

NSS Board Meeting

30 January 2020, 09:30 to 13:00
GS 2.12, Gyle Square, Edinburgh

Agenda B/20/01

- 1. Apologies for Absence**
John Deffenbaugh, Non-Executive Director
Kate Dunlop, Non-Executive Director
- 2. In attendance**
Karen Nicholls [Minutes]
Matthew Neilson, Associate Director, Strategy, Performance & Communications
- 3. Observers**
Rachel Browne, Audit Scotland
Stephanie Knight, Director of Health Finance, Scottish Government
- 4. Minutes of meeting held on 1 November 2019 and Matters Arising [B/20/02 and B/20/03]** 15 minutes
Keith Redpath
 -  B2002 Draft Minutes 1.11.19.pdf (6 pages)
 -  B2003 Action List.pdf (2 pages)
- 5. Chairs Update [B/20/04]** 10 minutes
Keith Redpath
 -  B2004 Chairs Update for the Board.pdf (2 pages)
- 6. Chief Executive's Update [B/20/05]** 20 minutes
Colin Sinclair
 -  B2005 CE Board Update.pdf (5 pages)
- 7. People Report [B/20/08]** 20 minutes
Jacqui Jones
 -  B2008 Board - People Report December.pdf (17 pages)
- 7.1. Update on Sturrock Action Plan**
- 8. NSS Strategy/Performance Update [B/20/06a]** 60 minutes
Mary Morgan
 -  B2006a Strategy Performance Framework.pdf (71 pages)
- 9. Finance Report [B/20/07]** 20 minutes
Carolyn Low
 -  B2007 Finance Report M9.pdf (12 pages)
- 10. Register of Interests [B/20/10]** 5 minutes
 -  B2010 Register of Interests.pdf (1 pages)
- 11. Digital & Security Report [B/20/09]** 20 minutes
Deryck Mitchelson
 -  B2009 DaS Board Cover December 2020.pdf (23 pages)

12. Highlights from other NSS Governance Committees [B/20/11]

10 minutes

NSS Finance, Procurement and Performance Committee 27.11.19
NSS Staff Governance Committee 29.11.19
NSS Audit & Risk Committee 4.12.19
NSS Clinical Governance Committee 4.12.19
NSS Remuneration Committee 9.12.19



B2011 Committee Highlights Report.pdf

(4 pages)

13. Papers for information only:-

14. NSS Governance Committees Approved minutes

5 minutes

NSS Audit & Risk Committee 12.9.19 [B/20/12]
NSS Clinical Governance Committee 13.9.19 [B/20/13]
NSS Finance, Procurement and Performance Committee 29.8.19 [B/20/14]
NSS Staff Governance Committee 27.9.19 [B/20/15]



B2012 2019-09-12 ARC Approved Minutes.pdf

(5 pages)



B2013 2019-09-13 CGC Approved Minutes.pdf

(6 pages)



B2015 2019-09-27 SGC Approved Minutes.pdf

(6 pages)



B2014 FPPC Approved Minutes 29.8.19.pdf

(10 pages)

15. AOB

5 minutes

Minutes

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON FRIDAY, 1 NOVEMBER 2019
IN BOARDROOMS 1&2, GYLE SQUARE, EDINBURGH, AT 0930 HRS

- Present:** Keith Redpath, NSS Chair
Julie Burgess, Non-Executive Director
John Deffenbaugh, Non-Executive Director
Kate Dunlop, Non-Executive Director
Carolyn Low, Director of Finance
Colin Sinclair, Chief Executive
Ian Cant, Employee Director
- In Attendance:** Jacqui Jones, Director of HR and Workforce Development
Jacqueline Reilly, Nurse Director
Martin Bell, Director P&CFS
Craig Spalding, Director SNBTS
Norma Shippin, Director CLO
Matthew Neilson, Associate Director Strategy, Performance and Communications
[Depute for Mary Morgan]
Eilidh McLaughlin, Associate Director Corporate Affairs and Compliance
Karen Nicholls, Interim Board Secretary [Minutes]
Stephen McWilliam, Associate Director Business Development NP [Depute for Jim Miller]
Professor Jim McGoldrick, Shadow Chair, Public Health Scotland [for Item 8]
- Apologies:** Alison Rooney, Non-Executive Director
Deryck Mitchelson, Director, Digital & Security
Mary Morgan, Director, Strategy, Performance and Service Transformation
Lorna Ramsay, Medical Director
Mark McDavid, Non-Executive Director
Phil Couser, Director PHI
Jim Miller, Director PCF
- Observer:** Rachel Browne, Audit Scotland
Avril Keen, HR Business Partner

ACTION

1. INTRODUCTION

- 1.1 Mr Redpath welcomed all to the meeting and noted the apologies recorded above. He advised that Professor Jim McGoldrick, Shadow Chair, Public Health Scotland would be joining the meeting to provide an update.
- 1.2 Before starting the formal business of the meeting, Mr Redpath asked the Board Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.



Headquarters

Executive Office, Gyle Square, 1 South Gyle Crescent,
EDINBURGH EH12 9EB

Chair Keith Redpath
Chief Executive Colin Sinclair

2. MINUTES OF MEETING HELD ON 9th SEPTEMBER 2019 AND MATTERS ARISING [papers B/19/105 and B/19/106 refer]

- 2.1 Members noted the minutes and approved them in full.
- 2.2 It was noted that most of the action items were either complete, items on the current agenda or had a longer lead time.

3. CHAIR'S REPORT [paper B/19/107 refers]

- 3.1 Mr Redpath took Members through his report and asked Ms Burgess to provide a verbal update on the recent NHSS Chairs' Development Session, which she had attended on his behalf. Ms Burgess drew Members attention to the following areas:

- Post Sturrock Report – how to take the recommendations forward.
- Leadership approach – Compassionate Leadership work to be carried out with Michael West, Kings Fund and Lancaster University, was the generally agreed direction of travel.
- Integration – Consideration to be given on NSS input and how the Board can support this.
- Development of a Chair's dashboard by NSS.

- 3.2 Mr Redpath added that Professor Sturrock had also been present at the Chair's meeting and the group had had an hour-long session with him to consider the further broader implementation of his recommendations. Integration had been discussed in detail, and Mr Redpath advised that he had been asked by the Chairs group to take a leadership role on integration within the group.

- 3.3 Whistleblowing Non-Executive – interviews had now commenced and it was anticipated that this Board appointment would happen after the New Year. Mrs Jones advised that there was still some ambiguity around the role and further work was required around the related Standards. She added that discussions were also ongoing around reporting, particularly relating to contractors etc. All agreed that this would require a completely open and transparent process as staff may be reluctant to speak with Line Managers and vice versa if they felt the information could be available within a report. Members advised that Mrs Jones had their full support to feed back their concerns relating to the approach currently being taken. It was also noted that there was a consultation currently on going, relating to this topic and comments were required by 12 November. **Action: Members to feedback any concerns and comments on the consultation to Mrs McLaughlin for inclusion in any response and this would then be circulated to Board Members for information.** Mr Sinclair asked Mrs Jones, in her capacity as the Chair of the HR Directors Group, to look at how this could be raised at the Chief Executives meeting. **Action: J Jones to find a mechanism to engage with Chief Executives.**

ALL/
E McLaughlin

J Jones

- 3.4 The Non-Executive recruitment schedule had now been confirmed, and would incorporate both a replacement for Mrs Dunlop and the Stakeholder position. It was noted however, that there was a pushback from Public Appointments around the latter and further discussions were therefore taking place, but this should not affect the timetable identified. **Action: Mr Redpath to feedback on progress with Public Appointments on the Stakeholder Member.**

K Redpath

4. CHIEF EXECUTIVE'S UPDATE [papers B/19/108 refers]

- 4.1 Mr Sinclair took Members through his update and drew their attention to the following:
- Commitment to provide initial dashboard reporting from March 2020 and then update requirements/improvements on a continuous improvement basis;
 - Integration and progress to date;
 - Acknowledgement that the Executive Team was under increasing, but generally positive pressure as the ask on NSS increased both internally and externally with extended ask from Scottish Government. This included EU Exit, Clinical Waste;
 - Update on the Royal Hospital for Children and Young People. Second half of the report had been published;
 - Centre of Excellence for Reducing Infections and Risk in the Healthcare Built Environment;
 - iMatter overall very positive with an increase in engagement to 82%;
 - Progress on Public Health Scotland.
- 4.2 Members then discussed a number of items in more detail, including the work of the National Boards collaboration. It was noted that there had been slow progress, but some Boards were now coming to NSS with requests for help in certain areas.
- 4.3 Mrs Dunlop asked for an update on CHI and Child Health Index programme of work. Mr Sinclair advised that although there was a delay in the new programme, there were no issues with the existing system. This meant at the present time there were no clinical risks identified. Ms Burgess commented that it was important that the correct NSS Committees had appropriate oversight of big programmes of work like this, including an integrated approach to governance. Members noted that this would be discussed further at the Governance Review item on the agenda.
- 4.4 Members also noted that discussions were still ongoing on the funding responsibilities of implementing Office 365 programme. Mrs Low advised that she was comfortable with the ask around this. Mr Sinclair added that the GPIT programme was delayed due to issues with suppliers but this was a UK wide implementation, not just Scotland.
- 4.5 Professor Reilly provided a short update on the on-going work around the proposed Centre of Excellence for Reducing Infection and Risk in the Healthcare Built Environment. The aim of the new Centre was to ensure the healthcare environment was fit for purpose, cost effective, sustainable and free from harm. This would include, but not be limited to, water, ventilation, drainage and burns/death from fire, electricity and medical gases. Mr Sinclair added that on a recent visit to the National Distribution Centre (NDC), the Cabinet Secretary had focused on the new Centre and was looking for NSS to drive this forward. The main challenge for NSS now was stakeholder engagement.

4.6 Members thanked Mr Sinclair for his informative report and noted it in full.

5. NSS MID YEAR REPORT [paper B/19/109 refers]

5.1 Mr Neilson took Members through the update and it was noted that NSS was on track and currently sitting at a 90% completion. Those items showing as RED (using the Red, Amber, Green status) were outwith the control of NSS and would probably remain at this level.

5.2 Members noted that for future reporting there would be a different approach from Scottish Government, which would focus on a 3-year cycle and would be the Transformational Operating Plan. Further information of this change should be available to NSS during November. **Action: M Neilson to circulate guidance to Members once available.** M Neilson

6. PEOPLE REPORT [paper B/19/110 refers]

6.1 Mrs Jones took Members through her update and focused on the following areas:

- Sturrock Action Plan – focus groups had already taken place and actions identified were already being taken forward.
- iMatter - outstanding response rate. In general NSS scores were one or two lower than previous years. Work would therefore focus on some key items identified, including 'well informed' and 'involved in decisions'.
- Sickness Absence had reduced slightly, but the costs associated had increased.
- RIDDORS – currently sitting at 3 for the year and lessons learned had been carried out and appropriate action taken. It was also noted that the OHSAC (Occupational Health and Safety Advisory Committee) were also focusing on near misses to look at prevention.
- Public Health Scotland – provision of shared services
- Compassionate Leadership – Board role in cascading this approach down through the organisation.

6.2 Members thanked Mrs Jones for her informative report and looked forward to updates on the items identified above.

7. FINANCE REPORT [paper B/19/111 refers]

7.1 Mr Redpath introduced the report and commented that the new format was excellent and exactly what the Board was looking for. Mrs Low then took Members through the paper which provided the mid-year update.

It was noted that although there was a slight shortfall this was manageable. There were still £83 million of allocations to be received, mostly for the National Services Division, Office 365 and some other minor projects, but Mrs Low was comfortable that this was being managed. There was a collective focus on Capital Expenditure and this was being managed. In terms of revenue there was an underspend on pay, which was being off-set through use of agency and third party spend (consultants) which was also reflected in the sickness absence figures.

Members reflected that NSS was doing well across the Operational Delivery Plan, Finance and Workforce and it was important to share this message across the organisation. **Action: Mrs Jones, Mrs Low and Mr Neilson to look at communicating the excellent mid-year position to all staff**

**J Jones/C Low/
M Neilson**

8. UPDATE ON PUBLIC HEALTH SCOTLAND

8.1 Professor Jim McGoldrick, Shadow Chair, Public Health Scotland joined the meeting to provide a verbal update on progress with the new body. He explained that as the new organisation did not yet exist his position was as Shadow Chair with the remit to;

- Appoint a Chief Executive Officer – this had now been done;
- Appoint a Board – this would be jointly responsible to both Scottish Government and Local Government (LG) which would affect the composition of the Board, with two spaces reserved for LG and these members would be determined by COSLA (Convention of Scottish Local Authorities);
- To be the external focus – meet with partners etc. This had started with a paper to the Chief Executives meeting. **Action: Paper to be circulated to Board Members for information. Board Secretary to source.**

**Board
Secretary**

8.2 Professor McGoldrick added that the new body would have a series of ambitions and would be held accountable for the National Health Standards for Scotland, so were working closely with SG around this. Members asked whether it would be possible to share the timeline document. **Action: Board Secretary to source and circulate to Members.**

**Board
Secretary**

8.3 Members thanked Professor McGoldrick for his update and asked what NSS could do to assist. He reflected that NSS was already doing a great job helping, including the assistance with recruiting an excellent CEO and shared services approach to corporate areas. He added that in future it may be good to share development sessions and discussions in general between the two sets of Board Members and collective opportunities. All reflected that on day one of the new organisation staff would still be in the same desks, doing the same jobs, so it was important that there were no barriers between the two organisations.

9. CORPORATE RISK REGISTER (6 MONTHLY REVIEW) [paper B/19/112 refers]

9.1 Mr Neilson took Members through the report and advised that the main objective was to provide assurance that NSS was managing Risk effectively.

9.2 Members reflected that NSS had a good process around risk in general but there was some concern that more challenge was required by Board Members.

9.3 It was also noted that the NSS Audit and Risk Committee should have overall accountability for all risks, but that those that related to specific topic areas, such as clinical, should also be challenged by the relevant Committee. A suggestion was to format an NSS Board Assurance Framework to support this approach. Mr Redpath added that for the Board meetings it was important for Members to know the 'so what?' around risks. After further discussion Members also asked that 'residual risk' was also reviewed, including a timeline of when all mitigating actions would be completed. **Action: M Neilson to feed back to Mrs Marion Walker, Risk Manager Lead.**

M Neilson

10. GOVERNANCE REVIEW

10.1 Mr Redpath took Members through his thoughts for future meetings and governance;

- Cycle of meetings – a move to quarterly cycle to ensure that all Committees met between formal Board meetings;
- Board Development Sessions – a move to 4 per year between formal meetings;
- A 'Once for Governance' approach the reporting. It was noted that this may require changes/updates to Terms of Reference for Committees;
- Review of Committee chairs with possible reshuffle: Mrs Burgess to move to Chair the Audit & Risk Committee, Mr McDavid to Chair the Finance, Procurement and Performance Committee and Ms Rooney to Chair the Clinical Governance Committee and Mr Redpath would then cover the Information Governance Committee until the Stakeholder Non-Executive had been recruited. Mr Deffenbaugh would remain as Chair of Staff Governance and Remuneration and Succession Planning Committees.

10.2 Mrs McLaughlin added that a review of front covers was also underway, along with formatting of agenda's to focus on 'Underpin', 'Enable' and 'Assist' themes. She continued that national work was still on-going to look at model Terms of Reference and Standing Orders for all NHS Scotland Boards and an update would be provided once available. The Board Services team had also reinstated the NSS PA Network to support Directors/Authors on what information and style should be used going forward. Mrs Low commented that there was also a finance strand to this National review, which would look at the Standing Financial Instructions to identify a minimum standard of reporting. Mrs Jones added that this was also being looked at for national workforce data but this was not as far advanced as the other areas.

10.3 Members welcomed these approaches and changes and reflected that NSS already functioned well in these areas but that continuous improvement was always welcomed. This would allow the Board to make appropriate challenge and make reasoned judgements/decisions on the information provided by the organisation. Members also recommended that a Board Development Programme should be compiled. **Action: Mrs McLaughlin and Board Secretary to work with Mr Redpath to implement the recommendations and improvements identified.**

**K Redpath/
E McLaughlin/
Board Secretary**

10.4 Mrs Nicholls added that as part of the Corporate Governance Blueprint Action plan Non-Executive Induction programmes were also being reviewed. One specific action related to visibility of Non-Executives and after further discussion Members felt that holding meeting across the NSS estate would help in this respect. Mrs Nicholls to take this into account when determining venues for Committee meetings for the following year. **Action: Board Secretary to review venues for future meetings.**

Board Secretary

11. PAPERS FOR INFORMATION ONLY [papers B/19/113, B/19/114, B/19/115, B/19/116 and B/19/117 refer]

11.1 Members noted the papers listed for information only.

There being no further business, the meeting finished at 1235 hrs.

NSS FORMAL BOARD ACTION LIST 2019-20



CLOSED

B/20/03

Ref Item	Action	Responsible	Deadline	Status
FROM 1 NOVEMBER 2019				
2019-11-01 Item: 3	Chairs Update			
2019-11-01 Item: 3.2	Members to feedback any comments on the Whistle Blowing consultation to E McLaughlin.	ALL	12.11.19	Complete.
2019-11-01 Item: 3.2	J Jones to engage with Chief Executives via the HRD's group	J Jones	Immediately	Discussed at HRDs. There has been a meeting with the SPSO. Briefing note will be going to the Chief Executives.
2019-11-01 Item:3.2	K Redpath to update on response from Public Appointments re Stakeholder Non-Executive vacancy.	K Redpath	Outwith meeting cycle	After discussion with Cabinet Secretary it was deemed unnecessary for NSS to have a stakeholder on the Board. As a result recruit will progress for a 'normal' Non-Executive. 14.1.20
2019-11-01 Item: 5.2	<u>NSS Mid Year Report</u> M Neilson to circulate new Scottish Government guidance once available.	M Neilson	Outwith meeting	
2019-11-01 Item:7.1	<u>Finance Report</u> M Neilson, J Jones and C Low to look at options for communicating NSS mid-year position to staff.	M Neilson/ C Low/ J Jones	Immediately	Mid-year performance was communicated at the NSS senior management forum and will feature in the NSS Connected session led by the Chief Executive with all staff on 23 January 2020. [13.01.20]
2019-11-01 Item: 8	Update on Public Health Scotland			
2019-11-01 Item: 8.1	K Nicholls to circulate the update paper on PHS that had been presented to the recent Chief Executive's meeting.	K Nicholls	Immediately	Complete.
2019-11-01 Item: 8.2	K Nicholls to liaise with Professor McGoldrick re timeline document and circulate to Members.	K Nicholls	Immediately	Still awaiting information from PHS.
2019-11-01 Item: 9.2	<u>Risk Review</u> M Neilson to liaise with M Walker re Risk Management including review of residual risk status, and Board Assurance Framework.	M Neilson	30.1.20	

23/01/2020

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Ref Item	Action	Responsible	Deadline	Status
2019-11-01 Item: 10	<u>Governance Review</u>			
2019-11-01 Item: 10.3	E McLaughlin/K Nicholls and K Redpath to work to implement recommendations and improvements to Board processes	K Redpath/ E McLaughlin/ K Nicholls	On-going	Meeting held – workplan and review of Committees and programmes of work on-going.
2019-11-01 Item: 10.4	K Nicholls to review alternative venues for 2020 meetings.	K Nicholls	On-going	Complete.
FROM 6 SEPTEMBER 2019 – NO OUTSTANDING ACTIONS				
FROM 28 JUNE 2019 – NO OUTSTANDING ACTIONS				
FROM 5 APRIL 2019 – NO OUTSTANDING ITEMS				

NSS Board Meeting – Thursday 30th January 2020

Chair’s Report for November, December and January 2020

This report contains a brief summary of the most significant activities and discussions that I have engaged in as Chair since the last Board meeting.

Induction

I have now completed my attendance at all SBU management teams which has been incredibly helpful for me. I have not yet managed to visit all our main sites as yet but still intend to visit Aberdeen and Inverness in the next few weeks and a visit to Bain Square is scheduled for 27th February. (I am told the last Thursday of the month is cake day and a good day to attend!)

Inside the Organisation

Following on from the discussion and decisions we took on our governance arrangements at the last Board Meeting, I have spent some time with officers in their further development with particular attention being given to the publication of new Guidance from Government on the standard set of Standing Orders that we should adopt. The Guidance does recognise the particular position of NHS NSS and our ability to amend if required.

A national Terms of Reference for an Audit and Assurance Committee has also just been published and this is providing a helpful template to gauge our current arrangements against.

A revised set of Standing orders and Committee Terms of Reference is planned to be brought to our March meeting for consideration.

On my return from leave, I was delighted to hear that NSS had been selected to be the single payroll provider for a cohort of East of Scotland Boards.

The choice was between ourselves or Lothian HB as the largest of the participating Boards.

I would want the Board to recognise the leading role of our Director of Finance, Carolyn Low, in making this a reality. As Board members have been keen to express in my first few months as Chair, this is exactly the type of opportunity that we need to be in a position to respond to when the opportunity presents – or indeed can be generated.

NHS Board Chairs Meetings

There has only been 1 session of the Board Chairs Group since the last meeting and is due to take place on Monday 27th January so I will have to provide a verbal update.

The agendas for the Chairs meeting and the subsequent session with the Cabinet Secretary are becoming increasingly homogenous with the morning event, in part, rehearsing our contributions to the afternoon session.

At the last meeting it was noted that the Cabinet Secretary has commissioned a formal review of the role and purpose of the Chairs group and I hope to hear more on that at Mondays meeting.

In general terms however these meetings are increasingly focused on ensuring that national priorities are being delivered in a timely and consistent manner with an increasing intolerance for unnecessary difference and divergence.

Whilst much of that focus is being directed at geographic Boards, there is no doubt that the NSS strategy on delivering once for Scotland solutions is entirely well founded. We do have to wait for the proper time for us to either offer or be invited to deliver solutions but I have no doubt that, as in the case of the commission to deliver a single payroll solution for SE Scotland, set out above, our credibility continues to be enhanced. I am sure that the Board will want to be focused on the successful implementation and future delivery of the shared service offerings as we go forward.

NSS Board Non-Executive Appointments

Within a few days of our last Board meeting, I received written confirmation from the Director General's office that he and the Cabinet Secretary had decided that it was no longer either appropriate or necessary that a stakeholder Non-Executive Director be appointed.

While I know that the Board have historically valued such appointments, and maybe disappointed that this was the decision, it was also clear that it was non-negotiable so I have proceeded with the process to recruit two new Non-Executive Directors with immediate effect. Once we have been allocated a Whistleblowing Champion NED, that will bring a total of three new NEDs to the Board by June 2020. The advert for the new NEDs will appear in early February.

The process of recruiting new NEDs is onerous and time consuming and I am indebted to Karen Nicholls in particular for her support in delivering the paperwork that SG required for this purpose.

I have asked officers to schedule our key development sessions on a timeline that should mean our new NED colleagues will be able to participate.

As always I will be happy to take comments and questions on the issues set out above at the meeting.

R Keith Redpath
Chair.

22nd January 2020.

Chief Executive's Update



1 Context

The last 3 months have been extremely positive with a range of issues and projects making significant progress. This is in parallel with a continuingly positive operational performance. We were successful in being selected as the host board for the East of Scotland Payroll Service and this is a very positive message both about NSS and our strategic direction for this type of support service to be provided by National Boards. This will involve delivering payroll services for 7 boards and approximately 70,000 staff. It has been confirmed that we are to establish the National Screening Oversight Function and this work is underway.

In the digital space, operational plans and funding have been agreed for 365 and CHI/Child Health and these are continuing to progress with the pace increasing over the coming months. The Waste Management Service will move out of contingency over the next couple of months with Tradebe now in place to deliver its contractual requirements and the Brexit position has at least temporarily been put on the back burner.

We have continued to support the work at the Queen Elizabeth University Hospital and the RHCYP. Both HPS and HFS have had significant engagement with Greater Glasgow and Clyde over the last few months and are providing significant support to Scottish Government and the relevant reviews that are underway. This is expected to continue for a number of months and Marion Bain, who was due to return to NSS in April, has been seconded to support infection control activities in Glasgow. Mary Morgan continues to support the work of the RHCYP and significant progress has been made. Work continues to ensure that the hospital is able to open as scheduled in the Cabinet Secretary's announcements next year.

We are continuing to develop the Scottish Centre for Reducing Infection and Risks in the Healthcare Built Environment with a lot of stakeholder engagement work being carried out. This is proving very helpful in terms of keeping key staff involved and getting their input. The outline for the new centre will be developed over the next month and we are on track to deliver the blueprint by the end of March. In tandem, HFS continues to carry out reviews in designated hospitals across Scotland.

We continue to support the development of Public Health Scotland and things are on track for its commencement on 1st April. Phil Couser is moving across to PHS from Monday 3rd February to provide additional support to Angela Leitch, Chief Executive. Our shared service proposition continues to be developed in partnership. Our annual strategy and resource allocation process has been underway and will be presented to the Board today. The financial position remains challenging and we still await a final budget position from Scottish Government. Last week I presented digitally to over 300 staff across NSS outlining our ambition and strategic direction. The feedback on the session has been very positive.

There is increasing focus on the Climate Emergency and I think NSS will need to have an increased role in supporting health with this challenge and we are anticipating being involved in the preparation and contingency work for COP26 due in Glasgow in November.

The annual awards ceremony will have taken place before this Board meeting and I am delighted to be able to recognise the work of staff across NSS who have responded extremely well to the increased workload. We have faced a significant number of challenges over the last year across all our activities and have delivered very effectively while maintaining our business as usual services.

The position with regards to the £15m savings expected of National Boards has become difficult over the last month as the approach outlined by Scottish Government, I believe, is inequitable and causing tension between boards.

2 Response to Health and Social Care Delivery Plan

NHSS Approach

Mental Health, Waiting Times and Integration continue to be key priorities for SG. We continue to support a number of Boards through PgMS on implementing their Mental Health programmes and have had discussions with SG around broader support in this area.

We had a workshop event recently with Health and Social Care Partnership Chief Officers which was very successful and there is genuine interest in how we can work more closely with the partnerships. Particular areas of focus were around primary care, whole system data and intelligence, screening uptake levels and business intelligence particularly establishing the benefits of programmes that are implemented. Our Primary Care programme is continuing to be rolled out with a particular desire for the National Boards to join the programme into a single offering which we are working to support.

Public Health Scotland

We continue to support the establishment of Public Health Scotland. Jacqui Jones and the HR team are working across a range of staff issues from senior team appointment to the administration of the TUPE process. Our shared service offering is now well established and details are being agreed with colleagues in PHS with the principle of partnership very much at the core. The financial separation of the two organisations is also progressing and to date there are no major issues. Approximately 11 staff are transferring from Health Scotland to NSS although this number may increase over the coming months as the shared services work is finalised.

National Board Collaboration

National Board Collaboration continues and there is a range of work underway both in terms of externally facing services such as primary care and the use of single systems and processes for our internal services. To date this has not produced significant financial savings and the challenge of the collaborative £15m saving has no clear resolution. Scottish Government have advised that currently 6 boards have provided a contribution delivering approximately £11m of savings with 2 others unable to contribute. They have proposed to divide the remaining £4m among the 6 boards who have already contributed potentially giving NSS an extra £1.5m to save. I am not supportive of this approach both in terms of its inequity and the behaviours it could be seen to endorse. We are in discussion with colleagues in SG and National Boards but with no resolution to date. I have advised SG that I do not have authority from my Board to commit to any more savings other than the £5.5m already provided and as a result we are reporting a potential deficit of £1.5m. There are things we can do to mitigate this issue which Carolyn will cover but they will impact on work we were intending to complete this year.

3 Performance Summary

Finance/Operations/People

Outside the challenge of National Boards collaboration our financial position remains good and we are on track to deliver the majority of our operational and workforce targets.

CHI/CH, GPIT, Office 365

There has been significant progress in both CHI/CH and 365 over the last 3 months. GPIT sees all 3 suppliers suffering significant delay as outlined in my previous report and has not

changed. Funding has been agreed for CHI/CH and the agreements have been signed with the chosen suppliers. The SG Team are fully supportive of the approach and the programme is now moving into implementation phase. There is still significant work to do but the clarity around funding is a very positive step forward. Office 365 has been through a significant review process to ensure the programme overall is fit for purpose, that the governance is effective and that funding is secured. This process is still being finalised but it has been approved through SG and Chief Executives with only final discussions around the funding balance between Boards and SG to be confirmed. There is now real clarity on the costs and benefits of Office 365 and an understanding that this is a key transformation enabler for the overall digital strategy. Deryck Mitchelson and the team have played a significant role here and their engagement with senior staff across the service has been critical. The implementation programme for 365 is very tight particularly the move from NHS Mail which has to be completed by September so there is much work to do. In NSS, we are clearly running the overall programme but have to ensure our own organisation is in a position to switch to 365 within the timescales. There have been changes in the senior team in SG which has seen the appointment of Caroline Lamb on a secondment basis as Director Digital and Jonathan Cameron moving from PHI as her deputy. These are very positive appointments bringing senior focus to the digital agenda which has been needed for some time and their input has been positive in both the CH and 365 programmes.

New Data Capture, Validation and Pricing (DCVP)

The DCVP programme has been agreed and is now in implementation. The programme is currently working to timetable. There is a lessons learned exercise being conducted and this will be reported to the Board meeting in March.

East of Scotland Payroll Service

There has been a programme of work in place for a number of months to establish a shared service for payroll in the East of Scotland which comprises of 7 Boards. NHS Lothian and NSS were both interested in delivering the service. The programme team for this project arranged a selection process with both boards presenting to a group of senior colleagues from Boards, SG and Trade Unions. Following this process, NSS has been selected with our strategic fit being the key differentiator between us and NHS Lothian. The team in NSS, led by Carolyn Low, have done an excellent job in getting us to this position and I believe this is an important step forward in how shared services should be viewed strategically. It is a significant challenge to ensure that we deliver an effective service from day 1 but can also then put the focus on how we improve the service going forward. The changes will involve staff from a number of boards transferring into NSS but it is our intention to retain a number of operating sites both to support staff and ensure long term service continuity.

4 Current Issues

Current key operational issues are as follows:

NSS iMatter Results 18/19 – our response rate was 82% up 4% on last year and I am delighted that our level of iMatter action plans submitted is 91% which is 6% above the target set by the Partnership Forum. This is an excellent result but important that the plans are now implemented throughout the organisation. At an NSS level, we have agreed in partnership to focus on senior management visibility and staff being involved in decisions that affect them. An action plan agreed in partnership is being developed for these two priorities. This work supports our Great Place to Work Plan and response to Sturrock.

Royal Hospital for Children and Young People Edinburgh (RHCYP) – NSS has completed its reports into RHCYP and the recommendations generally have been included in the plans for the site. NHS Lothian is currently in negotiation with their partners to plan and commission this work. Mary Morgan continues to act in her role as Programme Director supporting this work. This will continue for the rest of this year but on a reduced time basis which should allow Mary to take over the majority of her normal NSS duties once again. The

HFS and HPS teams will continue to support Lothian as they agree the design and build plans for the work and currently are on track to meet the expectations on the site opening. This work has helped support both the development of the blueprint for the CoE and direct commissions HFS have received in terms of carrying out reviews of recently built hospitals. We have just recently completed reviews at Dumfries and Galloway Royal Infirmary and the Balfour in Orkney. Follow up work is continuing with facilities being planned including elective care centres, the Baird and Anchor in Aberdeen and Monklands. This work will underpin the start of the Centre of Expertise in April this year. The blueprint will be available over the next couple of months and will be brought to the Board for consideration.

Brexit - Contingency planning has been stood down but it is recognised that there is a further deadline at the end of this year. It is required that a trade deal is put in place and if this is not agreed the impacts of a no deal Brexit essentially remain and contingency will be reinstated.

Screening Review – NSS has now been formally commissioned to establish the National Screening Oversight Function including the appointment of a screening director. The new body will be hosted within NSS and have overall governance responsibility for screening services generally across Scotland. There will also be a strong link into the work currently carried out by NSD.

Clinical Waste – The Tradebe plant in Bellshill is now operational and the team are in the process of moving from contingency into full operation with Tradebe. The move was delayed slightly over the Christmas period to avoid any disruption but will now be pushed through over the next 3 months. There are two critical issues to address – firstly all sites generating clinical waste need to be inspected by Tradebe over the next year to meet regulations. This process is testing as there are over 3000 sites albeit a small number of large sites generate most of the waste. Secondly the market for disposal capacity in the UK still remains very difficult and while the Tradebe plant in Bellshill helps significantly we still have to operate in the UK market.

UK Blood Inquiry - The Infected Blood Inquiry continues but focus has not impacted SNBTS directly. The work of the Inquiry will ramp up in 2020 and we are in the process of working through resource and funding implications with SG.

Tax implications for NSS staff – This issue remains a challenge and the impact is being felt by senior staff in managerial roles as well as clinical staff. The numbers in NSS are small but the impact is clearly continuing across NHSScotland.

NSS Connected – Over the next year, it is our intention to use the brand of NSS Connected to underpin all our communications. This initiative has been developed by the Communications Team and is based on the principle of bringing our people and purpose together. The principle of connection works with all our key stakeholders including staff and also supports the leverage of new technology in ensuring we stay connected in a very complicated system with a wide range of stakeholders. The process started with my communications event on January 23rd. This proved to be a very successful engagement with the new technology through Teams allowing me to communicate with over 300 staff across 6 of our geographies.

5 Next Steps

- Implementing the NSS Strategy
- Managing implementation and operational and financial implications of Office 365
- Continuing to implement key Digital Programmes and governance around the Health and Social Care Digital Strategy
- Developing the Scottish Centre for Reducing Infection and Risks in the Healthcare Built Environment
- Finalising Shared Services for Public Health Scotland
- Continuing to manage NHSS waste management requirements

- Finalising establishment of screening oversight function.
- Continuing the development of Board reporting and 5 year targets
- Implementation of East of Scotland Payroll Shared Service
- Understanding role in Climate Emergency activities including COP26

COLIN SINCLAIR
January 2020

B/20/06

NSS Board Meeting – Thursday 30 January 2020

Progress Towards NSS Strategy and Strategic Risks – Update as at December 19

Purpose

This paper provides the following information on progress, as at December 19, for the Board's consideration:

- towards the priorities set out within the NSS Strategy
- against an agreed set of corporate performance indicators.
- update on the Board's list of strategic risks.

Recommendation

The Board is asked to note progress against the priorities set out within the NSS Strategy of Enable, Underpin and Assist and a set of agreed corporate performance indicators.

The Board is asked to agree that the corporate strategic risks identified from the Strategy Performance Framework retorts be included within their "watch list" of strategic risks.

These are as follows.

- 5800 Primary and Community Care Strategic Theme
- 5523 National Security Operations Centre
- 5636 PgMS Service Delivery

Further detail is provided for your information.

Timing

A progress report detailing performance against the NSS Strategy, corporate performance indicators and strategic risks is reported to the Board twice a year, with the next report due in September 2020.

Background

The NSS Strategy 2019-24 was approved by the Board at its April 2019 meeting and formally launched in July. NSS makes a number of commitments within the strategy and this paper highlights progress against those commitments. More detailed programme reports are contained for information within Admin Control.

A BRAG status is applied to each area based on its present performance or result if completed.

Blue	Goals/targets (being) exceeded
Green	Goals/targets on target or achieved
Amber	Goals/targets (being) missed by less than 10%
Red	Goals/targets (being) missed by more than 10% or requiring specific highlight to the Board.

There are 14 programmes of work identified in the strategy, all of which are green (100%). The previous digital and data entry has been included within the digital and security update.

19 key performance indicators (KPIs) have been identified to help the Board assess corporate and operational performance. 4 are blue (21%), 11 are green (58%) 3 are amber (16%) and 1 is red (5%), giving us an overall KPI performance rating of 79%.

Procurement and Legal

No implications.

Engagement

This paper was developed with input from planning, performance and risk teams across NSS and the Assist Strategic Working Group.

Equality & Diversity

No implications are currently identified.

Caroline McDermott
Head of Planning
0131 275 6518

Matthew Neilson
Associate Director, Strategy, Performance and Communications
0131 275 7384

Progress Towards NSS Strategy and Strategic Risks – Update as at Dec 19

1. Background

This paper provides the following information on progress, as at December 19, for the Board's consideration:

- towards the priorities set out within the NSS Strategy
- against an agreed set of corporate performance indicators.
- update on the Board's list of strategic risks.

The NSS Strategy 2019-24 was approved by the Board at its April 2019 meeting and formally launched in July. NSS makes a number of commitments within the strategy and this paper highlights progress to against those commitments. This is provided as a summary dashboard. More detailed programme reports are contained for information within Admin Control.

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2. Strategic Programme Progress

There are 14 programmes of work identified in the strategy, all of which are green (100%), The previous digital and data entry has been included within the digital and security update.

The spreadsheet accompanying this paper entitled '*NSS Strategy Dashboard: Strategic Priorities December 19*' gives further details.

2.1 Enable

We have identified several programmes of work to enable transformation of health and care with new service offerings.

These are

- Primacy and community care
- Medicines
- Innovation and transformation

These programmes of work are new programmes which provide cross cutting support from a range of areas within NSS to support health and care in service transformation. As new programmes develop, there is continuing engagement with stakeholders to ascertain where we can best help; scoping the boundaries of the programmes and assessing priorities. Part of the scope of the programmes is to pull together activity from the various services across NSS to provide an integrated and enhanced offering.

2.2 Underpin

Positive progress continues, with the majority of programmes on target as planned providing:

- national support, for example PgMS providing specialised support to the transformation of health and care, ensuring benefits can be realised at pace;

increasing fraud prevention, detection and investigation; national approach to infrastructure management and national planning.

- Sustainable services, for example, providing tailored support to ensure blood bank sustainability; reducing NHSiS environmental impact; playing our part in the setup of Public Health Scotland and providing corporate shared services to this new body.
- Once for Scotland, for example optimising contracted products and service usage or transformation of health and care through digital solutions.
- Modernising services, for example modernise, integrate and digitally transform primary care payments and medical record transfers; modernised patient demographic index (CHI); digital and integrated CLO services.

2.3 Assist

Engagement continues with a range of health and care organisations to understand how NSS can best support joint projects to benefit a range of service users with health and care needs, including work on promoting equalities and tackling inequalities. Support is being provided by NSS in terms of digital, business intelligence and project and programme management.

3. Corporate Performance Indicators

19 key performance indicators (KPIs) have been identified to help the Board assess corporate and operational performance. 4 are blue (21%), 11 are green (58%) 3 are amber (16%) and 1 is red (5%), giving us an overall KPI performance rating of 79%. It should be noted that performance against the Operational Delivery Plan is on track, with an achievement of 90%.

The red indicator relates to revenue balance. The delivery of a break-even revenue position is at risk unless mitigating action is taken to address the pressure arising as a result of a request to contribute further towards National Boards Collaboration.

Amber KPIs relate to:

- Employee engagement rate, which was 76% against an expected target of 77%.
- Sickness absence, which is at 4.29% against the national standard of 4%.
- RIDDORS There have been 3 RIDDOR incidents against the target of 4 for the year. These have all taken place within PCF. Health and safety has been given an increased focus within PCF with support from Healthy Working Lives.

More detail is shown in the spreadsheet entitled '*NSS Strategy Dashboard: Strategic Objectives December 19.*'

4. Strategic Risks

The Board is asked to agree that the corporate strategic risks, identified from the Strategy Performance Framework returns, be included within their "watch list" of strategic risks. A review of strategic risks was previously requested by the Board in light of the new NSS Strategy.

- 5800 Primary and Community Care Strategic Theme (There is a risk that NSS fail to deliver the strategic intent of the Primary and Community Care theme due to a lack of join up and / or engagement with key stakeholders.)
- 5523 National Security Operations Centre (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.)
- 5636 PgMS Service Delivery (There is a risk that PgMS cannot operate a fully cost recoverable service due to a decrease in customer demand from NSS, National and Territorial Boards, Scottish Government and wider public sector agencies.)

A number of programme, SBU and department level risks have also been raised in relation to the implementation of the NSS strategy, and it is suggested that these risks be managed at SBU/Programme level and only be included within the Board's list of strategic risks if and when escalated to corporate NSS level risks.

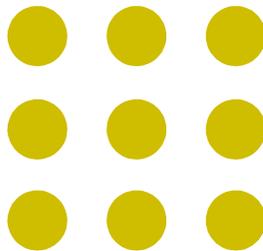
The following risks continue to be seen as strategic and it is recommended that they are retained on the Board's strategic 'watch list':-

- 5671 – nDCVP Programme
- 5322 – Brexit risk to supply chain
- 5230 – Clinical Waste Management Contingency
- 5114 - UK Infected Blood (Langstaff) Inquiry
- 4561 – Brexit

2020-2025

**NSS Strategy, Workforce
and Financial Plans**

Colin Sinclair
Chief Executive, NSS
31 January 2020



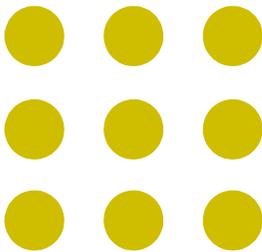
Introduction



What we'll cover today

- Strategic drivers
- Service
- Finance
- Workforce
- Summary and timeline

Strategic drivers



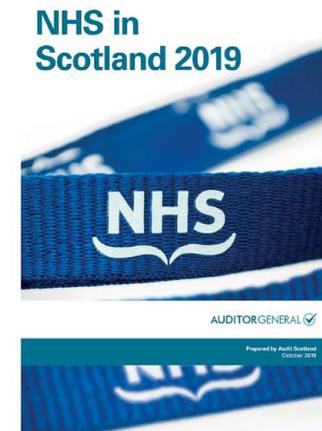
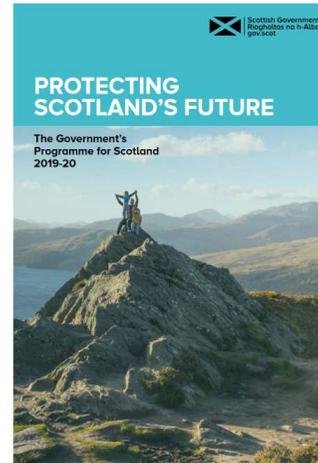
Our purpose and vision

“ We provide national solutions to improve the health and wellbeing of the people of Scotland”

“ Our vision is to be integral to a world-leading health and care service”



NHSScotland strategic considerations



Helping Scotland to become a more successful country by increasing the wellbeing of everyone who lives here.

The progressive actions government can take to make Scotland the best place in the world to grow up, learn, work and live in.

Scotland's NHS needs to refocus its priorities to speed up health and social care integration and system wide reform

NHSScotland Annual Operational Plan Framework 2019

National Considerations

Ministerial priorities

Medium term financial framework 2018

Government's Programme for Scotland 2019-20

Scotland's National Performance Framework

Local Considerations

IA strategic commissioning plan(s)

Service transformation plan

Regional plan

Workforce plan

Financial plan

Indicative improvement plan

Winter plan

Digital plan

Other Operational Considerations

Stroke pathways

Person centred visiting

Eye care

Oral health and wellbeing

Performance Considerations

- Ensuring safe and accessible treatment and care
- Increasing the pace and scale of reform across the health and social care system
- Maintaining the expected levels of operational performance

NSS strategic considerations

We will continue to focus on the 3 strategic priority areas identified with stakeholders.



Strategic performance

There is strong performance across all areas of the strategic plan. Amber performance relates to sick absence, RIDDORS and employee engagement – all of which are being closely monitored by the EMT and Partnership Forum.

Enable



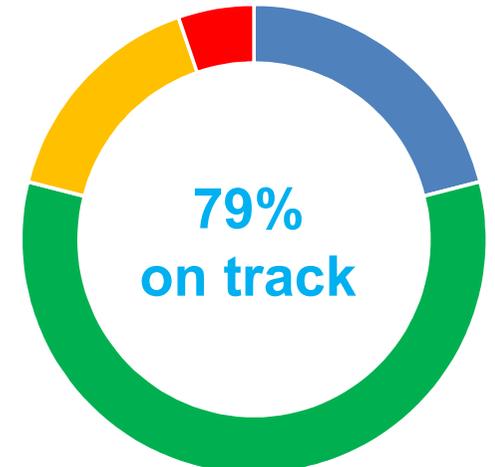
Underpin



Assist



**Strategic
objectives**



Enabling health and care transformation

- **Primary and community care**
- **Medicines**
- **Digital and data**
- **Innovation**
- **Centre of healthcare built environment expertise**  **NEW**
- **Climate emergency and sustainability leadership (TBC)**  **NEW**

Enabling health and care transformation

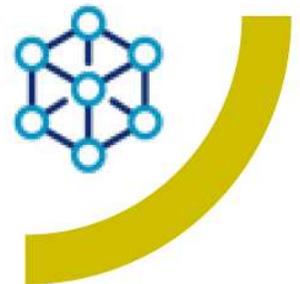


Primary and community care

- Enable implementation of the General Medical Services contract.
- Co-produce new delivery models with integration chief officers.
- Establish new measures of success.

Medicines

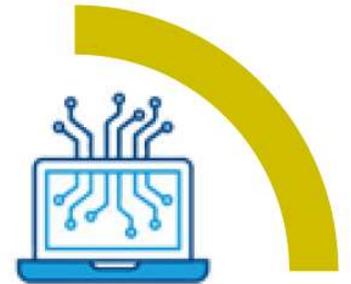
- Support primary care prescribing and dispensing pathways redesign.
- Support a value-based approach to medicines adoption.
- Research, develop and support the introduction of new treatments.



Enabling health and care transformation

Digital and data

- Deliver a national cyber security centre for NHSScotland.
- Increase adoption of business intelligence and analytics.
- Ensure delivery of national digital portfolio.



Innovation

- Develop and lead an NHSScotland innovation orchestration network.
- Deliver at least 5 major innovations into NHSScotland.
- Develop procurement and legal process to support innovation lifecycles.



Centre of healthcare built environment expertise

- Implement Programme Model and Target Operating Model findings.
- Increase national and local workforce knowledge and capability.
- Support development of integration healthcare infrastructure strategy.

Assisting other organisations involved in health and social care

Activity is progressing well in all areas:

Integration Joint Boards

A Chief Officers Engagement event takes place in January. It will explore partnership working using Health and Social Care Scotland's five essential elements.

Emergency Services

NSS is running a workshop with Police Scotland in January. It will consider how NSS can support Police Scotland to deliver Health & Care elements of their 5 year strategy.

Local Government

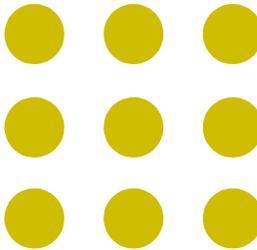
NSS is supporting service delivery in 10 authorities, mainly through Digital and Security. We have also developed strategic relationships with COSLA and SOLACE.

Third Sector

NSS is close to finalising its Public Involvement Strategy. We are also seeking to improve access to national screening programmes for BAME and disabled women.



Service



Key themes emerging from RAM

- Financial sustainability is dependent on delivering service transformation and optimising the use of digital.
- Additional efficiencies can be achieved by a deeper and more comprehensive integration of support services through Once for NSS.
- Achieving service transformation requires us to deliver at pace and running multiple programmes simultaneously across NSS.
- Service transformation will drive a change in the scale, pace and type of training needed to ensure staff have the right skills mix for future service provision.
- Our physical environment needs to support new ways of working and staff wellbeing while ensuring compliance with cleaning and environmental standards.

NSS five year summary plan 2020-2025

Vision:

To be integral to a world-leading health and care service

Gaps:

- Financially sustainable services
- Workforce skills mix
- Once for NSS integration
- Fit for purpose physical environment

Current state:

- Go to board for major programmes
- Ready for service transformation
- United but not fully joined up
- Expert workforce

FY21: Service development

- Develop corporate shared services model through Public Health Scotland and East Payroll
- Implement Centre of Expertise Programme Model and Target Operating Model findings.
- Continue to develop digitally enabled service transformation model for NSS
- Develop NSS Climate change service support model for NHS Scotland
- Continue development of detailed workforce plan to support service and financial sustainability
- Develop property and physical environment strategy

FY22: Service transformation

- Implement NHSScotland Sustainability toolkit and climate support approach
- Complete and implement property and physical environment strategy
- Launch service redesign and transformation support service.
- Complete roll out of Shared Service model based on PHS and Payroll.
- Roll out staff training and skills matrix to support workforce plan

FY23: Service performance

- Implement refreshed community health index.
- Model in place to achieve long term financial sustainability.
- Maintain NSS influence through strategic delivery.
- Implement property and physical environment strategy
- Once for NSS model fully integrated

FY24/25: Service integration

- Full integration with health and care (Once for Scotland)
- Full integration of internal services (Once for NSS)

SWOT analysis



Strengths

- Track record of delivery and demonstration of ability to step in and help when required
- Size, breadth and scale
- Willingness to help others

Weaknesses

- Authority and investment
- Financial constraints
- Lack of public visibility/interest
- Level of influence

Opportunities

- Once for Scotland
- Digital and data as an enabler to support transformation
- Sustainability and climate change leadership
- Infrastructure leadership

Threats

- Cultural resistance and pace of change
- Magnitude of 'ask' but uncertain future environment
- Imbalance between national, regional and local transformation

Strategic performance



Service	Investment profile	Delivery focus	Value created
Scottish National Blood Transfusion Service	Maintain	Improving operational efficiency and resilience	Safe, resilient and sustainable blood, tissue and cell supplies
National Services Division	Invest	Growing and improving specialist healthcare services	Increased access to specialist and tertiary care
Health Facilities Scotland	Invest	Ensuring health facilities and infrastructure is safe, effective and person centred	Patient safety and climate change resilience
Practitioner Services	Reduce	Full automation and adoption of digital solutions	Fast, accurate and cost efficient primary care payments
Digital and Security	Maintain	Improving cyber security and implementing cloud based enterprise solutions	Safe, efficient and secure digital infrastructure
National Procurement	Maintain	Best value and sustainability focused procurement and supply chain services	Environmentally sustainable financial savings and economic growth
Counter Fraud Services	Maintain	Increasing cost recovery	Safeguarding the finances available to invest in health and social care
Central Legal Office	Income generate	More efficient and easier to access legal services	Best in class litigation, employment, property and commercial contract services
Programme Management Services	Income generate	Meeting increasing demand while retaining high quality service standards	Services are transformed and benefits are achieved more quickly

SBU top 3 underpin priorities



Scottish National Blood Transfusion Service

- Provide tailored support to hospital blood banks (staffing, regulatory compliance & clinical safety).
- Prioritise delivery of electronic blood management solutions.
- Enable national adoption of single instance blood banking LIMS.



