

Agenda

B/23/33

**NSS BOARD FORMAL
FRIDAY, 15 DECEMBER 2023 COMMENCING 1030HRS GYLE SQUARE,
EDINBURGH (AND VIA TEAMS)**

NSS Chair: Keith Redpath

1030 – 1200 hrs

1. Welcome and Introductions
2. Appointment of Vice Chair – Gordon Greenhill. *(As per Standing Order 3.1 the NSS Board must appoint the Vice Chair)*
3. **Items for Approval**
 - 3.1 Minutes of the previous meeting held on 27 September 2023 and Matters Arising **[B/23/34 and B/23/35]** - **Chair**
 - 3.2 Risk Appetite Review **[B/23/36]** – **Director Strategy, Performance and Service Transformation**
 - 3.3 Strategic Risk Review **[B/23/37]** – **Director Strategy, Performance and Service Transformation**
 - 3.4 Risk Management Strategy **[B/23/38]** – **Director Strategy, Performance and Service Transformation**
 - 3.5 Consultation Response to Ethical Standards Commissioner – Strategic Plan 2024 – 2028 and the Draft Standards Commission for Scotland Strategic Plan 2024 – 2028 **[B/23/39]** – **Director Finance, Corporate Governance and Legal Services**
4. **Items for Scrutiny**
 - 4.1 Chairs Report (verbal) - **Chair**
 - 4.2 Chief Executive's Report (verbal) – **Chief Executive**



Chair
Chief Executive

Keith Redpath
Mary Morgan

- 4.3 Integrated Performance Report [B/23/40] – Director Strategy, Performance and Service Transformation

5. Items for Information

- 5.1 Public Inquiries Update [B/23/41]
- 5.2 NSS Committees Approved and Draft Minutes [B/23/42]
- 5.2.1 NSS Finance, Procurement and Performance Committee 30/08/2023 Approved Minutes
 - 5.2.2 NSS Clinical Governance Committee 07/09/2023 Approved Minutes
 - 5.2.3 NSS Audit and Risk Committee 12/09/2023 Approved Minutes
 - 5.2.4 NSS Staff Governance Committee 20/09/2023 Approved Minutes
 - 5.2.5 NSS Finance, Procurement and Performance Committee 08/11/2023 Draft Minutes
 - 5.2.6 NSS Staff Governance Committee 20/09/2023 Draft Minutes
- 5.3 Board Forward Programme [B/23/43]

6. Any other business

- 6.1 Date of next meeting: Thursday 28th March 2024 at 10.30am, Gyle Square, Edinburgh

Minutes

(DRAFT)

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B/23/34

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON WEDNESDAY 27th SEPTEMBER 2023 AT THE JACK COPLAND CENTRE, EDINBURGH AND VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

Present:

Keith Redpath, NSS Chair
Lisa Blackett, Non-Executive Director
Ian Cant, Employee Director
John Deffenbaugh, Non-Executive Director
Gordon Greenhill, Non-Executive Director
Arturo Langa, Non-Executive Director
Beth Lawton, Non-Executive Director
Carolyn Low, Director of Finance
Mary Morgan, Chief Executive
Lorna Ramsay, Medical Director
Alison Rooney, Non-Executive Director

In Attendance:

Serena Barnatt, Director of HR and Organisational Development
Hayley Barnett, Assoc. Dir. Governance and Board Services (Board Secretary),
Martin Bell, Director Practitioner and Counter Fraud Services
Julie Critchley, Director NHS Assure
Steven Flockhart, Director Digital & Security
Matthew Neilson, Assoc. Dir. Customer & Stakeholder Engagement,
Marc Turner, Director Scottish National Blood Transfusion Service
Karen Nicholls, Committee Services Manager [Minutes]

Apologies:

Susi Buchanan, Director National Services Directorate
Julie Burgess, Non-Executive Director
Carole Grant, Audit Scotland
Stephanie Knight, Scottish Government
Lee Neary, Director Strategy, Performance and Service Transformation

Observers:

Liz Maconachie (Audit Scotland) (TEAMs)
Phil Sully, Coloplast (Member of the Public)
Rachel Kettlewell, NHS NES (Member of the Public)
6 Members of NSS Staff



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

1. WELCOME AND INTRODUCTIONS

- 1.1 K Redpath welcomed all to the meeting and noted those in attendance, observers and apologies received.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.

3. MINUTES OF THE PREVIOUS MEETING HELD 30 JUNE 2023 AND MATTERS ARISING [Papers B/23/22, B/23/23 and IPB/23/04 refer]

- 3.1 Members reviewed the draft minutes and approved both the main formal minute and the in-private session.

