraordinary effort from the whole organisation. They were advised that this report would be used as an addendum to reports at other committees (e.g. Remuneration and Succession Planning Committee) and as evidence in the Section 22 audit.
- 10.2 Members felt the report was also an endorsement of how much NSS had delivered under new ways of working and was good evidence to support the Future Ready programme. However, to achieve this position some staff had also worked exceptionally long hours, which were not sustainable in the long term, and Members were keen that this was recognised. Members were assured that wellbeing was being brought to the fore, with the Future Ready programme aiming to strike a balance between meeting both staff and business needs and taking forward the best of the lessons learned. Going back to the positive nature of the report, Members briefly discussed the development of a strategy for communicating these successes, potentially through social media. Mr Neilson advised that there was a plan but it was still in development as it was important to find a way of promoting NSS without potentially stealing the thunder of the frontline services that NSS was there to support.

**11 REVIEW OF BUSINESS RISKS [Paper FPP/21/26 refers]**

- 11.1 Members discussed the contents of the paper, which provided an overview of the risks. Members noted that there were three new red business risks added to the register: 6249 (Oracle 12C support removal), 6247 (Continued Use of Windows7), and 6256 (Pandemic Stock Shelf Life). Of these, risk 6256 had been subsequently

reclassified as an amber reputational risk and, since 31 March 2021, risk 6247 had been mitigated to amber. Members also sought clarification around risk 6121 (unstructured and unclassified data) and were assured that work was being done to fully establish the size and scale of the risk. Members were also keen that a more detailed discussion on this risk take place under the Information Governance section of the June 2021 Audit and Risk Committee meeting. Members expressed concern that this was a recurring and repeated risk due to the absence of a member of staff. They were assured that work was ongoing with the risk owner to fully understand the nature of the risk and the mitigations being put in place in order to better capture that information on the risk register.

**Action: M Walker, J Burgess and L Bailey to ensure that risk 6121 is picked up as part of the Information Governance discussions at the June 2021 Audit and Risk Committee.**

## **12 RESILIENCE UPDATE [Paper FPP/21/27 refers]**

- 12.1 Mr Neilson spoke briefly to the update provided and confirmed he had nothing to add. Members also discussed the size and scale of the upcoming United Nations Climate Change Conference (COP 26) and the planning involved, acknowledging there were still a few unknowns. Members also welcomed the permanent on-call scenario. Mrs Morgan updated Members on the IT outage experienced earlier that day which had been mentioned in the First Minister's COVID-19 update. It had since been resolved but it had impacted on Public Health Scotland being able to provide the most up-to-date figures in time.

## **13. SUSTAINABILITY UPDATE [Paper FPP/21/28 refers]**

- 13.1 Members received an overview of the background to sustainability requirements and the commitments made in response to the declaration of a climate change emergency in 2019. Members noted the highlights of NSS's performance on sustainability in the year ending 31 March 2020, and Mr Hiemann summarised the response to the changes necessitated by the COVID-19 pandemic. Members asked about the £95m fund available from the Government and whether NSS would be submitting any bids. Mr Hiemann advised that bids would be submitted but this would be managed centrally on an NHSScotland basis rather than as individual boards. There had already been a bid submitted for a centralised sustainability team. Following a question on how the National Sustainability Assessment Tool (NSAT) worked to generate the score given, Mr Hiemann agreed to look into and share access to what lay behind that.

**Action: M Hiemann to share information on how the NSAT process worked.**

## **14. ANY OTHER BUSINESS**

- 14.1 Members had no further business to raise.

There being no further business, the meeting closed at 1652hrs.