National Services Division

- Deliver new networks and specialist services in support of rare conditions.
- Lead the implementation of strategic changes in HPV, NIPT & DRS.
- Support critical NHSScotland service developments e.g. major trauma centres and stroke pathways.



Health Facilities Scotland

- Create and drive adoption of a National Infrastructure Framework and plan, including climate change leadership.
- Provide buildings assurance to patients, communities and government.
- Provide national guidance on design, construction and operations for health and social care facilities.

SBU top 3 underpin priorities



Practitioner Services

- Introduce digital prescribing.
- Implement the Community Health Index (CHI) refresh.
- Automate all primary care payments and introduce new data capture, validation and pricing (nDCVP).



Digital and Security

- Migrate NHSScotland fully away from Windows XP and Windows 7.
- Deliver a cloud based, unified communications solution for NHSScotland.
- Extend adoption of enterprise digital workflow solutions.



National Procurement

- Become the centre of excellence for all health procurement.
- Implement GS1 (barcodes) standards to ensure NHSScotland's healthcare system is safe and transparent.
- Work with Local Government to deliver health and social care procurement solutions.

SBU top 3 underpin priorities



Counter Fraud Services

- Secure £3m of NHSScotland resources through prevention, detection and investigation of fraud.
- Improve cost recovery modelling.
- Extend service to devolved non-departmental public bodies.



Central Legal Office

- Implement a cloud based case management and fee charging system.
- Ensure full interoperability with digital Court Services.
- Introduce interactive reporting with clients.



Programme Management Services

- Deliver a service redesign and transformation support service.
- Grow capability and service coverage in line with client demand.
- Ensure clients realise benefits quickly.

Opportunities and risks

Opportunities

National Infrastructure

- Centre of expertise
- Climate change emergency
- National infrastructure framework

Once for Scotland

- Increase our support e.g. resilience/facilities
- Secure data assets through cyber security
- Improve productivity using technology

Improving health

- Increase support to integration
- National oversight for screening services
- Increase Specialist Services to Boards

Once for NSS

- Increase integration of support services
- Drive productivity through digital approaches
- Stronger scrutiny of discretionary expenditure

Risks

Workforce

- Update skills and capabilities
- Workload
- Resilience and mental health

Political commitment

- Reliance on collaborative solutions
- Challenging financial position
- National Boards' collaboration

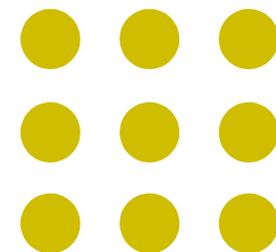
Our impact

- Local and regional diversity
- Ensuring alignment with public health agenda
- Demonstrating the value we add

Brexit

- Uncertain environment
- Potential for increased costs
- Risk of delays

Finance



Wider context – key messages

Uncertainty surrounds Scotland's Budget for 2020

- Scottish Government's budget is to be announced on 6 February.
- Any issues with the UK budget (11 March) will be managed by NHSScotland.
- A mid-year budget will be announced if necessary.

NHSScotland remains resource constrained whilst system "runs hot"

- Workforce remains a key challenge.
- Performance issues (financial/operational) resulting in escalated governance.

Infrastructure Commission for Scotland – infrastructure investment priorities

- We must re-think what infrastructure we use and how we use it.
- Investment will be prioritised to:
 - Tackle the climate emergency.
 - Stimulate an inclusive growth economy.

Financial planning assumptions

- Plans developed using nationally agreed planning assumptions.
- Boards asked to model the impact of reduced funding levels on strategic plans and performance.

Funding assumptions in plan	%	£m	Comments
“Non-Patient Facing” Baseline Uplift	0	0.0	General Baseline uplift unlikely for National Boards
“Patient-Facing” Baseline Uplift	2	4.4	Applied to NSD and SNBTS
AfC Pay Settlement	3.7	5.8	Fully Funded for 2020/21
Cash Releasing Efficiency Savings (CRES)		(7.0)	
Baseline to Public Health Scotland		(26.3)	Based on Due Diligence

Scenario Planning – underlying risk	%	£m	Comments
“Non-Patient Facing” Baseline Uplift	-1%	(3.4)	Adverse impact of 1% reduction in funding
“Patient-Facing” Baseline Uplift	1%	(2.2)	Adverse impact of 1% reduction in funding

Corporate provisions and assumptions

- National Boards Collaboration position yet to be agreed
- Further work needed to ensure transformation plans and workforce impact are sufficiently supported at these levels.
- All known pressures reflected.

Provisions in plan	£m	Comments
National Boards Collaboration – recurring	5.5	Based on SG proposal – to be agreed
National Boards Collaboration – additional	1.5	Based on SG proposal – to be agreed
Operating contingency	1.0	
Workforce resource pool	2.0	
Support for strategic developments	1.0	
Support for NSS Transformation	1.5	

SBU Five Year Financial Plans

- Plans subject to final review on confirmation of budget settlement.
- Further work needed to ensure transformation plans and workforce impact are fully developed over the planning period.

Strategic Business Unit	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000
Clinical	0	-53	-123	-193	-263
HR&W	-51	-244	-370	-481	-596
DaS	-579	-2,387	-4,121	-5,417	-6,924
Finance	0	0	0	0	0
P&CFS	-1,048	-963	-1,253	-2,109	-1,573
PCF	-77	-743	-1,525	-2,383	-3,763
SNBTS	435	-307	-698	-1,630	-2,609
SPST	240	-48	-546	-1,019	-1,643
CLO	0	0	0	0	0
Overall Operating Position	-1,080	-4,745	-8,636	-13,232	-17,371

Revenue position 2020/21

	£m
Retained CRES in reserves	23.5
Recurring developments	6.1
Share of underlying deficits to be funded	5.4
Resources available for service sustainability and developments	12.0
SBU Developments	9.5
PAMS Backlog Maintenance – Revenue Expenditure	0.4
PAMS Backlog Maintenance – Capital funded from Revenue	4.3
Total Developments and Investment bids	14.2
Current shortfall / prioritisation required	2.2

SBU revenue development bids	£m
P&CFS	1.5
DaS	3.6
PCF	3.4
SNBTS	0.8
HR&W	0.2
CLO	0.0
Finance	0.2
SPST	0.6
Clinical	0.7
Total requests	9.5

Property backlog maintenance



Building	2020-21	2021-22	2022-23	2023-24	2024-25
Foresterhill (SNBTS)	652,000	120,000	2,410,000	210,000	670,000
Gyle Square	2,455,000	2,810,000	2,410,000	240,000	140,000
Meridian Court	1,169,999	1,771,999	152,002	692,000	52,000
NDC (Canderside, Larkhall)	216,000	1,108,000		420,000	500,000
Grand Total	4,492,999	5,809,999	4,972,002	1,562,000	1,362,000

Risk	2020-21	2021-22	2022-23	2023-24	2024-25
Significant	540,000		1,600,000	50,000	0
Moderate	2,522,000	4,525,000	3,145,000	505,000	255,000
Low	1,430,999	1,284,999	227,002	1,007,000	1,107,000
Grand Total	4,492,999	5,809,999	4,972,002	1,562,000	1,362,000

Capital Plan

Core Funding	£m	Investment Requirements	£m
Formula Allocation	3.4	SBU Development Bids	
PHS Adjustment	(0.4)	Practitioner & Counter Fraud Services	0.2
Total Capital Resource Limit (CRL)	3.0	Digital & Security	0.6
Recurring Commitments:		Procurement Commissioning and Facilities	0.2
Equipment replacement: SNBTS	0.2	SNBTS	1.0
Fleet replacement: SNBTS	0.3	Sub-Total Development Bids	2.0
Breast Screening	0.5	Property Backlog Maintenance	
Total recurring	1.0	High Risk	0.6
Programmes underway	0.2	Medium Risk	2.5
Total Commitments	1.2	Low Risk	1.0
Funding Available	1.8	Sub-Total Property Backlog Maintenance	4.1
Shortfall Funded from Revenue or Capital Receipts	4.3	Total Investment Requirements	6.1

Delivering Financial Sustainability - Priorities

Strong financial management

- Transformed Finance service to drive improvements in financial management across the organisation.
- Business partners to provide focus on driving value from strategic themes.
- Cost and Commercial Group to drive value from non-pay spend – with a focus on Facilities, SNBTS and Digital and Security.

Workforce effectiveness

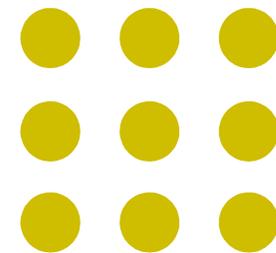
- Continued focus on governance of recruitment processes.
- Supporting service redesign, organisational change and workforce redeployment.
- Developing the skills and capabilities of our workforce to be fit for the future.

Transformed services

- Prioritising efforts in areas of the organisation which demonstrate change readiness and will deliver value whilst reducing cost.



Workforce



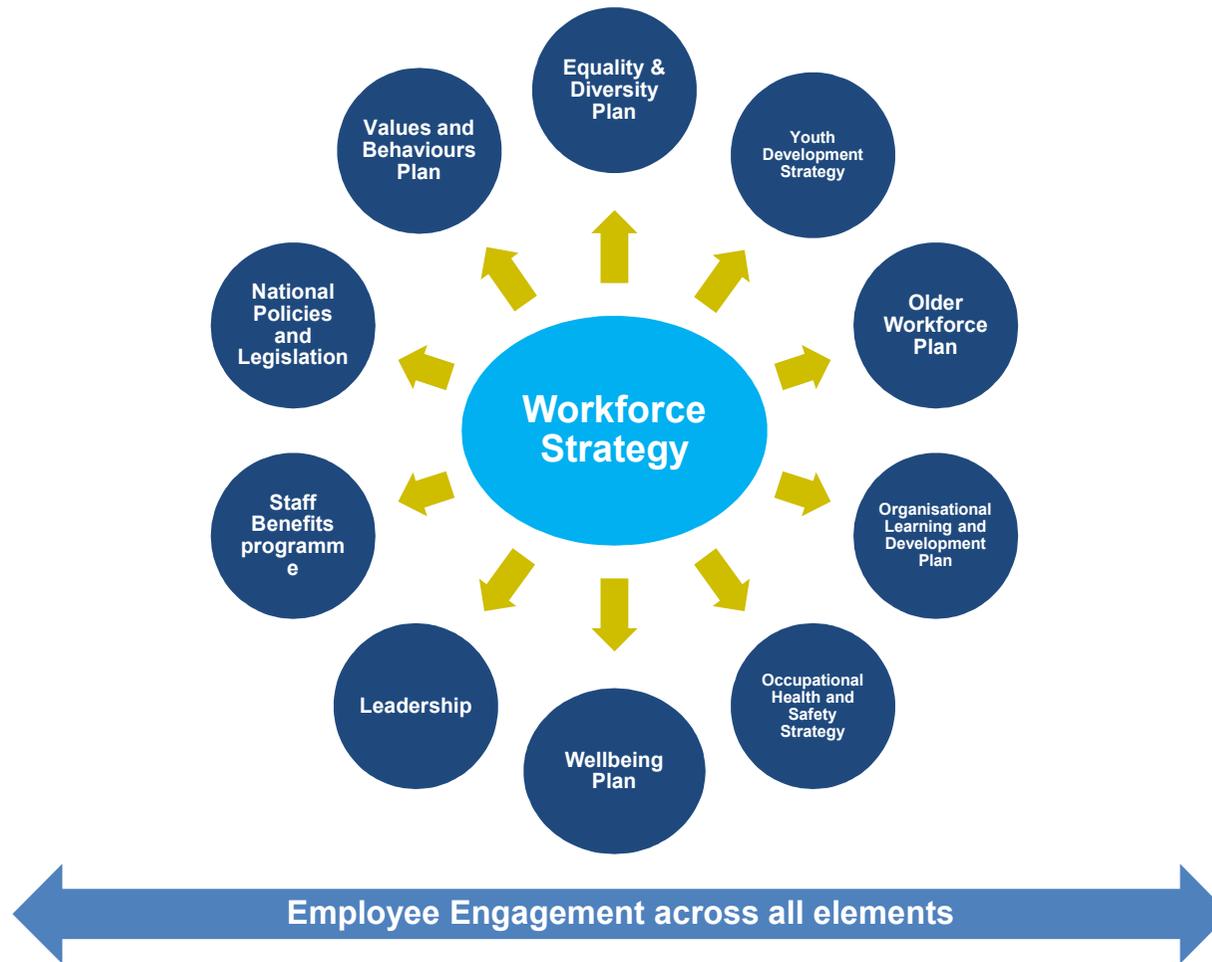
The kind of organisation we want to be



**We want all our staff to
thrive and be successful.**

Their success is our success.

What we are putting in place



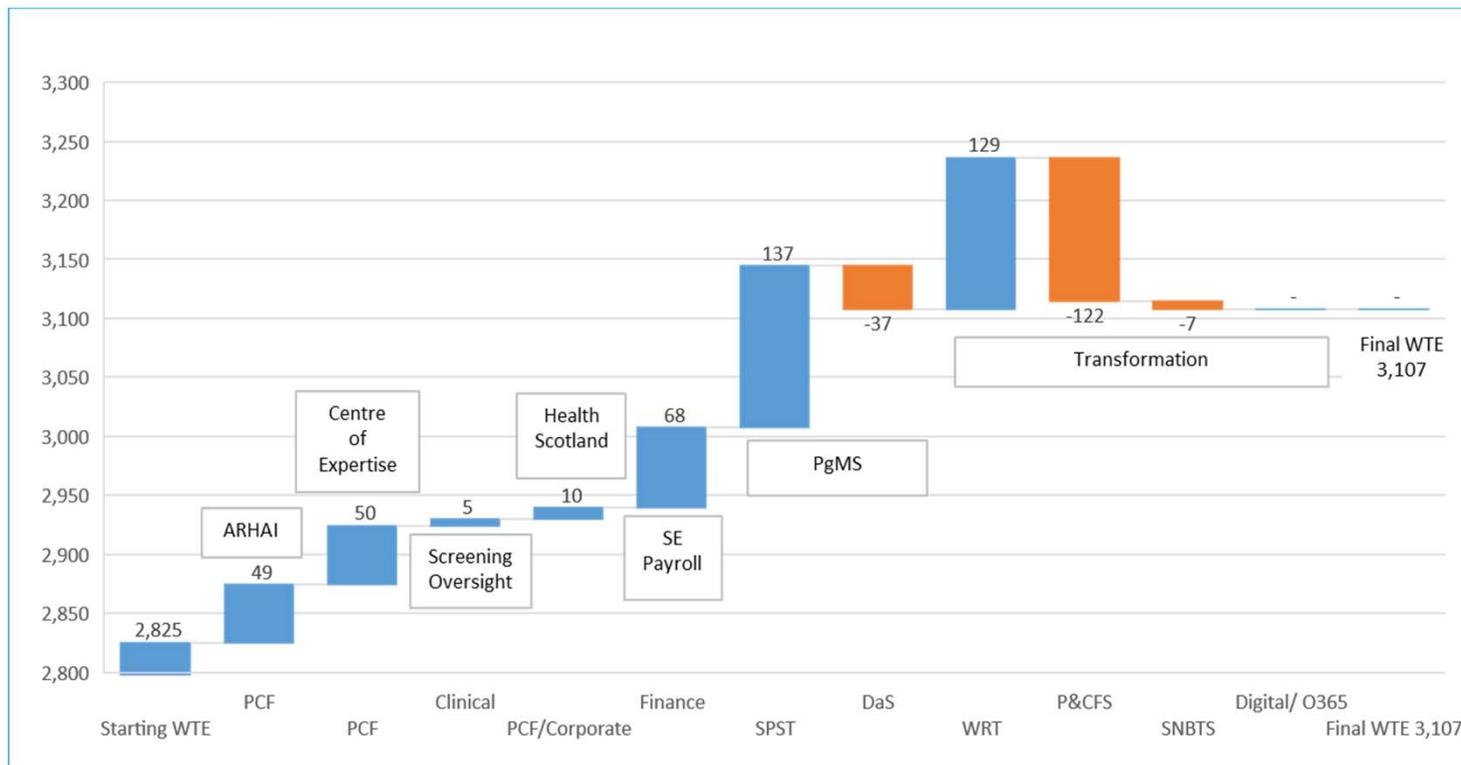
Key workforce considerations

The RAM sessions highlighted the need for robust workforce planning:

- Service transformation is increasing the need for organisational change throughout NSS.
- Digital services and increased automation is reducing manual transactional activities.
- Analysing and understanding data is becoming a core skill requirement for all staff.
- Corporate areas are evolving from support services to shared service delivery partners.
- PHI's departure changes the overall NSS workforce profile.
- Organisationally we need to shift to being proactive and forward thinking.

NSS workforce movement 2020 to 2025

NSS workforce will increase by 282 WTE over the next 5 years.
 Half of the growth is in one service (PGMS) and will be funded from income.



2020/21



2024/25

Future skills and competencies

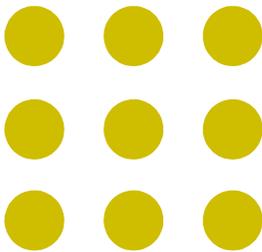
New and improved skills will be required to ensure successful future service provision:

- | | |
|---|--|
| <ul style="list-style-type: none">• Digital• Data analytics• Programme management• Stakeholder and relationship management | <ul style="list-style-type: none">• People management• Team management• Leading and managing change• Leading multi-disciplinary teams |
|---|--|

Key workforce challenges

- Scaling our workforce in line with new and transformed service requirements.
- Identifying workforce skills gaps early enough to enable staff development.
- Creating a safe culture and experience for staff in line with the Sturrock review.
- Quickly integrating NHS Health Scotland and South East Payroll Consortium staff into NSS.
- Effective and consistent performance management, e.g. sickness absence, appraisals.
- Supporting the increasing number of staff with carer responsibilities.
- Ensuring equitable access to HR Services for all staff.
- Managing staff wellbeing and recruiting and retaining a diverse workforce.

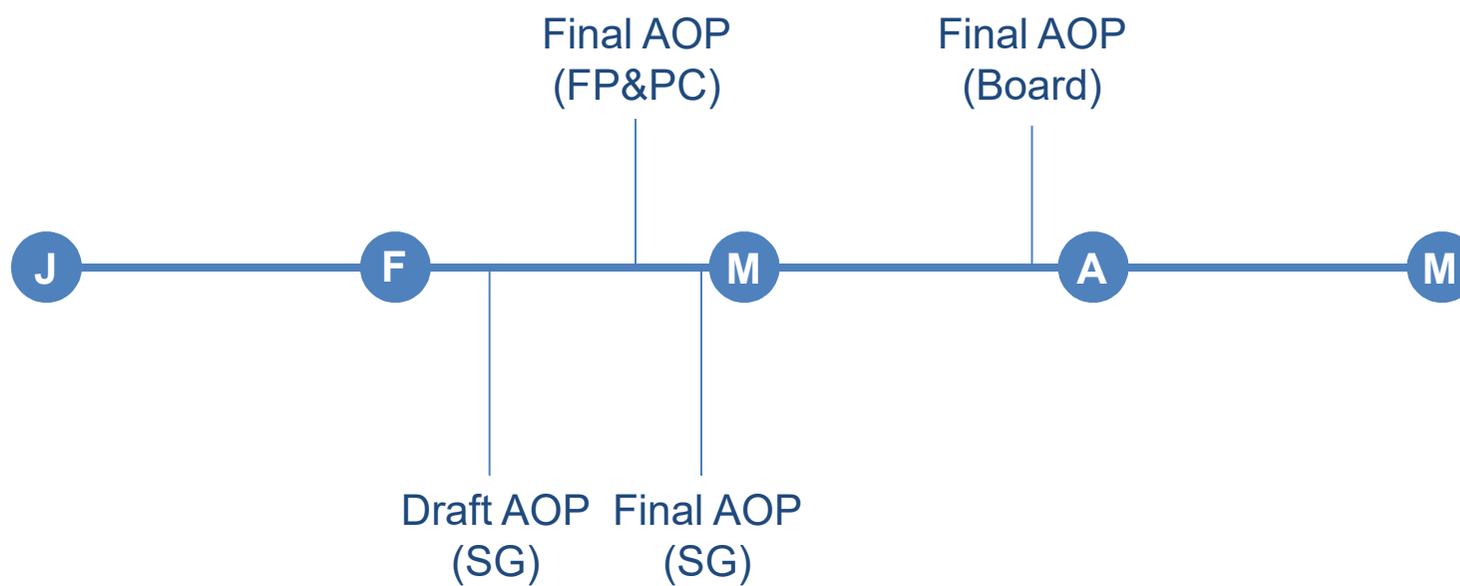
Summary and timeline



Summary

- Our strategic plan is helping ensure NSS activities and priorities are aligned to health and care ambitions.
- Every service is undertaking some form of transformation creating both opportunity and risk for NSS.
- Financial sustainability is achievable so long as we deliver service transformation, optimise the use of digital and integrate support services.
- Ensuring our workforce has the right skills mix and is retrained with new skills is a critical dependency.
- Your considerations and feedback will help ensure we are focused on the right areas and right actions

Timeline



NSS Strategy Dashboard: Strategic Priorities December 2019

Strategic priority	Programme	Commitment	Status (last report)	Status (this report)	Status update	Achievements since last report	
ENABLE health and care transformation	Primary and community care	Assess primary care capability and capacity and the current state of the general practice estate Support the modernisation of primary care systems/processes	Green	Green	Working across NSS with stakeholders to engage strategically to align primary care services in order that maximise opportunities or join up data where possible. Drafted proposal for joint commissioning of National Boards services from SG to gain maximum benefits from jointly commissioned solutions. Initiated service design workshops around prescribing pathways and have recommendations going forward.	Positive engagements taken place with a range of stakeholders and strategic discussions with National Board and SG colleagues.	
	Medicines	Redesign prescribing pathways in primary care and improve access to medicines data Research, develop and introduce new treatments	Green	Green	Primary care prescribing dispensing - workshops held to determine priorities and associated blueprints. Patient perspective research included. Within NSS agreed planned approach to engagement and influencing for Precision Medicine.	Priorities determined for primary care prescribing / dispensing.	
	Innovation and transformation	Develop an innovation network and support the scale up of key innovations across Scotland Enable stakeholders and partners to deliver transformational change	Green	Green	Initial work undertaken to develop NSS network, support signposting, mapping how we deliver innovation expertise and support how we work to orchestrate innovation projects and continued stakeholder engagement.	Workstreams beginning to deliver progress on how we support and deliver innovation services.	
UNDERPIN NHSScotland with excellent services	Better Health	Blood, tissues and cells	Support hospital blood banks Introduce eBlood management systems	Green	Green	Programme on track. Blood Bank dashboard delivered, results analysed and support being offered to Boards where risks have been identified. Initial roll out of the electronic blood management system (eBMS) to Western Isles in place and being progressed with other rural areas.	Blood Bank dashboard results being utilised and a risk management approach adopted targeting support to relevant areas. eBMS available in Western Isles. SNBTS representation/influence in Laboratory Shared Services Programme.
		Specialist healthcare commissioning	Provide national planning to NHSScotland	Green	Green	Programme on track. All activities receiving positive feedback and support from across NHSScotland.	TAVI plan for Scotland delivered on schedule and positively received. Positive feedback on horizon scanning process and outputs to date. Board structure and processes of national planning working effectively. Referred topic areas routed more effectively to National Planning and NSSC or Regional or Local Planning – due to central function of National Planning.
		Public Health Scotland	Support the successful establishment of Public Health Scotland	Green	Green	TUPE 2 accepted by Trade Unions. Engagement with new CE ongoing, particularly in relation to the corporate shared services which NSS will deliver to PHS.	NSS Shared Service agreed. CE of PHS in place. Staff consultations around TUPE undertaken.
	Better Care	Health facilities	Develop a national approach to infrastructure management	Green	Green	Programme on track. Draft Capital Investment Plan (CIP) completed and shared with directors of finance, chief executives and regional strategic facilities groups. Additional report on environmental impact included.	National Infrastructure Board now fully established.
		Primary care support	Automate primary care payments Refresh the Community Health Index (CHI)	Green	Green	Automation: eOrtho payment and approval roll out commenced with 48/51 practices submitted electronic claims. Vision for medicines support agreed. Activities for high cost medicines agreed. Medical records scanning requirements agreed prior to procurement process CHI: revised implementation contract agreed	100% ophthalmic and dental claims / prior approvals digitised and responded to real time without paper schedules. Support in place for prescribing by Paramedics from Jan 2020.
		Digital and security	Deliver digital solutions and digital transformation	Amber	Green	DaS continues to lead on 3 major national initiatives – GPIT, CHI/CH & O365. DaS is leading internally on digital transformation – websites and digital workplace including NSS rollout of O365 under pilot. Continued expansion of Service Now and Data capability across NSS and more widely across NHS Scotland. Security CSOC in place and NIS audit preparation completed.	Cyber programme fully on track. Cloud maturity, and analytics and businessintelligence on track. Some issues identified with national programmes (highlighted in ODP report).
		Procurement & Logistics	Optimise use of contracted products and services	Green	Green	National Procurement workplan and savings likely to exceed target for secured and delivered savings. New Procurement strategy published. In Logistics, NDC on track to achieve planned throughput.	EU Exit planning completed and put on hold until requirements for 2021 become clearer. Clinical waste contract now going through a phased implementation, with contingency decreasing until Spring 2020.
	Better Value	Fraud prevention	Increase fraud detection and prosecution	Green	Green	Patient exemption recoveries / savings well above plan. Ongoing engagement with Health Boards and presentations to Chief Officers for awareness. Service provision agreed for Care Inspectorate Scotland. Providing services for Independent Living Fund and Highland and Island Enterprise Board.	Very positive Investigatory Powers Commissioner's Inspection Report received. Launch of new fraud toolkit – Fraud and Organised Crime Impact Assessment (FOCIA) tool.
		Legal	Implement digital legal services	Green	Green	Digital programme continues to modernise and work towards efficiencies. The programme has already shown benefits in terms of time efficiencies, reduction in paper / printing costs and the achievement of secure external file transfer.	Implementation of external file transfer to securely transfer files to courts. Showing reductions in paper and printing costs.
		Programme management	Launch a transformation support service	Amber	Green	Design Team in place. Supporting Practitioner Services, Web Transformation, Finance Transformation, Centre of Excellence and Medicine / Prescribing pathway.	Support in place for identified programmes. Beginning to broaden understanding across NSS. Further recruitment taken place within team and links with DaS in place to support ST team.
ASSIST other organisations in health and care	Integration joint boards Local government Emergency services Third sector	Help IJBs meet ministerial recommendations Strengthen relationships with local authorities Collaborate with Police Scotland and Scottish Fire & Rescue Deliver a new public participation strategy	Green	Green	Support being given in relation to digital solutions / data visualisation for local government; addressing inequalities with third sector and independent organisations and building engagement / business intelligence with emergency services; continued engagement and intelligence support with Integrated Joint Boards. Event, Chief Officers, NSS and Health and Social Care Scotland to explore where NSS can support.	Range of engagements continue with a variety of bodies. Building trusted relationship with H&S integrated bodies. Ongoing support to Police Scotland over a range of initiatives. Progressing on unified approach with Scottish Fire and Rescue Services over health assessments for specific vulnerable groups.	

NSS Strategy Dashboard: Strategic Objectives - December 19

Strategic objective	Key Performance Indicator	YTD Actual	YTD Target	Status	Notes
Customer at the heart	Customer Satisfaction	76%	70%	Blue	FY19 score. Reported annually. Next report Apr 20.
	Customer Advocacy	23%	0%	Green	FY19 score. Reported annually. Next report Apr 20.
	Customer Effort	76%	76%	Green	FY19 score. Reported annually. Next report Apr 20.
	Response to complaints	98%	90%	Blue	YTD Dec 19.
Improving the way we do things	Cash Releasing Efficiency Savings	4.5%	3.8%	Green	On track to exceed 5% target.
	WTE Levels	3,297	3,504	Green	YTD Dec 19.
	Major BCP Incidents	0	0	Green	Major = NSS Resilience Management Plan invoked.
	Cat 1 Clinical Adverse Events	0	0	Green	YTD Dec 19.
	Cat 1 IG Adverse Events	0	0	Green	YTD Dec 19.
Increasing our service impact	Revenue	£0k	(£1,500k)	Red	At risk unless mitigating action against pressure to deliver more to Nat Brd savings.
	Capital	£0k	£0k	Green	YTD Dec 19.
	Environmental Sustainability	54%	54%	Green	New NHSIS Sustainability Assessment Tool replaces GCC.
	Contract Savings	£54.8m	£60m	Green	On target based on forecast savings plan.
	ODP NSS	90%	90%	Green	YTD Dec 19.
Great place to work	Employee Engagement Index	76%	77%	Amber	FY19 score. Reported annually.
	iMatter Action Planning	88%	85%	Blue	FY19 score. Reported annually.
	Sickness Absence	4.29%	4.00%	Amber	YTD Dec 19.
	RIDDORS	3	4	Amber	3 PCF increased focus across PCF with support from HWL.
	Turnover	5.61%	7%	Blue	YTD Dec 19.

APPENDIX A

Enable

NSS Strategy Update – December 19

Primary and Community Care

December 2019



SERVICES
<ul style="list-style-type: none"> • Practitioner Services • Clinical Directorate • Health Facilities Scotland • ISD Scotland • Digital and Security • Programme Management

STATUS	2-5 YEAR
Green	No

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS	
NSS	£246,000
SG	£6,217,960
Other	-
Total	£6,463,960

MILESTONES	
Chief Officer Event	Jan 20
GMS Phase 2 negotiations	Dec 20
PC Targeted Support deliverables	Mar 21

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Martin Bell

GOVERNANCE
<ul style="list-style-type: none"> • SG Primary Care Directorate • NSS PMG • NSS Primary and Community Care Board

AIM
Modernise, integrate and transform primary and community care in Scotland.

UPDATE
<ul style="list-style-type: none"> • GMS Data Tool (Workforce and Income-Expenses) – Released in two phases, Workforce Survey issued 28/11/19 and Income/Expenditure 19/12/19, following implementation of changes requested by SGPC. Discussions continue with SG about what constitutes sufficient return levels to enable use of the data and in turn how long practices will have to respond, but we are working to everything being complete this financial year. • Stakeholder Engagement – continuing to engage strategically (particularly across National Boards) and opportunistically with stakeholders to ensure strong relationships and knowledge of NSS involvement and capability. First draft of a PCC Engagement Plan produced. • National Boards Joint Commissioning – The potential of Primary Care Directorate jointly commissioning National Boards has been mentioned, so we have mapped out a draft proposal for how we could see that working and the paper is with Colin for feedback and sharing with the National Boards' Programme Board. • Cross NSS Working – Discussions and visibility about how we can meet or align Primary Care related requests from SG/stakeholders across NSS rather than just within each SBU are increasing which is encouraging. Good engagement with DaS in relation to Primary Care Reform Digital Programme. • Digitally Enabling the MDT – Engagement and discussion with A&A regarding the detail of using Robotic Processing to reduce manual data entry. CCN agreed with ATOS so now just need to get on a deliver. Remote Access test of change with NHS Highland progressing. • Sustainability Indicators – Discussions taking place with SG regarding potential ways forward this week. Internally we are discussing with LIST and others about how we could best to deliver this using existing mechanisms. Also starting work to look at how and what added intelligence NSS could potentially provide from joining the data we have. This would be provided for further discussion and consideration. • Prescribing Pathways – Pulling together draft recommendations from the Service Design workshops and will then socialise recommendations with other stakeholders and providers before circulating a report for comment to workshop attendees prior to submission to ePharmacy Board (20th Feb). • Chief Officers Event Planning – Gathering materials and intelligence and planning of event progressing well, agenda agreed by Colin and Keith.

ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> • Joint Commissioning Proposal drafted • Number of positive engagements and communications from stakeholders, with other strategic discussions taking place with SG and National Board colleagues. • GP Workforce and Income and Expenditure survey issued to GP Practices. • Digitising Medical Records – ITT issued for IT solutions

NEXT STEPS
<ul style="list-style-type: none"> • Chief Officers Event – Final Planning and execution of the event. • Primary Care Targeted Support – Progress workstreams, in particular A&A robotic automations and GP Practices Boundaries workstream. • Continue a number of key stakeholder engagements to manage NSS involvement in Primary Care Reform. • Produce a PCC Strategic Theme Intentions Document that will outline plans and ways of working to be agreed and taken forward by the PCC Board.

RISKS/ISSUES
<ul style="list-style-type: none"> • Lack of cohesion across NSS Primary Care activity, particularly with regards stakeholder engagement. Project synergies and insight improving, but more to be done with regards stakeholders.

DEPENDENCIES
Primary and Community Care as a strategic theme has an exceptionally large scope and our work interacts with Digital and Innovation, Medicines and Data Intelligence. The scope of activity is expected to grow, hence the emerging improved governance.

Medicines

November 2019

SERVICES
<ul style="list-style-type: none"> • PCFS • DaS • PHI • PCF • SNBTS • Finance • Clinical • SPST

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS	
NSS	£72k (PgMS support and workshop costs)
SG	-
Other	-
Total	£72k

MILESTONES	
Prescribing pathway report	DEC 19

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Lorna Ramsay

GOVERNANCE
NSS Programmes Management Group

AIM
<p>To enable the ambition for the right medicine/ right treatment to be given to the right patient at the right time by the right clinician, in any location, we will</p> <ul style="list-style-type: none"> • Optimise/ align existing NSS work • Review/ redesign prescribing pathways in primary care • Improve access to medicines data • Help to ensure Scotland gets best value from its spend on medicines • Research, development and introduction of new and innovative treatments, including developing use of genomics and cellular therapies

UPDATE
<p><i>Period to end November 2019</i></p> <ul style="list-style-type: none"> • Primary Care Prescribing/ Dispensing Pathway: Second and third Discovery workshops were held on 11 Oct and 15 Nov, just under 40 attendees on each day. Over the three workshops a broad range of professionals attended. Workshop 2 produced shared agreement on which problems were a priority, began the process of developing the patient's perspective and began to identify and design potential solutions, including a review by the IET of international approaches. Further patient research was conducted between the workshops to inform solution development. Workshop 3 then developed five chosen solutions into fuller service blueprints on which work continues. • Medicines Data: Awaiting report from AAB • Innovation: Core group of NSS senior leaders met 28th Nov to agree planned approach to Precision Medicine stakeholder identification, engagement and influencing plan. To progress over next six months. • Clinical Fellows: Actively contributing to solution development and evaluation on prescribing/dispensing pathways and ATMP deliverables.

ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> • Joint commission from SG Primary Care Directorate and Pharmacy and Medicines Division for a discovery project on Primary Care Prescribing/ Dispensing Pathway. Pharmacy Clinical Fellow funded and appointed.

NEXT STEPS
<ul style="list-style-type: none"> • Primary Care Prescribing/ Dispensing Pathway: Collation and review of outputs from the final Workshop to develop recommendations for draft outline to SG by mid-December, with a final report to ePharmacy Board in January (dates tbc). • Innovation: Pharmacy Clinical Fellow to progress national ATMP objectives. In particular presentation at NAATTC on the Institutional Readiness interim results. • RAM: Development of a presence in the Acute and Primary Care medicines area is dependent on the outcome of the Clinical RAM.

RISKS/ISSUES
<p>Foster collaborative approach to medicines/prescribing activity across NSS. Evolve relationship with SG towards a more aligned approach.</p>

DEPENDENCIES
<p>Need to ensure continued alignment with Primary Care Programme (particularly MDT enablement) and Pharmacy payments review in PCFS. Potential link with Digital (NDF-NES) & Data (medicines data).</p>

Innovation and Transformation

December 2019

SERVICES			AIM		
<ul style="list-style-type: none"> • Clinical • SPST • PCF • DaS • CLO • PHI 			<p>To develop an innovation network with partners, harness our expertise to support innovators and support the scale up of key innovations across Scotland. This programme will help maximise the potential for key innovations to be successfully implemented across health and care in Scotland. We will enable stakeholders and partners in Scottish Government, territorial health boards, regions and integration authorities to deliver change.</p>		
STATUS		2-5 YEAR	UPDATE		
GREEN		-	<ul style="list-style-type: none"> • Innovation Network (Internal): Completed on 26th November with 18 NSS stakeholder colleagues. Next steps and action plan agreed for continued future of network. • Bi-directional Signposting: Initial actions agreed at workshop. • Deliver Innovation Expertise, Advice and Support: Initial mapping complete at workshop. • Innovation/ Transformation Lifecycle Support: SCOTCAP exemplar evaluation 60% complete & Business Case in development; second project being targeted & developed. • Orchestration: Established external SLWG with CSO and regional Innovation Leads to develop structure & host high level workshop under auspices of NHSS Chairs Innovation & Reform Steering Group • Stakeholder engagement: Initial engagement with GGC/GU on potential partnering project. NSS invited to join iCAIRD governance group. 		
KPIs	Target	Actual	ACHIEVEMENTS TO DATE		
-	-	-	<ul style="list-style-type: none"> • NSS enablement of the first Innovation Partnership Procurement in healthcare in the UK through SCOTCAP 		
-	-	-	NEXT STEPS		
-	-	-	<ul style="list-style-type: none"> • Further define plan and roadmap to inform RAM process • Develop detailed workstream plans with network ownership. • SCOTCAP Evaluation – complete evaluation by 9th Dec 2019, facilitate interim arrangements continue to develop Business Case and Adoption plans. • Stakeholder engagement: NHSS Chairs Innovation and Reform Steering Group workshop planning – 20th Jan 2020. 		
INVESTMENTS			RISKS/ISSUES		
NSS	£52k (PgMS support)		<p>Given the large number of interested parties, there is a risk that NSS misses an opportunity to effectively contribute to the developing innovation agenda. Conversely, there is a risk that external parties will have expectations of NSS which we are not resourced to meet.</p>		
SG (SCOTCAP)	£51k		DEPENDENCIES		
Other	-		<p>The outputs from work in progress by the following groups will inform the nature, extent and scale to which NSS leads and supports in the innovation area and how much effort and potential each workstream will demand: NHSS Innovation and Reform Steering Group; SG Access Collaborative: Finding the Way Forward; Health Innovation Network for Scotland (HINS): scoping project for Chief Scientist Office; SG Technology Enabled Care: Service Transformation Landscape review.</p>		
Total	£103k				
MILESTONES					
Internal Network Workshop	Nov 19				
SCOTCAP Evaluation and Business Case	Dec 19 Jan 20				
PRIORITY					
Enable	Underpin	Assist			
OUTCOMES					
Better Care	Better Health	Better Value			
CHANGE TYPE					
Innovate	Transform	Improve			
SRO					
Lorna Ramsay					
GOVERNANCE					
NSS Programmes Management Group					

Underpin

NSS Strategy Update – December 19

Supporting Hospital Blood Banks

December 2020

SERVICE		
SNBTS 		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
Dashboards	Live	Live
eBMS validated	Aug	-
-	-	-
INVESTMENTS		
NSS	£471k	
SG	-	
Other	-	
Total	£471k	
MILESTONES		
eTraceline implementation	Feb 20	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Craig Spalding		
GOVERNANCE		
<ul style="list-style-type: none"> SNBTS SMT DSIDD SNBTS CGSG 		

AIM
To provide tailored support to ensure blood bank sustainability
UPDATE
<ul style="list-style-type: none"> Hospital Blood Bank Sustainability Risk Assessment data analysed with results presented through an interactive dashboard for interrogation 7 of the Boards reporting amber or red regulatory risk have been approached and offered an independent laboratory audit to determine the level of support they require Electronic blood management solution developed and validated; now in Western Isles as part of a tailored support package Engagement with and SNBTS representation at all Regional Laboratory Shared Services Committees Proposition discussed at National LIMS Commissioning Board for a single transfusion LIMS for Scotland using eTraceline provided nationally via NSS/SNBTS Projects are progressing and reviewed monthly at both DSIDD and SMG with issue escalation to SNBTS CGSG
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Introduction of Blood Bank Dashboard available to Health Boards/Blood Banks SNBTS representation and influence in Laboratory Shared Services Programme Validated electronic blood management system solution (eBMS) Implementation of eBMS in Western Isles
NEXT STEPS
<ul style="list-style-type: none"> Roll out of eBMS (Smart fridge) in support of remote and rural blood banks with Elgin, Orkney, Shetland & Caithness in first cohort. Implement eTraceline within SNBTS and existing supported HB Blood Banks Implement IT Connectivity with HB LIMS SBAR on merit of eTraceline being adopted as a Once for Scotland transfusion LIMS to be presented to Laboratory Oversight Board Feb 2020
RISKS/ISSUES
<ul style="list-style-type: none"> Ensuring DaS IT, SNBTS operations and third party software supplier resources aligned to deliver eTraceline upgrade to timescale
DEPENDENCIES
<ul style="list-style-type: none"> DaS engagement and capacity to host and support eTraceline as transfusion LIMS for whole of NHSScotland Resource commitment to support expansion and adoption of eTraceline and associated eBMS solutions Ongoing funding for SNBTS Blood bank Sustainability Team (initial pilot for 2 years)

National Planning

December 2019

SERVICES		
NSD		
		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	£508k	
Other	-	
Total	£508k	
MILESTONES		
National Planning Work Plan for 20/21 delivered	31/3/21	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Fiona Murphy		
GOVERNANCE		
<ul style="list-style-type: none"> NHSS National Planning Board to Board Chief Executives SG Healthcare Quality & Improvement NSS EMT 		

AIM
<ul style="list-style-type: none"> Providing national planning to NHSScotland
UPDATE
<ul style="list-style-type: none"> NHSS National Planning Board commenced in October 2018, reporting to Board chief Executives Group Co-Chaired by two BCE/Implementation Leads, with all Implementation Lead BCE's members Year two work plan commenced in October 2019 - this includes delivering the recommendations from the three horizon scans in cancer, heart disease and stroke to the board, and then taking forward the agreed service planning areas from these. In addition, the findings of the Robotic Assisted Surgery review will be taking forward, with the creation of a national strategic framework. The review findings for Intervention Radiology are now to be actioned with a new National IR Steering group and work plan. The major area of developing a Thrombectomy Service for Scotland continues into year two at accelerated pace; with the aim to have a phased service being delivered by 3 centres in the later half of 2020. Further new areas of work are being explored by National Planning in year two to ensure that planning for NHSS needs are completed around Burns Services, Precision Medicine, Hepato-Pancreatic-Biliary Cancer. National Planning also route topics to the appropriate planning level at each quarterly National Planning Executive meeting The National Planning core team sit within PCF business unit under Specialist Service, with linked staff in ISD and NHS HIS
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> TAVI plan for Scotland delivered on schedule and positively received Three major horizon scans completed into Cancer, Stroke and Heart Disease Reviews completed for Interventional Radiology and Robotic Assisted Surgery Board structure and processes of national planning working effectively Referred topic areas routed more effectively to National Planning and NSSC or Regional or Local Planning – due to central function of National Planning Annual report written and positively received by SG Increasing referrals of areas to National Planning – linked to success of year one outputs and added value being seen by executives and clinicians across NHSS
NEXT STEPS
<ul style="list-style-type: none"> Ongoing delivery of work plan & Identification of new additional work streams Exploration of recurring funding stream for national planning as business as usual and as work plan increases
RISKS/ISSUES
Being able to deliver the rising demand with the very small NP core team
DEPENDENCIES
Funding of national planning team and work done under the work stream funded by a non recurring route of Transformation Funding

Enabling Public Health Scotland

December 2019



SERVICES		
<ul style="list-style-type: none"> • PHI • SPST • HR • FS • DaS • PCF 		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	£475k	
Other	-	
Total	£475k	
MILESTONES		
PHS Go Live	APR 20	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Mary Morgan		
GOVERNANCE		
<ul style="list-style-type: none"> • PHS EMT (Shadow) • NSS Board • NSS EMT 		

AIM
To support the successful establishment of Public Health Scotland.
UPDATE
<ul style="list-style-type: none"> • Staff consultation: TUPE stage 2 consultation regarding corporate shared services to PHS provided by NSS has now ended and has been accepted by Tus with some minor caveats with which we are happy to comply. • PHS EMT: Chief Executive Angela Leitch appointed and engagement continues regarding staff transfer and corporate shared services. • HR Steering Group: Structure of PHS (Directorates and teams) has been agreed. • Corporate Services: Agreement reached on the corporate services which NSS will provide covering IT, finance, HR, procurement and FM services. Agreement has been reached that Communications will be delivered by PHS resulting in some NSS Comms staff transferring to PHS. Ongoing concerns have been raised by NSS with the CE of PHS regarding the number of HS staff working in corporate areas which are to be part of the shared service but are planned to transfer to PHS. CE of PHS will raise with HS. In the meantime, it has been agreed that 3 staff working in HR in HS will now transfer to NSS. • IT: PS org will be set up on NHS Mail. O365 migration will progress in line with NHS Digital June – Sept
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> • NSS Proposal has been agreed by the PHS EMT. • Detailed Transition Plans have been developed for each shared service area to understand the level of activity NSS is required to complete before April 2020.
NEXT STEPS
<ul style="list-style-type: none"> • O365 - PHI and HS involved in local implementation planning. Approval needed from National O365 groups whether PHS can have an exception to the norm for their email address e.g. @phs.scot instead of an NHS branded address.
RISKS/ISSUES
<ul style="list-style-type: none"> • Clarity required regarding Active Directory and whether this will be a single instance covering NSS and PHS or two separate instances. • IT Budget to be agreed in detail since confirmation received from SG that this needs to cover system changes required in advance of April 2020.
DEPENDENCIES
Office 365 rollout: Further discussion required to confirm the impact of O365 against the establishment of PHS in April 2020.

National Infrastructure

AUGUST 2019

SERVICES			AIM		
HFS 			Developing a national approach to infrastructure management. Delivery of NHSS Infrastructure Board governance and Capital Investment Plan (CIP)		
STATUS			UPDATE		
STATUS		2-5 YEAR	<ul style="list-style-type: none"> National Infrastructure Board now fully established CIP completed in Draft Format Draft Capital Investment shared with the following groups: <ul style="list-style-type: none"> DOFs Chief Executives Regional Strategic Facilities groups 		
GREEN		-			
KPIs	Target	Actual	ACHIEVEMENTS TO DATE		
-	-	-	<ul style="list-style-type: none"> Updates as above 		
-	-	-			
-	-	-			
INVESTMENTS			NEXT STEPS		
NSS	-	-	<ul style="list-style-type: none"> Capital Investment plan discussion is major agenda item at next National Infrastructure Board meeting – Scheduled for the 22nd August 		
SG	-	-			
Other	-	-			
Total	-	-			
MILESTONES			RISKS/ISSUES		
Finalised CIP		March 2020	<ul style="list-style-type: none"> Linkage with wider public sector review via the infrastructure commission Health seen as ahead of the other sectors and potentially competing political appetite 		
PRIORITY					
Enable	Underpin	Assist			
OUTCOMES			DEPENDENCIES		
Better Care	Better Health	Better Value	None reported.		
CHANGE TYPE					
Innovate	Transform	Improve			
SRO					
Jim Miller					
GOVERNANCE					
<ul style="list-style-type: none"> National Infrastructure Board 					

Environmental Impact

December 2020

SERVICES		
HFS 		
STATUS		2-5 YEAR
GREEN		-
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	-	
Other	-	
Total	-	
MILESTONES		
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Jim Miller		
GOVERNANCE		
<ul style="list-style-type: none"> National Environmental Sustainability Group 		

AIM
Reducing NHSScotland environmental impact
UPDATE
<p>The Chief Executives discussed and agreed that NHSScotland make a series of initial high-level commitments that will form the basis of the upcoming NHSScotland Sustainability Strategy. These commitments are:</p> <ol style="list-style-type: none"> NHSScotland will be a 'net-zero' greenhouse gas emissions organisation by 2045 at the latest. All NHSScotland new buildings and major refurbishments will be designed to have net-zero greenhouse emissions from April 2020. Each NHSScotland Board should undertake a Climate Change Risk Assessment covering all operational areas and produce a Climate Change Adaptation Plan to ensure resilience of service under changing climate conditions. NHSScotland transport greenhouse gas emissions from its owned fleet (small/ medium vehicles) will be net-zero by 2032. The NHS supply chain will be reviewed to determine the extent of associated greenhouse gas emissions and environmental impacts. Once the extent of environmental impacts is established, a programme of work will be undertaken to minimise these impacts. Each NHSScotland Board will establish a Climate Change/ Sustainability Governance group to oversee their transition to a net-zero emissions service. <p>The same commitments were recently discussed at the Strategic Facilities Group and each one was considered appropriate and achievable</p> <p>The HFS Sustainability Team is now working on how best to communicate this response wider</p>
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Achieved senior level commitment to the NHS Scotland Sustainability Strategy from across NHSS
NEXT STEPS
<ul style="list-style-type: none"> Creation of a Draft NHS Scotland Sustainability Strategy by the end of April 20 for then wider discussion and input Update to SHGD Mgmt Steering board on progress during Q4
RISKS/ISSUES
<ul style="list-style-type: none"> Buy-in to the Sustainability Strategy from across the NHS
DEPENDENCIES

Digitally Transforming Primary Care

December 2020



SERVICES
<ul style="list-style-type: none"> • Pharmacists • Dentists • Opticians • Medical

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-Pharmacy Automation	100%	78.9%
-eOrtho claims PA submissions	100%	40%
	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
80% Automation	March 2020
100% eOrtho claims	April 2020
82% Automation	March 2021

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Martin Bell / Nelson Kennedy

GOVERNANCE
• Programme & Project Boards

AIM

To modernise, integrate and digitally transform primary care payments' ecosystem and medical record transfers; delivering streamlined, 100% digitally enabled systems. Benefits include: improved efficiency, accuracy, customer satisfaction and reduced information governance risks.