Decision: To approve the formal and in-private minutes of the Board meeting held on 30 June 2023.

4. BOARD AND COMMITTEE MEETING TIMETABLE [paper B/23/44 refers]

- 4.1 Members reviewed proposed NSS Board Calendar of Meetings from 1 April 2024 to 31 March 2025. Members requested that Board meeting start times be moved to 1030.

Decision: To approve the NSS Board Calendar of Meetings from 1 April 2024 to 31 March 2025, attached at appendix 1 of the report and to authorise the Chief Executive to make minor adjustments, as necessary.

Action: To circulate dates to all Members as approved in the meeting, noting a time change to 1030 start for future Board meetings.

5. SCOTTISH GOVERNMENT/NSS DRAFT FRAMEWORK AGREEMENT [paper B/23/25 refers]

- 5.1 Members scrutinised the proposed Framework Agreement which was presented to the Board for approval before onward submission to Scottish Government (SG) for Ministerial approval. Members noted the positive working relationship between NSS and SG and welcomed the agreement.

- 5.2 A further proof of the document was required to ensure consistency of how NSS was identified in the documentation.

Decision: To approve the Framework Agreement.

Action: To ensure consistency in how NSS was identified in documentation.

6. NSS ANNUAL DELIVERY PLAN [paper B/23/26 refers]

- 6.1 Members scrutinised the plan in full and noted that the NSS Annual Delivery Plan had been approved by SG.

Decision: To approve the NSS Annual Delivery Plan 2023/24.

7. NSS ANNUAL FEEDBACK AND COMPLAINTS REPORT 2022-2023 [B/23/27]

- 7.1 Members scrutinised the report which provided an overview of the NSS feedback, compliments and complaints data for 2022/23. After a short discussion Members confirmed that they were content to approve the report for submission.

Decision: To approve the report.

8. CHAIRS REPORT

- 8.1 The Chair provided a verbal update for Members and highlighted the following:

- The recruitment for two Non-Executive Directors was underway with interviews taking place in November;
- Board Chairs Away Day had focused on sustainability;
- A date for the NSS Annual Review had been set as 27 November 2023;
- The NSS Excellence Awards date had been set for 6 March 2023;

- 8.2 On behalf of the Board the Chair thanked Julie Burgess, Non-Executive Director and NSS Vice Chair for all her work and support during her term of office.

Decision: To note the update provided.

9. CHIEF EXECUTIVE'S UPDATE

- 9.1 The Chief Executive provided Members with a verbal update on activities since the last Board meeting and this was intended to augment other substantive Board agenda items. Members noted the following:

- Serena Barnatt had taken up post as Director HR and Organisational Development;
- Lorna Ramsay, Medical Director had tendered her resignation, which would take effect from 19 January 2024, and work was ongoing to confirm the recruitment strategy for her replacement;
- Martin Bell, Director Practitioner and Counter Fraud Services had announced his intention to retire in May 2024;
- Events/Visits/Meetings:
 - Tom Arthur MSP visited the National Distribution Centre, which was well received;

- Scottish National Blood Transfusion Service (SNBTS) staff had been part of the People's Procession for the Investiture for King Charles;
- A meeting was held with Senior Executives at British Telecom regarding the Scottish Wide Area Network (SWAN) to build strategic relationship with new service providers;
- A visit to the Decontamination Laboratory in Broxburn had taken place to review the suitability of the estate;
- A Leading for Change event focusing on Equality and Diversity had taken place;
- NHS Scotland Climate Change Event;
- Awards:
 - Carolyn Low had been shortlisted for the Scottish Women's Awards 2023;
 - Counter Fraud Services had been shortlisted in the Outstanding Fraud Prevention, Detection and Recovery category of the Public Finance Awards 2023;
- Ian Cant, Employee Director and the Chief Executive had signed the NSS Partnership Agreement;
- The move to Delta House, Glasgow had taken place and Meridian Court was in the process of being handed back after a dilapidation review had taken place. Many thanks to Martin Bell, Director of Practitioner and Counter Fraud Services, who led on this work which was an excellent example of partnership working.
 - Post meeting note: Confirmation of hand back was received and concluded on Friday 22 September 2023.
- NHS Assure providing advice and assistance as part of the Reinforced Autoclaved Aerated Concrete (RAAC) investigations. National progress in this area would be published in the NHS Assure page of the NSS website. A review of the NSS estate was in progress but there was no reason to believe that there were RAAC issues based on previous surveys. Scottish Government were providing the funding for this work;
- The Chief Executive had provided a verbal statement to the solicitor in the Scottish Hospitals Inquiry; however this was in respect of a previous role rather than in the role of NSS Chief Executive.

Decision: To note the verbal updated.