Continuing our 10-year, digital transformation to enable the processing of >10 million paper-submitted claims per month; mailing towards 5000 printed payment schedules to Primary Care practitioners, to one where all interactions are digital and all paper is removed and processing automated; hybrid mail utilised to remove >10,000 letters to patients annually; digitising medical record transfers between medical practices - supporting the strategic objective of creating a single electronic patient medical record.

UPDATE

- Activities on high cost medicines management and vision for medicines support across Primary Care agreed.
- eOrtho payment and approval roll out continues, all specialist practices are enabled to submit claims electronically, currently 48 out of 51 practices have submitted electronic claims. SG have provided a grace period for paper submissions until April 2020
- Interim guidance developed for Health Boards to allow electronic prescribing for non-medical prescribers in GP practice excludes nurses
- Engaged with the GP Data extract programme development to provide the information for GP Contract negotiations.
- Working with Digital Transformation team on Service Now data input.
- Scanning requirements established, procurement process undertaken to identify commercial scanning operator for Medical Records. Barex system being enhanced to facilitate future electronic transfer.

ACHIEVEMENTS TO DATE

- Achievements previously reported are NOT included Support in place for prescribing by paramedics from January 2020
- 100% of Ophthalmic and Dental claims / prior approvals digitised and responded to real time without paper schedules being sent to contractors
- Procurement of scanning solutions on schedule for end March 2020

NEXT STEPS

- Progress redevelopment of new DCVP
- Analysis of claim processing to meet 2020-24 automation forecast
- Progress development of electronic support for non-medical prescribing as part of GP IT re-provisioning programme
- Gathering requirements to supporting high cost medication to enable submission of hospital prescriptions through UCF.
- Identity and Access Management (IAM) to review strategic direction of electronic signatures for paperless prescribing.
- Award scanning contract, test proof of concept to integrate digitised medical records into the practice clinical systems by end March 2020

RISKS/ISSUES

That the cost of digitising medical records higher than anticipated
That software enhancements to facilitate the transfer of digitised records are not delivered on time or to standard

DEPENDENCIES

CHI, GP IT, GPPRS system development
Progressing ePrescribing technology and policy with SG

Refreshing the Community Health Index (CHI) December 2019

SERVICES
<ul style="list-style-type: none"> Population of Scotland Health Boards – (GPs, Dentists, Pharmacists, Opticians) Scottish Government

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
Programme Board approves Cloud based solution and able to enter into WIPRO contract	Aug 19
IMA governance approved and established	Aug 19

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Martin Bell

GOVERNANCE
<ul style="list-style-type: none"> IMA recommendation Project/Programme boards established

AIM

To develop a national patient demographic index, providing real time access to patient information, on a modern platform which provides high level of automation while maintaining data quality.

UPDATE

- Revised implementation contracts with supplier signed
- Project initiative meeting scheduled

ACHIEVEMENTS TO DATE

- IMA governance paper agreed internally
- GPPRS registration requirements confirmed
- Engaged with NHS Board Leads

NEXT STEPS

- Further resource and planning discussions
- IMA paper to be approved at programme board
- Review Standard Operating Model
- Engagement with supplier

RISKS/ISSUES

- Delay in approving CHI programme pushes back implementation timetable and benefits realisation
- Any further delays in programme may result in supplier withdrawal

DEPENDENCIES

- Old CHI system can be maintained for minimum of 3 years
- Reliance on ATOS for CHI data extracts
- Child Health systems have a dependency on old CHI, unable to move to new CHI until this system goes live.

Delivering digital solutions

December 2019

SERVICE(S)	
Digital and Security 	
STATUS	2-5 YEAR
GREEN	-

KPIs 2018/19	Target	Actual
Customer satisfaction score	70%	100%
INVESTMENTS		
NSS	-	
Total	-	

MILESTONES	
O365 rollout to 2 SBUs	Dec 2019

PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Deryck Mitchelson		
GOVERNANCE		
<ul style="list-style-type: none"> • PMG • COG • DaS SMT 		

AIM
Digital and Security (DaS) will support the transformation of health and care through secure digital solutions

UPDATE
<ul style="list-style-type: none"> • DaS continues to lead on 3 major national initiatives – GPIT, CHI/CH & O365 • DaS is leading internally on digital transformation – websites and digital workplace including NSS rollout of O365 under pilot • Continued expansion of Service Now and Data capability across NSS and more widely across NHS Scotland • Security CSOC in place and NIS audit preparation completed

ACHIEVEMENTS TO DATE

<p>Digital Innovation</p> <ul style="list-style-type: none"> • Web Transformation: All SBUs engaged and Q4 work-plan agreed. • Business Analytics: Increased demand for data visualisation for analytics on the back of successful demonstration at the Senior Management Forum. • NSS 365: 4 Teams pilots have now completed and benefits reporting being compiled; anticipated to be productivity and reduced travel. • Integration: Team received 2019 Scottish Public Sector award for Blood pressure monitoring • SHOW: Automation of external websites to secure NSS cloud. Major incident over holiday period impact to clinical teams- Partial recovery achieved in 4 days. • Containerisation: Test and automation capability pilots completed and further demonstrations planned. Opportunities to reduce hosting costs. • Data Driven AI: Paper produced on strategy for driving data management across NSS and RAM 19/20 submission to fund initial platform creation. <p>Cloud: Activity across numerous boards to leverage our Cloud capability:-</p> <ul style="list-style-type: none"> • Provisioned test and development areas for CHI/CH. • Further workshops for Hepma ongoing. • HP-Zone environments now in place. • Express Connect Route to Azure – On track to be available for use in Q1 20 <p>Security: Several CSOC services getting up to speed, including:</p> <ul style="list-style-type: none"> • Investigation and management of alerts from ATP • Incident response proposal drafted, processing procurement via G Cloud • SIEM POC outline design prepared and initial quote received • NSS security team utilising new cyber risk assessment approach • NIS audit preparations significantly advanced in preparation for live audit 25 Feb! Simulated/practice audit completed and NIS dashboard live in ServiceNow. <p>Recruitment: Appointments to Cloud engineering and Clinical Informatics Leadership roles. On-boarding Q4 19/20.</p>
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NEXT STEPS
<ul style="list-style-type: none"> • Digital workplace – incorporating change management needs and linking to service design • Implementation for Q4 work-plan for Web Transformation and update at COG • NSS 365 Preparation for the next PI planning event early Feb20. • Decision on CHI/CH production in Azure Cloud & progressing HP-Zone application migration plan • On-boarding new directors and advancing org transformation plans

RISKS/ISSUES
<ul style="list-style-type: none"> • Risk that DaS will be unable to attract required skilled staff • Organisational Transformation impacting pace of change

DEPENDENCIES
<ul style="list-style-type: none"> • HR support

Optimising contract use

January 2020

SERVICES		
NPL 		
STATUS		2-5 YEAR
GREEN		-
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	£200k	
Other	-	
Total	£200k	
MILESTONES		
-	-	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Jim Miller		
GOVERNANCE		
<ul style="list-style-type: none"> FPPC reporting Contract Approvals Board Annual reporting to SG PCF SMT reporting Health Procurement Delivery Group (HPDG) SS Governance Meeting 		

AIM
<ul style="list-style-type: none"> Optimising contracted products and service usage
UPDATE
<ul style="list-style-type: none"> National Procurement workplan and savings ahead of target New contract manager role for clinical waste in place and working with Tradebe on contract implementation National Procurement Director started in December 2019 National Procurement strategy for 2019-2021 published
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Innovation team receiving excellent feedback EU Exit planning completed and on hold until future requirements are clear Clinical Waste contingency remains operational while new contract is phased in 19/20 Savings ahead of target
NEXT STEPS
<ul style="list-style-type: none"> Reviewing future innovation funding with SG 2020/21 workplan and forecast savings Increased focus on Scottish economic impact, including project with Heriot Watt Increased focus on response to climate emergency
RISKS/ISSUES
<ul style="list-style-type: none"> Uncertainty around financial budget, staff consultation timeline Higher level of resources focused on issues such as climate emergency
DEPENDENCIES
<ul style="list-style-type: none"> Sustainable success dependent on organisational change, realignment of resources and new technology Stronger relationships with key health board, SG and other stakeholders

Counter Fraud Services

December 2020



SERVICES	
<ul style="list-style-type: none"> All 22 Health Boards ILFS and HIE New – Care Inspectorate 	
STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
Reduce patient exemption fraud	£1.5 m	£1.2 m
	-	-
-	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
Op Ariston	Now Sept 20

PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Martin Bell/Gordon Young		
GOVERNANCE		
<ul style="list-style-type: none"> CFS Strategic Tasking and Coordinating Group P&CFS SMT IPCO 		

AIM
Increasing fraud prevention, detection and investigation
UPDATE
<ul style="list-style-type: none"> Training provided for senior staff from the new Social Security Scotland to enhance their internal governance Service provision agreed for the Care Inspectorate (new customer) Continuing to provide services to Independent Living Fund Scotland and HIE Annual HB Visits – Service provision visits underway with positive customer feedback received CFS have applied for inclusion in the Digital Economy Act to allow data sharing for fraud and debt recovery purposes Presentation to IJB Chief Finance Officers for awareness purposes Patient exemption/NFI data match project underway 4 new cases reported to COPFS for consideration of prosecution Successful use of RIPSA legislation – Covert surveillance Additional service provision agreed for HIS in relation to criminal cases involving independent clinics – Botox provision. Working with SPSO re new Independent Whistleblowing Officer role for NHS and interactions with CFS OP Ariston – Large scale bribery and corruption case being progressed by COPFS
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Very positive Investigatory Powers Commissioner’s Inspection Report received Patient exemption recoveries/savings currently exceeding target Successful CFS conference held in November 2019 Launch of new fraud toolkit – Fraud and Organised Crime Impact Assessment (FOCIA) tool Positive iMatter report received Sickness absence for CFS below 0.5% for rolling 12 month period.
NEXT STEPS
<ul style="list-style-type: none"> Implement new process for civil recovery of patient exception debts Analyse data received via FOCIA Meeting scheduled with NHS England Counter Fraud Authority re intelligence capabilities/closer working together Develop/scope a problem profile for “theft” of NHS property Continue to provide support for OP Ariston at COPFS
RISKS/ISSUES
CFS are experiencing difficulties in maintaining the support of HB Fraud Liaison Officers due to workload pressures of their primary roles. CFS are therefore required to pick up work/activities previously undertaken by the FLOs. This issue continues with a possible solution included in the CFS business case for additional resources.
DEPENDENCIES
CFS need investment in their detection capabilities. Draft business case reviewed by Director and work continues to refine this document.

Digital Legal Services

December 2019

SERVICE		
Central Legal Office		
		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
Paper reduction (%)	10%	24%
Saved time (h)		
Savings (£)	-	-
INVESTMENTS		
NSS	-	
SG	-	
Other	£40k	
Total	£40k	
MILESTONES		
Fully live	MAR 23	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Norma Shippin		
GOVERNANCE		
• NSS COG		

AIM
To fully digitise and integrate CLO services.
UPDATE
<ul style="list-style-type: none"> Review of Voice Recognition – Staff survey reviewed and Benefits Management Realisation Report fully completed and regularly updated Prescient + Reporting Tool Upgrade – Initial scope of work completed Improvement of presentation of reporting – Tableau – internal reporting pilot implemented Implementation of web based technologies – Skype for Business pilot implemented Electronic legal case files <ul style="list-style-type: none"> Litigation - Lesson learned following pilot implementation Commercial Contracts, Commercial Property, Employment – beginning of implementation following pilot
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Secure External File Transfer – Globalscope fully implemented and all processes streamlined 24% reduction of paper used as of September 2019 Time saved from filing paper copies and used on other tasks - 10.2 hours for 1 WTE on a quarterly basis Printing costs charged to clients - 52.5k in 2018/19 vs 54.4k in 2017/18
NEXT STEPS
<ul style="list-style-type: none"> CLO website – Upgrade to the latest Platform Prescient + - Reporting Tool upgrade – Full implementation Improvement of presentation of Reporting – Tableau – Scope of work for external client reporting Upgraded Prescient + - Upgrade GDPR requirements (Audit trails, Enhanced Security Module, Archiving Anonymising Tool) Piloting initiatives to support digitisation of legal case files (naming convention, electronic BFs, reduction of photocopying paper copies)
RISKS/ISSUES
Lack of specialised resources to support the work of the Team. Ensuring IT resources and availability for the duration of the programme.
DEPENDENCIES
Alignment with the Scottish Digital Justice programme.

Transformation Support Service

JANUARY 2020

SERVICE(S)		AIM	
Programme Management 		Programme Management Services (PgMS) will support the transformation of health and care and ensure benefits can be realised at pace.	
STATUS 2-5 YEAR GREEN -		UPDATE <ul style="list-style-type: none"> • Ring-fenced Service Design Team in place and supporting internal NSS Service Transformation Programme • First internal SBU identified as Practitioner Services • Recruitment campaign for 2 new Service Design roles completed - appointed 2 x Content Designer's and 1 x User Researcher • Working in partnership with DAS – Full MDT in place including BA resource supporting ST team • Continuing to work with SNOOK to provide consultancy support on CofE, upskilling of team and Service Design collateral • First 'Intro to Service Design' training session delivered to NSS staff – further sessions scheduled • Senior Management workshop facilitated by SG Service Design team to broaden awareness of approach and benefits 	
KPIs 2019/20 Target Actual 			
INVESTMENTS		ACHIEVEMENTS TO DATE	
NSS - Total -		<ul style="list-style-type: none"> • Practitioner Services – 7 transformation areas identified and BOSCARDS agreed – delivery commenced, reported to SMT • Web Transformation Programme – Roadmap on track for delivery, continuing to seek out opportunities for transactional services • Finance Transformation Programme - Consultation proposal accepted by TU's. Final preparations for NSS use of National Single Instance Finance Dashboard are on-going. Digitisation of multiple forms complete in ServiceNow portal • Medicines/Prescribing Pathway – Multi-disciplinary Discovery workshops were completed in November – draft report currently being compiled for SG • CofE – Continuation of SD approach – Blueprint on track to be delivered by end of March 2020 	
MILESTONES			
Launch second SBU engagement 01/04/20 Launch Service Transformation proposition February 2020			
PRIORITY			
Enable Underpin Assist			
OUTCOMES			
Better Care Better Health Better Value			
CHANGE TYPE			
Innovate Transform Improve			
SRO			
Colette Mackenzie		RISKS/ISSUES	
GOVERNANCE <ul style="list-style-type: none"> • Strategy, Performance and Service Transformation SMT • COG 		<ul style="list-style-type: none"> • There is a risk that we will not be able to attract appropriately skilled Service Design staff • There is a risk that the team will be pulled in to other pieces of transformation work and not remain ring fenced for internal transformation 	
		DEPENDENCIES <ul style="list-style-type: none"> • Relationship and capacity within DAS for digital transformation work • HR support for transformation programme 	

Assist

NSS Strategy Update – December 19

Assist – Local Government

December 2019

SERVICES		
<ul style="list-style-type: none"> Public Health and Intelligence Central Legal Office Procurement Commissioning & Facilities Digital and Security Programme Management 		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	-	
Other	-	
Total	-	
MILESTONES		
Assist Pre-Discovery and Discovery Phases	Sept 19	
All programme deliverables	Mar 20	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Matthew Neilson		
GOVERNANCE		
<ul style="list-style-type: none"> NSS Board NSS EMT NSS Assist Strategic Working Group 		

AIM
To connect with other public bodies where we can use our national position to ensure our services and solutions are aligned, and integrated, into their strategic objectives, which supports transformation across the Scottish health and care system.
UPDATE
<ul style="list-style-type: none"> Local Government – NSS Senior Leadership – Colin Sinclair, Mary Morgan, Norma Shippin, Deryck Mitchelson, Matthew Neilson and Carolyn Low all subscribed to membership of SOLACE 2019/2020. This provides opportunities to engage with a highly respected strategic network, with access to key influencers and a range of services to support senior leadership development. Pan-Lothian Partnership Children and Young People Joint Chronologies New common approach continues to be tested. Wider interest and testing now including Adult Services. Care Inspectorate providing positive support. Next meeting of Pan Lothian Chronology Oversight Board planned for 4th February 2020. Position Statement issued on 21 October 2019. The Pan Lothian Technical Architecture Review Group is to be formally established on 4th February 2020 with the Chair in waiting - Peter Tolland, Head of Directorate Programmes, Digital Transformation Division, Digital Directorate, Scottish Government. Scottish Government - Digital Director, Colin Cook has met with Keith Redpath, Chair NSS and Deryck Mitchelson, Director, DaS, to explore wider strategic engagement around digital support to national Health and Social Care strategic objectives. Midlothian Council and Glasgow City Council - NSS Business Intelligence services around Data Visualisation still being consumed by Midlothian Council, with further exploratory discussion with Glasgow City Council Renfrewshire Council – Drugs and Alcohol Commission support from NSS Business Intelligence Team around Data Visualisation across a range of data information analysis. Training on visualisation products being planned for early February 2020. Edinburgh and South East Scotland City Region Deal - Providing support to Programme Office in partnership with Health Scotland. Input to development of Evaluation and Performance Reporting Framework to include reporting on positive health based outcomes across the six local authorities and three health boards areas. Initial pre-discovery engagements with Tay and Stirling City Deals and Ayrshire Growth Deal Programme Offices.
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Joint workshop with Renfrewshire Council around potential support with data and business intelligence requirements as a workstream for the established Drugs and Alcohol Commission. Pan-Lothian Partnership Children and Young People Joint Chronologies – Testing of new common approach progressing positively.
NEXT STEPS
<ul style="list-style-type: none"> Update the NSS Board and EMT around progress with Local Government as part of a wider update on the NSS Strategic Priority for Assist. Review membership of Assist Strategic Working Group to reflect resource requirements to implement action plan.
RISKS/ISSUES
Effective cross organisation planning will mitigate impacts on resource capacities.
DEPENDENCIES
NSS capacity for delivering the 'Assist' strategic objective.

Assist – Third and Independent Sector

December 2019

SERVICES		
<ul style="list-style-type: none"> Public Health and Intelligence Central Legal Office Procurement Commissioning & Facilities Digital and Security Programme Management 		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	-	
Other	-	
Total	-	
MILESTONES		
Assist Pre-Discovery and Discovery Phases	Sept 19	
All programme deliverables	Mar 20	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Matthew Neilson		
GOVERNANCE		
<ul style="list-style-type: none"> NSS Board NSS EMT NSS Assist Strategic Working Group 		

AIM
To connect with other public bodies where we can use our national position to ensure our services and solutions are aligned, and integrated, into their strategic objectives, which supports transformation across the Scottish health and care system.
UPDATE
<ul style="list-style-type: none"> Third and Independent Sector – Ongoing programme sponsored by Scottish Government around exploring potential solutions to infrastructure requirements from Hospices across Scotland. Mental Welfare Commission for Scotland – Designated Medical Practitioner Process – Business Analysis and Business Case Development Terms of Reference produced by NSS DaS Patient Involvement and Collaboration Mental Health - Ongoing programme of work to update the national ECT Database to upgrade the future path working with NHS Lothian to test historical data upload which includes patient involvement and patient groups who have experienced ECT. (Led by PHI) Addressing inequalities - Ongoing programme of work sponsored by Scottish Government National procurement policy to encourage all NHS Boards in Scotland to procure the Scottish Braille Press who provide a variety of services in this area and as a Scottish supported business employ 50%+ disabled and disadvantaged people Public Engagement Strategy - Ongoing programme of work with the Scottish Health Council, The Scottish Involvement Network , The Alliance and Equality Organisations to develop a Public Involvement Strategy for NSS and Equality Outcomes for 2021-2024. Addressing inequalities and accessibility of National Specialist Service - Ongoing programme of work commissioned by Scottish Government to address inequalities in the national Breast Screening Programme to(1) improve health outcomes for women in the most deprived areas of Scotland (2) to improve the accessibility of breast screening services to BAME and disabled women.
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Joint meeting with NHS HS, NSD ,and PHI to scope the remit of the programme of work for addressing health inequalities in breast screening. Approach made to all NHS Equality leads to engage with SBP ECT Database shared with NHS Lothian to test upload of historical data Research into Public and Patient involvement strategies to scope good practice.
NEXT STEPS
<ul style="list-style-type: none"> Research brief drafted and tender process (Breast Screening Review) Evaluation of NHS Lothian findings on uploading historical data Focus groups to scope and draft a patient and public involvement strategy for NSS
RISKS/ISSUES
Effective cross organisation planning will mitigate impacts on resource capacities.
DEPENDENCIES
NSS capacity for delivering the 'Assist' strategic objective.

Assist - Emergency Services

December 2019

SERVICES		
<ul style="list-style-type: none"> Public Health and Intelligence Central Legal Office Procurement Commissioning & Facilities Digital and Security Programme Management 		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	-	
Other	-	
Total	-	
MILESTONES		
Assist Pre-Discovery and Discovery Phases	Sept 19	
All programme deliverables	Mar 20	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Matthew Neilson		
GOVERNANCE		
<ul style="list-style-type: none"> NSS Board NSS EMT NSS Assist Strategic Working Group 		

AIM
To connect with other public bodies where we can use our national position to ensure our services and solutions are aligned, and integrated, into their strategic objectives, which supports transformation across the Scottish health and care system.
UPDATE
Emergency Services <ul style="list-style-type: none"> Police Scotland – Ongoing strategic engagement with Police Scotland. Teleconference held with Colin Sinclair Chief Executive NSS and Gary Ritchie, Assistant Chief Constable, and agreed to continue to explore partnership and collaboration opportunities. This has resulted in a joint workshop being planned for 22 January 2020, to understand and explore options around developing a more forward looking strategic partnership arrangement. A short life working group has been established with Police Scotland, Falkirk Health and Social Care Partnership and NSS, to understand challenges around data and information capture for future local demand planning requirements. A Health and Justice Programme has been established to focus on a range of health and justice initiatives and activities under a programme governance. Ongoing positive engagement and partnership working with the Police Care Network Board. Vizathon sessions with Police Scotland was a resounding success which demonstrated in a practical way using NSS Business Intelligence Tools, to better understand how the manipulation of data around custody information requirements, can be improved in presentational terms. Scottish Fire and Rescue Service – Meeting arranged between new incumbent Ross Haggart, Assistant Chief Officer, Prevention and Protection and Tom McHugh to discuss aligning strategic objectives around health and care outcomes. Progress has been achieved around a collaboration with Scottish Fire and Rescue Service, Scottish Government, several Health and Social Care Partnerships and NSS, to explore options around designing a unified approach bringing Fire and Health risk assessments together specific to targeted vulnerable groups. SFRS awaiting on outcomes from national bargaining discussions with the Fire Brigades Union. Ongoing positive discussion around a potential Vizathon session with Scottish Fire and Rescue Service with Mark McAteer, Director of Strategic Planning, Performance and Communications, acting as Sponsor.
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Ongoing positive support being provided to Police Scotland from across NSS over a range of initiatives. Planned workshop has now been arranged for 22 January 2020 to explore future strategic partnership arrangements. Progress continues around designing a unified approach with Scottish Fire and Rescue Service bringing Fire and Health risk assessments together specific to targeted vulnerable groups. Dependency on outcomes from national negotiations.
NEXT STEPS
<ul style="list-style-type: none"> Take forward actions resulting from the upcoming workshop on 22 January 2020 with Police Scotland and agree next steps in exploring future strategic partnership arrangements.
RISKS/ISSUES
Effective cross organisation planning will mitigate impacts on resource capacities.
DEPENDENCIES
NSS capacity for delivering the 'Assist' strategic objective.

Assist – Integration Joint Boards

December 2019

SERVICES			AIM		
<ul style="list-style-type: none"> Public Health and Intelligence Central Legal Office Procurement Commissioning & Facilities Digital and Security Programme Management 			<p>To connect with other public bodies where we can use our national position to ensure our services and solutions are aligned, and integrated, into their strategic objectives, which supports transformation across the Scottish health and care system.</p>		
STATUS			UPDATE		
2-5 YEAR			<ul style="list-style-type: none"> Integration Joint Boards – Outputs from meetings held with a number of Health and Social Care Partnerships Chief Officers, Tom McHugh, Strategic Partnerships Lead and Katharine Ross, Advisor for Social Care over summer / autumn period identified common themes as follows: <ul style="list-style-type: none"> Data and Intelligence Funding Infrastructure (including Digital) Needs Analysis and Resource Planning Innovation Continue to provide value added data and intelligence resource and expertise to support informed decision-making around the whole Integration system – Local Intelligence Support Teams. Ongoing positive engagement through regular meetings with David Rowland, Special Adviser, SG Health and Social Care Integration, to raise awareness of NSS activities and support around Integration. Building on positive engagement from 16th August'19 with Colin Sinclair, Chief Executive and Health and Social Care Scotland Chief Officers Network. This has resulted in a co-designed event with Chief Officers and Health and Social Care Scotland and NSS planned for 23 January 2020. This event is a 'Listening and Learning' session for NSS and Senior Leaders to explore opportunities where NSS can further support Integration. Senior Managers represented NSS at the 2nd National Health and Social Care Scotland Conference held on 4th Decemberr'19. This provided opportunities to network, and raise awareness of NSS support for Integration, as well as highlighting the above mentioned event. Integration Joint Boards – Health and Social Care Scotland – Chief Officers all interactions current and planned included within the remit of the NSS Assist Strategic Working Group Action Plan representing all NSS SBUs and Scottish Health Council. 		
GREEN	-				
KPIs	Target	Actual			
-	-	-			
-	-	-			
-	-	-			
INVESTMENTS					
NSS	-				
SG	-				
Other	-				
Total	-				
MILESTONES					
Assist Pre-Discovery and Discovery Phases		Sept 19			
All programme deliverables		Mar 20			
PRIORITY					
Enable	Underpin	Assist			
OUTCOMES					
Better Care	Better Health	Better Value			
CHANGE TYPE					
Innovate	Transform	Improve			
SRO					
Matthew Neilson					
GOVERNANCE					
<ul style="list-style-type: none"> NSS Board NSS EMT NSS Assist Strategic Working Group 					
ACHIEVEMENTS TO DATE					
<ul style="list-style-type: none"> Building trusted relationships with Health and Social Care Scotland, Chief Officers and Scottish Government, to highlight NSS valued contributions to the wider Health and Social Care Integration landscape. Agreed a co-designed event with Health and Social Care Scotland planned for 23 January 2020. 					
NEXT STEPS					
<ul style="list-style-type: none"> Agree joint plan post event 23 January 2020 to identify key actions and next steps in continuation of engagement with Health and Social Care Scotland and Chief Officers. 					
RISKS/ISSUES					
<p>Effective cross organisation planning will mitigate impacts on resource capacities. Ensure that there are no conflicts of interest with other Special Boards and improvement agencies.</p>					
DEPENDENCIES					
NSS capacity for delivering the 'Assist' strategic objective.					

B/20/06

NSS Board Meeting – Thursday 30 January 2020

Progress Towards NSS Strategy and Strategic Risks – Update as at December 19

Purpose

This paper provides the following information on progress, as at December 19, for the Board's consideration:

- towards the priorities set out within the NSS Strategy
- against an agreed set of corporate performance indicators.
- update on the Board's list of strategic risks.

Recommendation

The Board is asked to note progress against the priorities set out within the NSS Strategy of Enable, Underpin and Assist and a set of agreed corporate performance indicators.

The Board is asked to agree that the corporate strategic risks identified from the Strategy Performance Framework retorts be included within their "watch list" of strategic risks.

These are as follows.

- 5800 Primary and Community Care Strategic Theme
- 5523 National Security Operations Centre
- 5636 PgMS Service Delivery

Further detail is provided for your information.

Timing

A progress report detailing performance against the NSS Strategy, corporate performance indicators and strategic risks is reported to the Board twice a year, with the next report due in September 2020.

Background

The NSS Strategy 2019-24 was approved by the Board at its April 2019 meeting and formally launched in July. NSS makes a number of commitments within the strategy and this paper highlights progress against those commitments. More detailed programme reports are contained for information within Admin Control.

A BRAG status is applied to each area based on its present performance or result if completed.

Blue	Goals/targets (being) exceeded
Green	Goals/targets on target or achieved
Amber	Goals/targets (being) missed by less than 10%
Red	Goals/targets (being) missed by more than 10% or requiring specific highlight to the Board.

There are 14 programmes of work identified in the strategy, all of which are green (100%). The previous digital and data entry has been included within the digital and security update.

19 key performance indicators (KPIs) have been identified to help the Board assess corporate and operational performance. 4 are blue (21%), 11 are green (58%) 3 are amber (16%) and 1 is red (5%), giving us an overall KPI performance rating of 79%.

Procurement and Legal

No implications.

Engagement

This paper was developed with input from planning, performance and risk teams across NSS and the Assist Strategic Working Group.

Equality & Diversity

No implications are currently identified.

Caroline McDermott
Head of Planning
0131 275 6518

Matthew Neilson
Associate Director, Strategy, Performance and Communications
0131 275 7384

Progress Towards NSS Strategy and Strategic Risks – Update as at Dec 19

1. Background

This paper provides the following information on progress, as at December 19, for the Board's consideration:

- towards the priorities set out within the NSS Strategy
- against an agreed set of corporate performance indicators.
- update on the Board's list of strategic risks.

The NSS Strategy 2019-24 was approved by the Board at its April 2019 meeting and formally launched in July. NSS makes a number of commitments within the strategy and this paper highlights progress to against those commitments. This is provided as a summary dashboard. More detailed programme reports are contained for information within Admin Control.

A BRAG status is applied to each area based on its present performance or result if completed.

Blue	Goals/targets (being) exceeded
Green	Goals/targets on target or achieved
Amber	Goals/targets (being) missed by less than 10%
Red	Goals/targets (being) missed by more than 10% or requiring specific highlight to the Board

2. Strategic Programme Progress

There are 14 programmes of work identified in the strategy, all of which are green (100%), The previous digital and data entry has been included within the digital and security update.

The spreadsheet accompanying this paper entitled '*NSS Strategy Dashboard: Strategic Priorities December 19*' gives further details.

2.1 Enable

We have identified several programmes of work to enable transformation of health and care with new service offerings.

These are

- Primacy and community care
- Medicines
- Innovation and transformation

These programmes of work are new programmes which provide cross cutting support from a range of areas within NSS to support health and care in service transformation. As new programmes develop, there is continuing engagement with stakeholders to ascertain where we can best help; scoping the boundaries of the programmes and assessing priorities. Part of the scope of the programmes is to pull together activity from the various services across NSS to provide an integrated and enhanced offering.

2.2 Underpin

Positive progress continues, with the majority of programmes on target as planned providing:

- national support, for example PgMS providing specialised support to the transformation of health and care, ensuring benefits can be realised at pace;

increasing fraud prevention, detection and investigation; national approach to infrastructure management and national planning.

- Sustainable services, for example, providing tailored support to ensure blood bank sustainability; reducing NHSiS environmental impact; playing our part in the setup of Public Health Scotland and providing corporate shared services to this new body.
- Once for Scotland, for example optimising contracted products and service usage or transformation of health and care through digital solutions.
- Modernising services, for example modernise, integrate and digitally transform primary care payments and medical record transfers; modernised patient demographic index (CHI); digital and integrated CLO services.

2.3 Assist

Engagement continues with a range of health and care organisations to understand how NSS can best support joint projects to benefit a range of service users with health and care needs, including work on promoting equalities and tackling inequalities. Support is being provided by NSS in terms of digital, business intelligence and project and programme management.

3. Corporate Performance Indicators

19 key performance indicators (KPIs) have been identified to help the Board assess corporate and operational performance. 4 are blue (21%), 11 are green (58%) 3 are amber (16%) and 1 is red (5%), giving us an overall KPI performance rating of 79%. It should be noted that performance against the Operational Delivery Plan is on track, with an achievement of 90%.

The red indicator relates to revenue balance. The delivery of a break-even revenue position is at risk unless mitigating action is taken to address the pressure arising as a result of a request to contribute further towards National Boards Collaboration.

Amber KPIs relate to:

- Employee engagement rate, which was 76% against an expected target of 77%.
- Sickness absence, which is at 4.29% against the national standard of 4%.
- RIDDORS There have been 3 RIDDOR incidents against the target of 4 for the year. These have all taken place within PCF. Health and safety has been given an increased focus within PCF with support from Healthy Working Lives.

More detail is shown in the spreadsheet entitled '*NSS Strategy Dashboard: Strategic Objectives December 19.*'

4. Strategic Risks

The Board is asked to agree that the corporate strategic risks, identified from the Strategy Performance Framework returns, be included within their "watch list" of strategic risks. A review of strategic risks was previously requested by the Board in light of the new NSS Strategy.

- 5800 Primary and Community Care Strategic Theme (There is a risk that NSS fail to deliver the strategic intent of the Primary and Community Care theme due to a lack of join up and / or engagement with key stakeholders.)
- 5523 National Security Operations Centre (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.)
- 5636 PgMS Service Delivery (There is a risk that PgMS cannot operate a fully cost recoverable service due to a decrease in customer demand from NSS, National and Territorial Boards, Scottish Government and wider public sector agencies.)

A number of programme, SBU and department level risks have also been raised in relation to the implementation of the NSS strategy, and it is suggested that these risks be managed at SBU/Programme level and only be included within the Board's list of strategic risks if and when escalated to corporate NSS level risks.

The following risks continue to be seen as strategic and it is recommended that they are retained on the Board's strategic 'watch list':-

- 5671 – nDCVP Programme
- 5322 – Brexit risk to supply chain
- 5230 – Clinical Waste Management Contingency
- 5114 - UK Infected Blood (Langstaff) Inquiry
- 4561 – Brexit

NSS Strategy Dashboard: Strategic Priorities December 2019

Strategic priority	Programme	Commitment	Status (last report)	Status (this report)	Status update	Achievements since last report	
ENABLE health and care transformation	Primary and community care	Assess primary care capability and capacity and the current state of the general practice estate Support the modernisation of primary care systems/processes	Green	Green	Working across NSS with stakeholders to engage strategically to align primary care services in order that maximise opportunities or join up data where possible. Drafted proposal for joint commissioning of National Boards services from SG to gain maximum benefits from jointly commissioned solutions. Initiated service design workshops around prescribing pathways and have recommendations going forward.	Positive engagements taken place with a range of stakeholders and strategic discussions with National Board and SG colleagues.	
	Medicines	Redesign prescribing pathways in primary care and improve access to medicines data Research, develop and introduce new treatments	Green	Green	Primary care prescribing dispensing - workshops held to determine priorities and associated blueprints. Patient perspective research included. Within NSS agreed planned approach to engagement and influencing for Precision Medicine.	Priorities determined for primary care prescribing / dispensing.	
	Innovation and transformation	Develop an innovation network and support the scale up of key innovations across Scotland Enable stakeholders and partners to deliver transformational change	Green	Green	Initial work undertaken to develop NSS network, support signposting, mapping how we deliver innovation expertise and support how we work to orchestrate innovation projects and continued stakeholder engagement.	Workstreams beginning to deliver progress on how we support and deliver innovation services.	
UNDERPIN NHSScotland with excellent services	Better Health	Blood, tissues and cells	Support hospital blood banks Introduce eBlood management systems	Green	Green	Programme on track. Blood Bank dashboard delivered, results analysed and support being offered to Boards where risks have been identified. Initial roll out of the electronic blood management system (eBMS) to Western Isles in place and being progressed with other rural areas.	Blood Bank dashboard results being utilised and a risk management approach adopted targeting support to relevant areas. eBMS available in Western Isles. SNBTS representation/influence in Laboratory Shared Services Programme.
		Specialist healthcare commissioning	Provide national planning to NHSScotland	Green	Green	Programme on track. All activities receiving positive feedback and support from across NHSScotland.	TAVI plan for Scotland delivered on schedule and positively received. Positive feedback on horizon scanning process and outputs to date. Board structure and processes of national planning working effectively. Referred topic areas routed more effectively to National Planning and NSSC or Regional or Local Planning – due to central function of National Planning.
		Public Health Scotland	Support the successful establishment of Public Health Scotland	Green	Green	TUPE 2 accepted by Trade Unions. Engagement with new CE ongoing, particularly in relation to the corporate shared services which NSS will deliver to PHS.	NSS Shared Service agreed. CE of PHS in place. Staff consultations around TUPE undertaken.
	Better Care	Health facilities	Develop a national approach to infrastructure management	Green	Green	Programme on track. Draft Capital Investment Plan (CIP) completed and shared with directors of finance, chief executives and regional strategic facilities groups. Additional report on environmental impact included.	National Infrastructure Board now fully established.
		Primary care support	Automate primary care payments Refresh the Community Health Index (CHI)	Green	Green	Automation: eOrtho payment and approval roll out commenced with 48/51 practices submitted electronic claims. Vision for medicines support agreed. Activities for high cost medicines agreed. Medical records scanning requirements agreed prior to procurement process CHI: revised implementation contract agreed	100% ophthalmic and dental claims / prior approvals digitised and responded to real time without paper schedules. Support in place for prescribing by Paramedics from Jan 2020.
		Digital and security	Deliver digital solutions and digital transformation	Amber	Green	DaS continues to lead on 3 major national initiatives – GPIT, CHI/CH & O365. DaS is leading internally on digital transformation – websites and digital workplace including NSS rollout of O365 under pilot. Continued expansion of Service Now and Data capability across NSS and more widely across NHS Scotland. Security CSOC in place and NIS audit preparation completed.	Cyber programme fully on track. Cloud maturity, and analytics and businessintelligence on track. Some issues identified with national programmes (highlighted in ODP report).
		Procurement & Logistics	Optimise use of contracted products and services	Green	Green	National Procurement workplan and savings likely to exceed target for secured and delivered savings. New Procurement strategy published. In Logistics, NDC on track to achieve planned throughput.	EU Exit planning completed and put on hold until requirements for 2021 become clearer. Clinical waste contract now going through a phased implementation, with contingency decreasing until Spring 2020.
	Better Value	Fraud prevention	Increase fraud detection and prosecution	Green	Green	Patient exemption recoveries / savings well above plan. Ongoing engagement with Health Boards and presentations to Chief Officers for awareness. Service provision agreed for Care Inspectorate Scotland. Providing services for Independent Living Fund and Highland and Island Enterprise Board.	Very positive Investigatory Powers Commissioner's Inspection Report received. Launch of new fraud toolkit – Fraud and Organised Crime Impact Assessment (FOCIA) tool.
		Legal	Implement digital legal services	Green	Green	Digital programme continues to modernise and work towards efficiencies. The programme has already shown benefits in terms of time efficiencies, reduction in paper / printing costs and the achievement of secure external file transfer.	Implementation of external file transfer to securely transfer files to courts. Showing reductions in paper and printing costs.
		Programme management	Launch a transformation support service	Amber	Green	Design Team in place. Supporting Practitioner Services, Web Transformation, Finance Transformation, Centre of Excellence and Medicine / Prescribing pathway.	Support in place for identified programmes. Beginning to broaden understanding across NSS. Further recruitment taken place within team and links with DaS in place to support ST team.
ASSIST other organisations in health and care	Integration joint boards Local government Emergency services Third sector	Help IJBs meet ministerial recommendations Strengthen relationships with local authorities Collaborate with Police Scotland and Scottish Fire & Rescue Deliver a new public participation strategy	Green	Green	Support being given in relation to digital solutions / data visualisation for local government; addressing inequalities with third sector and independent organisations and building engagement / business intelligence with emergency services; continued engagement and intelligence support with Integrated Joint Boards. Event, Chief Officers, NSS and Health and Social Care Scotland to explore where NSS can support.	Range of engagements continue with a variety of bodies. Building trusted relationship with H&S integrated bodies. Ongoing support to Police Scotland over a range of initiatives. Progressing on unified approach with Scottish Fire and Rescue Services over health assessments for specific vulnerable groups.	

NSS Strategy Dashboard: Strategic Objectives - December 19

Strategic objective	Key Performance Indicator	YTD Actual	YTD Target	Status	Notes
Customer at the heart	Customer Satisfaction	76%	70%	Blue	FY19 score. Reported annually. Next report Apr 20.
	Customer Advocacy	23%	0%	Green	FY19 score. Reported annually. Next report Apr 20.
	Customer Effort	76%	76%	Green	FY19 score. Reported annually. Next report Apr 20.
	Response to complaints	98%	90%	Blue	YTD Dec 19.
Improving the way we do things	Cash Releasing Efficiency Savings	4.5%	3.8%	Green	On track to exceed 5% target.
	WTE Levels	3,297	3,504	Green	YTD Dec 19.
	Major BCP Incidents	0	0	Green	Major = NSS Resilience Management Plan invoked.
	Cat 1 Clinical Adverse Events	0	0	Green	YTD Dec 19.
	Cat 1 IG Adverse Events	0	0	Green	YTD Dec 19.
Increasing our service impact	Revenue	£0k	(£1,500k)	Red	At risk unless mitigating action against pressure to deliver more to Nat Brd savings.
	Capital	£0k	£0k	Green	YTD Dec 19.
	Environmental Sustainability	54%	54%	Green	New NHSIS Sustainability Assessment Tool replaces GCC.
	Contract Savings	£54.8m	£60m	Green	On target based on forecast savings plan.
	ODP NSS	90%	90%	Green	YTD Dec 19.
Great place to work	Employee Engagement Index	76%	77%	Amber	FY19 score. Reported annually.
	iMatter Action Planning	88%	85%	Blue	FY19 score. Reported annually.
	Sickness Absence	4.29%	4.00%	Amber	YTD Dec 19.
	RIDDORS	3	4	Amber	3 PCF increased focus across PCF with support from HWL.
	Turnover	5.61%	7%	Blue	YTD Dec 19.

APPENDIX A

Enable

NSS Strategy Update – December 19

Primary and Community Care

December 2019



SERVICES
<ul style="list-style-type: none"> • Practitioner Services • Clinical Directorate • Health Facilities Scotland • ISD Scotland • Digital and Security • Programme Management

STATUS	2-5 YEAR
Green	No

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS	
NSS	£246,000
SG	£6,217,960
Other	-
Total	£6,463,960

MILESTONES	
Chief Officer Event	Jan 20
GMS Phase 2 negotiations	Dec 20
PC Targeted Support deliverables	Mar 21

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Martin Bell

GOVERNANCE
<ul style="list-style-type: none"> • SG Primary Care Directorate • NSS PMG • NSS Primary and Community Care Board

AIM
Modernise, integrate and transform primary and community care in Scotland.

UPDATE
<ul style="list-style-type: none"> • GMS Data Tool (Workforce and Income-Expenses) – Released in two phases, Workforce Survey issued 28/11/19 and Income/Expenditure 19/12/19, following implementation of changes requested by SGPC. Discussions continue with SG about what constitutes sufficient return levels to enable use of the data and in turn how long practices will have to respond, but we are working to everything being complete this financial year. • Stakeholder Engagement – continuing to engage strategically (particularly across National Boards) and opportunistically with stakeholders to ensure strong relationships and knowledge of NSS involvement and capability. First draft of a PCC Engagement Plan produced. • National Boards Joint Commissioning – The potential of Primary Care Directorate jointly commissioning National Boards has been mentioned, so we have mapped out a draft proposal for how we could see that working and the paper is with Colin for feedback and sharing with the National Boards' Programme Board. • Cross NSS Working – Discussions and visibility about how we can meet or align Primary Care related requests from SG/stakeholders across NSS rather than just within each SBU are increasing which is encouraging. Good engagement with DaS in relation to Primary Care Reform Digital Programme. • Digitally Enabling the MDT – Engagement and discussion with A&A regarding the detail of using Robotic Processing to reduce manual data entry. CCN agreed with ATOS so now just need to get on a deliver. Remote Access test of change with NHS Highland progressing. • Sustainability Indicators – Discussions taking place with SG regarding potential ways forward this week. Internally we are discussing with LIST and others about how we could best to deliver this using existing mechanisms. Also starting work to look at how and what added intelligence NSS could potentially provide from joining the data we have. This would be provided for further discussion and consideration. • Prescribing Pathways – Pulling together draft recommendations from the Service Design workshops and will then socialise recommendations with other stakeholders and providers before circulating a report for comment to workshop attendees prior to submission to ePharmacy Board (20th Feb). • Chief Officers Event Planning – Gathering materials and intelligence and planning of event progressing well, agenda agreed by Colin and Keith.

ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> • Joint Commissioning Proposal drafted • Number of positive engagements and communications from stakeholders, with other strategic discussions taking place with SG and National Board colleagues. • GP Workforce and Income and Expenditure survey issued to GP Practices. • Digitising Medical Records – ITT issued for IT solutions

NEXT STEPS
<ul style="list-style-type: none"> • Chief Officers Event – Final Planning and execution of the event. • Primary Care Targeted Support – Progress workstreams, in particular A&A robotic automations and GP Practices Boundaries workstream. • Continue a number of key stakeholder engagements to manage NSS involvement in Primary Care Reform. • Produce a PCC Strategic Theme Intentions Document that will outline plans and ways of working to be agreed and taken forward by the PCC Board.

RISKS/ISSUES
<ul style="list-style-type: none"> • Lack of cohesion across NSS Primary Care activity, particularly with regards stakeholder engagement. Project synergies and insight improving, but more to be done with regards stakeholders.

DEPENDENCIES
Primary and Community Care as a strategic theme has an exceptionally large scope and our work interacts with Digital and Innovation, Medicines and Data Intelligence. The scope of activity is expected to grow, hence the emerging improved governance.

Medicines

November 2019

SERVICES
<ul style="list-style-type: none"> • PCFS • DaS • PHI • PCF • SNBTS • Finance • Clinical • SPST

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS	
NSS	£72k (PgMS support and workshop costs)
SG	-
Other	-
Total	£72k

MILESTONES	
Prescribing pathway report	DEC 19

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Lorna Ramsay

GOVERNANCE
NSS Programmes Management Group

AIM
<p>To enable the ambition for the right medicine/ right treatment to be given to the right patient at the right time by the right clinician, in any location, we will</p> <ul style="list-style-type: none"> • Optimise/ align existing NSS work • Review/ redesign prescribing pathways in primary care • Improve access to medicines data • Help to ensure Scotland gets best value from its spend on medicines • Research, development and introduction of new and innovative treatments, including developing use of genomics and cellular therapies

UPDATE
<p><i>Period to end November 2019</i></p> <ul style="list-style-type: none"> • Primary Care Prescribing/ Dispensing Pathway: Second and third Discovery workshops were held on 11 Oct and 15 Nov, just under 40 attendees on each day. Over the three workshops a broad range of professionals attended. Workshop 2 produced shared agreement on which problems were a priority, began the process of developing the patient's perspective and began to identify and design potential solutions, including a review by the IET of international approaches. Further patient research was conducted between the workshops to inform solution development. Workshop 3 then developed five chosen solutions into fuller service blueprints on which work continues. • Medicines Data: Awaiting report from AAB • Innovation: Core group of NSS senior leaders met 28th Nov to agree planned approach to Precision Medicine stakeholder identification, engagement and influencing plan. To progress over next six months. • Clinical Fellows: Actively contributing to solution development and evaluation on prescribing/dispensing pathways and ATMP deliverables.

ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> • Joint commission from SG Primary Care Directorate and Pharmacy and Medicines Division for a discovery project on Primary Care Prescribing/ Dispensing Pathway. Pharmacy Clinical Fellow funded and appointed.

NEXT STEPS
<ul style="list-style-type: none"> • Primary Care Prescribing/ Dispensing Pathway: Collation and review of outputs from the final Workshop to develop recommendations for draft outline to SG by mid-December, with a final report to ePharmacy Board in January (dates tbc). • Innovation: Pharmacy Clinical Fellow to progress national ATMP objectives. In particular presentation at NAATTC on the Institutional Readiness interim results. • RAM: Development of a presence in the Acute and Primary Care medicines area is dependent on the outcome of the Clinical RAM.

RISKS/ISSUES
<p>Foster collaborative approach to medicines/prescribing activity across NSS. Evolve relationship with SG towards a more aligned approach.</p>

DEPENDENCIES
<p>Need to ensure continued alignment with Primary Care Programme (particularly MDT enablement) and Pharmacy payments review in PCFS. Potential link with Digital (NDF-NES) & Data (medicines data).</p>

Innovation and Transformation

December 2019

SERVICES			AIM		
<ul style="list-style-type: none"> • Clinical • SPST • PCF • DaS • CLO • PHI 			<p>To develop an innovation network with partners, harness our expertise to support innovators and support the scale up of key innovations across Scotland. This programme will help maximise the potential for key innovations to be successfully implemented across health and care in Scotland. We will enable stakeholders and partners in Scottish Government, territorial health boards, regions and integration authorities to deliver change.</p>		
STATUS		2-5 YEAR	UPDATE		
GREEN		-	<ul style="list-style-type: none"> • Innovation Network (Internal): Completed on 26th November with 18 NSS stakeholder colleagues. Next steps and action plan agreed for continued future of network. • Bi-directional Signposting: Initial actions agreed at workshop. • Deliver Innovation Expertise, Advice and Support: Initial mapping complete at workshop. • Innovation/ Transformation Lifecycle Support: SCOTCAP exemplar evaluation 60% complete & Business Case in development; second project being targeted & developed. • Orchestration: Established external SLWG with CSO and regional Innovation Leads to develop structure & host high level workshop under auspices of NHSS Chairs Innovation & Reform Steering Group • Stakeholder engagement: Initial engagement with GGC/GU on potential partnering project. NSS invited to join iCAIRD governance group. 		
KPIs	Target	Actual	ACHIEVEMENTS TO DATE		
-	-	-	<ul style="list-style-type: none"> • NSS enablement of the first Innovation Partnership Procurement in healthcare in the UK through SCOTCAP 		
-	-	-	NEXT STEPS		
-	-	-	<ul style="list-style-type: none"> • Further define plan and roadmap to inform RAM process • Develop detailed workstream plans with network ownership. • SCOTCAP Evaluation – complete evaluation by 9th Dec 2019, facilitate interim arrangements continue to develop Business Case and Adoption plans. • Stakeholder engagement: NHSS Chairs Innovation and Reform Steering Group workshop planning – 20th Jan 2020. 		
INVESTMENTS			RISKS/ISSUES		
NSS	£52k (PgMS support)		<p>Given the large number of interested parties, there is a risk that NSS misses an opportunity to effectively contribute to the developing innovation agenda. Conversely, there is a risk that external parties will have expectations of NSS which we are not resourced to meet.</p>		
SG (SCOTCAP)	£51k		DEPENDENCIES		
Other	-		<p>The outputs from work in progress by the following groups will inform the nature, extent and scale to which NSS leads and supports in the innovation area and how much effort and potential each workstream will demand: NHSS Innovation and Reform Steering Group; SG Access Collaborative: Finding the Way Forward; Health Innovation Network for Scotland (HINS): scoping project for Chief Scientist Office; SG Technology Enabled Care: Service Transformation Landscape review.</p>		
Total	£103k				
MILESTONES					
Internal Network Workshop	Nov 19				
SCOTCAP Evaluation and Business Case	Dec 19 Jan 20				
PRIORITY					
Enable	Underpin	Assist			
OUTCOMES					
Better Care	Better Health	Better Value			
CHANGE TYPE					
Innovate	Transform	Improve			
SRO					
Lorna Ramsay					
GOVERNANCE					
NSS Programmes Management Group					

Underpin

NSS Strategy Update – December 19

Supporting Hospital Blood Banks

December 2020

SERVICE		
SNBTS 		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
Dashboards	Live	Live
eBMS validated	Aug	-
-	-	-
INVESTMENTS		
NSS	£471k	
SG	-	
Other	-	
Total	£471k	
MILESTONES		
eTraceline implementation	Feb 20	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Craig Spalding		
GOVERNANCE		
<ul style="list-style-type: none"> • SNBTS SMT • DSIDD • SNBTS CGSG 		

AIM
To provide tailored support to ensure blood bank sustainability
UPDATE
<ul style="list-style-type: none"> • Hospital Blood Bank Sustainability Risk Assessment data analysed with results presented through an interactive dashboard for interrogation • 7 of the Boards reporting amber or red regulatory risk have been approached and offered an independent laboratory audit to determine the level of support they require • Electronic blood management solution developed and validated; now in Western Isles as part of a tailored support package • Engagement with and SNBTS representation at all Regional Laboratory Shared Services Committees • Proposition discussed at National LIMS Commissioning Board for a single transfusion LIMS for Scotland using eTraceline provided nationally via NSS/SNBTS • Projects are progressing and reviewed monthly at both DSIDD and SMG with issue escalation to SNBTS CGSG
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> • Introduction of Blood Bank Dashboard available to Health Boards/Blood Banks • SNBTS representation and influence in Laboratory Shared Services Programme • Validated electronic blood management system solution (eBMS) • Implementation of eBMS in Western Isles
NEXT STEPS
<ul style="list-style-type: none"> • Roll out of eBMS (Smart fridge) in support of remote and rural blood banks with Elgin, Orkney, Shetland & Caithness in first cohort. • Implement eTraceline within SNBTS and existing supported HB Blood Banks • Implement IT Connectivity with HB LIMS • SBAR on merit of eTraceline being adopted as a Once for Scotland transfusion LIMS to be presented to Laboratory Oversight Board Feb 2020
RISKS/ISSUES
<ul style="list-style-type: none"> • Ensuring DaS IT, SNBTS operations and third party software supplier resources aligned to deliver eTraceline upgrade to timescale
DEPENDENCIES
<ul style="list-style-type: none"> • DaS engagement and capacity to host and support eTraceline as transfusion LIMS for whole of NHSScotland • Resource commitment to support expansion and adoption of eTraceline and associated eBMS solutions • Ongoing funding for SNBTS Blood bank Sustainability Team (initial pilot for 2 years)

National Planning

December 2019

SERVICES		
NSD		
		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	£508k	
Other	-	
Total	£508k	
MILESTONES		
National Planning Work Plan for 20/21 delivered	31/3/21	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Fiona Murphy		
GOVERNANCE		
<ul style="list-style-type: none"> NHSS National Planning Board to Board Chief Executives SG Healthcare Quality & Improvement NSS EMT 		

AIM
<ul style="list-style-type: none"> Providing national planning to NHSScotland
UPDATE
<ul style="list-style-type: none"> NHSS National Planning Board commenced in October 2018, reporting to Board chief Executives Group Co-Chaired by two BCE/Implementation Leads, with all Implementation Lead BCE's members Year two work plan commenced in October 2019 - this includes delivering the recommendations from the three horizon scans in cancer, heart disease and stroke to the board, and then taking forward the agreed service planning areas from these. In addition, the findings of the Robotic Assisted Surgery review will be taking forward, with the creation of a national strategic framework. The review findings for Intervention Radiology are now to be actioned with a new National IR Steering group and work plan. The major area of developing a Thrombectomy Service for Scotland continues into year two at accelerated pace; with the aim to have a phased service being delivered by 3 centres in the later half of 2020. Further new areas of work are being explored by National Planning in year two to ensure that planning for NHSS needs are completed around Burns Services, Precision Medicine, Hepato-Pancreatic-Biliary Cancer. National Planning also route topics to the appropriate planning level at each quarterly National Planning Executive meeting The National Planning core team sit within PCF business unit under Specialist Service, with linked staff in ISD and NHS HIS
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> TAVI plan for Scotland delivered on schedule and positively received Three major horizon scans completed into Cancer, Stroke and Heart Disease Reviews completed for Interventional Radiology and Robotic Assisted Surgery Board structure and processes of national planning working effectively Referred topic areas routed more effectively to National Planning and NSSC or Regional or Local Planning – due to central function of National Planning Annual report written and positively received by SG Increasing referrals of areas to National Planning – linked to success of year one outputs and added value being seen by executives and clinicians across NHSS
NEXT STEPS
<ul style="list-style-type: none"> Ongoing delivery of work plan & Identification of new additional work streams Exploration of recurring funding stream for national planning as business as usual and as work plan increases
RISKS/ISSUES
Being able to deliver the rising demand with the very small NP core team
DEPENDENCIES
Funding of national planning team and work done under the work stream funded by a non recurring route of Transformation Funding

Enabling Public Health Scotland

December 2019



SERVICES		
<ul style="list-style-type: none"> • PHI • SPST • HR • FS • DaS • PCF 		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	£475k	
Other	-	
Total	£475k	
MILESTONES		
PHS Go Live	APR 20	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Mary Morgan		
GOVERNANCE		
<ul style="list-style-type: none"> • PHS EMT (Shadow) • NSS Board • NSS EMT 		

AIM
To support the successful establishment of Public Health Scotland.
UPDATE
<ul style="list-style-type: none"> • Staff consultation: TUPE stage 2 consultation regarding corporate shared services to PHS provided by NSS has now ended and has been accepted by Tus with some minor caveats with which we are happy to comply. • PHS EMT: Chief Executive Angela Leitch appointed and engagement continues regarding staff transfer and corporate shared services. • HR Steering Group: Structure of PHS (Directorates and teams) has been agreed. • Corporate Services: Agreement reached on the corporate services which NSS will provide covering IT, finance, HR, procurement and FM services. Agreement has been reached that Communications will be delivered by PHS resulting in some NSS Comms staff transferring to PHS. Ongoing concerns have been raised by NSS with the CE of PHS regarding the number of HS staff working in corporate areas which are to be part of the shared service but are planned to transfer to PHS. CE of PHS will raise with HS. In the meantime, it has been agreed that 3 staff working in HR in HS will now transfer to NSS. • IT: PS org will be set up on NHS Mail. O365 migration will progress in line with NHS Digital June – Sept
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> • NSS Proposal has been agreed by the PHS EMT. • Detailed Transition Plans have been developed for each shared service area to understand the level of activity NSS is required to complete before April 2020.
NEXT STEPS
<ul style="list-style-type: none"> • O365 - PHI and HS involved in local implementation planning. Approval needed from National O365 groups whether PHS can have an exception to the norm for their email address e.g. @phs.scot instead of an NHS branded address.
RISKS/ISSUES
<ul style="list-style-type: none"> • Clarity required regarding Active Directory and whether this will be a single instance covering NSS and PHS or two separate instances. • IT Budget to be agreed in detail since confirmation received from SG that this needs to cover system changes required in advance of April 2020.
DEPENDENCIES
Office 365 rollout: Further discussion required to confirm the impact of O365 against the establishment of PHS in April 2020.

National Infrastructure

AUGUST 2019

SERVICES			AIM		
HFS 			Developing a national approach to infrastructure management. Delivery of NHSS Infrastructure Board governance and Capital Investment Plan (CIP)		
STATUS			UPDATE		
STATUS		2-5 YEAR	<ul style="list-style-type: none"> National Infrastructure Board now fully established CIP completed in Draft Format Draft Capital Investment shared with the following groups: <ul style="list-style-type: none"> DOFs Chief Executives Regional Strategic Facilities groups 		
GREEN		-			
KPIs	Target	Actual	ACHIEVEMENTS TO DATE		
-	-	-	<ul style="list-style-type: none"> Updates as above 		
-	-	-			
-	-	-			
INVESTMENTS			NEXT STEPS		
NSS	-	-	<ul style="list-style-type: none"> Capital Investment plan discussion is major agenda item at next National Infrastructure Board meeting – Scheduled for the 22nd August 		
SG	-	-			
Other	-	-			
Total	-	-			
MILESTONES			RISKS/ISSUES		
Finalised CIP		March 2020	<ul style="list-style-type: none"> Linkage with wider public sector review via the infrastructure commission Health seen as ahead of the other sectors and potentially competing political appetite 		
PRIORITY			DEPENDENCIES		
Enable	Underpin	Assist	None reported.		
OUTCOMES					
Better Care	Better Health	Better Value			
CHANGE TYPE					
Innovate	Transform	Improve			
SRO					
Jim Miller					
GOVERNANCE					
<ul style="list-style-type: none"> National Infrastructure Board 					

Environmental Impact

December 2020

SERVICES		
HFS 		
STATUS		2-5 YEAR
GREEN		-
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	-	
Other	-	
Total	-	
MILESTONES		
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Jim Miller		
GOVERNANCE		
<ul style="list-style-type: none"> National Environmental Sustainability Group 		

AIM
Reducing NHSScotland environmental impact
UPDATE
<p>The Chief Executives discussed and agreed that NHSScotland make a series of initial high-level commitments that will form the basis of the upcoming NHSScotland Sustainability Strategy. These commitments are:</p> <ol style="list-style-type: none"> NHSScotland will be a 'net-zero' greenhouse gas emissions organisation by 2045 at the latest. All NHSScotland new buildings and major refurbishments will be designed to have net-zero greenhouse emissions from April 2020. Each NHSScotland Board should undertake a Climate Change Risk Assessment covering all operational areas and produce a Climate Change Adaptation Plan to ensure resilience of service under changing climate conditions. NHSScotland transport greenhouse gas emissions from its owned fleet (small/ medium vehicles) will be net-zero by 2032. The NHS supply chain will be reviewed to determine the extent of associated greenhouse gas emissions and environmental impacts. Once the extent of environmental impacts is established, a programme of work will be undertaken to minimise these impacts. Each NHSScotland Board will establish a Climate Change/ Sustainability Governance group to oversee their transition to a net-zero emissions service. <p>The same commitments were recently discussed at the Strategic Facilities Group and each one was considered appropriate and achievable</p> <p>The HFS Sustainability Team is now working on how best to communicate this response wider</p>
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Achieved senior level commitment to the NHS Scotland Sustainability Strategy from across NHSS
NEXT STEPS
<ul style="list-style-type: none"> Creation of a Draft NHS Scotland Sustainability Strategy by the end of April 20 for then wider discussion and input Update to SHGD Mgmt Steering board on progress during Q4
RISKS/ISSUES
<ul style="list-style-type: none"> Buy-in to the Sustainability Strategy from across the NHS
DEPENDENCIES

Digitally Transforming Primary Care

December 2020



SERVICES
<ul style="list-style-type: none"> • Pharmacists • Dentists • Opticians • Medical

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-Pharmacy Automation	100%	78.9%
-eOrtho claims PA submissions	100%	40%
	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
80% Automation	March 2020
100% eOrtho claims	April 2020
82% Automation	March 2021

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Martin Bell / Nelson Kennedy

GOVERNANCE
• Programme & Project Boards

AIM

To modernise, integrate and digitally transform primary care payments' ecosystem and medical record transfers; delivering streamlined, 100% digitally enabled systems. Benefits include: improved efficiency, accuracy, customer satisfaction and reduced information governance risks.

Continuing our 10-year, digital transformation to enable the processing of >10 million paper-submitted claims per month; mailing towards 5000 printed payment schedules to Primary Care practitioners, to one where all interactions are digital and all paper is removed and processing automated; hybrid mail utilised to remove >10,000 letters to patients annually; digitising medical record transfers between medical practices - supporting the strategic objective of creating a single electronic patient medical record.

UPDATE

- Activities on high cost medicines management and vision for medicines support across Primary Care agreed.
- eOrtho payment and approval roll out continues, all specialist practices are enabled to submit claims electronically, currently 48 out of 51 practices have submitted electronic claims. SG have provided a grace period for paper submissions until April 2020
- Interim guidance developed for Health Boards to allow electronic prescribing for non-medical prescribers in GP practice excludes nurses
- Engaged with the GP Data extract programme development to provide the information for GP Contract negotiations.
- Working with Digital Transformation team on Service Now data input.
- Scanning requirements established, procurement process undertaken to identify commercial scanning operator for Medical Records. Barex system being enhanced to facilitate future electronic transfer.

ACHIEVEMENTS TO DATE

- Achievements previously reported are NOT included Support in place for prescribing by paramedics from January 2020
- 100% of Ophthalmic and Dental claims / prior approvals digitised and responded to real time without paper schedules being sent to contractors
- Procurement of scanning solutions on schedule for end March 2020

NEXT STEPS

- Progress redevelopment of new DCVP
- Analysis of claim processing to meet 2020-24 automation forecast
- Progress development of electronic support for non-medical prescribing as part of GP IT re-provisioning programme
- Gathering requirements to supporting high cost medication to enable submission of hospital prescriptions through UCF.
- Identity and Access Management (IAM) to review strategic direction of electronic signatures for paperless prescribing.
- Award scanning contract, test proof of concept to integrate digitised medical records into the practice clinical systems by end March 2020

RISKS/ISSUES

That the cost of digitising medical records higher than anticipated
That software enhancements to facilitate the transfer of digitised records are not delivered on time or to standard

DEPENDENCIES

CHI, GP IT, GPPRS system development
Progressing ePrescribing technology and policy with SG

Refreshing the Community Health Index (CHI) December 2019

SERVICES
<ul style="list-style-type: none"> Population of Scotland Health Boards – (GPs, Dentists, Pharmacists, Opticians) Scottish Government

STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
-	-	-
-	-	-
-	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
Programme Board approves Cloud based solution and able to enter into WIPRO contract	Aug 19
IMA governance approved and established	Aug 19

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Martin Bell

GOVERNANCE
<ul style="list-style-type: none"> IMA recommendation Project/Programme boards established

AIM

To develop a national patient demographic index, providing real time access to patient information, on a modern platform which provides high level of automation while maintaining data quality.

UPDATE

- Revised implementation contracts with supplier signed
- Project initiative meeting scheduled

ACHIEVEMENTS TO DATE

- IMA governance paper agreed internally
- GPPRS registration requirements confirmed
- Engaged with NHS Board Leads

NEXT STEPS

- Further resource and planning discussions
- IMA paper to be approved at programme board
- Review Standard Operating Model
- Engagement with supplier

RISKS/ISSUES

- Delay in approving CHI programme pushes back implementation timetable and benefits realisation
- Any further delays in programme may result in supplier withdrawal

DEPENDENCIES

- Old CHI system can be maintained for minimum of 3 years
- Reliance on ATOS for CHI data extracts
- Child Health systems have a dependency on old CHI, unable to move to new CHI until this system goes live.

Delivering digital solutions

December 2019

SERVICE(S)	
Digital and Security 	
STATUS	2-5 YEAR
GREEN	-

KPIs 2018/19	Target	Actual
Customer satisfaction score	70%	100%
INVESTMENTS		
NSS	-	
Total	-	

MILESTONES	
O365 rollout to 2 SBUs	Dec 2019

PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Deryck Mitchelson		
GOVERNANCE		
<ul style="list-style-type: none"> • PMG • COG • DaS SMT 		

AIM
Digital and Security (DaS) will support the transformation of health and care through secure digital solutions

UPDATE
<ul style="list-style-type: none"> • DaS continues to lead on 3 major national initiatives – GPIT, CHI/CH & O365 • DaS is leading internally on digital transformation – websites and digital workplace including NSS rollout of O365 under pilot • Continued expansion of Service Now and Data capability across NSS and more widely across NHS Scotland • Security CSOC in place and NIS audit preparation completed

ACHIEVEMENTS TO DATE

<p>Digital Innovation</p> <ul style="list-style-type: none"> • Web Transformation: All SBUs engaged and Q4 work-plan agreed. • Business Analytics: Increased demand for data visualisation for analytics on the back of successful demonstration at the Senior Management Forum. • NSS 365: 4 Teams pilots have now completed and benefits reporting being compiled; anticipated to be productivity and reduced travel. • Integration: Team received 2019 Scottish Public Sector award for Blood pressure monitoring • SHOW: Automation of external websites to secure NSS cloud. Major incident over holiday period impact to clinical teams- Partial recovery achieved in 4 days. • Containerisation: Test and automation capability pilots completed and further demonstrations planned. Opportunities to reduce hosting costs. • Data Driven AI: Paper produced on strategy for driving data management across NSS and RAM 19/20 submission to fund initial platform creation. <p>Cloud: Activity across numerous boards to leverage our Cloud capability:-</p> <ul style="list-style-type: none"> • Provisioned test and development areas for CHI/CH. • Further workshops for Hepma ongoing. • HP-Zone environments now in place. • Express Connect Route to Azure – On track to be available for use in Q1 20 <p>Security: Several CSOC services getting up to speed, including:</p> <ul style="list-style-type: none"> • Investigation and management of alerts from ATP • Incident response proposal drafted, processing procurement via G Cloud • SIEM POC outline design prepared and initial quote received • NSS security team utilising new cyber risk assessment approach • NIS audit preparations significantly advanced in preparation for live audit 25 Feb! Simulated/practice audit completed and NIS dashboard live in ServiceNow. <p>Recruitment: Appointments to Cloud engineering and Clinical Informatics Leadership roles. On-boarding Q4 19/20.</p>
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NEXT STEPS
<ul style="list-style-type: none"> • Digital workplace – incorporating change management needs and linking to service design • Implementation for Q4 work-plan for Web Transformation and update at COG • NSS 365 Preparation for the next PI planning event early Feb20. • Decision on CHI/CH production in Azure Cloud & progressing HP-Zone application migration plan • On-boarding new directors and advancing org transformation plans

RISKS/ISSUES
<ul style="list-style-type: none"> • Risk that DaS will be unable to attract required skilled staff • Organisational Transformation impacting pace of change

DEPENDENCIES
<ul style="list-style-type: none"> • HR support

Optimising contract use

January 2020

SERVICES		
NPL 		
STATUS		2-5 YEAR
GREEN		-
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	£200k	
Other	-	
Total	£200k	
MILESTONES		
-	-	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Jim Miller		
GOVERNANCE		
<ul style="list-style-type: none"> FPPC reporting Contract Approvals Board Annual reporting to SG PCF SMT reporting Health Procurement Delivery Group (HPDG) SS Governance Meeting 		

AIM
<ul style="list-style-type: none"> Optimising contracted products and service usage
UPDATE
<ul style="list-style-type: none"> National Procurement workplan and savings ahead of target New contract manager role for clinical waste in place and working with Tradebe on contract implementation National Procurement Director started in December 2019 National Procurement strategy for 2019-2021 published
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Innovation team receiving excellent feedback EU Exit planning completed and on hold until future requirements are clear Clinical Waste contingency remains operational while new contract is phased in 19/20 Savings ahead of target
NEXT STEPS
<ul style="list-style-type: none"> Reviewing future innovation funding with SG 2020/21 workplan and forecast savings Increased focus on Scottish economic impact, including project with Heriot Watt Increased focus on response to climate emergency
RISKS/ISSUES
<ul style="list-style-type: none"> Uncertainty around financial budget, staff consultation timeline Higher level of resources focused on issues such as climate emergency
DEPENDENCIES
<ul style="list-style-type: none"> Sustainable success dependent on organisational change, realignment of resources and new technology Stronger relationships with key health board, SG and other stakeholders

Counter Fraud Services

December 2020



SERVICES	
<ul style="list-style-type: none"> All 22 Health Boards ILFS and HIE New – Care Inspectorate 	
STATUS	2-5 YEAR
GREEN	-

KPIs	Target	Actual
Reduce patient exemption fraud	£1.5 m	£1.2 m
	-	-
-	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
Op Ariston	Now Sept 20

PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Martin Bell/Gordon Young		
GOVERNANCE		
<ul style="list-style-type: none"> CFS Strategic Tasking and Coordinating Group P&CFS SMT IPCO 		

AIM
Increasing fraud prevention, detection and investigation
UPDATE
<ul style="list-style-type: none"> Training provided for senior staff from the new Social Security Scotland to enhance their internal governance Service provision agreed for the Care Inspectorate (new customer) Continuing to provide services to Independent Living Fund Scotland and HIE Annual HB Visits – Service provision visits underway with positive customer feedback received CFS have applied for inclusion in the Digital Economy Act to allow data sharing for fraud and debt recovery purposes Presentation to IJB Chief Finance Officers for awareness purposes Patient exemption/NFI data match project underway 4 new cases reported to COPFS for consideration of prosecution Successful use of RIPSA legislation – Covert surveillance Additional service provision agreed for HIS in relation to criminal cases involving independent clinics – Botox provision. Working with SPSO re new Independent Whistleblowing Officer role for NHS and interactions with CFS OP Ariston – Large scale bribery and corruption case being progressed by COPFS
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Very positive Investigatory Powers Commissioner’s Inspection Report received Patient exemption recoveries/savings currently exceeding target Successful CFS conference held in November 2019 Launch of new fraud toolkit – Fraud and Organised Crime Impact Assessment (FOCIA) tool Positive iMatter report received Sickness absence for CFS below 0.5% for rolling 12 month period.
NEXT STEPS
<ul style="list-style-type: none"> Implement new process for civil recovery of patient exception debts Analyse data received via FOCIA Meeting scheduled with NHS England Counter Fraud Authority re intelligence capabilities/closer working together Develop/scope a problem profile for “theft” of NHS property Continue to provide support for OP Ariston at COPFS
RISKS/ISSUES
CFS are experiencing difficulties in maintaining the support of HB Fraud Liaison Officers due to workload pressures of their primary roles. CFS are therefore required to pick up work/activities previously undertaken by the FLOs. This issue continues with a possible solution included in the CFS business case for additional resources.
DEPENDENCIES
CFS need investment in their detection capabilities. Draft business case reviewed by Director and work continues to refine this document.

Digital Legal Services

December 2019

SERVICE		
Central Legal Office		
		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
Paper reduction (%)	10%	24%
Saved time (h)		
Savings (£)	-	-
INVESTMENTS		
NSS	-	
SG	-	
Other	£40k	
Total	£40k	
MILESTONES		
Fully live	MAR 23	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Norma Shippin		
GOVERNANCE		
• NSS COG		

AIM
To fully digitise and integrate CLO services.
UPDATE
<ul style="list-style-type: none"> Review of Voice Recognition – Staff survey reviewed and Benefits Management Realisation Report fully completed and regularly updated Prescient + Reporting Tool Upgrade – Initial scope of work completed Improvement of presentation of reporting – Tableau – internal reporting pilot implemented Implementation of web based technologies – Skype for Business pilot implemented Electronic legal case files <ul style="list-style-type: none"> Litigation - Lesson learned following pilot implementation Commercial Contracts, Commercial Property, Employment – beginning of implementation following pilot
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Secure External File Transfer – Globalscope fully implemented and all processes streamlined 24% reduction of paper used as of September 2019 Time saved from filing paper copies and used on other tasks - 10.2 hours for 1 WTE on a quarterly basis Printing costs charged to clients - 52.5k in 2018/19 vs 54.4k in 2017/18
NEXT STEPS
<ul style="list-style-type: none"> CLO website – Upgrade to the latest Platform Prescient + - Reporting Tool upgrade – Full implementation Improvement of presentation of Reporting – Tableau – Scope of work for external client reporting Upgraded Prescient + - Upgrade GDPR requirements (Audit trails, Enhanced Security Module, Archiving Anonymising Tool) Piloting initiatives to support digitisation of legal case files (naming convention, electronic BFs, reduction of photocopying paper copies)
RISKS/ISSUES
Lack of specialised resources to support the work of the Team. Ensuring IT resources and availability for the duration of the programme.
DEPENDENCIES
Alignment with the Scottish Digital Justice programme.

Transformation Support Service

JANUARY 2020

SERVICE(S)		AIM							
Programme Management 		Programme Management Services (PgMS) will support the transformation of health and care and ensure benefits can be realised at pace.							
<table border="1"> <thead> <tr> <th>STATUS</th> <th>2-5 YEAR</th> </tr> </thead> <tbody> <tr> <td>GREEN</td> <td>-</td> </tr> </tbody> </table>		STATUS	2-5 YEAR	GREEN	-	UPDATE <ul style="list-style-type: none"> • Ring-fenced Service Design Team in place and supporting internal NSS Service Transformation Programme • First internal SBU identified as Practitioner Services • Recruitment campaign for 2 new Service Design roles completed - appointed 2 x Content Designer's and 1 x User Researcher • Working in partnership with DAS – Full MDT in place including BA resource supporting ST team • Continuing to work with SNOOK to provide consultancy support on CofE, upskilling of team and Service Design collateral • First 'Intro to Service Design' training session delivered to NSS staff – further sessions scheduled • Senior Management workshop facilitated by SG Service Design team to broaden awareness of approach and benefits 			
STATUS	2-5 YEAR								
GREEN	-								
<table border="1"> <thead> <tr> <th>KPIs 2019/20</th> <th>Target</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		KPIs 2019/20	Target	Actual					
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INVESTMENTS		ACHIEVEMENTS TO DATE							
<table border="1"> <tbody> <tr> <td>NSS</td> <td>-</td> </tr> <tr> <td>Total</td> <td>-</td> </tr> </tbody> </table>		NSS	-	Total	-	<ul style="list-style-type: none"> • Practitioner Services – 7 transformation areas identified and BOSCARDS agreed – delivery commenced, reported to SMT • Web Transformation Programme – Roadmap on track for delivery, continuing to seek out opportunities for transactional services • Finance Transformation Programme - Consultation proposal accepted by TU's. Final preparations for NSS use of National Single Instance Finance Dashboard are on-going. Digitisation of multiple forms complete in ServiceNow portal • Medicines/Prescribing Pathway – Multi-disciplinary Discovery workshops were completed in November – draft report currently being compiled for SG • CofE – Continuation of SD approach – Blueprint on track to be delivered by end of March 2020 			
NSS	-								
Total	-								
MILESTONES									
<table border="1"> <tbody> <tr> <td>Launch second SBU engagement</td> <td>01/04/20</td> </tr> <tr> <td>Launch Service Transformation proposition</td> <td>February 2020</td> </tr> </tbody> </table>		Launch second SBU engagement	01/04/20	Launch Service Transformation proposition	February 2020				
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Innovate	Transform	Improve							
SRO									
Colette Mackenzie									
GOVERNANCE									
<ul style="list-style-type: none"> • Strategy, Performance and Service Transformation SMT • COG 		RISKS/ISSUES <ul style="list-style-type: none"> • There is a risk that we will not be able to attract appropriately skilled Service Design staff • There is a risk that the team will be pulled in to other pieces of transformation work and not remain ring fenced for internal transformation 							
		DEPENDENCIES <ul style="list-style-type: none"> • Relationship and capacity within DAS for digital transformation work • HR support for transformation programme 							

Assist

NSS Strategy Update – December 19

Assist – Local Government

December 2019

SERVICES			AIM		
<ul style="list-style-type: none"> Public Health and Intelligence Central Legal Office Procurement Commissioning & Facilities Digital and Security Programme Management 			<p>To connect with other public bodies where we can use our national position to ensure our services and solutions are aligned, and integrated, into their strategic objectives, which supports transformation across the Scottish health and care system.</p>		
STATUS			UPDATE		
2-5 YEAR			<ul style="list-style-type: none"> Local Government – NSS Senior Leadership – Colin Sinclair, Mary Morgan, Norma Shippin, Deryck Mitchelson, Matthew Neilson and Carolyn Low all subscribed to membership of SOLACE 2019/2020. This provides opportunities to engage with a highly respected strategic network, with access to key influencers and a range of services to support senior leadership development. Pan-Lothian Partnership Children and Young People Joint Chronologies New common approach continues to be tested. Wider interest and testing now including Adult Services. Care Inspectorate providing positive support. Next meeting of Pan Lothian Chronology Oversight Board planned for 4th February 2020. Position Statement issued on 21 October 2019. The Pan Lothian Technical Architecture Review Group is to be formally established on 4th February 2020 with the Chair in waiting - Peter Tolland, Head of Directorate Programmes, Digital Transformation Division, Digital Directorate, Scottish Government. Scottish Government - Digital Director, Colin Cook has met with Keith Redpath, Chair NSS and Deryck Mitchelson, Director, DaS, to explore wider strategic engagement around digital support to national Health and Social Care strategic objectives. Midlothian Council and Glasgow City Council - NSS Business Intelligence services around Data Visualisation still being consumed by Midlothian Council, with further exploratory discussion with Glasgow City Council Renfrewshire Council – Drugs and Alcohol Commission support from NSS Business Intelligence Team around Data Visualisation across a range of data information analysis. Training on visualisation products being planned for early February 2020. Edinburgh and South East Scotland City Region Deal - Providing support to Programme Office in partnership with Health Scotland. Input to development of Evaluation and Performance Reporting Framework to include reporting on positive health based outcomes across the six local authorities and three health boards areas. Initial pre-discovery engagements with Tay and Stirling City Deals and Ayrshire Growth Deal Programme Offices. 		
GREEN	-		ACHIEVEMENTS TO DATE		
KPIs	Target	Actual	<ul style="list-style-type: none"> Joint workshop with Renfrewshire Council around potential support with data and business intelligence requirements as a workstream for the established Drugs and Alcohol Commission. Pan-Lothian Partnership Children and Young People Joint Chronologies – Testing of new common approach progressing positively. 		
-	-	-	NEXT STEPS		
-	-	-	<ul style="list-style-type: none"> Update the NSS Board and EMT around progress with Local Government as part of a wider update on the NSS Strategic Priority for Assist. Review membership of Assist Strategic Working Group to reflect resource requirements to implement action plan. 		
INVESTMENTS			RISKS/ISSUES		
NSS	-		Effective cross organisation planning will mitigate impacts on resource capacities.		
SG	-		DEPENDENCIES		
Other	-		NSS capacity for delivering the 'Assist' strategic objective.		
Total	-				
MILESTONES					
Assist Pre-Discovery and Discovery Phases		Sept 19			
All programme deliverables		Mar 20			
PRIORITY					
Enable	Underpin	Assist			
OUTCOMES					
Better Care	Better Health	Better Value			
CHANGE TYPE					
Innovate	Transform	Improve			
SRO					
Matthew Neilson					
GOVERNANCE					
<ul style="list-style-type: none"> NSS Board NSS EMT NSS Assist Strategic Working Group 					

Assist – Third and Independent Sector

December 2019

SERVICES		
<ul style="list-style-type: none"> Public Health and Intelligence Central Legal Office Procurement Commissioning & Facilities Digital and Security Programme Management 		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
-	-	-
-	-	-
-	-	-
INVESTMENTS		
NSS	-	
SG	-	
Other	-	
Total	-	
MILESTONES		
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Matthew Neilson		
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AIM
To connect with other public bodies where we can use our national position to ensure our services and solutions are aligned, and integrated, into their strategic objectives, which supports transformation across the Scottish health and care system.
UPDATE
<ul style="list-style-type: none"> Third and Independent Sector – Ongoing programme sponsored by Scottish Government around exploring potential solutions to infrastructure requirements from Hospices across Scotland. Mental Welfare Commission for Scotland – Designated Medical Practitioner Process – Business Analysis and Business Case Development Terms of Reference produced by NSS DaS Patient Involvement and Collaboration Mental Health - Ongoing programme of work to update the national ECT Database to upgrade the future path working with NHS Lothian to test historical data upload which includes patient involvement and patient groups who have experienced ECT. (Led by PHI) Addressing inequalities - Ongoing programme of work sponsored by Scottish Government National procurement policy to encourage all NHS Boards in Scotland to procure the Scottish Braille Press who provide a variety of services in this area and as a Scottish supported business employ 50%+ disabled and disadvantaged people Public Engagement Strategy - Ongoing programme of work with the Scottish Health Council, The Scottish Involvement Network , The Alliance and Equality Organisations to develop a Public Involvement Strategy for NSS and Equality Outcomes for 2021-2024. Addressing inequalities and accessibility of National Specialist Service - Ongoing programme of work commissioned by Scottish Government to address inequalities in the national Breast Screening Programme to(1) improve health outcomes for women in the most deprived areas of Scotland (2) to improve the accessibility of breast screening services to BAME and disabled women.
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Joint meeting with NHS HS, NSD ,and PHI to scope the remit of the programme of work for addressing health inequalities in breast screening. Approach made to all NHS Equality leads to engage with SBP ECT Database shared with NHS Lothian to test upload of historical data Research into Public and Patient involvement strategies to scope good practice.
NEXT STEPS
<ul style="list-style-type: none"> Research brief drafted and tender process (Breast Screening Review) Evaluation of NHS Lothian findings on uploading historical data Focus groups to scope and draft a patient and public involvement strategy for NSS
RISKS/ISSUES
Effective cross organisation planning will mitigate impacts on resource capacities.
DEPENDENCIES
NSS capacity for delivering the 'Assist' strategic objective.

Assist - Emergency Services

December 2019



SERVICES		
<ul style="list-style-type: none"> Public Health and Intelligence Central Legal Office Procurement Commissioning & Facilities Digital and Security Programme Management 		
STATUS	2-5 YEAR	
GREEN	-	
KPIs	Target	Actual
-	-	-
-	-	-
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INVESTMENTS		
NSS	-	
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Innovate	Transform	Improve
SRO		
Matthew Neilson		
GOVERNANCE		
<ul style="list-style-type: none"> NSS Board NSS EMT NSS Assist Strategic Working Group 		

AIM
To connect with other public bodies where we can use our national position to ensure our services and solutions are aligned, and integrated, into their strategic objectives, which supports transformation across the Scottish health and care system.
UPDATE
Emergency Services <ul style="list-style-type: none"> Police Scotland – Ongoing strategic engagement with Police Scotland. Teleconference held with Colin Sinclair Chief Executive NSS and Gary Ritchie, Assistant Chief Constable, and agreed to continue to explore partnership and collaboration opportunities. This has resulted in a joint workshop being planned for 22 January 2020, to understand and explore options around developing a more forward looking strategic partnership arrangement. A short life working group has been established with Police Scotland, Falkirk Health and Social Care Partnership and NSS, to understand challenges around data and information capture for future local demand planning requirements. A Health and Justice Programme has been established to focus on a range of health and justice initiatives and activities under a programme governance. Ongoing positive engagement and partnership working with the Police Care Network Board. Vizathon sessions with Police Scotland was a resounding success which demonstrated in a practical way using NSS Business Intelligence Tools, to better understand how the manipulation of data around custody information requirements, can be improved in presentational terms. Scottish Fire and Rescue Service – Meeting arranged between new incumbent Ross Haggart, Assistant Chief Officer, Prevention and Protection and Tom McHugh to discuss aligning strategic objectives around health and care outcomes. Progress has been achieved around a collaboration with Scottish Fire and Rescue Service, Scottish Government, several Health and Social Care Partnerships and NSS, to explore options around designing a unified approach bringing Fire and Health risk assessments together specific to targeted vulnerable groups. SFRS awaiting on outcomes from national bargaining discussions with the Fire Brigades Union. Ongoing positive discussion around a potential Vizathon session with Scottish Fire and Rescue Service with Mark McAteer, Director of Strategic Planning, Performance and Communications, acting as Sponsor.
ACHIEVEMENTS TO DATE
<ul style="list-style-type: none"> Ongoing positive support being provided to Police Scotland from across NSS over a range of initiatives. Planned workshop has now been arranged for 22 January 2020 to explore future strategic partnership arrangements. Progress continues around designing a unified approach with Scottish Fire and Rescue Service bringing Fire and Health risk assessments together specific to targeted vulnerable groups. Dependency on outcomes from national negotiations.
NEXT STEPS
<ul style="list-style-type: none"> Take forward actions resulting from the upcoming workshop on 22 January 2020 with Police Scotland and agree next steps in exploring future strategic partnership arrangements.
RISKS/ISSUES
Effective cross organisation planning will mitigate impacts on resource capacities.
DEPENDENCIES
NSS capacity for delivering the 'Assist' strategic objective.

Assist – Integration Joint Boards

December 2019

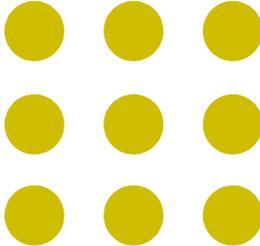
SERVICES			AIM		
<ul style="list-style-type: none"> Public Health and Intelligence Central Legal Office Procurement Commissioning & Facilities Digital and Security Programme Management 			<p>To connect with other public bodies where we can use our national position to ensure our services and solutions are aligned, and integrated, into their strategic objectives, which supports transformation across the Scottish health and care system.</p>		
STATUS			UPDATE		
2-5 YEAR			<ul style="list-style-type: none"> Integration Joint Boards – Outputs from meetings held with a number of Health and Social Care Partnerships Chief Officers, Tom McHugh, Strategic Partnerships Lead and Katharine Ross, Advisor for Social Care over summer / autumn period identified common themes as follows: <ul style="list-style-type: none"> Data and Intelligence Funding Infrastructure (including Digital) Needs Analysis and Resource Planning Innovation Continue to provide value added data and intelligence resource and expertise to support informed decision-making around the whole Integration system – Local Intelligence Support Teams. Ongoing positive engagement through regular meetings with David Rowland, Special Adviser, SG Health and Social Care Integration, to raise awareness of NSS activities and support around Integration. Building on positive engagement from 16th August'19 with Colin Sinclair, Chief Executive and Health and Social Care Scotland Chief Officers Network. This has resulted in a co-designed event with Chief Officers and Health and Social Care Scotland and NSS planned for 23 January 2020. This event is a 'Listening and Learning' session for NSS and Senior Leaders to explore opportunities where NSS can further support Integration. Senior Mangers represented NSS at the 2nd National Health and Social Care Scotland Conference held on 4th Decemberr'19. This provided opportunities to network, and raise awareness of NSS support for Integration, as well as highlighting the above mentioned event. Integration Joint Boards – Health and Social Care Scotland – Chief Officers all interactions current and planned included within the remit of the NSS Assist Strategic Working Group Action Plan representing all NSS SBUs and Scottish Health Council. 		
GREEN	-				
KPIs	Target	Actual			
-	-	-			
-	-	-			
-	-	-			
INVESTMENTS					
NSS	-				
SG	-				
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SRO					
Matthew Neilson					
GOVERNANCE					
<ul style="list-style-type: none"> NSS Board NSS EMT NSS Assist Strategic Working Group 					
ACHIEVEMENTS TO DATE					
<ul style="list-style-type: none"> Building trusted relationships with Health and Social Care Scotland, Chief Officers and Scottish Government, to highlight NSS valued contributions to the wider Health and Social Care Integration landscape. Agreed a co-designed event with Health and Social Care Scotland planned for 23 January 2020. 					
NEXT STEPS					
<ul style="list-style-type: none"> Agree joint plan post event 23 January 2020 to identify key actions and next steps in continuation of engagement with Health and Social Care Scotland and Chief Officers. 					
RISKS/ISSUES					
<p>Effective cross organisation planning will mitigate impacts on resource capacities. Ensure that there are no conflicts of interest with other Special Boards and improvement agencies.</p>					
DEPENDENCIES					
NSS capacity for delivering the 'Assist' strategic objective.					



2020-2025

**NSS Strategy, Workforce
and Financial Plans**

Colin Sinclair
Chief Executive, NSS
31 January 2020



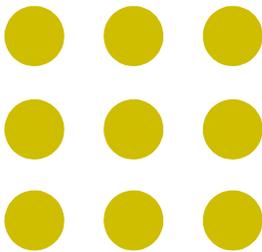
Introduction



What we'll cover today

- Strategic drivers
- Service
- Finance
- Workforce
- Summary and timeline

Strategic drivers



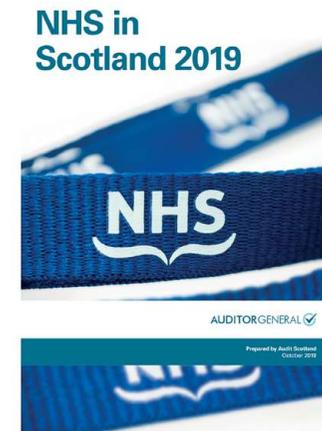
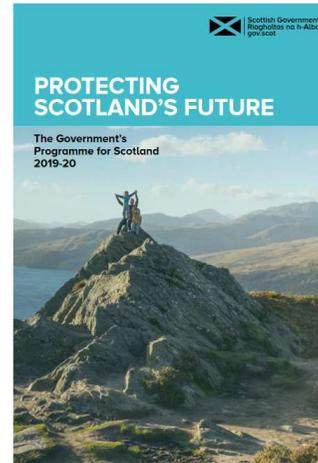
Our purpose and vision

“ We provide national solutions to improve the health and wellbeing of the people of Scotland”

“ Our vision is to be integral to a world-leading health and care service”



NHSScotland strategic considerations



Helping Scotland to become a more successful country by increasing the wellbeing of everyone who lives here.

The progressive actions government can take to make Scotland the best place in the world to grow up, learn, work and live in.

Scotland's NHS needs to refocus its priorities to speed up health and social care integration and system wide reform

NHSScotland Annual Operational Plan Framework 2019

National Considerations

Ministerial priorities

Medium term financial framework 2018

Government's Programme for Scotland 2019-20

Scotland's National Performance Framework

Local Considerations

IA strategic commissioning plan(s)

Service transformation plan

Regional plan

Workforce plan

Financial plan

Indicative improvement plan

Winter plan

Digital plan

Other Operational Considerations

Stroke pathways

Person centred visiting

Eye care

Oral health and wellbeing

Performance Considerations

- Ensuring safe and accessible treatment and care
- Increasing the pace and scale of reform across the health and social care system
- Maintaining the expected levels of operational performance

NSS strategic considerations

We will continue to focus on the 3 strategic priority areas identified with stakeholders.



Strategic performance

There is strong performance across all areas of the strategic plan. Amber performance relates to sick absence, RIDDORS and employee engagement – all of which are being closely monitored by the EMT and Partnership Forum.

Enable



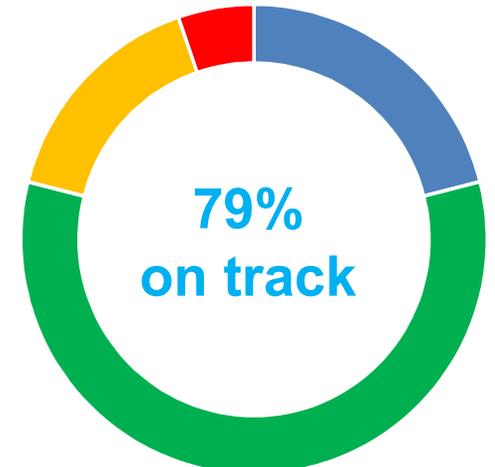
Underpin



Assist



**Strategic
objectives**



Enabling health and care transformation

- **Primary and community care**
- **Medicines**
- **Digital and data**
- **Innovation**
- **Centre of healthcare built environment expertise** 
- **Climate emergency and sustainability leadership (TBC)** 

Enabling health and care transformation

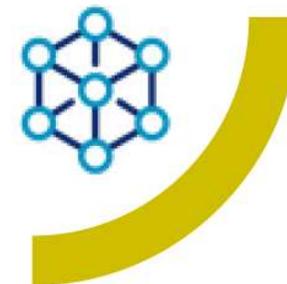


Primary and community care

- Enable implementation of the General Medical Services contract.
- Co-produce new delivery models with integration chief officers.
- Establish new measures of success.

Medicines

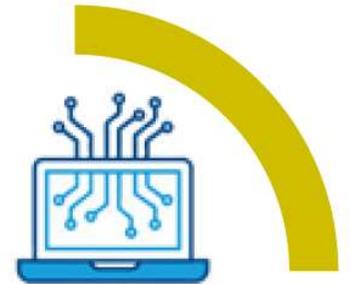
- Support primary care prescribing and dispensing pathways redesign.
- Support a value-based approach to medicines adoption.
- Research, develop and support the introduction of new treatments.



Enabling health and care transformation

Digital and data

- Deliver a national cyber security centre for NHSScotland.
- Increase adoption of business intelligence and analytics.
- Ensure delivery of national digital portfolio.



Innovation

- Develop and lead an NHSScotland innovation orchestration network.
- Deliver at least 5 major innovations into NHSScotland.
- Develop procurement and legal process to support innovation lifecycles.



Centre of healthcare built environment expertise

- Implement Programme Model and Target Operating Model findings.
- Increase national and local workforce knowledge and capability.
- Support development of integration healthcare infrastructure strategy.

Assisting other organisations involved in health and social care

Activity is progressing well in all areas:

Integration Joint Boards

A Chief Officers Engagement event takes place in January. It will explore partnership working using Health and Social Care Scotland's five essential elements.

Emergency Services

NSS is running a workshop with Police Scotland in January. It will consider how NSS can support Police Scotland to deliver Health & Care elements of their 5 year strategy.

Local Government

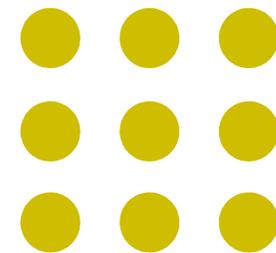
NSS is supporting service delivery in 10 authorities, mainly through Digital and Security. We have also developed strategic relationships with COSLA and SOLACE.

Third Sector

NSS is close to finalising its Public Involvement Strategy. We are also seeking to improve access to national screening programmes for BAME and disabled women.



Service



Key themes emerging from RAM

- Financial sustainability is dependent on delivering service transformation and optimising the use of digital.
- Additional efficiencies can be achieved by a deeper and more comprehensive integration of support services through Once for NSS.
- Achieving service transformation requires us to deliver at pace and running multiple programmes simultaneously across NSS.
- Service transformation will drive a change in the scale, pace and type of training needed to ensure staff have the right skills mix for future service provision.
- Our physical environment needs to support new ways of working and staff wellbeing while ensuring compliance with cleaning and environmental standards.

NSS five year summary plan 2020-2025

Vision:

To be integral to a world-leading health and care service

Gaps:

- Financially sustainable services
- Workforce skills mix
- Once for NSS integration
- Fit for purpose physical environment

Current state:

- Go to board for major programmes
- Ready for service transformation
- United but not fully joined up
- Expert workforce

FY21: Service development

- Develop corporate shared services model through Public Health Scotland and East Payroll
- Implement Centre of Expertise Programme Model and Target Operating Model findings.
- Continue to develop digitally enabled service transformation model for NSS
- Develop NSS Climate change service support model for NHS Scotland
- Continue development of detailed workforce plan to support service and financial sustainability
- Develop property and physical environment strategy

FY22: Service transformation

- Implement NHSScotland Sustainability toolkit and climate support approach
- Complete and implement property and physical environment strategy
- Launch service redesign and transformation support service.
- Complete roll out of Shared Service model based on PHS and Payroll.
- Roll out staff training and skills matrix to support workforce plan

FY23: Service performance

- Implement refreshed community health index.
- Model in place to achieve long term financial sustainability.
- Maintain NSS influence through strategic delivery.
- Implement property and physical environment strategy
- Once for NSS model fully integrated

FY24/25: Service integration

- Full integration with health and care (Once for Scotland)
- Full integration of internal services (Once for NSS)

SWOT analysis

Strengths

- Track record of delivery and demonstration of ability to step in and help when required
- Size, breadth and scale
- Willingness to help others

Weaknesses

- Authority and investment
- Financial constraints
- Lack of public visibility/interest
- Level of influence

Opportunities

- Once for Scotland
- Digital and data as an enabler to support transformation
- Sustainability and climate change leadership
- Infrastructure leadership

Threats

- Cultural resistance and pace of change
- Magnitude of 'ask' but uncertain future environment
- Imbalance between national, regional and local transformation

Strategic performance



Service	Investment profile	Delivery focus	Value created
Scottish National Blood Transfusion Service	Maintain	Improving operational efficiency and resilience	Safe, resilient and sustainable blood, tissue and cell supplies
National Services Division	Invest	Growing and improving specialist healthcare services	Increased access to specialist and tertiary care
Health Facilities Scotland	Invest	Ensuring health facilities and infrastructure is safe, effective and person centred	Patient safety and climate change resilience
Practitioner Services	Reduce	Full automation and adoption of digital solutions	Fast, accurate and cost efficient primary care payments
Digital and Security	Maintain	Improving cyber security and implementing cloud based enterprise solutions	Safe, efficient and secure digital infrastructure
National Procurement	Maintain	Best value and sustainability focused procurement and supply chain services	Environmentally sustainable financial savings and economic growth
Counter Fraud Services	Maintain	Increasing cost recovery	Safeguarding the finances available to invest in health and social care
Central Legal Office	Income generate	More efficient and easier to access legal services	Best in class litigation, employment, property and commercial contract services
Programme Management Services	Income generate	Meeting increasing demand while retaining high quality service standards	Services are transformed and benefits are achieved more quickly

SBU top 3 underpin priorities



Scottish National Blood Transfusion Service

- Provide tailored support to hospital blood banks (staffing, regulatory compliance & clinical safety).
- Prioritise delivery of electronic blood management solutions.
- Enable national adoption of single instance blood banking LIMS.



National Services Division

- Deliver new networks and specialist services in support of rare conditions.
- Lead the implementation of strategic changes in HPV, NIPT & DRS.
- Support critical NHSScotland service developments e.g. major trauma centres and stroke pathways.



Health Facilities Scotland

- Create and drive adoption of a National Infrastructure Framework and plan, including climate change leadership.
- Provide buildings assurance to patients, communities and government.
- Provide national guidance on design, construction and operations for health and social care facilities.

SBU top 3 underpin priorities



Practitioner Services

- Introduce digital prescribing.
- Implement the Community Health Index (CHI) refresh.
- Automate all primary care payments and introduce new data capture, validation and pricing (nDCVP).



Digital and Security

- Migrate NHSScotland fully away from Windows XP and Windows 7.
- Deliver a cloud based, unified communications solution for NHSScotland.
- Extend adoption of enterprise digital workflow solutions.



National Procurement

- Become the centre of excellence for all health procurement.
- Implement GS1 (barcodes) standards to ensure NHSScotland's healthcare system is safe and transparent.
- Work with Local Government to deliver health and social care procurement solutions.

SBU top 3 underpin priorities



Counter Fraud Services

- Secure £3m of NHSScotland resources through prevention, detection and investigation of fraud.
- Improve cost recovery modelling.
- Extend service to devolved non-departmental public bodies.



Central Legal Office

- Implement a cloud based case management and fee charging system.
- Ensure full interoperability with digital Court Services.
- Introduce interactive reporting with clients.



Programme Management Services

- Deliver a service redesign and transformation support service.
- Grow capability and service coverage in line with client demand.
- Ensure clients realise benefits quickly.

Opportunities and risks

Opportunities

National Infrastructure

- Centre of expertise
- Climate change emergency
- National infrastructure framework

Once for Scotland

- Increase our support e.g. resilience/facilities
- Secure data assets through cyber security
- Improve productivity using technology

Improving health

- Increase support to integration
- National oversight for screening services
- Increase Specialist Services to Boards

Once for NSS

- Increase integration of support services
- Drive productivity through digital approaches
- Stronger scrutiny of discretionary expenditure

Risks

Workforce

- Update skills and capabilities
- Workload
- Resilience and mental health

Political commitment

- Reliance on collaborative solutions
- Challenging financial position
- National Boards' collaboration

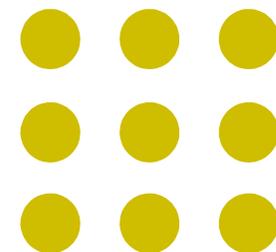
Our impact

- Local and regional diversity
- Ensuring alignment with public health agenda
- Demonstrating the value we add

Brexit

- Uncertain environment
- Potential for increased costs
- Risk of delays

Finance



Wider context – key messages

Uncertainty surrounds Scotland's Budget for 2020

- Scottish Government's budget is to be announced on 6 February.
- Any issues with the UK budget (11 March) will be managed by NHSScotland.
- A mid-year budget will be announced if necessary.

NHSScotland remains resource constrained whilst system "runs hot"

- Workforce remains a key challenge.
- Performance issues (financial/operational) resulting in escalated governance.

Infrastructure Commission for Scotland – infrastructure investment priorities

- We must re-think what infrastructure we use and how we use it.
- Investment will be prioritised to:
 - Tackle the climate emergency.
 - Stimulate an inclusive growth economy.

Financial planning assumptions

- Plans developed using nationally agreed planning assumptions.
- Boards asked to model the impact of reduced funding levels on strategic plans and performance.

Funding assumptions in plan	%	£m	Comments
“Non-Patient Facing” Baseline Uplift	0	0.0	General Baseline uplift unlikely for National Boards
“Patient-Facing” Baseline Uplift	2	4.4	Applied to NSD and SNBTS
AfC Pay Settlement	3.7	5.8	Fully Funded for 2020/21
Cash Releasing Efficiency Savings (CRES)		(7.0)	
Baseline to Public Health Scotland		(26.3)	Based on Due Diligence

Scenario Planning – underlying risk	%	£m	Comments
“Non-Patient Facing” Baseline Uplift	-1%	(3.4)	Adverse impact of 1% reduction in funding
“Patient-Facing” Baseline Uplift	1%	(2.2)	Adverse impact of 1% reduction in funding

Corporate provisions and assumptions

- National Boards Collaboration position yet to be agreed
- Further work needed to ensure transformation plans and workforce impact are sufficiently supported at these levels.
- All known pressures reflected.

Provisions in plan	£m	Comments
National Boards Collaboration – recurring	5.5	Based on SG proposal – to be agreed
National Boards Collaboration – additional	1.5	Based on SG proposal – to be agreed
Operating contingency	1.0	
Workforce resource pool	2.0	
Support for strategic developments	1.0	
Support for NSS Transformation	1.5	

SBU Five Year Financial Plans

- Plans subject to final review on confirmation of budget settlement.
- Further work needed to ensure transformation plans and workforce impact are fully developed over the planning period.

Strategic Business Unit	2020-21 £000	2021-22 £000	2022-23 £000	2023-24 £000	2024-25 £000
Clinical	0	-53	-123	-193	-263
HR&W	-51	-244	-370	-481	-596
DaS	-579	-2,387	-4,121	-5,417	-6,924
Finance	0	0	0	0	0
P&CFS	-1,048	-963	-1,253	-2,109	-1,573
PCF	-77	-743	-1,525	-2,383	-3,763
SNBTS	435	-307	-698	-1,630	-2,609
SPST	240	-48	-546	-1,019	-1,643
CLO	0	0	0	0	0
Overall Operating Position	-1,080	-4,745	-8,636	-13,232	-17,371

Revenue position 2020/21

	£m
Retained CRES in reserves	23.5
Recurring developments	6.1
Share of underlying deficits to be funded	5.4
Resources available for service sustainability and developments	12.0
SBU Developments	9.5
PAMS Backlog Maintenance – Revenue Expenditure	0.4
PAMS Backlog Maintenance – Capital funded from Revenue	4.3
Total Developments and Investment bids	14.2
Current shortfall / prioritisation required	2.2

SBU revenue development bids	£m
P&CFS	1.5
DaS	3.6
PCF	3.4
SNBTS	0.8
HR&W	0.2
CLO	0.0
Finance	0.2
SPST	0.6
Clinical	0.7
Total requests	9.5

Property backlog maintenance



Building	2020-21	2021-22	2022-23	2023-24	2024-25
Foresterhill (SNBTS)	652,000	120,000	2,410,000	210,000	670,000
Gyle Square	2,455,000	2,810,000	2,410,000	240,000	140,000
Meridian Court	1,169,999	1,771,999	152,002	692,000	52,000
NDC (Canderside, Larkhall)	216,000	1,108,000		420,000	500,000
Grand Total	4,492,999	5,809,999	4,972,002	1,562,000	1,362,000

Risk	2020-21	2021-22	2022-23	2023-24	2024-25
Significant	540,000		1,600,000	50,000	0
Moderate	2,522,000	4,525,000	3,145,000	505,000	255,000
Low	1,430,999	1,284,999	227,002	1,007,000	1,107,000
Grand Total	4,492,999	5,809,999	4,972,002	1,562,000	1,362,000

Capital Plan

Core Funding	£m	Investment Requirements	£m
Formula Allocation	3.4	SBU Development Bids	
PHS Adjustment	(0.4)	Practitioner & Counter Fraud Services	0.2
Total Capital Resource Limit (CRL)	3.0	Digital & Security	0.6
Recurring Commitments:		Procurement Commissioning and Facilities	0.2
Equipment replacement: SNBTS	0.2	SNBTS	1.0
Fleet replacement: SNBTS	0.3	Sub-Total Development Bids	2.0
Breast Screening	0.5	Property Backlog Maintenance	
Total recurring	1.0	High Risk	0.6
Programmes underway	0.2	Medium Risk	2.5
Total Commitments	1.2	Low Risk	1.0
Funding Available	1.8	Sub-Total Property Backlog Maintenance	4.1
Shortfall Funded from Revenue or Capital Receipts	4.3	Total Investment Requirements	6.1

Delivering Financial Sustainability - Priorities

Strong financial management

- Transformed Finance service to drive improvements in financial management across the organisation.
- Business partners to provide focus on driving value from strategic themes.
- Cost and Commercial Group to drive value from non-pay spend – with a focus on Facilities, SNBTS and Digital and Security.

Workforce effectiveness

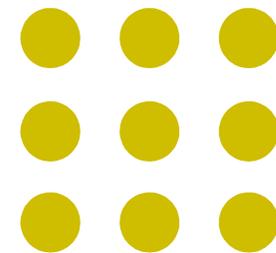
- Continued focus on governance of recruitment processes.
- Supporting service redesign, organisational change and workforce redeployment.
- Developing the skills and capabilities of our workforce to be fit for the future.

Transformed services

- Prioritising efforts in areas of the organisation which demonstrate change readiness and will deliver value whilst reducing cost.



Workforce



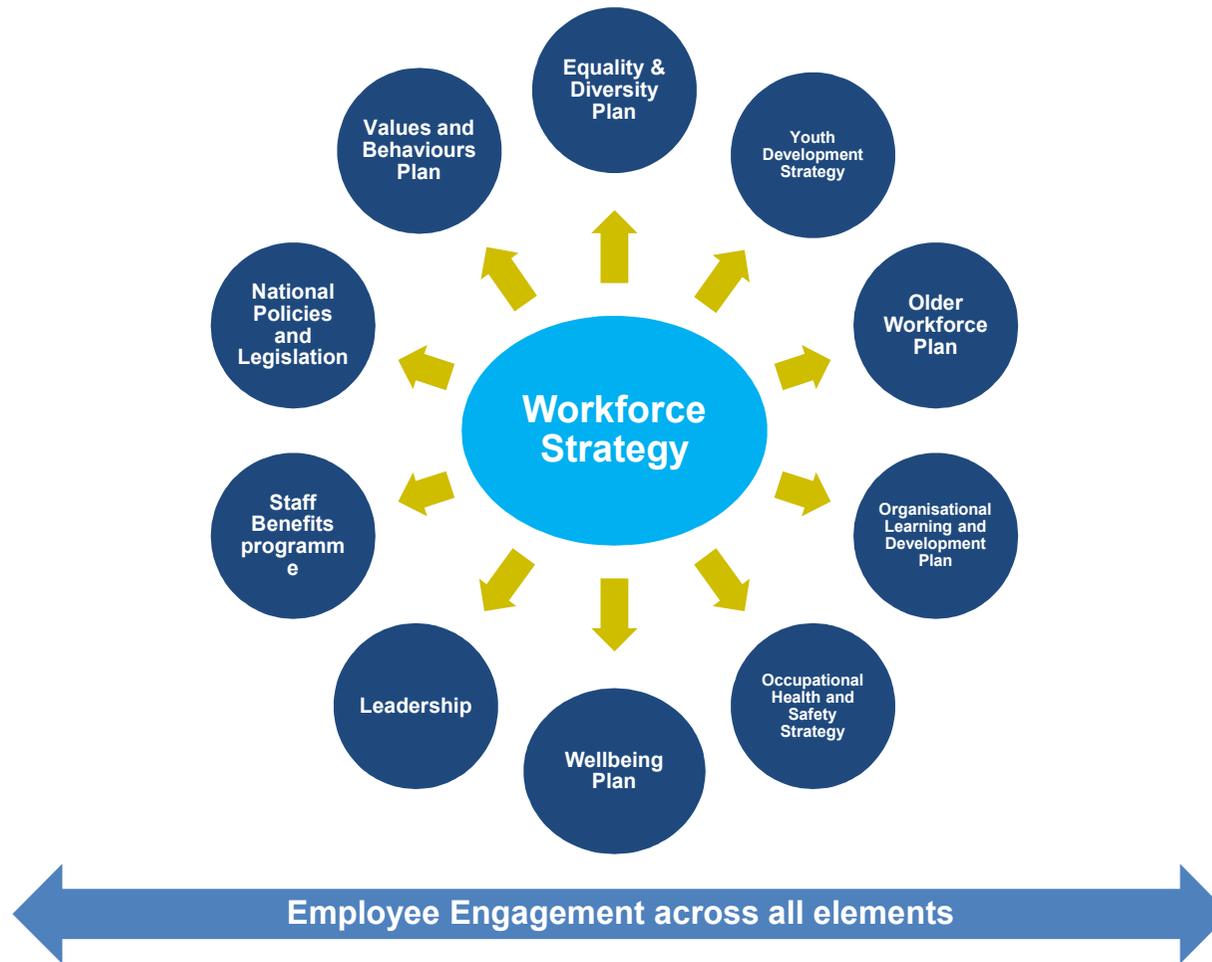
The kind of organisation we want to be



**We want all our staff to
thrive and be successful.**

Their success is our success.

What we are putting in place



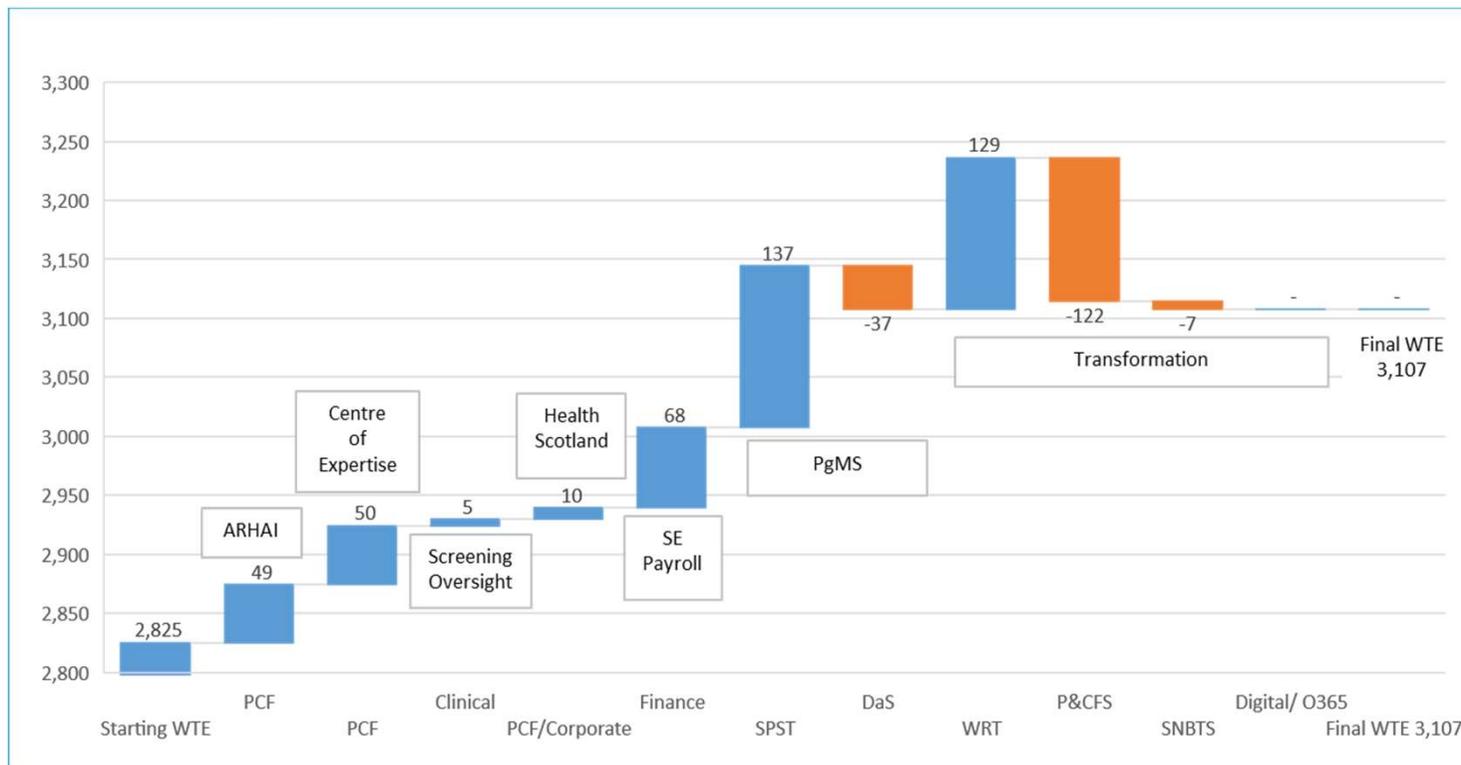
Key workforce considerations

The RAM sessions highlighted the need for robust workforce planning:

- Service transformation is increasing the need for organisational change throughout NSS.
- Digital services and increased automation is reducing manual transactional activities.
- Analysing and understanding data is becoming a core skill requirement for all staff.
- Corporate areas are evolving from support services to shared service delivery partners.
- PHI's departure changes the overall NSS workforce profile.
- Organisationally we need to shift to being proactive and forward thinking.

NSS workforce movement 2020 to 2025

NSS workforce will increase by 282 WTE over the next 5 years.
 Half of the growth is in one service (PGMS) and will be funded from income.



2020/21 2024/25

Future skills and competencies

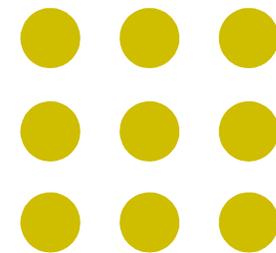
New and improved skills will be required to ensure successful future service provision:

- | | |
|---|--|
| <ul style="list-style-type: none">• Digital• Data analytics• Programme management• Stakeholder and relationship management | <ul style="list-style-type: none">• People management• Team management• Leading and managing change• Leading multi-disciplinary teams |
|---|--|

Key workforce challenges

- Scaling our workforce in line with new and transformed service requirements.
- Identifying workforce skills gaps early enough to enable staff development.
- Creating a safe culture and experience for staff in line with the Sturrock review.
- Quickly integrating NHS Health Scotland and South East Payroll Consortium staff into NSS.
- Effective and consistent performance management, e.g. sickness absence, appraisals.
- Supporting the increasing number of staff with carer responsibilities.
- Ensuring equitable access to HR Services for all staff.
- Managing staff wellbeing and recruiting and retaining a diverse workforce.

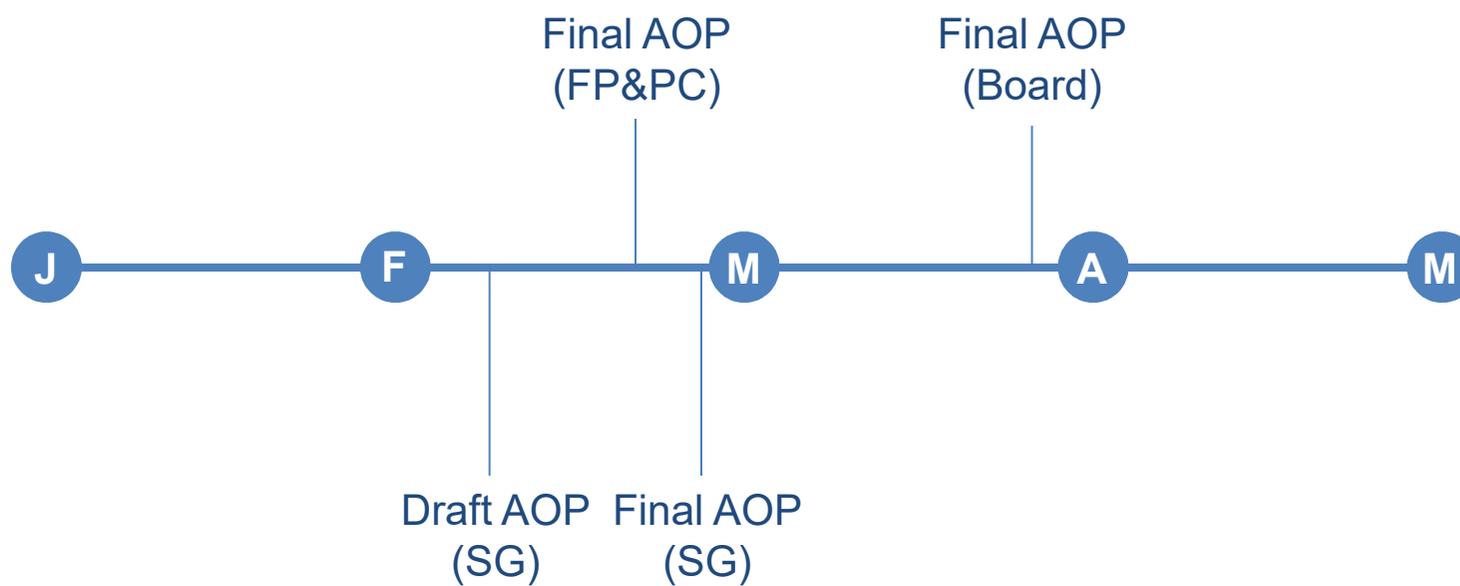
Summary and timeline



Summary

- Our strategic plan is helping ensure NSS activities and priorities are aligned to health and care ambitions.
- Every service is undertaking some form of transformation creating both opportunity and risk for NSS.
- Financial sustainability is achievable so long as we deliver service transformation, optimise the use of digital and integrate support services.
- Ensuring our workforce has the right skills mix and is retrained with new skills is a critical dependency.
- Your considerations and feedback will help ensure we are focused on the right areas and right actions

Timeline



NSS/20/07

NSS Board Meeting – 30th January 2020
Finance Report

Purpose

This paper provides the Board with an update on Financial Performance for the period 1 April to 31 December 2019.

Recommendation

It is recommended that:

- The Board reconsider its position re National Board Collaboration in light of the risk to financial balance.
- Planned expenditure yet to be committed be reviewed and where appropriate deferred in the current financial year to enable a contribution towards the National Boards savings target on a non-recurring basis, providing there is no detrimental impact on services.
- Any further contributions on a recurring basis should be contingent on a strategic benefit arising for NSS.

Timing

Not applicable

Background

The financial performance of NSS is measured by the following key metrics:

- a. Operate effectively and deliver all LDP targets within a balanced revenue budget (Revenue Outturn Breakeven)
- b. Deliver our capital investment programme within a balanced budget (Capital Outturn Breakeven)
- c. Deliver Cash Releasing Efficiency Savings of 5% of baseline on a recurring basis.

The delivery of a break-even revenue position is **at risk** unless mitigating action is taken to address the pressure arising as a result of a request to contribute further towards National Boards Collaboration.

.NSS Targets	Year to Date £000	Forecast £000	RAG
Revenue Outturn (Variance)	0	(1,500)	Red
NSS CRES Savings Total	6,278	6,911	Green
NDS CRES Savings Total	9,257	9,703	Green
Capital Outturn	0	0	Green

Key

Red: Target will not be met

Amber: Uncertainty over whether target will be met

Green: On Target

Procurement and Legal

Not applicable

Engagement

This report is based on monthly financial performance reports prepared by Finance following consultation and engagement with SBU directors, who confirm that the position reported, reflects fairly the financial performance of their SBU.

Equality & Diversity

Not applicable

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NHS National Services Scotland Board Financial Performance - December 2019 Executive Summary



Performance Summary

The delivery of a break-even revenue position is at risk unless mitigating action is taken to address the pressure arising from National Boards Collaboration.

- The Revenue budget is forecast to **overspend by £1.5m**
- The overall CRES target of £16.6m is expected to be **fully achieved** with £15.5m savings identified year to date
- The Capital budget is forecast to **break-even** despite year to date being behind plan.

NSS Targets	Year to Date £000	Forecast Outturn £000	RAG
Revenue Outturn (Variance)	0	(1,500)	R
NSS CRES Savings Total	6,278	6,911	G
NSD CRES Savings Total	9,257	9,703	G
Capital Outturn (Variance)	0	0	G

Key Messages

- In early January, SG advised NSS that it requires a £7m contribution towards the 2019/20 National Board Collaboration savings target – this is **£1.5m** higher than the planned contribution.
- There has been a favourable £0.4m movement in the projected SBU trading position which could be applied to mitigate this pressure.
- The Board's position that no further contributions to National Boards Collaboration will be made has been intimated to National Board colleagues and SG.
- Notwithstanding this, an approach must be agreed to ensure the statutory requirement to break even is achieved.

Risks and Issues

- Planned and funded projects and initiatives yet to commence must be completed prior to 31 March 2020 to enable funds to be spent in year and ensure NSS achieves its financial targets for 2019/20. This will require continued management attention.
- A number of SG allocations remain outstanding (see SG Allocation Tracker) - this is a key focus for Finance and dialogue continues between key stakeholders to ensure that all anticipated allocations are received by NSS.
- Any material changes to the projected SBU trading out turn will impact on NSS' ability to achieve financial balance for 2019/20
- YTD capital spend is only 26% of the forecast annual expenditure – the majority of the budget needs to be committed in Q4

Recommendations and Actions

It is recommended that:

- The Board reconsider its position re National Board Collaboration in light of the risk to financial balance.
- Planned expenditure yet to be committed be reviewed and where appropriate deferred in the current financial year to enable a contribution towards the National Boards savings target on a non-recurring basis, providing there is no detrimental impact on services.
- Any further contributions on a recurring basis should be contingent on a strategic benefit arising for NSS

NHS National Services Scotland Board Financial Performance - December 2019 SBU Operational Performance



Year to date

At 31 December SBUs reported an operating surplus of £0.3m. This positive position is offset by a corresponding movement in reserves, resulting in a break-even position overall.

- PHI – income targets continue to be behind schedule. Similar position to same period last year, but risk is higher.
- CLO – Ongoing monitoring of income, which is currently behind schedule. No risk anticipated to year end position
- SPST –S&G and Health Portfolios continue to be under spend. Current underspend to be partially offset by Aseptic work.
- HR – Vacancies are the largest contributor to current underspend but it is forecast that the budget will be brought back into line by year end

Forecast Outturn

The operating position has improved by £0.4m since November, with an overall operating deficit of £0.2m forecast. Provision has been made within Reserves to manage this variance.

- SPST – Underspend expected in Health Portfolios
- PCF – £0.2m forecast surplus is largely being driven by vacancies across various directorates
- PHI – Continue to anticipate income will fall short of budget
- SNBTS –UK Blood Inquiry costs (£0.5m) being managed by NSS

A forecast deficit of £1.5m is projected as a result of a further unplanned contribution to National Boards £15m target being required by SG.

Revenue variances – Year to Date



Revenue variances - Forecast Outturn



NHS National Services Scotland Board Financial Performance - December 2019 Revenue Analysis



Year to date

- Pay is underspent overall – with £2.4m agency spend offset by vacancies within funded establishments in PCF, SPST and DaS Vacancies are being partially covered by temporary staff but pressures in terms of service delivery remain.
- Property Costs – adverse variance relates to Clinical Waste Contingency costs within PCF. This is a ‘pass through’ cost with no impact to NSS’ bottom line as it is funded by Health Board income, which has a corresponding positive variance.
- The significant variances across Income; Cost of Sales; Medical Costs mainly relate to ‘pass through’ costs (including PASAG rebates within PCF) where cost pressures have a corresponding favourable income offset.

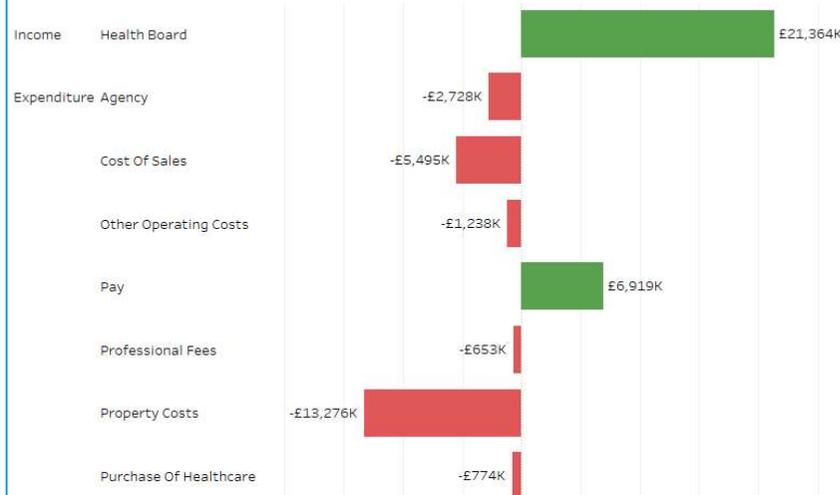
Forecast Outturn

- The Pay forecast is reflective of the year to date position with a number of vacancies, mainly in PCF, SPST and DaS, being partially covered by Agency.
- The adverse variance under Property Costs relates to Clinical Waste Contingency costs and is offset by Health Board income. A number of scenarios and costs have been provided to Health Boards during 2019-20 by the Head of Finance (PCF) working closely with SG Finance colleagues. At the last Corporate Finance Network meeting, Health Board colleagues were advised to plan for this additional cost to the end of the Financial Year.

Revenue variances – Year to Date



Revenue variances - Forecast Outturn



NHS National Services Scotland Board

Financial Performance - December 2019

Managing Reserves and Financial Risks



Update

There has been an overall adverse movement of £1.5m in month :

- In early January, SG advised that it requires a £7m contribution to the National Board Collaboration savings target – this is £1.5m above the planned level.
- This pressure is could be partially offset by a £0.4m improvement in the reported SBU trading position (mainly with DaS and PCF). There is however a risk that the SBU outturn continues to change significantly each month, impacting on NSS' ability to achieve financial balance.
- Previously the Board has been clear that it will not support a contribution to National Boards Collaboration above the planned level of £5.5m. However given the statutory requirement to deliver a balanced financial position at the year end, options on how best to manage this position must be considered.
- The table below outlines some options for consideration, in the context of a significant level of additional support being provided to government, to respond to emerging issues, and being managed by NSS from operational efficiency.

Additional pressures being “managed “ within overall position	Options to meet the additional pressure for National Boards Collaboration		
	£000		£000
BREXIT pressures (net)	110	Improved Trading position	400
Capital Charges	1,200	Capital programme slippage	500
Blood Enquiry	500	Reduction in investment in research	??
ARHAI/CoE	400	Transformation Fund slippage	??
Investment in Research CoE	1,000	Further improvements in trading / slippage	??
Total	3,200	Total	900

NHS National Services Scotland Board Financial Performance - December 2019 Delivery of Cash Releasing Efficiency Savings



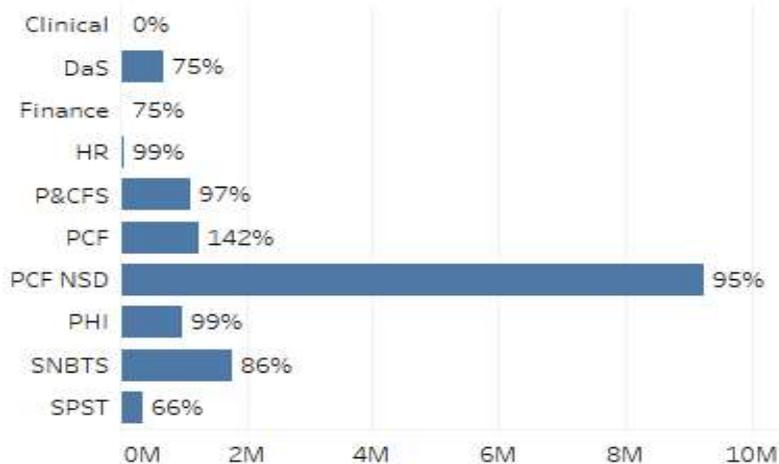
Savings by SBU

- NSS is on track to meet its CRES targets for 2019/20, with £6.2m NSS and £9.3m NSD savings demonstrated year to date
- At December, there are some SBUs (P&CFS; PCF; PHI; SNBTS) which have demonstrated significant achievement against their annual CRES targets (between 86% and 142%)
- Most other SBUs have demonstrated achievement of their CRES on the basis of targets being phased evenly across the Financial Year

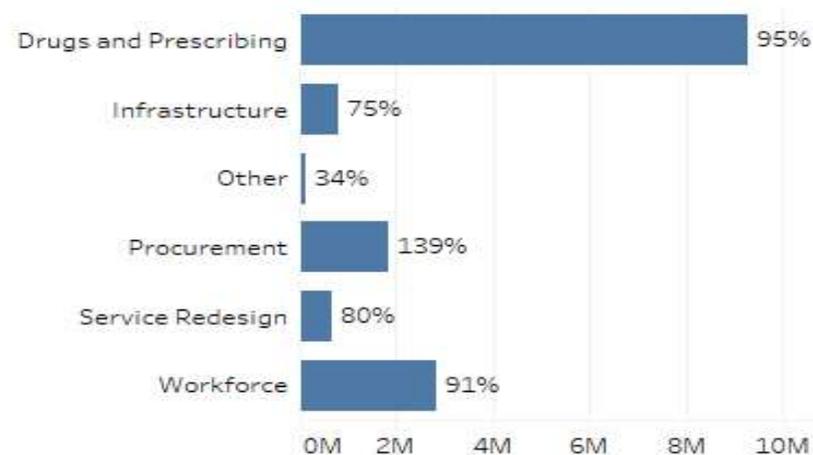
Savings by Category

- The majority of the actual savings achieved to date relate to 'Drugs and Prescribing' through NSD
- There are also significant savings across Procurement and Workforce
- The vast majority of the savings planned and achieved are **recurring** in nature – Heads of Finance have been asked to confirm the true nature of CRES and any underlying financial risk as part of the ongoing financial planning process for 2020/21 – 2024/25.

CRES Savings - Value and % of budgeted savings identified



CRES Savings - Value and % of budgeted savings identified



NHS National Services Scotland Board Financial Performance - December 2019 Services delivered on behalf of NHS Scotland



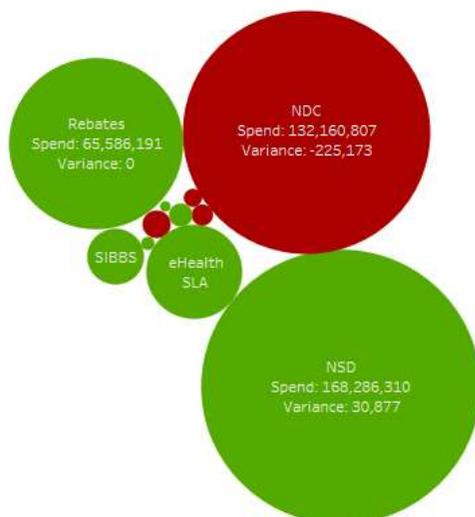
Year to date

- NSS manages services on behalf of NHS Scotland with a YTD budget of £398m. Overall a small overspend of £0.1m is reported.
- Scotcap, eHealth SLA, PACS, SIBS, NSD, Rebates, GPIT, Office 365, CHI and eDris are all delivering or within £1k to plan.
- There is a small overspend in NDC in relation to costs associated with BREXIT

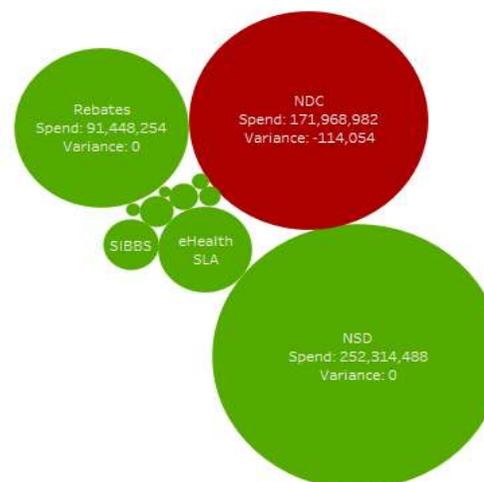
Forecast Outturn

- The annual budget for hosted funds is £560m.
- Additional operating costs in NDC relating to BREXIT will result in a projected overspend of £114k but this pressure will be covered by underspends elsewhere across the PCF budget
- All other funds are operating to plan.
- Work continues to increase the level of reporting on the £253m NSD budget – in year and also horizon scanning.

Services delivered on behalf of Scotland - YTD Position



Services delivered on behalf of Scotland - Forecast Position



NHS National Services Scotland Board

Financial Performance - December 2019

National Specialist Services and Screening



2019/20

- The original business case estimated an overall Board top slice of £48.2m for 2019/20 – the current projection is £45.5m with an overall benefit of £2.7m for Boards, mainly through forecast reductions in relation to Car-T Cell Therapy. This was discussed and agreed by the Corporate Finance Network (CFN) in November with this funding received from Boards in the allocation letter dated early December.
- The CFN also discussed and agreed that the New Ultra Orphan Pathway costs (£2.1m forecast in 19/20) should **not** be top-sliced this year – rather Boards should bear the cost locally and directly.
- In addition to these services, there was also discussion and agreement concerning pay and pension funding (£8m) that has also been allocated from Boards to NSD in the last allocation letter.

2021/20 and Beyond

- The CFN agreed that the New Ultra Orphan Pathway should be added to risk-share – where it was noted that this cost is expected to significantly increase to c£7m on a recurring basis.
- The Corporate Finance Network has requested regular updates in terms of NSD budgets, in particular horizon scanning so that Boards have full visibility on future cost pressures.
- The NSSC business case for 20/21 proposes that “priority 1, 2 & 3” investments are funded next year, mainly through CRES so the Board impact is minimal. There is appetite for the Board top slice to transacted early in 20/21 with regular reporting used to highlight any key variances and therefore requirement to adjust in year.

NHS National Services Scotland Board Financial Performance - December 2019 Transformation Fund Programme Delivery



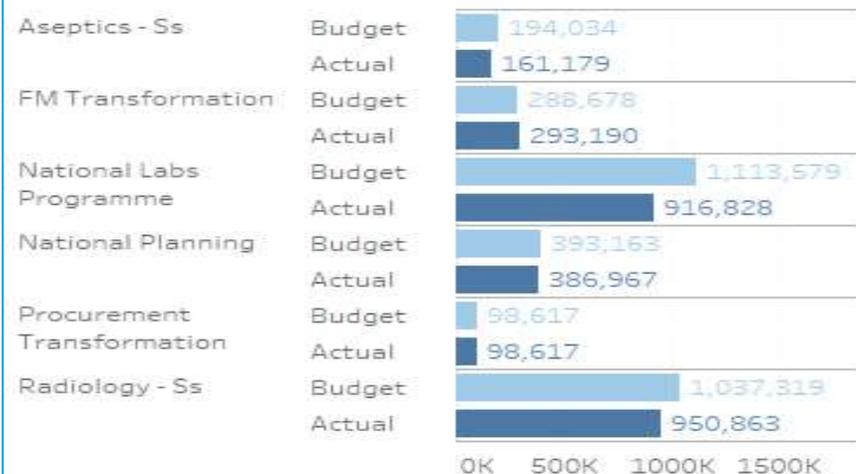
Year to date

- The Transformation fund programme has YTD expenditure of £2.8m against a budget of £3.1m giving an overall underspend of £0.3.
- The main areas of spend are within SPST including Radiology and Labs Projects

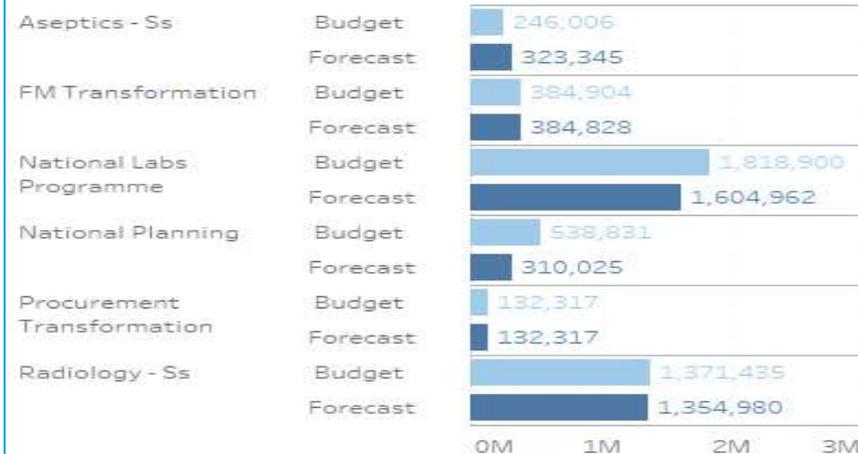
Forecast Outturn

- The forecast expenditure for Transformation Programmes is £4.1m against a budget of £4.5m giving an underspend of £0.4m.
- The Transformation Fund budget allocated from SG will be spent in full – the projected under spend relates to funding carried forward by NSS from 18/19 in relation to the National Labs Programme.

Transformation Funds - YTD



Transformation Funds - Forecast



NHS National Services Scotland Board Financial Performance - December 2019 Scottish Government Funding Allocation Tracker



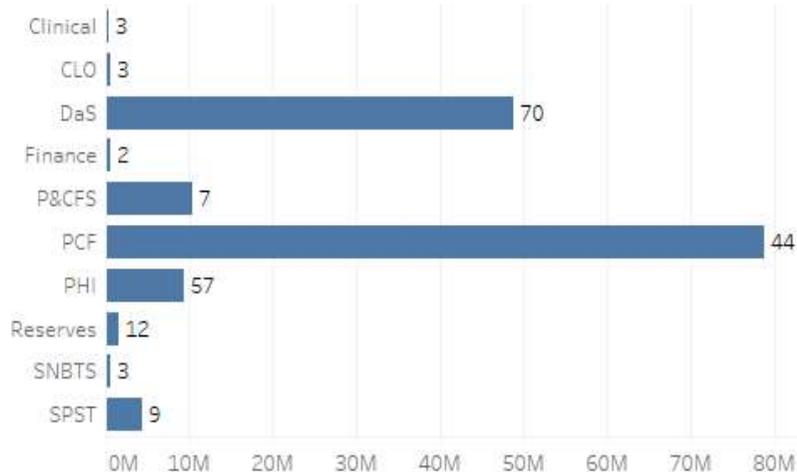
Received

- Excluding the main baseline allocation, NSS has received 210 SG allocations to date totalling £155m
- The main allocations received in terms of financial value are:
 - Recombinant Factors (PCF) £19.4m
 - Microsoft (DaS) £15.0m
 - Operations Management (PCF) £13.6m
 - SIBBS (P&CFS) £9.2m

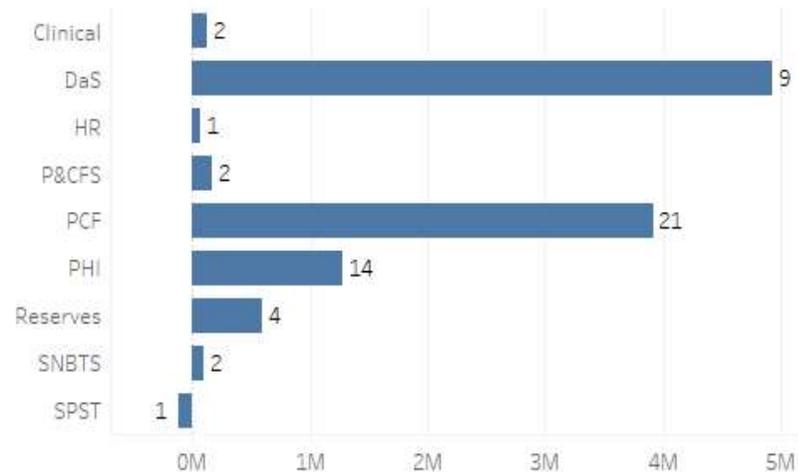
Outstanding

- £11m currently remains outstanding from SG, which is a reduction from £28m in November.
- The main NSS allocations include £3.5m for Microsoft implementation and support, £1.3m for Genomics and £1.1m for BREXIT.
- SG has confirmed various outstanding allocations but there remains a focus on unconfirmed allocations so that they are allocated as soon as possible, reducing the financial risk to NSS.

SG Allocations - Amounts and No. of Allocations Received



SG Allocations - Amounts and No. of Allocations Outstanding



NHS National Services Scotland Board Financial Performance - December 2019 Capital Programme Delivery



Year to date

Total expenditure year to date on capital projects is £3.8m.

The spend and percentage of expected spend by each SBU is:

- DaS - £1,688k (24%)
- P&CFS - £156k (46%)
- PCF - £1,306k (34%)
- PHI - £302k (33%)
- SPST - £89k (12%)
- SNBTS - £303k (18%)

Forecast Outturn

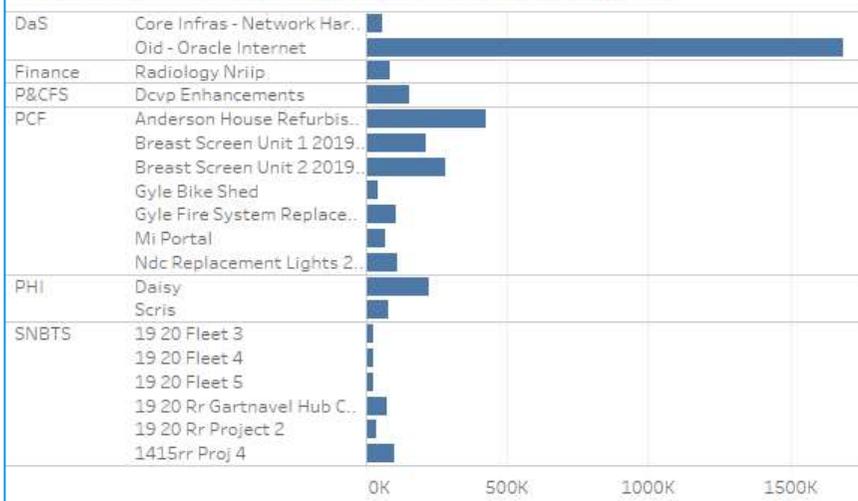
The total forecast capital expenditure is £14.7m – which includes £1.4m unallocated / slippage. This has been addressed as part of the re-allocation / advance spend discussions:

PCF – Backlog Maintenance Works - £0.7m

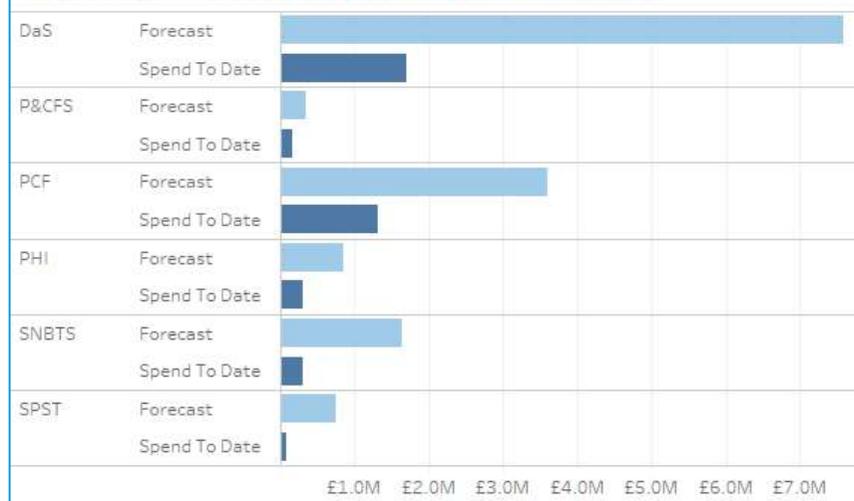
SNBTS – Flowcytometers & Plasma Freezer - £0.4m

The nature of the expenditure relating to DCVP within P&CFS has also been re-assessed and re-classified as capital, with a projected cost in 19-20 totalling £0.3m.

Capital Expenditure - Projects with over £20,000 spend



Capital Expenditure - SBU Forecast versus YTD Spend



Purpose

The purpose of this paper is to provide the Board with a range of workforce data and information to allow discussion and agreement on issues of concern.

Recommendation

The NSS Board are asked to note the information contained in the cover paper and the key points contained in the attached slides.

Timing

The report provides a position as at 31 December 2019.

Summary

A number of activities have taken place recently to support the improvement of people management practices and employee experience in NSS. These include:-

- The ongoing Values Refresh workshops have included an interactive exercise within the session focussing on how to offer constructive challenge, support and development, including a feedback model example, where staff observe or experience behaviours which may not align with NSS values, including our value of respect. All trained Values Facilitators are also aware of steps to specifically support, guide and follow up with staff who indicate or experience a breach of conduct or bullying and harassment. SBUs have local action plans in place to ensure all staff attend face to face Values sessions.
- In partnership with Health Scotland, HR have created a suite of face to face and digital learning and development and some bespoke development for all staff moving to Public Health. This is now live on line and running from January - March 2020.
- As part of our commitment to collaboration, HR are co facilitating a CPD event this month for all qualified coaches from NSS and all other National Boards. In addition, a project plan has been developed with many activities now underway to move all Corporate Learning and Development digital content to the NES Learning Management System Turas Learn by September 2020.
- The NSS Leadership Programme continues to support the development of NSS leaders through the delivery of monthly development sessions: January – Strategic Influencing, February – Empowering Leaders, March – Introduction to Dialogue for Leaders.
- Continuous improvement review of the process and key touch points of the management of cases in NSS with a number of continuous improvement actions agreed to enhance the current process, for example quality checks and review of the risk matrix.
- Established the process for utilising a defined pool of Administrative staff which will provide a much needed resource to support certain elements of case management. The main focus will be on providing support for Investigating Managers and Panel Chairs who take on a significant workload when volunteering to support a case. The intent is to have these roles in place from early February.
- Early resolution is a key focus in the first tranche of the Once for Scotland Workforce policies and a key theme in the recent NSS Sturrock Focus Groups. As a result a retrospective review of all formal grievance cases in the last 12 months was undertaken which resulted in a number of agreed actions to increase the successful resolution of grievances at an informal stage in the future – where appropriate.
- Recruitment have launched, new for 2020, a recruitment feedback survey which focuses on continuous improvement in both our process and service.

- Values based recruitment will be launched at the end of January with Manager guidelines and tools available on HR Connect.

A number of other activities are either being considered or planned for the future. These include:-

- Once for Scotland (OfS) Workforce Policies - the first six revised policies will launch on 1 March 2020 – these are Attendance, Bullying and Harassment, Capability, Conduct, Grievance and Workforce Policy Investigation Process. NSS HR will be running engagement events across sites in January/February. The sessions are an hour long and will provide staff and managers with information around a high level comparison of the existing NSS and revised OfS policies. Staff and managers will be encouraged to attend sessions to ensure they are prepared and ready for the changes.
- Workforce resources support sessions are planned for Finance and the Contractor of Finance for all the staff impacted by the organisational change and OD are supporting the co-design of a plan to support the new Leadership team in Contractor of Finance that will be rolled out across 2020.

Overall NSS remains in a positive position on the range of workforce issues reported to the Board. Any areas that require improvement continue to be addressed as required through the Executive Management Team, with individual SBU Directors and at the NSS Partnership Forum. This includes performance on mandatory training where compliance figures have improved since the last report to the Board and statutory training which continues to be closely monitored. The statutory training completion rate in one SBU in particular is concerning. This is currently being investigated further and addressed by the SBU. The percentage figures for completion of objective setting and appraisal on the TURAS system are also all improved from the last report. The HR Business Partners continue to raise awareness and this is a regular point for discussion at SBU SMT meetings.

A summary of the main issues which the Board would want to consider are set out below.

Sturrock Action Plan – As an outcome of the recent focus groups, a short life working group, with representation from HR, Trade Unions, and the business was established in December 2019 to consider options to provide staff with a safe space/place. The group has concluded and proposals are currently being drafted for consideration by the February Partnership Forum/EMT. A further update will be provided in the next report to the Board. HR have developed a proposal to run and assess a mentoring pilot and agree a suitable SBU to trial the next phase with, based on business needs. This is for discussion at the Partnership Forum/EMT. In addition, HR have developed communications for NSS more widely around standards expected from line managers, focusing on the staff update, the mid year review/iMatter and making links to Values and the Sturrock report. This has been supported in all Learning and Development events where HR have committed to raising the profile of all of the standards expected from line managers. All other actions on the Sturrock action plan continue to be progressed.

iMatter – NSS set itself a very ambitious target to improve the percentage of team action plans submitted from 76% to 85%. This target has been exceeded with 88% of action plans being submitted by the deadline, and a further 3% have since been submitted. The success of this is largely due to the support of the NSS leadership and the introduction of SBU iMatter leads and administrators. The NSS Partnership Forum has considered the NSS iMatter report and identified two areas of focus for the coming year, which are “involved in decisions” and “visibility of senior managers”. Focus groups are taking place in Edinburgh, Glasgow, Caverside, Inverness and Aberdeen in January/February in order to help understand staff perceptions around these areas. The feedback will be used to identify actions for inclusion in the 2020/21 Great Place to Work Plan.

Sickness Absence – NSS Sickness Absence rate has reduced slightly for the second month in a row, from 4.33% in October to 4.29% in December. However, there are potentially a number of late absences to be entered due to the holiday period. The sickness absence rate is expected to end the year at 4.24%, which is 0.03% above the 2018/2019 year end rate. Although the sickness absence

rate has reduced, the cost of absence has increased due to the increase of absences of employees in Bands 6 and above, from £129,414 in September, to £179,489 in December.

The key driver for sickness absence continues to be within stress and mental health, so the main area of focus is maintaining the support for managers to take early action to help employees who may have mental health issues and supporting employees themselves. The standard for lost hours due to stress and mental health for 2019/20 has been held at 57,393 hours. Hours lost due to stress and mental health peaked in August at 8,229 hours lost and continues to show a sustained reduction through October, November and into December. This may be due to the additional support and development which Line Managers have undertaken and continues to embed.

RIDODRs, Accidents, Incidents - There were no RIDDORs reported to the Health and Safety Executive during December 2019. NSS to date have submitted three reports. December saw a significant reduction in the number of incidents reported. The implementation of the new health and safety performance management system will help to further support. Work continues through the Health and Safety Advisors along with managers to ensure that the correct control measures are identified and are in place along with appropriate management controls being embedded.

Public Health Scotland - Angela Leitch has now taken up post as Chief Executive of PHS at the end of November 2019. A number of customer engagement open days are planned at the end of February with Health Scotland and PHI staff for the shared service areas.

TUPE2 consultation was undertaken in respect of those Health Scotland staff transferring to NSS and a small number of NSS staff transferring to Public Health Scotland. This has now closed and been accepted by the Trade Unions with a number of minor caveats with which we are happy to comply. Concerns have been raised with the Chief Executive of Public Health Scotland on the proposed number of staff in Corporate service functions which Health Scotland are proposing transfer into the new body. This would appear to be in contravention of the TUPE regulations. A small number of these staff have approached the Director of HR requesting to transfer to NSS as it is clear that there is no role for them in Public Health Scotland as all corporate services such as HR, Finance, IT and Facilities will be provided by NSS. We have agreed to include these staff in the transfer.

Jacqui Jones
Director of HR and Workforce Development
16 January 2020

NSS People Report

December 2019

Summary

Absence

At NSS level the sickness absence rate has reduced for the second month to 4.29% for December. This has been driven by the reduction in LT absence, which has reduced by 0.1% over the two months. If PHI is excluded from these figures the sickness absence rate would be at 4.57%.

Turnover

There has been a 50% increase in leavers, which has increased the turnover rate to 0.71% for December, the second highest rate for the FY. The increase in leavers has been as a result of a number of employees retiring, moving to another NHS Scotland board, or voluntarily resigning.

RIDDORs

No new RIDDORs have been reported, and there was also a reduction in Incidents occurring in December.

Statistical Process Control



The NSS trend shows the sickness absence rate reducing for the second month, from 4.33% in October, 4.31% in November to 4.29% in December.

This sits 0.15% above the mean, calculated at 4.14%, and not at risk of breaching the 4.53% UCL.

P&CFS SBU sickness absence has increased since June 2019 from 3.94% to 4.75% in December, increasing above the calculated mean at 4.56%.

PCF SBU sickness absence rate of 6.46% continues to sit just under the UCL, calculated at 6.76%

There are several SBUs that sit under their calculated means: CLO, Clinical, HR, SNBTS, and SPST.

Sickness Absence

NSS Sickness Absence rate has reduced slightly from 4.31% in November to 4.29% in December. However, as this is over the holiday period, it is expected that there will be a number of late absence entries.

NSS sickness absence rate without PHI = 4.57%

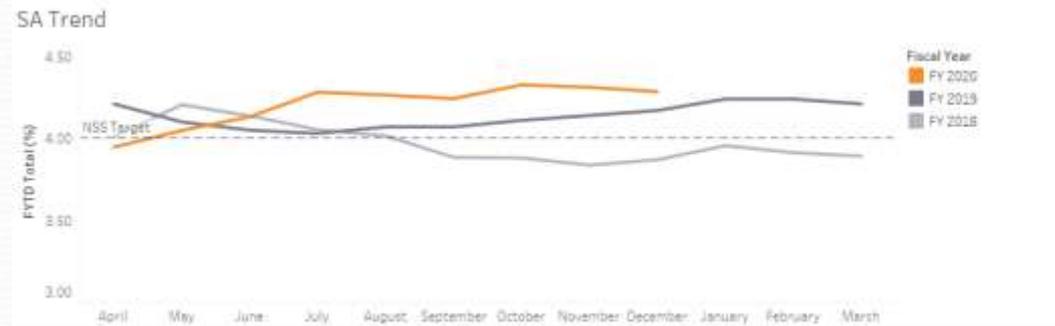
Highlights

HR SBU has shown further reduction in sickness absence.

Finance SBU has reduced for the second month to 5.56%, due to a reduction in Long Term absence. No ST absences are currently at risk of extending to LT.

P&CFS SBU has continued to increase since June 2019 to the highest rate for 2019/2020 but remains below sickness absence rates from 2018/2019. Long Term has steadily increased since April. One ST absence has progressed to LT from November.

SNBTS SBU has reduced from 4.76% to 4.47% in December due to a 13 LT absences returning to work. There were six employees who progressed from ST to LT absence. An internal audit of absence to ensure all appropriate process and procedures has now been completed and the results are being analysed.



Case Management

There are 227 employees on an Active Trigger in December, of which 34 are currently getting supported by HR. Two employees have hit both Day and Episode Triggers. One employee who has hit a trigger and is subject to a Capability process has progressed to stage 3 in the month.

Breakdown of Active Cases

Attendance = 31 active cases (-17)

Capability = 90 active cases (-2)

Conduct = 15 active cases (+1)

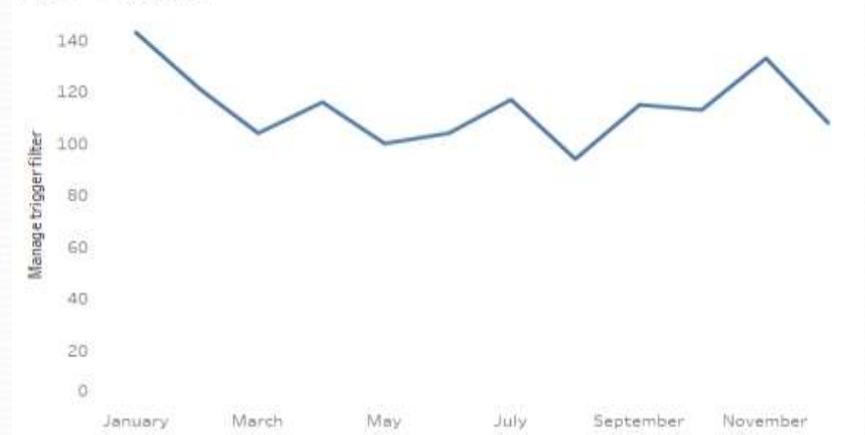
Dependency = 1 active case (-)

Dignity at Work = 7 active cases (+1)

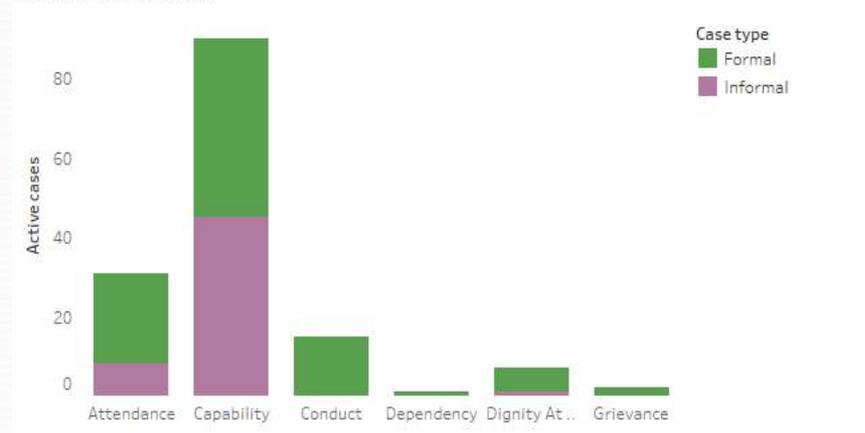
Grievances = 2 active cases (-3)

Attendance cases saw a significant drop due to a number of cases being closed off.

New Triggers



Active case SBU



Special Leave

COA Trend



The most common reason for Special Leave in December 2019 is Bereavement, which has decreased by £2,944 from last month. The total cost of Special Leave for December 2019 is £10,704 equal to 687 hours. This is a decrease of £6,464 from the previous month.

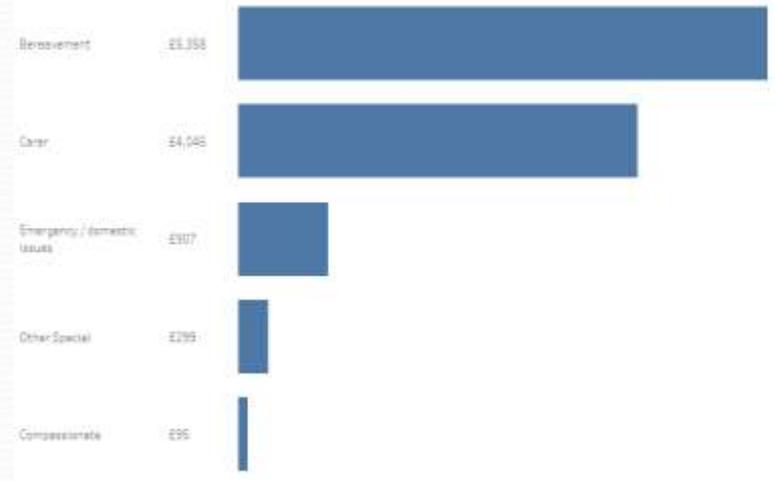
The cost of Special Leave to date in the 2019/2020 financial year is £199,446 which continues to be an increase from the previous year.

This is partly driven by an increase in Bereavement, Carer, and Other Special leave, which have a much higher current FY cost compared to previous years.

There continues to be requests for Special Leave added to SSTS that have not yet been approved through the eforms portal.

Current month	Current FY	Previous FY
£10,704	£199,446	£146,563
687	11,370	8,487

Special Leave Reason



Turnover

NSS turnover rate is at 5.61% YTD, and is expected to end the year at 6.66%, under the 7% target.

The number of new starts for December is 18, a 50% drop from November.

The number of leavers has doubled to 22 employees for December:

- 6 employees retiring
- 8 employees moving within NHS Scotland
- 6 Voluntary Resignation
- 2 employees were dismissed due to capability

Turnover



Turnover SPC



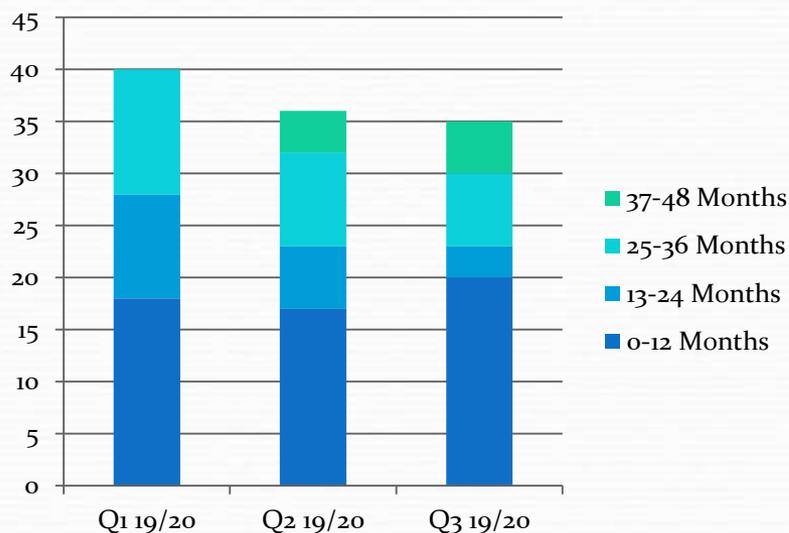
Redeployment

	Q1 19/20	Q2 19/20	Q3 19/20
Actively seeking suitable alternative employment	40	36	38
<ul style="list-style-type: none"> In trial period awaiting future VR/VER exit date agreed will not be matched to posts at this time 	13	9	5
Total	53	45	43

Total number of staff on the Redeployment Register has decreased slightly, with an extra two employees actively seeking alternative employment.

There is one current pending VR/VER application.

Total number of staff on the Redeployment Register for over 24 months has stabilised however small number of staff have moved into a further category of 37+ months.



	Q1 19/20	Q2 19/20	Q3 19/20
Successfully redeployed	4	7	7
Exited with VR	1	2	0
Exited with VER	0	0	0
End of Stage 2 capability period	0	3	0
Terminated (post secured ext)	0	1	1
FTC ended	1	1	2
Total	6	14	10

Mandatory/Statutory Training



At NSS level, two year compliance has decreased from 93.17% to 92.95%, and three year compliance has also decreased from 91.10% to 90.54%. Statutory compliance has decreased from 81.04% to 79.83%. All SBUs are currently under the 10% threshold for Statutory Compliance.

At NSS level for course compliance NSS: Fire Admin, NSS: Standing Financial Instructions and NSS: Manual Handling are all below the 10% compliance threshold with 79.83%, 92.27% and 89.73% respectively.

There are a number of SBUs that are below compliance in a majority of courses:

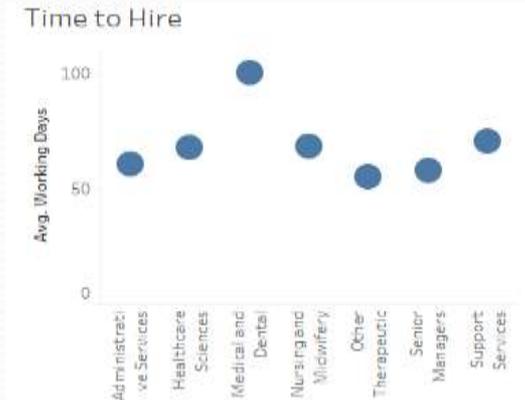
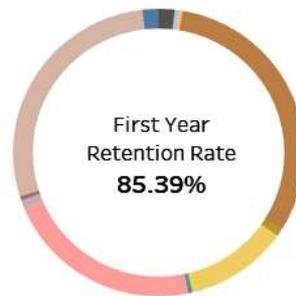
- PCF and DaS are below compliance in seven out of nine courses.
- HR & Workforce Development and SPST are non-complaint in five out of nine courses.

Turas Appraisal



- At NSS level, Appraisal Compliance and PDP Compliance have both increased to 57% (previously 53% and 56% in November 2019). Objective Compliance has also increased to 57% (56% in November).
- CLO continues to be the only SBU with all compliances above 80%, and Clinical remains the only SBU with any compliance at 100% (Objective Compliance). They also have 89% for PDP Compliance however only 56% for Appraisal Compliance.
- SBUs that require improvement are:
 - PHI - Appraisal 47%, PDP 39%, Objective 44%
 - PCF - Appraisal 69%, PDP 44%, Objective 49%
 - P&CFS - Appraisal 42%, PDP 65%, Objective 48%
- At individual department level, there has been little or no change this month. Where compliances have decreased from the previous month, the number of NSS AfC employees has increased, or where there are larger increases, they are in sub-departments with a small number of employees.

Recruitment



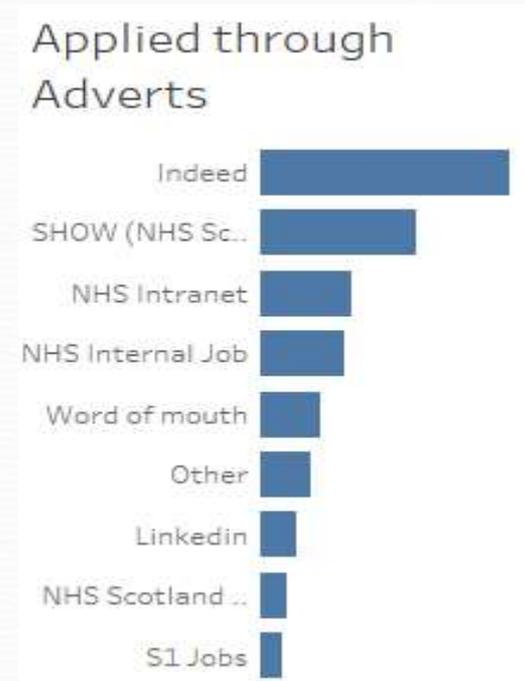
There has been a total of 350 jobs advertised YTD, with 32 jobs posted this month at NSS level which is a total of 483 vacancies to fill within the organisation for this financial year.

Average time to hire is highest for medical and dental where it is 99.84 days. For non-medical roles the highest time to hire is Support Services (70.14 days), the lowest is Administrative Services (60.63 days on average).

Application completion rate is up slightly from last month – 64.35%. Offer Acceptance Rate has increased to 95.50%, 87.34% of which is internal NHS staff.

First Year Retention Rate has decreased to 85.39%. The most common reason for leaving is “End of FTC” (31.42%), followed by “Voluntary Resignation – Other” (28.32%).

SNBTS has the highest application/vacancy ratio (1,499 applicants for 111 vacancies), followed by Public Health & Intelligence with 1,374 applicants for 115 vacancies.



Occupational Health & Safety

Health & Safety Update:

No RIDDORs and a significant reduction in number of incidents reported in December.

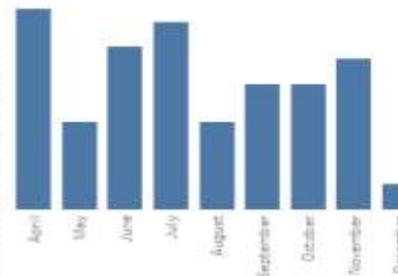
Work continues at pace with DaS Service Now Team with the development of the electronic Health & Safety Performance Management System, with the Accident Incident Module currently in testing to be launched during January.

Supporting OHSAC to develop a NSS consolidated risk profile and associated risks.

Number of days absent due to lifting/handling/carrying an object has reduced due to the employee returning sooner than previously stated.

Number of days absent due to slip/trip/fall has reduced as report was removed due to being caused by a pre-existing health issue.

Incident Summary



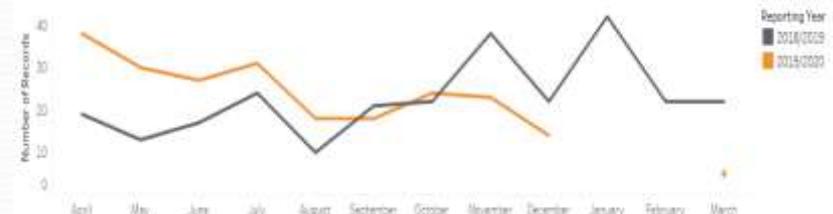
Non Riddor Summary



Number of Days Absence due to Injury/Accidents

Lifting/handling/carrying an object	176
Contact with hot /very cold surface/object	10
Musculoskeletal disorders (back/lower limb)	8
Slip, trip, fall on the same level	4
Other	3
Collision with Object/struck against stationary object or equi...	1
Fall from height	1
Lifting/handling/carrying a person	1
Road traffic accident	1
Cut with sharp object or material (not needlestick)	0

Report Trend



Occupational Health & Safety

Occupational Health Update:

To date there has been 26 scheduled flu clinics and an additional three clinics at JCC, Gyle and Meridian Court delivered across NSS. Work is currently being undertaken to collate the numbers identifying NSS Frontline Staff for Scottish Government reporting.

During the Programme it has been identified that the numbers recorded do not include staff who received the vaccine from their local GPs, chemist or Health Board Clinic Programmes.

Upgrade of the Occupational Health Management System Cohort v10 is on schedule. This system upgrade will allow staff and managers to access and request, report and record information directly into the system and will be launched April 2020.

Occupational Health Management referrals received continue to increase with the highest areas of referrals being received from SNBTS and P&CFS.

It is identified that PCF have the highest number of Consultant Management referrals due to the complexity of issues within this SBU.

The highest reasons for referrals continues to be Organisational Change, underlying health conditions and stress and mental health issues.



Occupational Health & Safety

Wellbeing Update:

NSS Wellbeing Group has recently completed and compiled a gap analysis based on the Wellbeing Audit Tool developed by NHS England. The discussion paper will be reviewed at OHSAC on 27 January with the expectation of an agreement to develop a NSS Wellbeing Action Plan.

NSS (dis)Ability Group, NSS Equality and Diversity and HWL Workplace Health leads are supporting an International Day for Disabled People (IDDP), where the main focus will be on hidden disabilities, a supporting video produced and will be accessible across NSS.

Hours lost due to stress and mental health peaked in August at 8,229 hours lost and continues to show a sustained reduction through October, November and into December. This may be due to the additional support and development which Line Managers have undertaken and continues to be embedded.

Stress Mental Health Absence

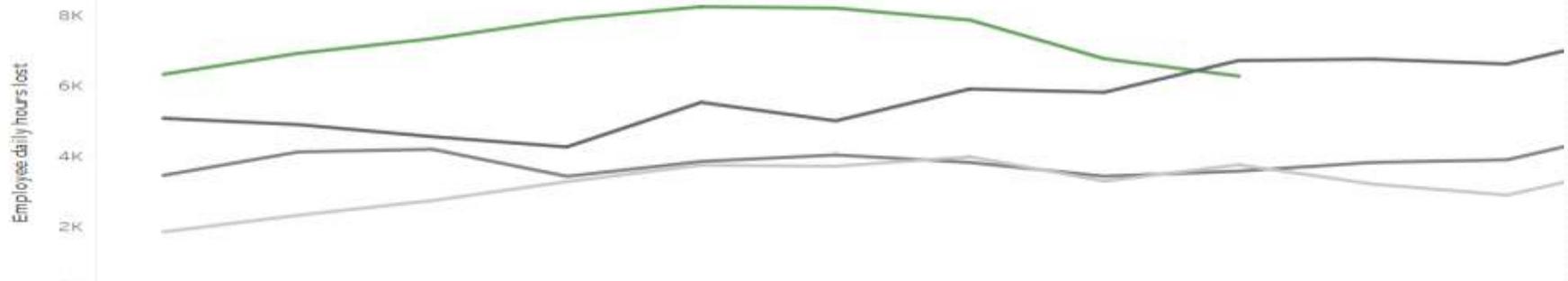
December 2019

Current Month:
£105,678

Current Month:
6,261 hours

SBU
All

Mental Health Hours



B/20/09

NSS Board Meeting – 30th January 2020

Digital and Security December update for Board/ EMT

Purpose

This paper provides the monthly update from Digital and Security for Board and EMT information. The purpose of the paper is to provide an update on the portfolio of National programmes (O365, CHI/CH and GPIT) and an update from the operational pillars within DaS (Cloud Operations, Clinical Informatics, Digital Office, Information Security, Vendor and Contract Management, Innovation and Transformation).

Recommendation

The board are asked to note the contents of this pack which was updated to 31st December 2019. Key points are listed below for ease of reference:

National Programmes:

GPIT

- Overall status is Red as all suppliers will fail to deliver upon requirements by Summer 2020. All suppliers were met in December and we are pushing in an attempt to bring forward where possible, however this does not look likely.

Office 365

- Overall status is Amber. The team have completed the updated Full Business Case. This has been presented at the January CE meeting and was positively received. To close the governance route it now needs to go to DoFs and eHealth. All boards are tracking their remediation for O365 roll-out in particular email tidy up. We are waiting on updated proposal from Accenture on the NHS Mail migration which remains the biggest risk. NHS Mail is decommissioned end of September 2020.

CHI/CH

- Overall status is Amber. Variation agreements with suppliers have been signed and implementation plans agreed. This programme will go to Amber Green at the next programme board.

NIS Directive Compliance (Information Security):

- Continuing to make strong progress against NIS D standard. Compliance has increased from 65% to 85% in December. A date has now been confirmed for the audit which is the 25th February.

Digital Workplace (Office 365):

- Top priority is email migration from NHS Mail. Project is planning MS Teams roll-out activities. Pilots have been closed with pilot accounts migrated to full O365 accounts. Discovery work has commenced around unstructured data.

Timing

The timings vary by project and this document is an update on current progress.

Background

DaS are delivering against their 2019 Digital and Security Strategy on 3 fronts:

1. National Programmes
2. 3 Year Information Security Programme
3. Organisation Change and Modernisation Programme

Procurement and Legal

Procurement and Legal have been included in this update where appropriate.

Engagement

Programmes are in all in flight and have ongoing engagement across NSS as appropriate.

Equality & Diversity

All programmes have equality and diversity considered and assessed.

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Email: deryck.mitchelson@nhs.net

EMT December Report

Digital and Security



Contents

1. Executive Summary
2. High level Dashboard view
3. Functional/Service updates



Executive Summary



National Programmes:

GPIT – Overall status is Red as all suppliers will fail to deliver upon requirements by Summer 2020. All suppliers were met in December and we are pushing in an attempt to bring forward where possible, however this does not look likely.

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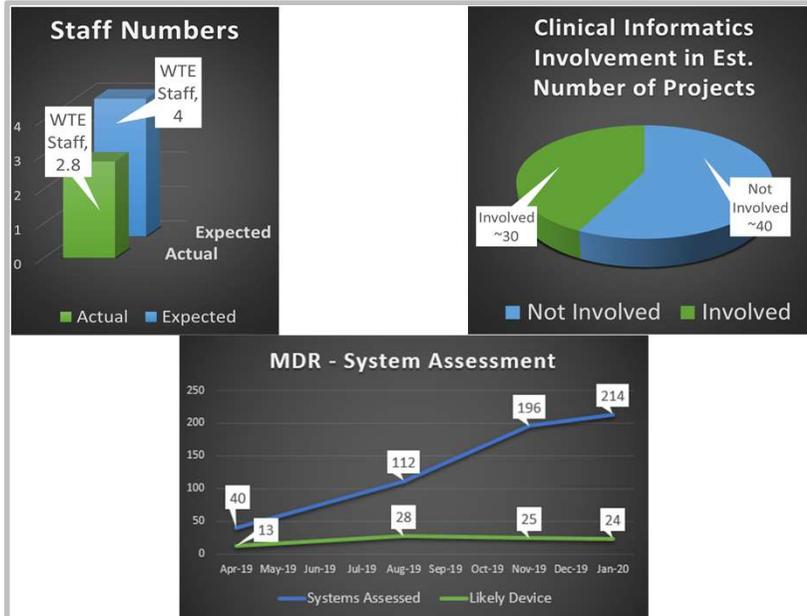
Top priority is email migration from NHS Mail. Project is planning MS Teams roll-out activities. Pilots have been closed with pilot accounts migrated to full O365 accounts. Discovery work has commenced around unstructured data.

Operational Services:

No issues with 100% availability and survey results showing 75% rate the service as excellent.

Customer First – Clinical Informatics

1: Where we are



3: How we get there – activity in next period

- Cross SBU MDR/IVDR Training arranged for 24th January
- CSO Training 3rd annual training day – finalising participants
- ISO 14971 Training organised for Feb 2020
- ISO 13485 Training organised for April 2020

2: What we have achieved

- On-going attendance at over 30 different project boards/groups
 - Supporting learning culture, quality improvement and patient safety
- Completed Clinical Risk Analysis of Non-Adoption of SNOMED-CT
 - SBAR submitted to SG DH&C
- Worked with NSS MDR Project Board on training & educational requirements
 - Cross SBU MDR/IVDR Training arranged
- Discussion with GPIT Vendors to ascertain current/future MDR status
- CI MDR Assessment Tool – 214 systems now assessed
- Liaison visit with TEC & DHI to Maccabi Healthcare, Israel
 - EHR Usability, Big Data and BI
 - Patient Access & Innovation Strategy
- BAU performance of Adverse Events and Clinical Risk Evaluation and Management

4: Where we need help

- Limited resources to attend all meetings
- Time spent on managerial commitments, reporting and business administration demands (e.g. NHS policy changes, legislation)
- Knowledge on MDR – see above, we continue to develop departmental learning on MDR

Customer First – Portfolio

Customers at the heart

Improving the way we do things

Increasing our service impact

Great place to work

1: Where we are

Establishing customer-focused Product Portfolios:

Population Health and Community

- Public Health Scotland
- Screening Services (1)
- Hospices
- Care homes

Primary Care

- Primary Care Reform / General Practice (1)
- Dental
- Justice
- Ophthalmology
- Pharmacy

3: How we get there

- Progress breast screening review programme IT workstream
- Primary Care Reform Digital Board on 29 January
- Re-procurement project for a Video Consulting platform
- Forensic Medicine Service phase 2 work ongoing with SG
- Fit note project scoping
- Mental Health Welfare commission project scoping

2: What we have achieved

Population Health and Community

- Held workshop to agree approach to procurement and adoption of AI within screening services.
- Held workshop to Value Stream map current change process with a view to significantly improve time and effectiveness.

Primary Care

- Prisons technology review report has now been completed and submitted to governance.
- SPIRE support tender evaluation process completed.
- Discussions held with NHS24 regarding approach to taking forward Primary Care Reform Digital Board strategic theme of “Citizen experience” – ensuring patients to access services and manage their own health in a consistent way. Build on our joint work on delivering the first phase of Primary Care Digital Services.

4: Where we need help

- PHS is developing its strategic priorities in the months up to April 2020, it is important that we feed into this process both directly through engagement process and indirectly through contribution to data strategy & plans for business applications.

CHI & Child Health Transformation Programme

Introducing first class technology that enables the healthcare system to transform services to improve outcomes for Scotland's population



STATUS			2-5 YEAR		
AMBER					
KPIs		Target	Actual		
		-	-		
		-	-		
		-	-		
INVESTMENTS					
NSS		-			
SG		67.7			
Other		-			
Total		67.7			
MILESTONES					
Design/Build Phase Start		Dec 19			
CHI Outbound Broadcast		Q1 2021 – Q4 2021			
SCPHWS		Q3 2022			
Full Go Live		Q4 2022			
PRIORITY					
Enable	Underpin	Assist			
OUTCOMES					
Better Care	Better Health	Better Value			
CHANGE TYPE					
Innovate	Transform	Improve			
SRO					
Colin Sinclair					
GOVERNANCE					
Digital Health & Care Strategic Portfolio Board (DHCSBP) CHI & Child Health Programme Board					

UPDATE: December 2019

Programme Delivery Confidence Assessment (DCA) has improved from Amber/Red to Amber. Scottish Government have confirmed overall 'whole life' cost, which remains within the financial envelope (baselined at FBC v3, May 2018), and annual spend profiles are affordable. The Dec'19 Programme Board agreed the Programme can formally move into the design/build phase. Variation Agreements have been signed with the suppliers. HealthConnect licences for the National Integration Platform have been purchased.

A decision (Jan'20) is required regarding hosting and service wrap of the production environment. Delivery Projects are engaging the Initiation phase (incl. kick-off meetings with suppliers), and the Programme will conclude its Definition/Foundations during calendar Q1'20. Once complete, the Programme's DCA should improve to Green/Amber. The Programme, which deals with c.30-year-old legacy systems and associated (legacy) data quality issues in a complex multi-Board, multi-supplier delivery model, remains inherently risky.

The Programme continues to work closely with other programmes (e.g. Vaccination Transformation Programme (VTP)). Governance arrangements in place include two Project Boards, Programme Board, Technical Design Authority (TDA), and the Finance and Resourcing Group (FRG). A Change Advisory Board (CAB) and Delivery & Integration Board (DIB) are being stood-up.

Discussions are underway with Scottish Government colleagues regarding independent assurance incl. OGC Gateway Review 0 (Strategic Review).

KEY DELIVERABLES

Main work streams

CHI and GP Patient Registration System (GPPRS) replacement – one database for Scotland, with new capabilities and flexibility introduced;
A new, single Scottish Child Public Health & Wellbeing System (SCPHWS) for Scotland;
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.

Key Deliverables General Comments

The programme is not a 'tech refresh', only delivering like-for-like capabilities. Day 1 of the live solution will see similar capabilities in use by end users but delivering numerous benefits. Furthermore, the richness of the new solutions allow additional functionality to be 'switched on' soon after initial launch. The new solutions support the aims of the Digital Health & Care Strategy and will enable improved information sharing, access to, and use of personal health records, integrated care, agile working, new service models, and access to real time information with multiple access points.

VALUE CREATED

Milestone General Comments:

Dec'19 / Jan'20 - Implementation support start date (ISSD): Child Health Dec'19; CHI & GPPRS Jan'20.

Mar'21 - New CHI Patient Broadcasts: New CHI is concurrent with Legacy CHI; New CHI Broadcast rules are implemented; New CHI produces all outbound Broadcast files;
Dec'21 - Roll out of CHI outbound broadcast files to consumers complete.

Jul'22 - SCPHWS live: The legacy Child Health system is replaced with SCPHWS system (RIO); SCPHWS system is temporarily integrated with legacy CHI for patient demographics; Legacy CHI is unchanged and continues to provide full CHI service.

Nov'22 - Full Go Live: New CHI receives all updates (feeds, web and GP feeds via Partners); New CHI becomes the master; GPPRS becomes available; SCPHWS will migrate from legacy CHI to New CHI patient demographics; Legacy CHI is now redundant.

Risks and issues

Dependencies

Inter-programme dependencies with GP-IT, Vaccination Transformation Programme (VTP) and O365 are under review.

PRIMARY AND COMMUNITY CARE

Enabling the modernisation and integration of primary and community care in Scotland



- GP IT Re-Provisioning Project
- Phase Three - Implementation
- NSS Digital and Security

STATUS
RED

KPIs	Target	Actual
TBD	-	-
	-	-
	-	-

INVESTMENTS	
NSS	-
SG	-
Other	-
Total	-

MILESTONES	
Stage 2 End	30 Sept 2019
Stage 3 End	30 Sept 2020
Stage 4 End	31 Jan 2021
Stage 5 End	30 Nov 2023
Stage 6 Closure	31 Jan 2024

PRIORITY		
Enable	Underpin	Assist

OUTCOMES		
Better Care	Better Health	Better Value

CHANGE TYPE		
Innovate	Transform	Improve

SRO
Jenny Bodie, NHS Tayside

GOVERNANCE
<ul style="list-style-type: none"> • GPIT Service Management Board • Primary Care Reform Digital Board

UPDATE: 6 JANUARY 2020

Overall project status is Red due to delays being reported by all suppliers. The first possible deployments to GP practices are now expected to be; from winter 2020-21 for Vision, from summer 2021 for EMIS, and from winter 2021-22 for Microtest. Microtest is expected to begin system development in January 2020. Direct Award can be used to select the first system available until a choice of systems makes mini-competitions possible. The project team is working closely with the suppliers to ensure their plans are fully scoped and suitably resourced moving forward to minimise the risk of further slippage. The project team are also meeting with each health board to discuss the appropriate preparatory activities.

KEY DELIVERABLES

- The project team continue to support all three suppliers in understanding and delivering the Scottish requirements.
- The assessment of the amended responses for the new EMIS-X cloud hosted solution is nearing completion, prior to CCN signing.
- NHS Boards have been asked to complete an impact assessment report to capture financial and process impact caused by supplier delays.
- GPIT Service Management Board met on 10 December and agreed the approach to Medical Device Regulations assurance for the new systems.
- Senior level meetings, including Scottish Government representation, have been held with Vision, EMIS and Microtest to underscore the importance of the project and need to avoid further slippage
- A new GPIT RP Project monthly highlight report has been published and distributed to GPIT SMB members and eHealth Leads.
- A seasonal GPIT newsletter has been produced and shared with stakeholders and uploaded to the project website.
- Judith Milligan, new GPIT Lead Facilitation Manager, and Sajid Yasin, new Test Manager, have joined the project team.

VALUE CREATED

- Provide modernised GPIT systems that support evolving models of care.
- Support compliance with the 2018 GMS Contract.
- Support initiatives such as GP cluster working and evolving models of care based on extended primary care multi-disciplinary teams and new priority services designed to improve services to patients and reduce the workload of GPs.

Top 5 Risks and issues

I 003	Issue: Supplier delivery timescales are delayed	
I 008	Issue: Agreeing testing approach with suppliers	
R049	Uncertain funding of NHS Board implementations	12
R054	Risk of insufficient testing for a new GPIT system	12
R057	Risk of insufficient bandwidth despite SWAN upgrade	12

Critical Dependencies

- Fully implemented Docman 75500
- Fully implemented SWAN GP IT Upgrade Programme
- Fully implemented roll out of Windows 10 at GP Practices

MICROSOFT O365 CLOUD & COMPUTING PROGRAMME

Connecting, Enabling and Empowering



Digital and Security		
Microsoft Cloud Computing Strategy – Office 365 National Programme		
STATUS	2-5 YEAR	
AMBER	£5.4m	
KPIs	Target	Actual
N/A	-	-
	-	-
	-	-
INVESTMENTS		
NSS	-	
SG	£3.4m	
Other	-	
Total	£3.4m	
MILESTONES (completion dates)		
Discovery	COMPLETE	
Implementation	Apr 2020	
PostImp	Mar 2021	
Fully Live	Mar 2021	
PRIORITY		
Enable	Underpin	Assist
OUTCOMES		
Better Care	Better Health	Better Value
CHANGE TYPE		
Innovate	Transform	Improve
SRO		
Deryck Mitchelson		
GOVERNANCE		
<ul style="list-style-type: none"> Fortnightly Formal Team Meeting Monthly O365 Programme Board Fortnightly Risks and Issues review session 		
UPDATE: January 2020		
<p>The Programme is making great progress on the creation of the Business Case and Project Definition Document final drafts are complete and the SRO is presenting these to Scottish Government for Approval before sharing with the Programme Board. Programme RAG remains Amber as the overall funding is still to be agreed for Programme Licences – due to have agreement 10/01. Route to green is to work with our finance representative to agree licence funding for the next three years and agree cost allocations which will be presented with the BC. Lastly the Programme continues to work with Scottish Government to ensure our the Programme meets audit requirements. First Gate 0 review will taking place this week from the 8th – 10th January.</p>		
KEY DELIVERABLES		
<ul style="list-style-type: none"> Business Case, ToM and Project Definition Documents out for approval Gate 0 Review preparation complete and review taking place w/c 6th January O365 National Programme Team continues to engage with all Boards and provide support where required. Preparation for the Microsoft Cloud and Computing Programme Board – Friday 10th January NSS internal Pulse magazine - article published hard copy and online Video of Engagement Session Pack edited with voice overs and uploaded on You Tube Consolidation of all comms & engagement activity shared with eHealth/Clinical Leads, O365 PMs, O365 comms leads and Heads of Comms 		
VALUE CREATED		
<ul style="list-style-type: none"> The Office 365 Programme are working to move NHS Scotland onto a Digital Platform to improve IT Functionality and collaboration within the NHS. Engagement Sessions in each Region allowed each Board to attend and receive a presentation on O365 and the chance the ask questions with support provided from the National O365 Programme Team 		
RISKS AND ISSUES		
Risk	Senior leaders do not understand what is changing sufficiently to lead change. Action: Confirm who key senior stakeholders are and develop action plan for raising Awareness & Demand with each of them	High
Issue	Training plan not yet available which will impact the user experience. Action: O365 National Programme Team to investigate	High
NHS Mail R071	There is a risk that licence allocation and Boards over use of licences should be kept on the table as a risk. The issue being that there is only one license key and organisation license usage functionality is not provided within the MS licensing portal	High
DEPENDENCIES		
There is a dependency on each Board to have an Office 365 Programme Team and a named Programme Manager in place. This has to be completed as soon as possible for Migration work to progress.		

Digital Innovation - Architecture

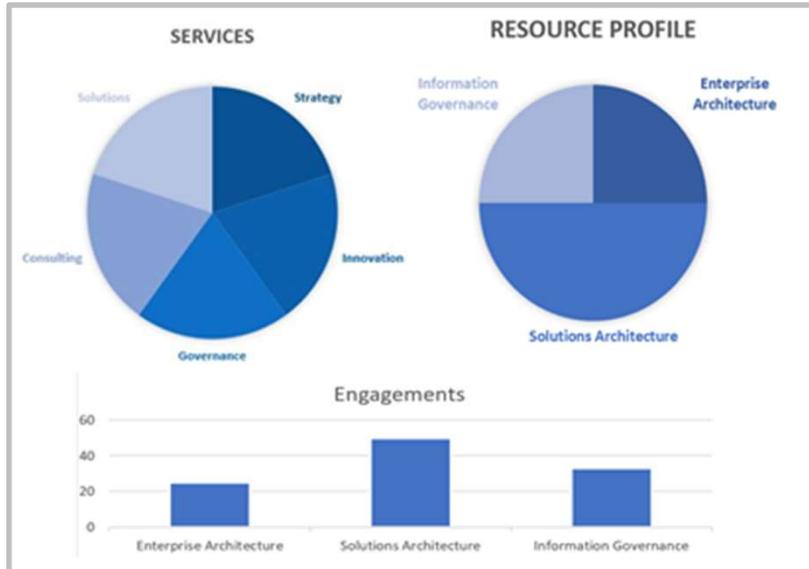
Customers at the heart

Improving the way we do things

Increasing our service impact

Great place to work

1: Status



2: Artefacts

Solution Design Template v1.0 and Non-Functional Requirements Index v1.0 Published - these will ensure a consistent approach/output for all design activity and inclusion of required information from the outset, also enables efficiencies across the team in collation of key documentation

Architecture and Security Assurance Group Established with finalised ToR - this ensures the required governance is in place, that all solutions are reviewed and meet wider NSS Strategic Objectives

Roadmap for Technology Office in development to support Strategic Planning Activities

3: Initiatives

- Primary Care Reform
- Screening
- Digital Platform / API CoE
- Power Apps Exploration
- Capability Modelling

4: Support and Collaboration

- Data Protection Summit Edinburgh
- NSS Screening Review SHSC
- O365 Opportunity - Health and Care Usage
- DaS Lean Hub Engagement
- Rescheduled Architecture Review Group with Atos

Digital Innovation - Transformation

1: Where we are

- In planning to adopt MS365.
- Some unstructured adoption of MS Teams
- POC Intranet developed on NSS 365 tenancy in 2018
- Web strategy agreed for NSS by EMT April 2019
- New best practice Web platform ready for adoption (NSS V2.0)
- Majority of content on old web sites not compliant with accessibility regulations 2018
- SHOW hosting on ATOS infrastructure

3: How we get there

- Q4 plans submitted to COG for Web and MS365
- Migrate SHOW hosting to public cloud (transfer to Ops)
- Data strategy to EMT January 2020
- MStTeams report considered by COG Jan 2020.

2: What we have achieved

- MS Teams Pathfinders complete. Report prepared for COG and EMT showing benefits.
- MS 365 PI planning scheduled for early Feb
- MS365 initial licence review complete, some issues may arise during application testing
- NSD live on new web platform
- PCF review progressing broadly to plan- some delays signing off content structure
- Page count reduced by over half on migrations to date. (296 pages to 131)
- Counter Fraud delayed- structure re drafted and one significant transactional service being explored.
- Docker containers automated via Kubernetes for Wordpress.
- Jam stack automation for clinical guidelines content, templates and pre-defined open api.

4: Where we need help

- Engagement with EMT on treating data as a corporate asset
- Attendance and participation in PI planning for 365
- EMT acceptance of the digital business platform view of the NSS IT architecture

Business Operations – Digital Office

Customers at the heart

Improving the way we do things

Increasing our service impact

Great place to work

1: Where we are

IT Performance Position

Objective	Assigned	Grey	Red	Amber	Green	Blue
Customers at Heart	5	2	1	1	1	1
Increase Services Impact	27	4	1	2	19	1
Improving Way We Do Things	17	10	1	1	6	1
Be a Great Place to Work	23	7	1	8	4	3

IT Risk Position

Corporate Only All Risks

	Rare	Unlikely	Possible	Likely	Almost Certain	TOTAL
Catastrophic	0	0	1	0	0	1
Major	4	4	11	2	0	21
Moderate	2	5	6	2	0	15
Minor	0	0	1	0	0	1
Negligible	2	0	0	0	0	2
TOTAL	8	9	19	4	0	40

3: How we get there

- DST replacement next steps
- ODP review for January submission
- one page 'how to' guide for running live events being compiled
- RAMII next steps (more granularity and benefit tracking)

2: What we have achieved/Status

Red Risks:

- **5110** – Avaya Telephony Preferred supplier appointed, commence 02/12, actions to enable closing risk ongoing
- **5523** – SIEM POC set up progressing with supplier. Softcat on boarding. Business case for national CSOC submitted to procurement
- **5521** – NIS Directive Action progress, status for 221 controls updated on Service Now, live dashboard accessible there. Audit confirmed as 25 February

General Business Operations:

- Review of H&S risk profile conducted and Q3 update submitted on time
- Organisation transformation org-charts underway – agreement to support with additional contract resource
- New newsletter format created for Dec including voting button and video
- TH event with follow technical review conducted
- RAMII planning preparation

4: Where we need help

- Contract resource for Transformation
- Understand DST replacement plans and next steps

Driving Change - Portfolio

Customers at the heart

Improving the way we do things

Increasing our service impact

Great place to work

1: Where we are

Project metrics 2019-20

Average Customer Satisfaction Score	94%
Average ease of doing business Score	89%
Average Net Promoter Score	92%
Average Responsiveness Score	92%

Project Name	Status	Percent compl...	Phase
ggh test	Green	0%	Closing
Photosty	Green	53.67%	Delivering
PSD Service Transformation	Green	0%	Executing
Labs Programme	Green	3.78%	Planning
Scottish Hospice IT Review	Green	98.9%	Delivering
SRTP - IT Connectivity	Green	0%	Initiating
DaS Branding - Phase 2	Green	39.62%	Delivering
Cloud	Green	17.97%	Executing

3: How we get there

--

2: What we have achieved

Primary Care

eDental Programme ECS access and eReferrals project agreed with SG and formal project start

Positive feedback received on review and analysis of IT within Prisons. Now focused to implementation of the recommendations.

Primary Care Reform Digital Board: due 21 November 2019.

Focus on:-

1. Citizen experience – UX digital technologies to enable patients to consistently access services and manage their health
2. MDT staff experience - improving the UX when staff interact with the digital technology
3. MDT process efficiency – improve integration of digital technologies and processes across multi-disciplinary teams

Customer engagement process

Developing the 'funnel' that feeds requirements into the DaS demand process and links with the NSS-wide processes.

4: Where we need help

- Need to confirm main objectives and scope of the Unique Devices project for SG
- Concerns raised from SG eDental re Service Management resource and have requested a change in personnel

Supplier Management & Major programmes

Customers at the heart

Improving the way we do things

Increasing our service impact

Great place to work

1: Where we are

- GPIT – On track to revised plan
- PACS V12
- live in 5 sites from 22 targets
- On track to plan

- ATOS

Service Area	KPI No	Actual Availability	Target Availability
AAA	23	98.91%	99.90%

2: What we have achieved

•**GPIT Re-procurement** – Senior level meetings are being held with all three Suppliers: Microtest (11 December), Vision (16 December) and EMIS (19 December). Additionally, Monthly Project Management meetings, as well as weekly operational calls are being held to monitor Supplier progress versus their Plans.

•**PACS V12** – Dumfries & Galloway went “live” on 11 December. This means that all sites originally planned to go “live” before Xmas are now “live”.

•**National IT Service Contract** – The charges for all core Services for 2019/20 have now been calculated and these will be issued at the end of December 2019.

3: How we get there

- PACS V12 – Go “lives” for Lanarkshire, Lothian and GG&C
- Project initiation work for the imaging re-procurement
- The central site upgrade necessary to support the PACS V12 implementations for Digital Mammography will be undertaken.
- National IT Services Contract – work to agree appropriate family grouping of systems
- SSTS – work to finalise the requirements for TOIL and PAIAW to enable development work to commence
- National IT Services Contract – Financial Model is being finalised to be included in NES director presentation

4: Where we need help

- PACS V12 – Risk following D&G go live lessons learned - may require further training for Lanarkshire plus confirmation on kit in place ahead of launch
- GPIT – awareness of ongoing high-level meetings with a ll 3 suppliers.

Cost Effective Capabilities – ServiceNow Delivery Schedule

Customers at the heart

Improving the way we do things

Increasing our service impact

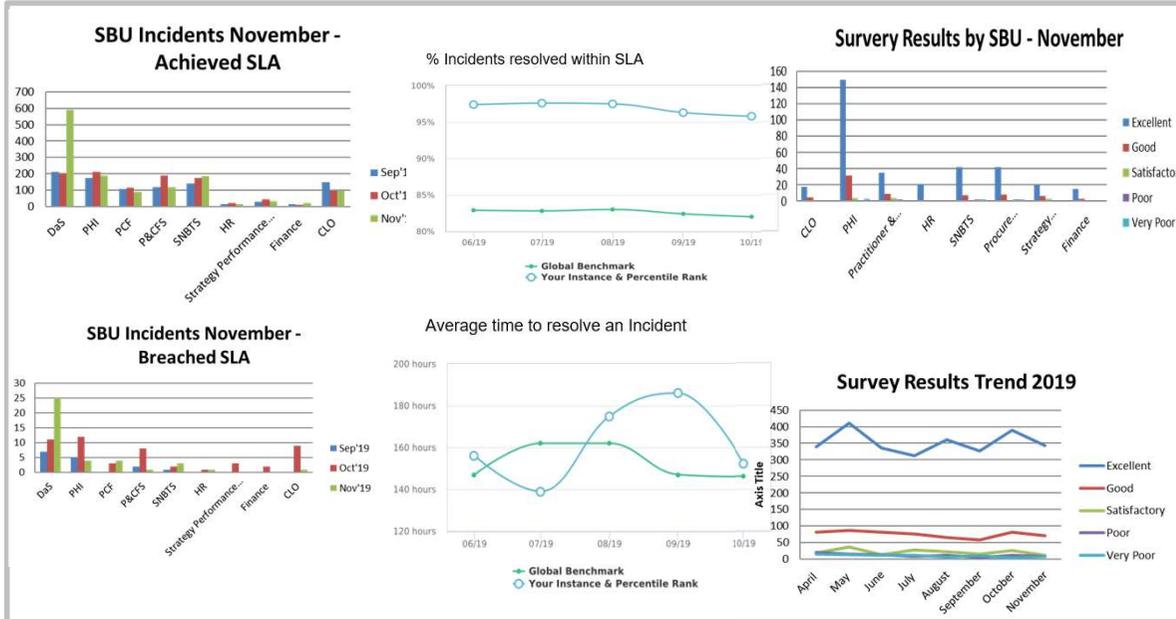
Great place to work

Demand	Delivery For	State	Anticipated Delivery Date	Additional Comments
Project Portfolio Management	NSS	Implemented in IT roll-out across NSS ongoing	On-Going	
Demand Management	NSS	Complete	Q2	Launched on 21 st October
External Customer Portal	Digital & Security	Complete	Q2	Launched on 28 th October
Adverse Events (Enable S&G)	Strategy Performance & Service Transformation (SPST)	UAT in Progress	Q3	Pushed back to Q3 awaiting NSS wide UAT
Resilience Incident Management (Enable S&G)	SPST	UAT in Progress	Q3	Pushed back to Q3 awaiting NSS wide UAT
SBAR Tool (Enable S&G)	SPST	UAT in Progress	Q3	Pushed back to Q3 awaiting NSS wide UAT
Clinical Trials	Public Health & Intelligence	Requirements Gathering	TBA	
CEAD Workflow	SPST	Complete	Q1	
GP Workforce Data Collection	PHI/Scottish Government	Complete	Q1	
ServiceNow Portal for Public Health Scotland (To feed DaS)	Public Health Scotland	UAT	Q4	UAT beginning early December to NSS and HS staff
NSS HR Health & Safety System	NSS Human Resources	On-Going Agile Development	Q3	Agile development on-going, targeted for December release.
NSS Finance Management of Work Requests and Portal	Finance	On-Going Agile Development	Q3	Live as of 21 st October, agile delivery to continue with multiple forms to be added to portal.
PCF Management of Work Requests	Procurement, Commissioning and Facilities	On-Going Agile Development	Q4	Various forms and processes in stages of both requirements gathering and development
NHS Lanarkshire HR	NHS Lanarkshire HR	Complete	Q4	Rolled out in November
PHI Information Governance function tool	Public Health & Intelligence	Awaiting requirements	TBA	
PHI eDRIS User Portal	Public Health & Intelligence	Awaiting requirements	TBA	
NHS Lothian Research Analytics	NHS Lothian	Requirements Gathering	TBA	
NHS Lothian Travel Requests	NHS Lothian	UAT	Q3	UAT in progress
Migration of DaS Asset Management	Digital & Security	Development	Q3	First Phase of migration complete
NHS Dumfries and Galloway ITSM	NHS Dumfries & Galloway	Proof of Concept	TBA	PoC developed, D&G to come back on next steps
NHS Highland ITSM	NHS Highland	Await further info	TBA	Successful demo board business case required
NHS Grampian ITSM	NHS Highland	Await further info	TBA	Successful demo board business case required
Information Asset Register	NSS	Proof of Concept	Q4	Demand received and PoC developed UAT to start
NHS Forth Valley HR	NHS Forth Valley	Requirements Gathering	TBA	

Service Excellence – Service Desk



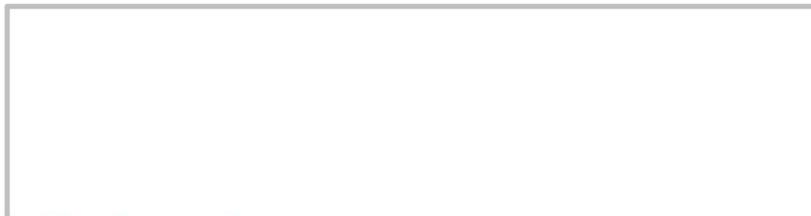
1: Where we are



2: What we have achieved

- Internal IT service continues to perform consistently well with over 96% of calls meeting their SLA, and over 80% of calls being automatically routed to the correct resolver group.
- 'Excellent' rating survey results remain at 74%. Continual Service Improvement plans are being drafted as a result of the Poor and Very Poor results received

3: How we get there



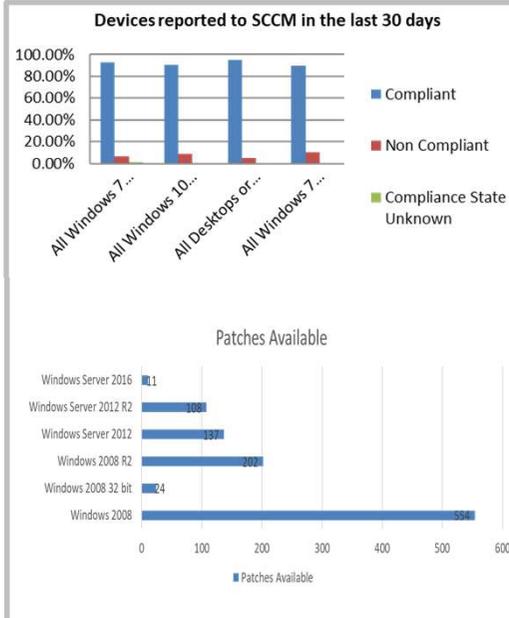
4: Where we need help

- NTR

Reliable Foundations – System Availability & Patching status



1: Where we are



2: What we have achieved

Service	Uptime
Email	100%
Phone	100%
Corporate Data Warehouse	100%
File Server (Freddy)	100%
Application Servers	100%
Oracle Databases	100%
Web Servers	100%
Print Server/Equitrac	99%
Network (LAN/WAN and Wi-Fi)	100%
Authentication	100%
Backups	100%

Availability:

- Gemini Users in HR unable to connect to server- This P2 incident was caused by a poor internet link which caused slow internet traffic and packet loss. The line is to be replaced by Vodafone early December.

Patching:

- SCCM recorded the patch status of 7229 devices; 93% of estate compliant and up to date windows patches and updates.
- Microsoft Server 2008 support ends – 14/1/20. No further 2008 patches are expected after this date albeit any critical vulnerabilities will be provided in updates from Microsoft.

3: How we get there

- Going forward patches will be rolled out using SCCM Automatic Deployment Rules on a quarterly cycle.
- Next Microsoft server patching(Windows Server 2016) scheduled to be rolled-up and applied – 15/1/20

4: Where we need help

- NTR

Reliable Foundations – SWAN

Customers at the heart

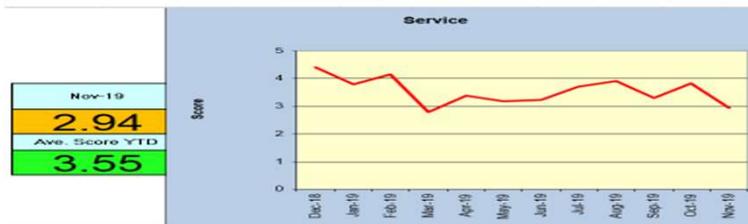
Improving the way we do things

Increasing our service impact

Great place to work

1: Where we are

Service	Member Weight	Month Target	Month Actual	Performance Achievement	Score
SSM1: MIs - Multi-Customer/Site	20	3.50	1.80	36.0%	1.80
SSM2: Major Incidents -Key Site	10	4.00	2.50	50.0%	2.50
SSM3: Major Incidents - Systems	5	4.00	3.67	73.3%	3.67
SSM4: Incident Management	10	3.50	4.33	86.7%	4.33
SSM5: Change Management	10	3.50	3.80	76.0%	3.80
SSM6: Service Level Management	15	3.50	1.00	20.0%	1.00
SSM7: Service Desk Performance	10	4.00	4.50	90.0%	4.50
SSM8: Availability Management	10	3.50	3.00	60.0%	3.00
SSM9: Plaudits and Complaints	5	3.50	5.00	100.0%	5.00
SSM10: Problem Management	5	3.50	3.67	73.3%	3.67
Sub-Total	100	Overall Scorecard Sub-Score			2.94



3: How we get there

- Ensure Capita resources are aligned to members priorities, preventing Major incidents, pro actively monitor the entire network and meet SLAs

2: What we have achieved

- Now complete - Device upgrades at all Regional Exchanges
- Now Complete - Emergency Power solutions installed at remaining exchanges
- New customer portal released

4: Where we need help

- Continued engagement from public sector organisations to inform service priorities and highlight “pain points”

Secure Assets – Security Operations

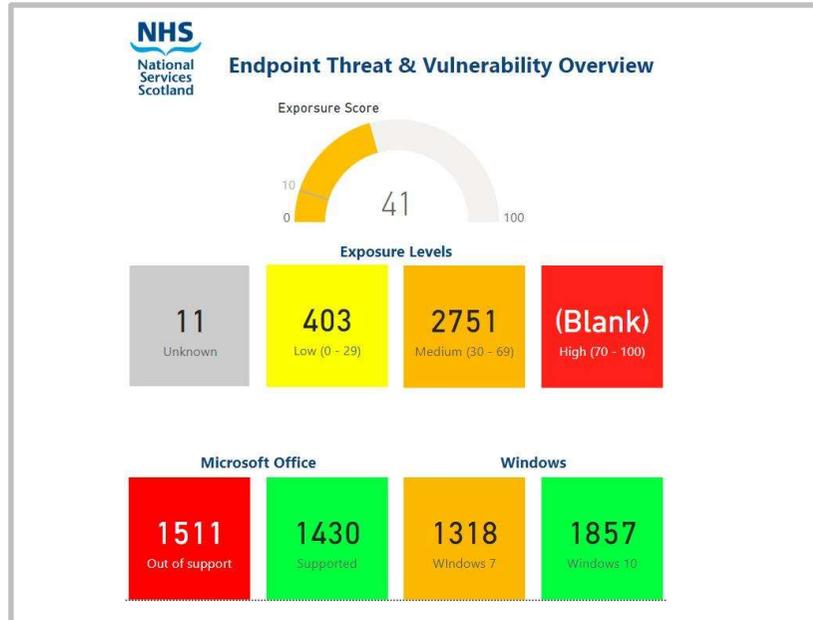
Customers at the heart

Improving the way we do things

Increasing our service impact

Great place to work

1: Where we are



3: How we get there

- Rollout of ATP on every NSS endpoint
- Completing rollout of Windows 10
- CSOC real-time analysis and response to security event information

2: What we have achieved

- *NSS DaS Cyber Team are now using ATP as the primary source of secure asset information – in particular the "Exposure Score" summarises our overall security posture (ATP currently for endpoints only)*
- *We are also using ATP to actively monitor and respond to security events, such as identifying in November 2019 that a number of users had clicked on a link within a spam/phishing email. These customers were advised to raise a ticket via the portal to change their user credentials. They were also advised to change all passwords for applications/systems used.*
- *Further key activities to improve our secure assets and Exposure Score include completing rollout out of Windows 10 and applying control recommendations from the Microsoft security portal*

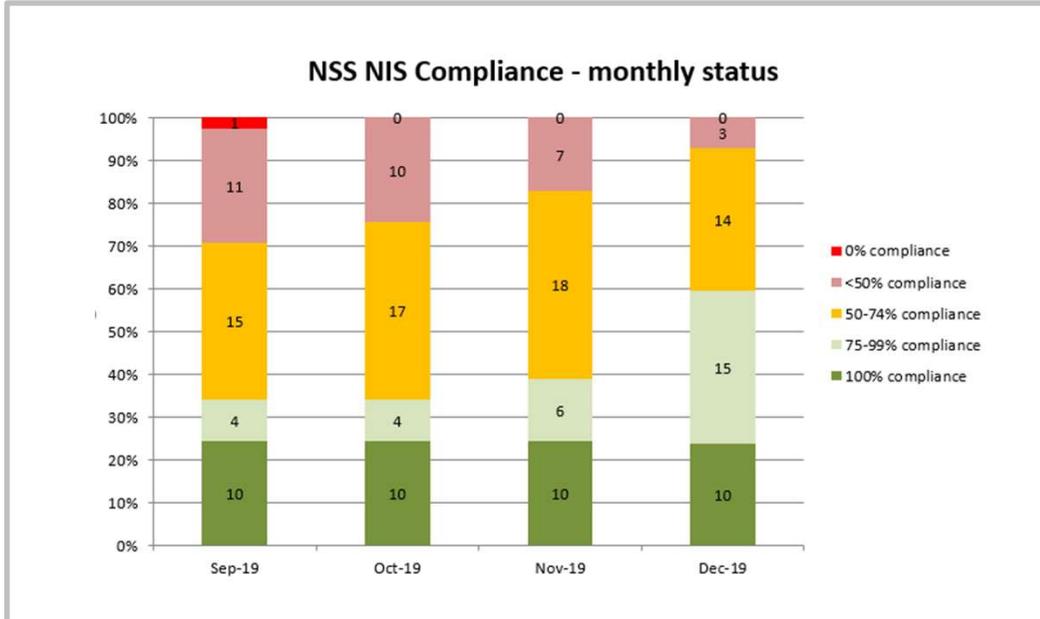
4: Where we need help

- Engagement and co-operation of all SBUs to comply with security good practice and respond to alerts and notifications

Secure Assets – NSS NIS compliance



1: Where we are



2: What we have achieved

- **Overall compliance is now at 79%**
- **Confirmed date for NSS NIS audit – 25 Feb 2020**
- *We have a strong position and this is reflected in updated status in ServiceNow and corresponding real-time dashboard*
- *Proceeding with audit preparations in Jan and Feb including*
 - *NIS briefing at top level – Directors and responsible owners*
 - *audit guide for control owners*
 - *remediation plans for control gaps*

3: How we get there

- Simulated NIS audit complete and report delivered – reflected our current control compliance understanding
- Continuing to gather and update control evidence and compliance information
- Using ServiceNow to track compliance & real time dashboards

4: Where we need help

- Active engagement of all SBUs and control owners to ensure sufficient resource and priority is given to addressing control gaps
- (NIS extends beyond DaS/IT and into facilities, HR, procurement, etc.)

Secure Assets – NHS Scotland National CSOC



1: Where we are

	Threat alerting and response	<ul style="list-style-type: none"> Pro-actively identify threats so we can respond more quickly Partnership working with NCSC, NHS Digital and others Alerts from health boards 	
	Vulnerability identification and management	<ul style="list-style-type: none"> Identify and resolve vulnerabilities to reduce risk ATP and IES and Cyber Dashboard Vulnerability scans (Rapid7, Nessus/Tenable, Webcheck, etc.) 	
	SIEM	<ul style="list-style-type: none"> Continuously monitor the environment to detect possible incidents Splunk POC (mirroring NHS Digital CSOC) Event feeds from: SWAN, national systems events, HB directory and firewall Trend analysis and anomaly detection 	
	Incident response	<ul style="list-style-type: none"> Incident response procedures and playbooks to respond more effectively Coordinating major incident response Third party retainer and deployment procedures 	
	Cyber security management reporting	<ul style="list-style-type: none"> Provide regular and on demand health board cyber reports National NHS Scotland annual cyber report and real-time dashboard On site assessments or audit simulations 	
	Red team	<ul style="list-style-type: none"> Active cyber testing to challenge and improve our security posture Attack surface monitoring, critical vulnerabilities identified and addressed Pen testing service 	

2: What we have achieved

- Actively identifying and mitigating threats and vulnerabilities in real time using ATP*
- Vulnerability scanning service is live and scheduling scans for internal services*
- Responding to and managing incidents at local and national level – utilising security technology and*

3: How we get there

- Rollout of ATP and national security standards across NHS Scotland
- Recruiting cyber security skills into NSS and national Cyber Team
- Progressing major projects – procurement and engagement with HBs and suppliers

4: Where we need help

- Support with complex procurements
- Support with recruitment (particularly around developing and approving new JDs, advertising and attracting candidates)
- Support and collaboration with IT projects and procurements to integrate with security solutions such as SIEM and vulnerability management

Destination for Talent – Digital Office

Customers at the heart

Improving the way we do things

Increasing our service impact

Great place to work

1: Where we are



2: What we have achieved

- Appraisals and PDPs progressing with 45% and 64% respectively in December
- Collation of training needs across DaS underway and QA review conducted
- Initial cost analysis breakdown for training spend across DaS – to be reviewed for year ahead plan
- Compiled Workforce planning templates for use across DaS
- iMatter action planning timeline met

3: How we get there

- Workforce planning across DaS – part of offsite
- Mandatory training requirement reinforced
- QA opportunities to be provided for Feb SMT
- Train the Trainer opportunities against Transformation plans
- Expand L&D and Transformation 1-page views for next SMT

4: Where we need help

- SMT action on appraisals and development plans to completed mid-year reviews plus support at workforce and succession planning sessions in January
- SMT to nominate a dept rep on behalf of pillar for training needs capture and action

2019/20 REGISTER - AS AT 23/01/2020

B/20/10

Changes during year

Changes since last report to Board

Board Member	Gifts & Hospitality	Remuneration	Related Undertakings	Contracts	House, Land & Buildings	Shares & Securities	Non Financial Interests	Election Expenses
Julie Burgess	Nil	Advisory Board Member (Health) of Interim Partners	Advisory Board Member (Health) of Interim Partners, part of the New Street Group.	Wale King Associates - NHS Elect (England)	Nil	Nil	School Governor for Oathall Community College, Haywards Heath, West Sussex.	Nil
		Director, Wale King Associates	Trustee, St Peter's and St James' Hospice in Mid Sussex				Trustee, St Peter's and St James' Hospice in Mid Sussex	
Ian Cant	Nil	Nil	Nil	Nil	Nil	Nil	Chair Unison Scottish Health Care Branch (wef 26/03/15)	Nil
Jane Davidson	Nil	Chief Executive, NHS Borders	Nil	Nil	Nil	Nil	Member - Managers In Partnership	Nil
John Deffenbaugh	Nil	Director, Frontline Consultants Ltd	Director, Frontline Consultants Ltd	Nil	Nil	Nil	Member - Institute of Chartered Accountants Scotland	Nil
Kate Dunlop	Nil	Director, Glasgow Repertory Company	Nil	Nil	Nil	Nil	Nil	Nil
		Chair, Alan Dunlop Architects						
		Non-Executive Director, Education Scotland						
Elizabeth Ireland Until 31.7.19	Nil	Non-Executive Director, Accountant in Bankruptcy	Nil	Nil	Nil	Nil	NHS Chairs' Representative, CMO task Force - Improving Services for Victims of Rape and Sexual Abuse	Nil
Carolyn Low	Nil	Nil	Nil	Nil	Nil	Nil	Member, National Health and Social Care Delivery Plan Board	Nil
							Self Employed Locum GP	
Mark McDavid	Nil	Non-Executive Chair, Heck! Food Ltd Thirsk Food-Logistics Ltd (Trading as HECK)	Nil	Nil	Nil	Nil	Company Secretary, Breeze Media Ltd (Unpaid)	Nil
Lorna Ramsay	Nil	Nil	Nil	Nil	Nil	Nil	Member, Faculty of Medical Leadership and Management (FMLM)	Nil
							Member, Faculty of Public Health UK	
Alison Rooney	Nil	Chief Executive - Royal College of Surgeons, Edinburgh	Nil	Nil	Nil	Nil	Chair, National Infertility Group	Nil
Colin Sinclair	Nil	Nil	Nil	Nil	Nil	Nil	Member, Data Management Board, Scottish Government	Nil
							Member (representing NHSS CEOs) of Strategic Leaders Group for the Scottish Leaders Forum.	
							Member, Digital Health and Care Strategy Group	
							Member Scottish Medicines Consortium	
							Member, Infrastructure Delivery Group	
Member, Talent Management Board	Nil							
Member, Student Mental Health and Wellbeing Group	Nil							
Keith Redpath (1.8.19)	Nil	Care Inspectorate - Member	Nil	Nil	Nil	Nil	Nil	Nil
		Scottish Social Services Council - Member - Until 31.8.19						
		Management Consultant						
		Musician - self employed						

HIGHLIGHTS FROM NSS FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE SINCE NSS BOARD MEETING 1.11.19

Issues & Risks for the Board's Attention

- Discussion on bringing more foresight and early warning around Digital Programmes and received a consolidated report on this at the meeting.
- Financial risk review.

Emerging Themes for Board Awareness e.g. changing trends in elements of NSS performance

- Procurement agenda – how procurement benefits are reflected in the wider systems;
- The GS1 programme of work;
-

Governance Improvements e.g. actions which have strengthened governance of Committee and should be shared

-

Other Matters of Interest

-

B/20/11

HIGHLIGHTS FROM NSS STAFF GOVERNANCE COMMITTEE SINCE 1.11.19 NSS BOARD MEETING

Issues & Risks for the Board's Attention

- Nothing to report.

Emerging Themes for Board Awareness e.g. changing trends in elements of NSS performance

- Committee were pleased to note the increased recognition of individual circumstances when following a policy or process and willingness to find the appropriate bespoke solutions/responses to particular issues.
- A consistent theme was still the role of managers – their visibility, ensuring consistency of approach, developing their capability, and encouraging overall engagement.

Governance Improvements e.g. actions which have strengthened governance of Committee and should be shared

-

Other Matters of Interest

- Members discussed trying to move away from a hierarchical structure, recognising the challenges of that within the public sector but also the potential positive impact on case management/investigation numbers.
- Members received a spotlight session on staff governance work within PCF.

HIGHLIGHTS FROM NSS AUDIT AND RISK COMMITTEE SINCE NSS BOARD MEETING 1.11.19

Issues & Risks for the Board's Attention

External Audit: The NHS Scotland report was noted together with the planning of this year's external audit. Members provided challenge to Audit Scotland in highlighting the work of National Boards, specifically NSS, in the NHSS report and suggested that NSS's support, particularly in the digital arena, could be threaded through the report.

Internal Audit: The Environmental management report was noted with specific discussion on travel policy and the legal risk register actions. The FOI report was noted as having no findings and significant assurance in terms of process. The extensions sought in relation to existing audit actions relating to recent audits were approved.

The Internal Audit plan required some further work following discussion around Best Value and emerging areas of risk.

The Service Audit plan noted a reduced scale due to an accurate reflection of the purpose of the audit in relation to financial controls. A further update would be provided in March, with a final report in May. There was discussion around how areas not covered by service audit could be covered by internal audit.

A clear risk update was provided and approved.

Emerging Themes for Board Awareness e.g. changing trends in elements of NSS performance

It was noted that a practice audit was in train in relation to compliance with the Network and Information Security Directive. Should this audit show significant gaps, this was to be brought to members' attention prior to the Competent Authority audit planned for February 2020.

Governance Improvements e.g. actions which have strengthened governance of Committee and should be shared

Policies are to be mapped to committees which will have the lead for the respective areas. It was suggested that a different approach be taken to internal audit planning – this should be brought forward and have consideration given to the engagement process.

Other Matters of Interest

It is recommended that all members review the NHS Scotland audit report.

HIGHLIGHTS FROM NSS CLINICAL GOVERNANCE COMMITTEE SINCE NSS BOARD MEETING 1.11.19

Issues & Risks for the Board's Attention

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Emerging Themes for Board Awareness e.g. changing trends in elements of NSS performance

- The Committee was pleased to note that PCFS were on track to reduce the backlog of dental prior approval back to within target, by the end of March 2020.
- The Committee discussed the proposals for the establishment of a National Screening Oversight function and, subject to a requested letter of comfort being received, they were content for NSS to proceed.
- The Committee received an annual Medical Appraisal and Clinical Revalidation report, which showed that NSS had achieved 100% regulatory compliance and good controls in place to monitor regulatory body registration and appraisals.

Governance Improvements e.g. actions which have strengthened governance of Committee and should be shared

- The Committee agreed with the suggested renaming of the committee to “Clinical Governance and Quality Committee”, and to give consideration as to how best to incorporate the quality management work in NSS’s non-clinical settings.
- The agenda for the meeting on 4 December 2016 had been structured around the strategic themes of “Enable”, “Underpin” and “Assist” and the Committee had found this very helpful.

Other Matters of Interest

- The Committee was updated on the release of a management report regarding the Queen Elizabeth University Hospital (QEUI) Independent Review and NSS’s input into it.
- The Committee received a presentation on the Patient Charter of Rights and Responsibilities, and NSS’s implementation plan. The Committee confirmed that it was content with the proposed approach.

Minutes (APPROVED)

B/20/12

NHS NATIONAL SERVICES SCOTLAND (NSS)

MINUTES OF AUDIT AND RISK COMMITTEE MEETING HELD ON THURSDAY 12 SEPTEMBER 2019 IN BOARDROOMS 1&2, GYLE SQUARE, EDINBURGH COMMENCING AT 0930 HRS

- Present:** Mr Mark McDavid, Non-Executive Director (Chair)
Mrs Kate Dunlop, Non-Executive Director
Mrs Alison Rooney, Non-Executive Director
- In Attendance:** Mrs Carolyn Low, Director of Finance
Mrs Mary Morgan, Director of Strategy, Performance and Service Transformation
Mr Andy Shaw, Internal Auditor, KPMG
Mr Colin Sinclair, NSS Chief Executive
Mr Mark Taylor, External Auditor, Audit Scotland
Ms Inire Evong, External Auditor, Audit Scotland
Mrs Marion Walker, Risk Manager Lead [Item 8]
Mr Deryck Mitchelson, Director Digital & Security [via TEAMS]
Mrs Eilidh McLaughlin, Assoc. Director Corporate Affairs and Compliance
Mrs Karen Nicholls, Interim Board Secretary [Minutes]
- Apologies** Mr John Deffenbaugh, Non-Executive Director
Mr Keith Redpath, NSS Chair
- Observer** Christina Bichan, Head of Transformational Change & Improvement, NHS Orkney

ACTION

1. WELCOME AND APOLOGIES

- 1.1 Mr McDavid welcomed all to the meeting and noted the apologies and those in attendance. Members were informed that Ms Christina Bichan, Head of Transformational Change and Improvement, NHS Orkney would be attending the meeting later in the agenda as an observer.
- 1.2 Before starting the formal business of the meeting, Mr McDavid 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 THE NSS AUDIT AND RISK COMMITTEE MEETING HELD ON 14 JUNE 2019 AND 26 JUNE 2019 [papers ARC/19/56 and ARC/19/57 refer]

- 2.1 The minutes of the previous NSS Audit and Risk Committee meetings, held on 14 June 2019 and 26 June 2019, were accepted as a true and accurate record.

3. MATTERS ARISING [paper ARC/19/58 refers]

- 3.1 Members noted that the majority of actions were completed, covered by the current agenda or scheduled for a future meeting.

4. INTERNAL AUDIT STATUS UPDATE & FINAL INTERNAL AUDIT PLAN [papers ARC/19/59, ARC/19/60, ARC/19/61 and ARC/19/69 refer]

- 4.1 Mr Shaw took Members through the update papers and asked if Members were content with the suggestions therein. Members discussed whether the balance



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Chair
Chief Executive

Mr Keith Redpath
Mr Colin Sinclair

ACTION

of audits was appropriate between the four identified headings. After a short discussion Members noted the paper as it stood and acknowledged that changes would be inevitable during the life-time of the plan.

- 4.2 Members noted that the scheduled property monitoring audit would work closely with the Property Asset Management programme of work.
- 4.3 Members then reviewed the recommendations and noted that although PgMS risks were not visible on the corporate risk register they were being captured locally. Work was underway, being led by Mrs Walker, to ensure these were being fed up to the NSS Risk Register. Mrs Morgan also advised that the results of the recent review of PgMS risk could be found within paper ARC/19/69. All acknowledged that for both PgMS and Digital & Security project risks should, for consistency, use the NSS risk tool. Ms Rooney added that this was essential to ensure that issues were raised at Board level when appropriate, and in a timely fashion.
- 4.4 Members then discussed the importance of using lessons learned and Mr Sinclair confirmed that this did happen at the Executive Management Team meetings.
- 4.5 PgMS Sustainability Risk Mrs Morgan took Members briefly through the paper focusing on the risks relating to the PgMS business model. It was noted that there would be one overarching risk, with more detail on the different natures of the risks that would feed into this including:
- Funding sources not being available (PgMS works on a cost recovery basis).
 - Inability to attract and retain the right people.
 - Reputational risk due to high profile nature of the programmes of work.
 - Geographical risk – ability to recruit in the right regions/hubs.
 - Change in customer demand for core services.
- 4.6 Mrs Morgan added that she would welcome the Committee's views on any expansion into the Local Authorities and Social Care support areas i.e. Fire, Police etc, as part of the Assist workstream in NSS. Mr Sinclair advised that this was still at an early stage and any full business case would go to the NSS Board. He added that the paper provided was more an initial outline. Further work on this subject would take place as part of the NSS Resource Allocation Meetings. Mr Sinclair added that there was already some additional ask from Scottish Government relating to different programmes of work that they would like PgMS and NSS to support. Members welcomed this 'Once for Scotland' approach and looked forward to receiving further updates.
- 4.7 Members also noted the outcome of the recent audit of the NSS Risk Process and welcomed the positive report.

5. EXTERNAL AUDIT UPDATE [Verbal update]

- 5.1 Ms Evong provided Members with a verbal update and noted the following:
- Quiet period for Health Boards in terms of external auditing.
 - For 2019/20 period there would be a review of what had worked well, not so well and ways to improve.
 - New Annual Audit plan, including key planning, risk and reporting dates would be submitted to the December meeting of the committee.
 - The NHSScotland 2019 report would be published in October and NSS would feature as a case study relating to the Royal Hospital for Children and Young People – Members asked that this item be shared with the

ACTION

Committee once available. **Action: I Evong to forward case study once available.** **I Evong**

6. NSS INTERNAL AUDIT UPDATE [paper ARC/19/63 refers]

6.1 Mrs McLaughlin took Members through the paper and highlighted the following recommendations:

- An extension to the GPIT management piece be granted to allow proper work-through of the HR process.
- Closure of the actions at Section 4.

6.2 Members asked whether the GPIT management audit was progressing as robustly and as quickly as possible and Mr Sinclair was able to confirm that this was the case.

6.3 Members noted that the IT Benefits and Change report had not been available for the May 2019 meeting and asked that Mrs McLaughlin provide an update outwith the meeting. **Action: E McLaughlin to circulate an update on the IT Benefits and Change audit outwith the meeting.** **E McLaughlin**

6.4 Members thanked Mrs McLaughlin for the update and noted the content in full.

7. RISK MANAGEMENT UPDATE [paper ARC/19/64 refers]

7.1 Mrs Walker took Members through the paper and noted the following:

- Good interaction with the Auditors as part of the recent audit on Risk Management Approach in NSS.
- 5 Corporate Red risks, one business risk (P&CFS) – It was noted that the latter was discussed in detail at the FPPC.

7.2 Members voiced concern that some issues/risks were not being highlighted to Board or Committees until they were quite advanced. For example the DCVP risk had only just come to the Board/Committee when it was facing a year's overrun. Mr Sinclair shared their frustration, and agreed to take their comments off-line for this issue specifically, and review how risks and issues were escalated appropriately. **Action: C Sinclair to review how risks were escalated in a timely fashion to the relevant Committee.** **C Sinclair**

7.3 Members thanked Mrs Walker for her paper and noted it in full.

8. UPDATE ON DIGITAL STRATEGY AND DEVELOPMENT [ARC/19/66 refers] – Item taken out of agenda order

8.1 Mr Mitchelson took Members through his update on the NSS Digital Strategy and development and a more general review of NSS Digital & Security SBU programmes of work.

8.2 Members discussed the following items:

- NSS Digital Security Programme
- Website transformation.
- Digital Workplace roll out – included a variety of programmes which now came under one digital portfolio to encourage cross working and standardisation of processes.
- Modernising reporting – dashboards for Finance and HR etc.
- Organisational change in Digital & Security SBU including the new role of Chief Clinical Informatics, which should be in place during September.

ACTION

- A focus on governance including new Security & Architecture Review Board.
- Operational and risk update.
- Operational relationship with NES Digital.

8.3 Members discussed the report in detail and it was noted that there were very few risks or lessons learned articulated. Mrs Dunlop asked for clarity around the patching policy and audit which did not appear to have started. Mr Mitchelson advised that work was ongoing, but it was currently a very manual approach so would be looking to automate reporting by the end of the year to increase efficiency. Members reflected that this should be a priority.

8.4 Members thanked Mr Mitchelson for his informative report and welcomed the use of TEAMS which had allowed him to attend the meeting virtually.

9. NSS FEEDBACK, COMMENTS, COMPLAINTS AND CONCERNS QUARTERLY REPORT [paper ARC/19/68 refers]

9.1 Ms MacLennan took Members through her report and advised that at the present time only Quarter 1 data was available. She added that progress was being made on the new digital recording and reporting tool but further development was required to enable all Business Units to use it. Using testing was currently underway and it was anticipated that it would all go live during late September/early October. This would then offer real time digital reporting.

9.2 Members were asked to note the following:

- Increase in complaints in SNBTS for Q1 – this was mainly due to a reduction in collection targets, resulting in changes to the donor programme of sessions and timings. The communications surrounding these changes would be improved to mitigate this. It should also be noted that issues with staff attitude and behaviours remained low.
- P&CFS (Practitioner and Counter Fraud Services) had seen an increase in challenging behaviour from users of the patient claims line. This also applied to calls relating to patients who had been removed from practices due to challenging behaviour. Actions were now in place to support the staff affected and training on how to manage such calls.

9.3 Members discussed the complaint that had been closed by the Ombudsman and asked for reassurance that the recommendations made were being actioned by NSS. Ms MacLennan advised that she was comfortable that this had been done but agreed to report further on this to Members outwith the meeting. **Action: L L MacLennan MacLennan to update Members outwith the meeting.**

10. FRAUD UPDATE [paper ARC/19/65 refers]

10.1 Ms Low took Members through the paper and highlighted the following:

- CFS won Fraud Prevention Team of the Year (National Award), an NSS Excellence Award and delivered a cost saving of £2.7million.
- Complaints were down for the quarter.
- Produced a 'Cyber Crime' educational video which was being utilised well.

10.2 Members thanked Ms Low for her informative update and noted the content of the paper in full.

11. CENTRE OF EXCELLENCE DEVELOPMENT – GOVERNANCE [Verbal update]

- 11.1 Mr Sinclair provided Members with a short verbal update and advised that Professor Jacqui Reilly, NSS Nurse Director, had now carried out initial scoping and deadlines had been determined for when the final proposal would be required. He asked Members for their thoughts on the best governance route for future reporting. After a full discussion Members advised that this would depend on the subject matter of the report, but initially this should come to the NSS Finance, Procurement and Performance Committee as well as the NSS Audit & Risk Committee. They would then be able to provide updates to the NSS Board as appropriate.

12. COMMITTEE HIGHLIGHTS FOR THE NSS BOARD

- 12.1 The following items were noted for inclusion in the Committee Highlights Report for the next NSS Board meeting to be held on 1 November 2019.
- Excellent audit on NSS Risk Management Process
 - Review of PgMS sustainability risk
 - Fraud Report
 - NDC Review – excellent report

13. ANY OTHER BUSINESS

- 13.1 No further competent business was discussed.

14. FOR INFORMATION: AUDIT AND RISK COMMITTEE FORWARD PROGRAMME [paper ARC/19/67 refers]

- 14.1 Members noted the content of the forward programme.

15. *IN PRIVATE SESSION [paper ARC-CIC/19/05 refers]*

- 15.1 Members held a short In Private session and discussed the documents provided in full. After a short review it was agreed that this item did not meet the requirements for an In Private session and were therefore happy for their comments to be included in the main minute.
- 15.2 Members were pleased to see this excellent report and noted that this had been commissioned to provide assurance over the services NSS provides for NHS Scotland and the governance processes around this.

There being no further business the meeting finished at 1255 hrs

Minutes (APPROVED)

B/20/13

NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE

MINUTES OF NSS CLINICAL GOVERNANCE COMMITTEE MEETING, HELD ON MONDAY, 13 SEPTEMBER 2019 IN BOARDROOM 2, GYLE SQUARE, EDINBURGH, COMMENCING AT 1400 HRS

- Present:** Ms Julie Burgess, Non-Executive Director [Chair]
Mr Mark McDavid, Non-Executive Director
Mr Keith Redpath, NSS Chair
- In Attendance:** Mr Colin Sinclair, NSS Chief Executive
Dr Lorna Ramsay, Medical Director & Executive Lead for Clinical Governance
Professor Marc Turner, Medical Director, SNBTS
Prof Jacqui Reilly, Nurse Director & Executive Lead for Quality Improvement
Ms Nicola Steedman, Medical Director, Procurement, Commissioning and Facilities (P&CFS)
Mrs Eilidh McLaughlin, Associate Director Corporate Affairs and Compliance
Dr Paul Campbell, Clinical Director Information Technology
Mr Martin Bell, Director, Practitioner and Counter Fraud Services (P&CFS) [Item 6]
Dr Hamish McRitchie, Medical Director, Scottish Radiology Transformation Programme (SRTP) [Item 4.5]
Mrs Karen Nicholls, Interim Board Secretary [Minutes]
- Apologies:** Mrs Mary Morgan, Director, Strategy, Performance and Service Transformation
- Observer:** Ms Christina Bichan, Head of Transformational Change & Improvement, NHS Orkney

ACTION

1. WELCOME, APOLOGIES AND DECLARATION OF INTERESTS

- 1.1 Ms Burgess welcomed all to the meeting and noted the apologies above. She thanked attendees for their input to the development session that had been held prior to the formal meeting. Members were informed that Ms Christina Bichan, Head of Transformational Change and Improvement, NHS Orkney would be attending the meeting later in the agenda as an observer.
- 1.2 Before starting the formal business of the meeting, Ms Burgess 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 10 JUNE 2019 [paper CG/19/38 refers], MATTERS ARISING AND ACTION LIST [paper CG/19/39a refers]

- 2.1 Members noted the content of the minutes from the meeting held on 10 June 2019 and approved them as a true and accurate record of proceedings. Professor Reilly asked that her title be updated for the final copy. **Action: Interim Board Secretary to update minutes.** It was also noted that any outstanding actions had now either been updated, were on the agenda for the meeting or had been programmed in for future meetings.
- 2.2 Annual Infection Control Report [paper CG/19/40 refers] Professor Reilly provided Members with an updated version of the previously submitted Annual Infection Control Report which now included additional context as requested at

Interim Board Secretary



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Chair Keith Redpath
Chief Executive Colin Sinclair

the last meeting.

2.3 Members thanked her for the update and confirmed that they now had the assurance required to approve the paper.

3. NSS BLOOD, TISSUES AND CELLS SAFETY MEASURES UPDATE [paper CG/19/41 refers]

3.1 Professor Turner reminded Members that some of the information in the report related to potentially sensitive patient cases so all appropriate care should be taken if/when sharing any further.

3.2 Members noted information on the following areas:

1. Regulatory and professional inspections and audits
2. Tissue manufacturing
3. EU Exit
4. UK Infected Blood Inquiry
5. Transfusion Related Acute Lung Injury (TRALI)

3.3 Members noted that plans were already in place should the United Kingdom leave the European Union without a deal, including supplies of consumables to ensure there were no shortages in the blood supply. He added that SNBTS used a diverse supply base, and did not rely just on EU suppliers. Work was also ongoing across all the UK blood organisations to provide support to each other during any periods of uncertainty.

3.4 Professor Turner advised that it was expected that work relating to the UK Infected Blood Inquiry would increase significantly once the witness statements concluded in October/November. He had personally already attended, with Central Legal Office representatives, to answer some specific questions, which had been appreciated by the panel. He added that this was being supported by a programme manager which was currently working well. Members asked whether those staff affected (current and retired) were receiving sufficient and appropriate support during this process and Professor Turner advised that they were.

3.5 Members noted that there had been a potential Duty of Candour (DoC) incident. However, after investigation this had been identified as belonging to a third party provider, not NSS directly. Professor Turner confirmed that this would therefore be recorded by the third party but he would continue to report these to the Committee as part of his quarterly update. Members asked that a process for recording these 'third party' DoC be brought to the next meeting. **Action: Professor Turner to provide process for recording third party DoC events to next meeting.**

M Turner

3.6 Members thanked Professor Turner for his update and noted the remainder of his paper in full.

4. CLINICAL ADVERSE EVENTS, RISKS AND COMPLAINTS REPORT 2019/20 QUARTER 1 (APRIL-JUNE 2019) [paper CG/19/42 refers]

4.1 Dr Ramsay took Members through the paper and noted the following:

- There had been 3 Category 2 Adverse Events in the last quarter – 1 in SNBTS – this had resulted in a review of the relevant standard operating procedure, whilst the other 2 were in the Procurement,

ACTION

Commissioning and Facilities SBU and were externally based on services that NSS commission on behalf of NHS Scotland.

- Duty of Candour – there had been no NSS incidents during the period.
- Currently 68% of staff in NSS had completed their on-line learning module relating to Duty of Candour and work was progressing to increase this uptake.
- Risk – no change/increase to the number of Amber (under the Red, Amber, Green rating). There was potential for two new risks to be added around PCF – Screening and further information on this would be discussed as part of Item 6 of this meeting.
- Increase in donor complaints, but this was still a very small number and was subject to fluctuations throughout the year. The main ones were focused on opportunity to donate due to changes in demand for that particular blood type. The other common thread related to changes in process around documentation required during the donation.

4.2 Ms Burgess commented that it would be useful to have a separate Risk paper to allow time/focus for appropriate scrutiny at meetings. Dr Ramsay and Professor Reilly to review this suggestion outwith the meeting. **Action: Dr Ramsay/Professor Reilly to review presentation of Risk for future meetings.** **L Ramsay/
J Reilly**

4.3 Mr Redpath noted that one particular risk appeared to have been on the register for 4 years and queried whether this was in fact still relevant, particularly as it was showing as Green (RAG Status). Dr Ramsay advised that some were ‘forever’ risks but would review again and close if appropriate. Members noted that risk 3987, relating to Islet Cell Service would be updated by Professor Turner prior to the next meeting. **Action: Professor Turner to update risk.** **M Turner**

4.4 CHI and Child Health Programme [paper CG/19/44 refers] Dr Paul Campbell, Clinical Director Information Technology, took Members through the update paper on the CHI and Child Health Programme. The following was noted:

- The programme had started during 2014/15 but due to various factors had only moved to a go position from January 2019 due to the new Digital Strategy for NHS Scotland and uncertainty around funding. This required further clarification of the ask and the corresponding finances.
- Technology had moved on considerably since the original programme.
- It was anticipated that the programme would progress to signature to Test during November 2019.
- During the test programme the risks would be further identified and refined.
- Assurances from IT that the existing platform and legacy technology would be supported until at least 2026 whilst the programme moved forward.

Members asked to be keep up to date on progress and Dr Ramsay added that the risks identified would come to the March 2020 meeting. **Action: Interim Board Secretary to add to forward programme.** **K Nicholls**

4.5 Scottish Radiology Transformation Programme [paper CG/19/43 refers] Dr Hamish McRitchie, Medical Director, Scottish Radiology Transformation Programme (SRTP) took Members through his update on the adverse event relating to the Scottish Radiology Transformation Programme. He advised that during the programme there had been an information governance adverse event, and the actions that had been taken as a result. After discussions with

ACTION

Radiographers and other bodies the relevant guidance was updated as a result. Dr McRitchie also advised that it had been anticipated that the pilot would have been completed by the end of August 2019, however, due to a number of reasons the service had not yet moved on. There was now an interim position until the end of the current financial year and asked for Committee approval to carry on. Members considered the request and confirmed that they approved it in full.

- 4.6 Medical Devices Regulations Compliance Dr Campbell also provided an update outlining the requirements of the new Medical Devices Regulations and the impact on NSS. Mrs Eilidh McLaughlin, Associate Director Corporate Affairs and Compliance, had been appointed as SRO for the programme of work. It was noted that the current Medical Device Directive had now become a regulation and that compliance was required by March 2020. Dr Campbell continued that this would affect NSS as software could now also be classed as a medical device and initial work had already identified 15-20% of NSS products would come under these regulations – both hardware and software. Members thanked Dr Campbell for his informative update and asked that he provide a paper to the next meeting on the exact position and action programme required for NSS to become/remain compliant. Members added that a full risk impact assessment should be included in the report. Mr Sinclair added that the NSS Board would also be kept up to date on this via both the Executive Management Team (EMT) and the NSS Finance, Procurement and Performance Committee (FPPC). **Action: Dr Campbell/Mrs McLaughlin to provide update to next meeting. Action: Interim Board Secretary to add to forward programmes for EMT and FPPC**

**P Campbell/
E McLaughlin
K Nicholls**

5. DENTAL SERVICES UPDATE [paper CG/19/45 refers]

- 5.1 Mr Bell took Members through his paper which had been prepared to answer previous questions from the Committee. He advised that there would be a meeting in the next week with Scottish Government to discuss the full business case to mitigate the £50k required and also the ongoing oral health improvement plan, into the net financial year. Members noted that Mr Paul Cushley, NSS Dental Director, had recommended that the appropriate governance route for the National Dental Governance Committee (NDCG) be through this Committee, with any required escalation brought to the attention of the Board.
- 5.2 It was noted that the Terms of Reference for the new body had been drafted, but this would require primary legislation before it could be enacted. There was an estimate that this could still take some considerable time. Until this had happened the existing Scottish Dental Practice Board would remain and make the necessary decisions. Mr Bell advised that the new NDCG would provide quarterly reports to the Committee on levels of activity, any treatment refusals through complaints and ensure that the decision making process was being carried out appropriately. Members asked that only non-operational issues should come to the Committee, and it would then be the role of the Committee Chair to liaise with other NSS Governance Committees when appropriate. **Action: Interim Board Secretary to add Dental item to forward programme on a quarterly basis.**

**Interim Board
Secretary**

6. SCREENING UPDATE – BREAST SCREENING [paper CG/19/46 refers]

- 6.1 Dr Steedman took Members through the papers relating to Screening in detail and provided a brief background to the Breast Screening review in particular.
- 6.2 Dr Steedman advised that the Breast Screening Review would begin in October 2019 for a period of approximately 12 months. The review was welcomed and had received both public and media support. Members noted

ACTION

the content of the paper in full.

- 6.3 It was also noted that future updates on screening would come to the Committee only when required. Members thanked Dr Steedman for her report and welcomed the review.

7. NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT FRAMEWORK [paper CG/19/47 refers]

- 7.1 Members noted that this item had been discussed in detail at the development session held on 13 September 2019. Professor Reilly and Dr Ramsay would now update the document with the outputs from that meeting and provide a detailed action plan to the next meeting of the Committee. **Action: Professor Reilly/Dr Ramsay to update document and return as an action plan to the next meeting.**

**J Reilly/
L Ramsay**

8. CLINICAL TEAM UPDATE [paper CG/19/48 refers]

- 8.1 Dr Ramsay took Members through the update from the NSS Clinical Team and drew their attention to the following:

- Setting up of a new forum for Doctors and Dentists – first meeting to take place in November 2019.
- GMC information/tools to be piloted with clinical staff looking at culture and working behaviour.
- The Health and Care (**Staffing**) (**Scotland**) **Bill**
- Dental – Central Disciplinary Unit – secretariat to be provided.
- Change in GP council and validation for pharmacists currently on track.
- Dr David Stirling, Director of Healthcare Science had been seconded to Scottish Government to assist with education lead work.
- Social care – work being taken forward by Dr Katherine Ross to look at what support NSS could provide.

- 8.2 Members discussed the possible funding implications of the new Safe Staffing Act and the additional Continuing Professional Development time included. Professor Reilly added that this was being factored into NSS workforce planning as part of a much broader review. She added that work was also ongoing with Scottish Government to find a workforce tool that could accommodate the requirements of SNBTS.

- 8.3 Members thanked Dr Ramsay for her update and asked that for future meetings this appear earlier in the agenda. **Action: Interim Board Secretary to add note to forward programme.**

**Interim Board
Secretary**

9. COMMITTEE HIGHLIGHTS REPORT [paper CG/19/49 refers]

- 9.1 Members asked that the following items be included in the Committee Highlights report for the next NSS Board meeting to be held on 1 November 2019.

- Assurance had been provided on the Infection Control Annual Report.
- Medical Devices Regulatory Compliance programme of work had commenced.
- Update on the review of breast screening
- Progress made on the National Screening committee had been made but the final decision was still outstanding.
- Dental Update.
- Approval of the Quality Framework.

10. ANY OTHER BUSINESS

10.1 There was no other competent business discussed.

11. DATE OF NEXT MEETING

11.1 The next meeting of the Committee would take place on 4th December 2019 in Meridian Court, Glasgow.

IN PRIVATE SESSION – Members Only

12. COMMISSIONS FOR CENTRE OF EXCELLENCE (CoE) AND ROYAL HOSPITAL FOR CHILDREN AND YOUNG PEOPLE (RHCYP) [paper CICCG/19/01 refers]

12.1 Professor Reilly took Members through the paper, which was not for general publication at this time.

12.2 Members welcomed the content of the report and offered their support in full for the recommendations included and looked forward to future updates once the information was in the public domain.

minutes Approved

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING OF THE FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE (FPPC) HELD IN ROOM GS1.1, GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS ON THURSDAY 29 AUGUST 2019

- Present:** Mrs Kate Dunlop, Non Executive Director (Committee Chair)
Ms Julie Burgess, Non Executive Director
Mr Ian Cant, Non-Executive Director
Mr Keith Redpath, NSS Chair
- In Attendance:** Mr Martin Bell, Director Primary Care and Counter Fraud Services [Item 13]
Mr Markus Hiemann, Sustainability Lead (Item 6)
Mr Nelson Kennedy, Information Consultant [Item 13]
Mrs Carolyn Low, Director, Finance and Business Services
Mrs Mary Morgan, Director of Strategy, Performance and Transformation
Mr Martin Street, Strategic Sourcing Director [Items 1-13]
Mrs Marion Walker, Risk Manager Lead [Item 13]
Ms Caroline McDermott, Planning Lead [Items 13-16]
Mrs Karen Nicholls Interim Board Secretary [Minutes]
Mr Steven McLaughlin, NSS Head of Procurement [Item 6]
Mr Neil Redhead, Facilities Support Manager [Item 6]
- Apologies:** Mr Colin Sinclair, Chief Executive

ACTION

1. **INTRODUCTIONS AND APOLOGIES FOR ABSENCE**
 - 1.1 Mrs Dunlop 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. Mrs Dunlop asked that her thanks to Ms Burgess for chairing the previous meeting be noted.
 - 1.2 Ms Burgess informed Members that the paper to be discussed in private did not provide enough information for the Committee to be able to approve it at this stage. Members agreed to discuss this further at the Private session of the meeting.
2. **MINUTES OF THE MEETING HELD ON 13 MAY 2019 AND MATTERS ARISING [papers FPP/19/32 and FPP/19/33 refer]**
 - 2.1 Following a brief discussion, Members approved the minutes of the meeting held on 13 May 2019 as a true record of discussions held.
 - 2.2 Members noted the actions were either complete, covered by the agenda, or covered by an update provided on the action list. They did however note the following additional information.
 - 2.3 Item 4.1 Members noted that the NSS Standing Financial Instructions (SFIs) had not been updated since the last approved set as had been agreed at the previous meeting. Mrs Low advised that the outcome of the national governance review had not yet been received. Members noted that any changes would therefore be



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made as part of the 2020/2021 review. Mrs Low added that the new NSS LearnPro module of specific SFI training was being received well and already had a 50% uptake by staff, and this would be discussed further at the Partnership Forum to review the impact of the training..

- 2.4 Item 5.1 Members noted that Mr Sinclair was still in discussions on this subject and would bring an update to the next NSS Board meeting. It was also noted that whilst there was a proposal for NSS to do more around procurement in relation to National Boards collaboration this had not yet been approved. A further update would be provided to the next meeting of the Committee. **Action: C Sinclair and C Low to provide update to next meeting.**

**C Sinclair/
C Low**

3. NSS FINANCIAL PERFORMANCE UPDATE [paper FPP/19/34 refers]

- 3.1 Mrs Low took Members through the paper. NSS was currently on track to deliver against financial targets. However, it should be noted that there were emerging issues which were being closely monitored for any impact on this position.
- 3.2 The issue around DCPV was being monitored closely and work is on-going , to mitigate the cost implications. Mr Martin Street added that he had been asked to be the Senior Responsible Officer for this project. Mrs Low added that Mr Bell was doing a lot of work within the SBU to look at risk and it was this work that had allowed a full view of this issue.
- 3.3 Members reflected that this was not the only issue that seemed to be coming to the Board and Committees in an advanced state and asked for assurance that such issues would be dealt with earlier to allow appropriate scrutiny by the Committee.
- 3.4 Mr Redpath asked for clarity on the term “trading” and Mrs Low confirmed that the specific connotations of the term “trading” applicable to Local Government did not apply to the NHS in Scotland. All Boards were required to achieve a break-even position at year end. The term “trading” in NSS applied to the operational service delivery at an SBU level. Mr Redpath thanked Mrs Low for this clarification.
- 3.5 Members noted that there was a specific budget line for agency staff, with costs exceeding the budget allocated, and Mr Redpath queried this. Mrs Low advised that the overall NSS staffing budget was under spent with a number of vacancies that were being managed by the use of agency staff. So this line allowed proper scrutiny of monies spent in this area by Business Units. Ms Burgess commented that this was only the second time the finance report had been reported in this dashboard style and she welcomed the additional detail that this provided.
- 3.6 Members noted the content of the report, welcomed this new style of reporting and looked forward to access to the live system for future meetings.

4. OCCURRENCES WHERE THE NSS STANDING FINANCIAL INSTRUCTIONS HAD NOT BEEN FOLLOWED

- 4.1 Mrs Low confirmed to Members that there had been no occurrences in this period.

5. PUBLIC HEALTH SCOTLAND – FINANCIAL ISSUES AND RISK [paper FPP/19/35 refers]

- 5.1 Mrs Low took Members through the paper and advised that this was the current and fullest understanding of the financial implications and risks associated with the new Public Health Scotland body for NSS. She continued that work was still underway and would be subject to due diligence by Scottish Government (SG) officials. The request by Health Scotland for an external audit had not been supported by SG and Mrs Low assured the Members that she was comfortable that all the resources and funds were flowing correctly. She continued that the paper reflects the NSS view of what should transfer and these processes were underway and that so far there had been very little in the way of challenge.
- 5.2 Mrs Morgan added that due to the size of Health Scotland and the nature of the whole organisation transfer to PHS, it had been a relatively easy process for them to provide a figure for their on-going provision of service. This had been more complex for NSS as the organisation would still need corporate support services etc as only a portion of the organisation would be moving across. However, this was now moving forward positively.
- 5.3 Members then discussed the paper in full and noted that some discussions were still taking place, for example which organisation would be responsible for any potential redeployment or voluntary redundancy payments for transferring staff. Mrs Morgan continued that the numbers of staff transferring in to NSS were small and would be managed within the current workforce strategy. Mr Redpath asked about the risks associated, and Mrs Morgan advised that there were risks identified and they were being managed.
- 5.4 Mrs Dunlop thanked Mrs Low and Mrs Morgan for their informative report and Members were content to recommend endorsement of the paper in full. Mrs Morgan was asked to update the paper for the NSS Board meeting to include this recommendation and that it also be added to the Committee Highlight Report. **Action: Mrs Morgan to update front cover for next Board meeting.**

M Morgan

6. NSS PROPERTY ASSET MANAGEMENT STRATEGY (PAMs) [FPP/19/36 refers]

- 6.1 Mrs Dunlop welcomed Mr Neil Redhead – Facilities Support Manager, Mr Markus Hiemann – Sustainability Lead and Mr Steven McLaughlin – NSS Head of Procurement, to the meeting to talk to this item.
- 6.2 Mr Redhead took Members through the paper and advised that the figures provided now had much more transparency, and it was this that accounted for the differences between current and 2018 reporting. It was noted that the SNBTS vehicle fleet was now included in the general fleet figures which also accounted for the rise in figures. He advised that the large increase in items on the property backlog were due to ongoing condition surveys of all NSS property assets and the repairs that these had identified. He continued that it was important that NSS focused on the use of office space to ensure an appropriate level of occupancy could be achieved as certain buildings were currently under-occupied. This work would be reflected in the next PAMs.
- 6.3 Members discussed the various buildings in more detail and reflected that further investment and a culture change would be required to make maximum use of the strategy.
- 6.4 Members thanked Mr Redhead for his update and noted that a new Property and Asset Board was now being set up to deal with all PAMs matters and reports would be provided when required. Mr Cant asked for clarification on whether this new

group would have Trade Union membership and Mr Redhead provided assurance that this would be actioned.

6.5 Ms Burgess asked for clarity on the proposed PAMs for the joint National Boards and whether this was progressing. Mrs Low confirmed that this was the case and there was an understanding that no property requests would be approved if they had not been done in collaboration. Members also reflected on the Anderson House base for the Central Legal Office and the decision to extend the lease. Mr Redhead confirmed that this had been rigorously challenged and the best decision had been to extend the lease for a period of time due to location requirements.

6.6 Members also discussed any possible effect the introduction of Microsoft Office 365 could have on property requirements with more opportunities to work remotely. A scoping exercise may be required to look further into this. Mrs Morgan added that a cultural change would be required and this could perhaps form part of the discussions for the forthcoming off-site development session for the Board and EMT. **Action: Mrs Nicholls to add to forward programme for consideration at the Off-site.**

K Nicholls

6.7 Mr Hiemann then took Members through a short update relating to Sustainability, which was now included in the PAMs. He advised that NSS had met its Operational Delivery Plan targets for the previous year, the only negative measure had been in relation to waste, but this had been due the decommissioning of Ellen's Glen Road. Members noted that electricity costs had risen, which had resulted in a higher figure, even though consumption had in fact decreased.

6.8 Members then discussed the response to the Climate Change Emergency and that this would require a whole system change approach to move to zero emissions. Mr Hiemann added that planning for this should start immediately and the NSS Sustainability Governance Board would be focusing on this for future business looking at new commitments and the new assessment model that would be rolled out during 2019-20. There would be an emphasis on collaboration between the National Boards to meet these requirements and NSS would also work closely with Public Health Scotland.

6.9 Members thanked the presenters and noted the paper in full.

7. ANNUAL REPORT – CNORIS [paper FPP/19/37 refers]

7.1 Members noted the content of the report and asked for reassurance around the fact that NSS administered this service but was also a participant. Mrs Low advised that this had been reviewed and Internal Audit had provided assurance that this was in order. She continued that CNORIS reported directly in Scottish Government and it was a totally separate NSS team who supported the system, who did not sit within CLO. This provided clear and separate governance of CNORIS. The report provided to Members was provided to all Boards who used the service, and provided evidence that the work carried out was the right thing for NHS Scotland.

7.2 Members asked that for future reporting it would be useful to have a member of CLO present to update them on how the system works. Mrs Morgan added that she would liaise with Mr Bell whose team provided the service to provide extra assurance of clear governance. **Action: Mrs Morgan to liaise with CLO and Martin Bell for a future meeting. Mrs Nicholls to add to programme for a future meeting.**

M Morgan
K Nicholls

- 7.3 After further discussion it was suggested that it may be pertinent to include an audit of how CNORIS operates to provide assurance to us, as a customer, that we, as a supplier, are carrying it out effectively. **Action: Mrs Low and Mrs Morgan to look at inclusion of a review of CNORIS might be carried out through an internal audit.** M Morgan/
C Low
- 7.4 Members also asked that for future reporting on CNORIS more explanation of the figures be provided in the cover paper, specifically the criteria used for the 'other' column in the report. **Action: Mrs Low to feedback to report author.** C Low
- 8. NSS PROCUREMENT ANNUAL REPORT [paper FPP/19/39] – this item was taken out of agenda order**
- 8.1 *It was noted that the paper had not been received and would therefore be circulated to Members once received by the Board Services Team.* K Nicholls
- 8.2 Mr McLaughlin then gave Members a verbal update on the NSS report. He highlighted a number of areas to Members:
- Main focus was on compliance and governance.
 - It had been a challenging year for the Procurement team due to the extra contingency work that had been required i.e. for example preparations for the EU Exit/the worldwide shortage of plasma products and the clinical waste contingency.
 - Extensive work had taken place to ensure as much of the contract spend as possible was on the contract register. Mrs Low had assisted in this work with an extra member of staff to increase service provision and allow better supplier and contract management.
 - Move to a reduction in the need for sole supplier status.
- 8.3 Mrs Low added that the Cost and Commercial Group were also working with National Procurement looking at improving financial controls, specifically around the sole supplier requirements, especially in Digital & Security SBU and Scottish National Blood Transfusion Service (SNBTS). This would involve working inside SBUs to be seen as partners not gatekeepers in the procurement arena.
- 8.4 Members discussed the National Boards collaboration and how National Procurement had fed into this. All agreed that further work was still required as, despite NSS being the centre of expertise in this area, Boards showed interest but were not willing to engage on concrete actions. It was noted that this behaviour had been reported at a number of other NSS Committees previously. Mr Sinclair had raised this matter at the highest level but work was still required to move the agenda forward. Mrs Morgan suggested that the work done collaboratively with Health Scotland to set up Public Health Scotland, and the agreements on corporate shared services may be a good way of demonstrating how this could work for the wider NHS Scotland. This particular programme also provided evidence of cost savings and had received good SG backing.
- 8.5 Members thanked Mr Street for his update and asked that they be kept aware of progress with National Boards. **Action: Mr Street to provide an update to a future meeting on progress on use of National Procurement by NHS Scotland.** M Street

- 9. ATOS CONTRACT EXTENSION [paper FPP/19/38 refers] (this item was taken out of agenda order)**
- 9.1 Mrs Low took Members through the paper and advised that this had been the result of many months of negotiation by the contract team, NSS Digital & Security SBU and others about what to do about the expiration of the ATOS contract in 2022. She advised that the Contract Management Board had considered re-procurement, but this extension would now set the direction of travel, in line with the digital strategy, to move away from one supplier. However, there were key national infrastructures that depended on this supplier at the current time. There were identified financial benefits of this extension and this was rigorously negotiated and scrutinised. The paper had been discussed with the Directors of Finance who had endorsed the proposal.
- 9.2 Mr Street advised that he was not 100% comfortable with the paper as he had not seen all the documentation to support it. Mrs Dunlop asked why this had not been seen by National Procurement and he advised that this may be a historical legacy that this sat within Digital & Security and the discussions had therefore not taken place with procurement. From what he had seen there was no reference to the Procurement Reform Act which would apply in this situation. Mrs Dunlop asked Mrs Morgan if she had been involved in the background work and she advised that she had not. Mrs Low also advised that she had been engaged in the latter stages of the work. Members noted however, that due to the large number of (clinical) systems that relied on the ATOS contract this did still need to be signed off as a matter of urgency.
- 9.3 Mrs Dunlop commented that the paper should have been subject to the appropriate governance within NSS and not submitted to the Committee for approval at a late stage when it had not. Ms Burgess added that she had concerns about such items coming to the Board too late for proper scrutiny and this should not happen again. Mrs Morgan explained to Members that the contract extension of 4 years would allow proper time to retender following full and proper procurement processes.
- 9.4 Mrs Dunlop thanked all for their input and asked that a full schedule of critical activities be provided to the Committee as a matter of urgency to ensure sufficient time for proper review and scrutiny. They reflected that the Board had already asked for this to be done, but had not yet received it. **Action: Mrs Morgan to feedback to Mr Deryck Mitchelson, Director Digital & Security and request urgent provision of this forward programme.** M Morgan
- 9.5 Mr Street added that he would be more than happy to work with the D&S team to make sure the contract extension was dealt with as a matter of urgency and would provide some commercial comments to the author as soon as possible outwith the meeting. **Action: Mr Street to provide comments to Mr Mitchelson as soon as possible.** M Street
- 9.6 Mrs Morgan asked if the Committee was agreeable to her signing the contract in Mr Sinclair's absence. Members asked that comfort from CLO be sought first to ensure that the contract extension was legal in the first instance. If this was received then approval to sign was given. **Action: Mrs Morgan to seek CLO comfort relating to the contract prior to signature.** M Morgan
- 9.7 Mrs Morgan asked that Mr Street contact the Digital & Security Procurement Team immediately to get an update on all their current contracts for the next meeting of the Committee. **Action: Mrs Nicholls to add to forward programme for next meeting as a substantive item. Mr Street to liaise with Mr Mitchelson.** K Nicholls/
M Street
- 10. NATIONAL PROCUREMENT ANNUAL REPORT [paper FPP/19/40 refers]**

10.1 Members noted that this paper did not have a cover sheet and asked that this be included for all future papers.

Mr Street took Members through the paper and highlighted a number of areas:

- Section 3 – Community Benefits – greater definition around this now as part of the Procurement Reform Act and the growing importance of reporting on this subject.
- Section 4 – Supported Businesses – NSS has been working with Haven, a supported business, looking at educating and supporting this type of community within the procurement arena.
- Section 6 - Sustainable Procurement Duty – this section has some very good examples of specific improved patient outcomes that align with this Duty. This also touches on the contingency planning by NSS around clinical waste.
- 6.4 – GSI Stock Management – the pilot was in progress and would allow greater drill-down and scrutiny for future reporting. However, this relies on IT support going forward. Members asked for a more detailed presentation on this exciting work for the next meeting. **Action: Mrs Nicholls to add to forward programme for next meeting.**
- 6.5/6.6 and 6.7 – These looked at Innovation/EU Exit Planning and the benefit of using National Procurement.
- 6.8 – A review of the impact of NHS Scotland Procurement.

K Nicholls

10.2 Members thanked Mr Street for his update and welcomed this informative report and looked forward to future updates. Mrs Low added that it was important to share this information more widely, especially the impact on local communities. This would support greater uptake of the services of National Procurement. All agreed that it would be important to plan a communications piece around the report. **Action: Mr Street to liaise with the Communications Team once the report was published.**

M Street

10.3 Ms Burgess asked for clarity on the difference between 'secured' and 'delivered' savings. Mr Street advised that secured savings are those savings that National Procurement had from placing the contract. Delivered savings were when that product had been delivered to the Health Boards, e.g. gloves.

11. **UPDATE ON PROCUREMENT STRATEGY [paper FPP/19/42 refers]**

11.1 Mr Street presented the paper and advised that this had been generated in line with the Procurement Reform Act. Members went through the paper and noted that the strategy would focus on the following:

- To support the health and wealth of Scotland by delivering services and solutions which stimulate equality and economic growth.
- To ensure the continuity of supply, providing goods and services where they are needed, when they are needed.
- To embrace emerging technologies and digital solutions to create a commercial function fit for the future.
- To add value in all that we do, creating opportunities to deliver financial and wider economic benefits from our services.
- To ensure the impact on patients is a key factor in our commercial decision making.
- To ensure the highest levels of transparency and controls for the use of the public funds entrusted to us.

11.2 Members were content to support moving forward with this strategy.

12. CLINICAL WASTE UPDATE (Item take out of agenda order)

12.1 Mr Street provided Members with a verbal update on the contingency measures and future of clinical waste in Scotland. There was a detailed discussion and Members were content that this was being managed satisfactorily and the new contract was working to plan. Members expressed their thanks to Mr Street and the team involved in this work.

13. REVIEW OF BUSINESS RISKS ON NSS RISK REGISTER [paper FPP/19/44 refers] – preceded by an update on Risk 3394

13.1 Mr Martin Bell, Director P&CFS provided Members with an update on Risk 3394 relating to the Data Capture Validation Pricing (DCVP) system. Whilst this was currently a Red Risk it would now be closed and replaced with two risks that better reflected the current situation. This was because the current risk was looking at two potential issues: 1. the existing software system and 2. the replacement software system, so the decision had been taken to separate them.

13.2 Mr Bell updated Members on the current status and the plans in place to mitigate the risk around the existing system. He added that the risk had been updated as Red due to current reviews taking place on the existing system that he had instigated on becoming the Director of the SBU. Mr Bell continued that the new Risk focusing on the replacement system would also be RED at this stage, but it was anticipated that both would reduce over time.

13.3 Ms Burgess asked what the state of the other payment systems in P&CFS were in and would they also start to appear as risks. Mr Bell and Mr Kennedy advised that there was an ongoing review and that currently there were approximately 52 currently undergoing update or redevelopment so a significant amount of transformation was taking place. Work was already underway with Boards to provide reassurance that their systems would not be affected. Future options would look at artificial intelligence and innovation but for the immediate time the main priority would be ensuring the existing systems did not fail.

13.4 Members asked for a full update on the situation at the next meeting. **Action: Mr Bell to provide a full update paper to the next meeting.** Mr Bell added that a full report would be provided through the NSS Executive Management Team and the Service Transformation Programme Board as well. Members reflected that this issue also linked with earlier discussions around proper route to Committee for such items. **M Bell**

13.5 Mrs Walker then took Members through the full Risk Report and advised that there was currently only one RED business risk, although others had been revised downwards during the reporting period. The two that had been managed down related to CHI (the funding had now been received) and the potential issues at Forresterhill relating to power had now been dealt with.

13.6 Mrs Walker informed Members that there had been a recent audit of the NSS Risk Management Process and confirmed that there were no high findings and NSS had been commended on the process. Mrs Dunlop thanked Mrs Walker for her informative report.

14. EU EXIT UPDATE [paper FPP/19/43 refers]

14.1 Mr Street took Members through the update paper and focused on supply chain management and the approach to this that NSS would like to take. He drew Members attention to the following:

- Product supply chain
- National Contracts
- Triage centre – being stepped up again
- Wider social care products

Members noted that this focus on wider social care providers was at the request of the SG, and the support would be in the form of some triage assistance to the sector. This had been agreed in principle with the Cabinet Secretary and funding would be available from SG to support this. Mrs Morgan reflected that this was such a diverse sector which may add complications. Mr Street agreed with this statement and added that NSS would do what it could to help.

14.2 Members then went through the paper in more detail and noted that the Triage Centre would be up and running by the beginning of September with testing scheduled for the first week of October, and the stock involved would mostly be housed within the existing capacity at the National Distribution Centre. Mr Street added that whilst there was some commonality with products between the Acute and Social Care sectors the difficulty would be around logistics of getting the products to the huge number of care homes etc.

14.3 Members thanked Mr Street for his informative report.

15. 2018/Q1 NSS PERFORMANCE REPORT (including update on Operational Delivery Plan (ODP)) [paper FPP/19/45 refers]

15.1 Ms McDermott took Members through the paper and advised that at the end of Quarter 1 of the ODP NSS was meeting 93% of the targets. The one RED measure was dependent on external issues outwith NSS control, and the target had therefore been moved to October to reflect this.

15.2 Mrs Morgan added that consideration should also be taken of the fact that NSS was still delivering to the targets at a time when the additional ask, i.e. support to clinical waste, infection control and the EU Exit planning etc was significant. Members asked that a review be provided to the next meeting on the effect of the EU Exit post 31 October 2019 on the ODP. **Action: Ms McDermott to provide update on issues post 31.10.19 to next meeting.** C McDermott

16. RESILIENCE UPDATE [paper FPP/19/46 refers]

16.1 Ms McDermott took Members through the resilience update paper and advised that this focused on national areas such as; pandemic flu readiness; mass casualties plan; hospital lock down guidance etc and all these programmes were progressing well. She added that the issue with Traceline (SNBTS) had been mitigated and action taken to ensure it did not happen again.

16.2 Members asked that EU Exit planning be included for future reporting and Ms McDermott advised that this had been taken out of the report as it was part of the substantive item but she would include it and re-circulate report to Members. **Action: Ms McDermott to circulate paper including resilience preparation for the EU Exit.** C McDermott

17. FEEDBACK FROM RELEVANT SUB COMMITTEE CHAIRS ON GOVERNANCE ISSUES

17.1 As this was the first meeting since the summer break there was no relevant feedback available.

18. BOARD HIGHLIGHTS REPORT [paper FPP/19/?? refers]

18.1 Members agreed that the following items be added to the highlight report:

- Contract updates – specifically IT
- Commend work done around Public Health Scotland and the associated financial risks
- CNORIS – possible audit of the process
- Procurement report – outcomes already achieved
- Approval of Procurement Strategy
- Contingency planning

19. ANY OTHER BUSINESS

19.1 There was no other competent business to discuss.

20. DATE OF NEXT MEETING

20.1 Wednesday 27 November 2019, Boardroom 2, Gyle Square, Edinburgh EH12 9EB, commencing 0930 hours.

There being no further business, the meeting finished at 1300 hrs.

Minutes

B/20/15

NHS NATIONAL SERVICES SCOTLAND (NSS)

MINUTES OF STAFF GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY, 27 SEPTEMBER 2019 IN BOARDROOM 2, GYLE SQUARE, EDINBURGH, COMMENCING 0930HRS

Present: Ian Cant, Employee Director [via TEAMS]
 John Deffenbaugh, Non-Executive Director [Chair]
 Gerry McAteer, UNISON
 Mark McDavid, Non-Executive Director
 Keith Redpath, NSS Chair

In Attendance: Colin Sinclair, Chief Executive [via TEAMS]
 Jacqui Jones, Director of HR & Workforce Development
 Avril Keen, HR Business Partner
 Eilidh McLaughlin, Associate Director, Corporate Affairs and Compliance
 Mary Morgan, Director of Strategy, Performance and Service Transformation
 Lynn Morrow, Corporate Affairs and Compliance Manager [Item 9]
 Jenny Pope, HR Business Partner
 Neil Redhead, Head of Operations, Estates and Facilities Management
 Aileen Stewart, Interim Associate Director of HR
 Karen Nicholl, Interim Board Secretary [Minutes]

Apologies: Susan Cook, UNISON
 Tam Hiddleston, UNISON

ACTION

1. APOLOGIES AND INTRODUCTION

1.1 Mr Deffenbaugh welcomed all to the meeting and noted apologies as above. Members were asked to declare any interests in the context of the agenda items to be considered. No interests were declared.

2. MINUTES AND MATTERS ARISING FROM NSS STAFF GOVERNANCE COMMITTEE MEETING HELD ON 10 MAY 2019 [papers SG/19/35 & SG/19/36 refer]

2.1 Following a brief discussion, Members approved the minutes of the meeting held on Friday, 10 May 2019.

2.2 In addition to the updates provided on the Action List, Members sought and received assurances regarding the relationship between upstream work and downstream impact. They noted that this would be discussed in detail by the NSS Partnership Forum. It was noted that fine tuning was still required in the reports to this Committee to provide the level of assurance that Members sought.

3. NSS PARTNERSHIP FORUM UPDATE [paper SG/19/37 refers]

3.1 Members considered the content of the NSS Partnership Forum (PF) update, which mainly emphasised the PF agenda items that did not directly overlap with the Staff Governance Committee agenda. In particular, Members noted that the Infection Control Centre of Excellence, and the South East Pay Consortium, were wider strategic issues which would be coming back to the NSS Board following some further discussion with the Scottish Government.

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Keith Redpath
 Colin Sinclair

ACTION

3.2 There had been a review of the PF's effectiveness at its most recent meeting. The outcomes were summarised as follows:

- PF Members fully supported the “upstream work/downstream impact” approach;
- The work of the NSS Partnership Forum had been enhanced by the strong links to the SBU's local Partnership Forums and their efficient handling of localised issues;
- PF Members had requested Mr Sinclair and Mr Cant review the agenda to ensure the focus of the agenda continued to be more on understanding and addressing wider strategic risks and issues behind the “numbers” (e.g. values, staff mental health, complaint trends etc), potentially through workshops and spotlight sessions;
- Breakout sessions had been useful in identifying common ground on a number of issues. It was hoped this would help to further improve the agenda and structure of PF meetings going forward.

4. NSS PEOPLE REPORT [paper SG/19/38 refers]

4.1 Mrs Jones took Members through the paper and drew attention to the following items:

- iMatter response rate was already at 78% but expected to close at 82% (some paper copies were still being received).
- One of the main concerns still centred on around sickness absence and the potential for further improvement in how it was managed. This had been discussed at both the Executive Management Team (EMT) and the PF with agreement to hold specific sessions around this at both groups;

- Members discussed the trends (including the split between long-term and short-term absence, and physical health and mental health reasons) along with the impact of the kind of work involved, the workforce demographics and organisational change on the figures.

Action: Mrs Gaffney, Mrs Jones, Mr Cant and Mr Sinclair agreed to prepare a paper or presentation on the numbers of staff affected by organisational change etc., for discussion at a future PF meeting; Action: Interim Board Secretary to add to relevant forward programmes.

**M Gaffney/
J Jones/
I Cant/
C Sinclair**

- A further review of management practices and processes relating to sickness absence and case management would also be required, including sharing best practice. It was recognised that consistency of application was also required. Members asked that some benchmarking with other organisations be included in the report for the next meeting, **Action: Mrs Jones to include a brief benchmarking report to the next meeting.**

J Jones

- In general, investigations into staff complaints had revealed no major areas of concern. However, there were some areas where processes and practices could be tightened and improved;

- Compliance with the Turas appraisal system was not where NSS would like to be at this point. Members were assured that this had been raised at the EMT and plans were in place to improve it and help to staff to realise how they can use it within their current way of working. Members asked for a review of the evidence of what NSS was doing to provide some additional context to the data being presented. **Action: Mrs Jones to include this in the next People Report to the Committee.**

J Jones

Members recognised that as NSS was a high performing organisation, the focus at the meetings did tend to be on the negative and, rather than introducing new policies

and processes, it may be worth looking at what could be taken out, or adapted from, what was already in place to provide a more balanced view. Mrs Jones observed that papers for the Committee tended to highlight the issues, and were lighter on evidence of what was being done to address them, so this would be looked at for future meetings. Members also requested a PCF Spotlight Session at the next meeting to provide a structured view of what was actually happening within an SBU. **Action: Interim Board Secretary to add to forward programme and engage with PCF colleagues.**

5. STURROCK [paper SG/19/43 refers]

5.1 Mrs J Jones took Members through the paper and highlighted the following updates:

Good progress had been made, although some areas needed a bit more pace. There had been no further updates from Scottish Government regarding the new Whistleblowing Champion Non-Executive role and would therefore update the risk around this.

- Members discussed benchmarking against fairness and constancy of policy application and agreed that this should not be judged solely by the outcomes of individual cases, but by looking at the overall process to get to the outcome and ensuring the right conversations were taking place;
- Members received an overview of the discussions held with groups of staff which had identified areas to stop, start and continue along with measures that would provide a “safe space” if and when needed;
- Members observed that some of the suggestions coming through were already in place, but had not, historically, been well used. This suggested that perhaps more needed to be done to raise awareness of these existing routes;

Members thanked Mrs Jones for the update and noted it in full.

6. STAFF RISKS [paper SG/19/39 refers]

6.1 Members noted the contents of the paper and the following items were highlighted:

- There had been no new Red risks (under the RAG status) reporting since the last meeting;
- The first of two new Amber risks reported since the last meeting related to a career pathway in Digital and Security (DaS) and the need to upskill staff for the digital agenda. Members were pleased to note the mitigating actions taken, alongside the recruitment of an HR Learning and Development consultant who would be embedded into DaS for two years;
- The second new Amber risk related to the Learn Pro system for eLearning. Members were advised that while some actions had already been taken, and HR continued to look at additional mitigation.
- It was noted that a staff impact flag had been added to the risk register from May 2019. This was to help identify risks that whilst not directly categorised as a staff risk, would be worth monitoring from a staff perspective. HR continued to work with the Risk Lead and Champions to refine the process for identifying these risks.

Members went on to reflect on how risks were reported to Committees, and the level of overlap there seemed to be. Members were keen to see a “Once for Governance” mechanism developed, where risks were reported to one Committee but any specific issues which fell within the purview of another Committee would be covered in a different way (e.g. through the highlights report, a substantive agenda item where necessary). The NSS chair would discuss this further outwith the meeting and

ACTION

provide an update to the next formal Board meeting on this and other governance reviews that were taking place. **Action: Mr Redpath to review the 'Once for Governance' approach to future reporting.** **K Redpath**

7. PUBLIC HEALTH BODY - UPDATE ON HR ACTIONS

7.1 Members were provided with, and noted, the following updates on the work regarding Public Health Scotland (PHS):

- Work to resolve the technical HR issues in setting up the new body was progressing;
- The first TUPE consultation had concluded and the outcome had been accepted by the trade unions;
- Members were given an overview of the second consultation around three NSS posts transferring into PHS and 15 Health Scotland posts transferring into NSS. UNISON and Unite had expressed concerns that a 30 day consultation may not be sufficient to allow all the necessary conversations to take place with their members. Ms Stewart would be discussing this with Mr Hiddleston (as UNISON Branch Secretary) and the Unite local official in NSS;
- A table top exercise had been completed which took the currently planned Directorates for PHS and allocated the teams from NSS and Health Scotland to provide a basic hierarchy to let staff know from day 1 where they belonged. This was still a work in progress which would now need to be taken to the Scottish Government and discussed to get final sign off;
- The matching process was expected to commence 1 October 2019 for the Director posts but it was anticipated that there may be some further changes to the structure from the new CEO designate;
- A question and answer sheet was being developed in partnership with the trade unions to cover the most common questions being asked (e.g. flexi, holidays, "where will I sit?", "who's my line manager?") for the Communications team to send out which will be a rolling piece of work;
- The first PHS Chief Executive had been appointed but their official start date was not yet known.
- Members discussed the potential challenges arising from perceived and/or actual differences in organisational culture while still occupying the same working space. However, they were keen to reinforce the message that all PHS and NSS staff worked for the same wider Health and Social Care system;
- Members discussed the impact of the work on the new Infection Control Centre of Excellence would have on NSS staff who were no longer transferring across to the new body.
 - Ensuring that the Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) team in Health Protection Scotland felt appropriately communicated with would be key.
 - There must be recognition of the increasing ask of Scottish Government and NSS ability to act immediately to that, whilst maintaining proper planning and processes for business as usual.
 - The Board would be kept up to date on this and NSS had been challenged to have "feet on the ground" by the end of October 2019. From a staff point of view it was only a small resource and there may be a need to bring in external expertise, (e.g. water engineers etc) while recruitment was ongoing. PF and staff would be kept engaged throughout the process.

Members thanked Mrs Jones for the update and looked forward to future ones coming to the Board and relevant Committees.

8. QUARTERLY FEEDBACK REPORT [paper SG/19/40 refers]

8.1 Members discussed the paper, which summarised the number and nature of feedback received relating to staff and how it had been responded to:

- Members were please to note there were no concerns into relation to staff complaints.
- Regarding SNBTS complaints, only 9% of complaints related to staff. SNBTS colleagues had been spending time with donors to explain the change in the blood donation processes, along with taking the learning from feedback to put strategies in place for donor communications;
- There had also been substantial work done in PCF with patient-facing colleagues to ensure staff were fully trained to deal with challenging situations;
- Final user testing of reporting through the ServiceNow system was taking place which should improve reporting for the future.
- Members agreed that the detail of complaints would only be brought by exception in future, with the bar chart showing the longer-term trend comparison being added as a slide within the People Report. **Action: Mrs Jones to feedback to Ms MacLennan.**

L MacLennan
/J Jones

9. OTHER RELEVANT COMMITTEE GOVERNANCE ISSUES

9.1 Members received brief updates on the work of the other NSS Board committees and noted that there was nothing that directly related to the Staff Governance Committee agenda.

10. ITEMS FOR THE BOARD COMMITTEE HIGHLIGHTS REPORT [paper SG/19/41 refers]

10.1 Members agreed that the following should be covered within the highlights report:

- Discussions about organisational, and SBU-specific, issues around sickness absence and assurance that these were being dealt with;
- The wider ongoing conversation around upstream actions that are helping and will affect downstream (not just in terms of sickness absence but HR issues, case management etc.) and what may need to change;
- Managers were still an ongoing theme (e.g. right conversations at the right time, TURAS appraisals, 82% engagement for iMatter etc.);
- Once for Governance (i.e. risks and complaints do once, raising specific issues elsewhere by exception).
- Managing change – in general (i.e. Centre of Excellence and PHS, and the links to wellbeing).

Action: Interim Board Secretary to draft this up for Mr Deffenbaugh's approval ahead of submitting to the November 2019 NSS Board.

K Nicholls

11. ANY OTHER BUSINESS

11.1 Members wished to record their thanks to Ms Stewart and her team for the work they did, in conjunction with the SBUs and Communications, to achieve an 82% response rate in the iMatter survey. This was a tremendous achievement and would help give build an effective Great Place to Work plan.

11.2 Members were advised that there had recently been an anonymous complaint in the press linking NSS and ventilation issues in a Dumfries hospital to similar issues in Edinburgh and Glasgow. However, this was incorrect and NSS had been able to

respond as such. Members were advised that, since Sturrock, there had been an increasing trend in anonymous complaints. However, compared to other Boards, NSS's numbers were small and Members were assured that these complaints were being investigated and responded to appropriately in a timely manner.

12. REVIEW OF MEETING [paper SG/19/42 refers]

12.1 Members made the following observations about the meeting:-

- Use of Microsoft Teams for the first time to allow Mr Sinclair and Mr Cant to attend worked better than the previous, conventional videoconference set-up.
- Useful conversations had been held about where information should be presented and why;
- Members highlighted the importance of the executive summary in directing the discussions and providing the context for why the paper was being presented;
- Members queried why fire was the only compliance area reported through OHSAC, and other key areas (such as asbestos, water etc) were not. **Action: Mrs Jones agreed to ensure this was added to the OHSAC forward programme.**
- Members discussed the expected outcomes from papers being presented and maintaining the distinction between operational level decisions and monitoring (which were more appropriate for the EMT or PF), and the kind of strategic level thinking which should be taking place at the Board and its committees.

J Jones

13. DATE OF NEXT MEETING

13.1 Friday, 29 November 2019 at 0930hrs in Boardroom 2, Gyle Square, Edinburgh.

There being no further business, the meeting finished at 1230hrs.

Minutes

B/20/15

NHS NATIONAL SERVICES SCOTLAND (NSS)

MINUTES OF STAFF GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY, 27 SEPTEMBER 2019 IN BOARDROOM 2, GYLE SQUARE, EDINBURGH, COMMENCING 0930HRS

Present: Ian Cant, Employee Director [via TEAMS]
 John Deffenbaugh, Non-Executive Director [Chair]
 Gerry McAteer, UNISON
 Mark McDavid, Non-Executive Director
 Keith Redpath, NSS Chair

In Attendance: Colin Sinclair, Chief Executive [via TEAMS]
 Jacqui Jones, Director of HR & Workforce Development
 Avril Keen, HR Business Partner
 Eilidh McLaughlin, Associate Director, Corporate Affairs and Compliance
 Mary Morgan, Director of Strategy, Performance and Service Transformation
 Lynn Morrow, Corporate Affairs and Compliance Manager [Item 9]
 Jenny Pope, HR Business Partner
 Neil Redhead, Head of Operations, Estates and Facilities Management
 Aileen Stewart, Interim Associate Director of HR
 Karen Nicholl, Interim Board Secretary [Minutes]

Apologies: Susan Cook, UNISON
 Tam Hiddleston, UNISON

ACTION

1. APOLOGIES AND INTRODUCTION

1.1 Mr Deffenbaugh welcomed all to the meeting and noted apologies as above. Members were asked to declare any interests in the context of the agenda items to be considered. No interests were declared.

2. MINUTES AND MATTERS ARISING FROM NSS STAFF GOVERNANCE COMMITTEE MEETING HELD ON 10 MAY 2019 [papers SG/19/35 & SG/19/36 refer]

2.1 Following a brief discussion, Members approved the minutes of the meeting held on Friday, 10 May 2019.

2.2 In addition to the updates provided on the Action List, Members sought and received assurances regarding the relationship between upstream work and downstream impact. They noted that this would be discussed in detail by the NSS Partnership Forum. It was noted that fine tuning was still required in the reports to this Committee to provide the level of assurance that Members sought.

3. NSS PARTNERSHIP FORUM UPDATE [paper SG/19/37 refers]

3.1 Members considered the content of the NSS Partnership Forum (PF) update, which mainly emphasised the PF agenda items that did not directly overlap with the Staff Governance Committee agenda. In particular, Members noted that the Infection Control Centre of Excellence, and the South East Pay Consortium, were wider strategic issues which would be coming back to the NSS Board following some further discussion with the Scottish Government.

Headquarters

Executive Office, Gyle Square, 1 South Gyle Crescent,
 EDINBURGH EH12 9EB

Chair
 Chief Executive

Keith Redpath
 Colin Sinclair

ACTION

3.2 There had been a review of the PF's effectiveness at its most recent meeting. The outcomes were summarised as follows:

- PF Members fully supported the “upstream work/downstream impact” approach;
- The work of the NSS Partnership Forum had been enhanced by the strong links to the SBU's local Partnership Forums and their efficient handling of localised issues;
- PF Members had requested Mr Sinclair and Mr Cant review the agenda to ensure the focus of the agenda continued to be more on understanding and addressing wider strategic risks and issues behind the “numbers” (e.g. values, staff mental health, complaint trends etc), potentially through workshops and spotlight sessions;
- Breakout sessions had been useful in identifying common ground on a number of issues. It was hoped this would help to further improve the agenda and structure of PF meetings going forward.

4. NSS PEOPLE REPORT [paper SG/19/38 refers]

4.1 Mrs Jones took Members through the paper and drew attention to the following items:

- iMatter response rate was already at 78% but expected to close at 82% (some paper copies were still being received).
- One of the main concerns still centred on around sickness absence and the potential for further improvement in how it was managed. This had been discussed at both the Executive Management Team (EMT) and the PF with agreement to hold specific sessions around this at both groups;

- Members discussed the trends (including the split between long-term and short-term absence, and physical health and mental health reasons) along with the impact of the kind of work involved, the workforce demographics and organisational change on the figures.

Action: Mrs Gaffney, Mrs Jones, Mr Cant and Mr Sinclair agreed to prepare a paper or presentation on the numbers of staff affected by organisational change etc., for discussion at a future PF meeting; Action: Interim Board Secretary to add to relevant forward programmes.

**M Gaffney/
J Jones/
I Cant/
C Sinclair**

- A further review of management practices and processes relating to sickness absence and case management would also be required, including sharing best practice. It was recognised that consistency of application was also required. Members asked that some benchmarking with other organisations be included in the report for the next meeting, **Action: Mrs Jones to include a brief benchmarking report to the next meeting.**

J Jones

- In general, investigations into staff complaints had revealed no major areas of concern. However, there were some areas where processes and practices could be tightened and improved;

- Compliance with the Turas appraisal system was not where NSS would like to be at this point. Members were assured that this had been raised at the EMT and plans were in place to improve it and help to staff to realise how they can use it within their current way of working. Members asked for a review of the evidence of what NSS was doing to provide some additional context to the data being presented. **Action: Mrs Jones to include this in the next People Report to the Committee.**

J Jones

Members recognised that as NSS was a high performing organisation, the focus at the meetings did tend to be on the negative and, rather than introducing new policies

and processes, it may be worth looking at what could be taken out, or adapted from, what was already in place to provide a more balanced view. Mrs Jones observed that papers for the Committee tended to highlight the issues, and were lighter on evidence of what was being done to address them, so this would be looked at for future meetings. Members also requested a PCF Spotlight Session at the next meeting to provide a structured view of what was actually happening within an SBU. **Action: Interim Board Secretary to add to forward programme and engage with PCF colleagues.**

5. STURROCK [paper SG/19/43 refers]

5.1 Mrs J Jones took Members through the paper and highlighted the following updates:

Good progress had been made, although some areas needed a bit more pace. There had been no further updates from Scottish Government regarding the new Whistleblowing Champion Non-Executive role and would therefore update the risk around this.

- Members discussed benchmarking against fairness and constancy of policy application and agreed that this should not be judged solely by the outcomes of individual cases, but by looking at the overall process to get to the outcome and ensuring the right conversations were taking place;
- Members received an overview of the discussions held with groups of staff which had identified areas to stop, start and continue along with measures that would provide a “safe space” if and when needed;
- Members observed that some of the suggestions coming through were already in place, but had not, historically, been well used. This suggested that perhaps more needed to be done to raise awareness of these existing routes;

Members thanked Mrs Jones for the update and noted it in full.

6. STAFF RISKS [paper SG/19/39 refers]

6.1 Members noted the contents of the paper and the following items were highlighted:

- There had been no new Red risks (under the RAG status) reporting since the last meeting;
- The first of two new Amber risks reported since the last meeting related to a career pathway in Digital and Security (DaS) and the need to upskill staff for the digital agenda. Members were pleased to note the mitigating actions taken, alongside the recruitment of an HR Learning and Development consultant who would be embedded into DaS for two years;
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provide an update to the next formal Board meeting on this and other governance reviews that were taking place. **Action: Mr Redpath to review the 'Once for Governance' approach to future reporting.** **K Redpath**

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L MacLennan
/J Jones

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J Jones

13. DATE OF NEXT MEETING

13.1 Friday, 29 November 2019 at 0930hrs in Boardroom 2, Gyle Square, Edinburgh.

There being no further business, the meeting finished at 1230hrs.