10. NSS INTEGRATED PERFORMANCE REPORT [paper B/23/38 refers]

- 10.1 Members discussed and scrutinised the report in detail and noted that NSS performance was positive across most areas as at August 2023. They also welcomed the inclusion of the sustainability report, acknowledging the data was for June 2023. Members sought and received additional information relating to the figures for Personal Development Plans and Objectives and mandatory and statutory training.
- 10.2 Members noted that the baseline figures for the environmental targets were difficult to obtain prior to 2019. The 2019 figures would therefore form the baseline.

10.3 Members were advised that a paper had been presented to the NSS Finance, Procurement and Performance Committee on Wednesday 30th August 2023 outlining the detailed response made to SG, highlighting areas for savings and consequences if these were required.

Decision: To note the NSS Performance to end August 2023.

Action: To circulate paper FPPC/23/33 to Members.

11. RISKS AND ISSUES REPORT [paper B/23/29 refers]

11.1 Members scrutinised the report in full and made the following observations:

- As at 31 August 2023, NSS identified 27 corporate risks. This included 4 red risks, 12 amber risks and 11 green risks;
- 6544 – Patient Services Lab Cover (Scottish National Blood Transfusion Service - SNBTS) – Members noted the mitigation actions;
- A review of the NSS Risk Strategy had taken place on 12, September 2023 at the NSS Audit and Risk Committee and the process for reviewing risk would sit with the relevant Committee then onward to Board for further assurance.

Decision: To scrutinise the risk and issues for Month 5, August 2023 and were assured that corporate and strategic red risks were being managed appropriately.

12. ITEMS FOR INFORMATION

12.1 Members were content to note, in full, the contents of the following papers which had been presented for information:

- Public Inquiries [paper B/23/30 refers]
- NSS Committees Approved and Draft Minutes [paper B/23/31 refers]
- Board Forward Programme [paper B/23/32 refers]

Decision: To note the items provided for information.

13. ANY OTHER BUSINESS

13.1 There was no other competent business to discuss.

Meeting closed at 1100 hours.

NSS BOARD

B/23/35

Meeting type: Formal

No	Date	REPORT TITLE	ACTION	ACTION OWNER	DEADLINE	CURRENT STATUS
1.	27.9.23	Board and Committee Meeting Timetable 2024-25 [B/23/24]	To circulate dates to all Members as approved in the meeting, noting a time change to 1030 start for future meetings.	Board Services	Immediately.	Recommend for closure. All dates to be circulated on 2.10.23
2.	27.9.23	Scottish Government/NSS Draft Framework Agreement [B/23/25]	To ensure consistency of how NSS is identified in documentation.	Associate Director Strategy, Performance & Communications	Immediately	Recommend for closure. Complete – framework now published.
3.	27.9.23	Integrated Performance Report [B/23/28]	To circulate NSS Finance, Procurement and Performance paper relating to funding and proposals for savings.	Board Services	Immediately	Recommend for closure. Complete as at 28.9.23

NHS National Services Scotland (NSS)

Meeting:	NSS Board
Meeting date:	Friday, 15 December 2023
Title:	Risk Appetite Review
Paper Number:	B/23/36
Responsible Executive/Non-Executive:	Lee Neary, Director, Strategy Performance & Service Transformation
Report Author:	Caroline McDermott, Head of Planning

1. Purpose

- 1.1 This paper is presented to Board for approval and provides an update to Risk Appetite statement approved by the Board in December 2022.

2. Recommendation

- 2.1 **Professional assurance statement:** As responsible officer, I am assured that the points noted within this report are being appropriately managed and escalated as necessary through established NSS processes and in line with the Integrated Risk Management Approach (IRMA) guidance.
- 2.2 There is a proposal to change the business risk appetite from high to medium but otherwise maintain a steady position with regard to our approach.
- 2.3 It is recommended that the Board approves this Risk Appetite paper to satisfy themselves that they are happy to endorse the proposed risk appetite levels or whether they wish to make any changes.

3. Executive Summary

- 3.1 The NSS Risk Appetite statement was last approved by the Board in December 2022. This paper updates the Risk Appetite statement to account for the new descriptions aligned to our Strategic Objectives agreed in October 2023. It is proposed to change the risk appetite for business from high to medium in light of the challenging financial environment. Therefore, it is recommended that the Risk Appetite levels are as follows:
 - 3.1.1 Business – Medium;
 - 3.1.2 Clinical – Low;
 - 3.1.3 Information Governance – Low;
 - 3.1.4 Reputational – Medium;
 - 3.1.5 Staff – Medium.

- 3.2 We aim to follow best practice and want to update the risk appetite to agree a more descriptive approach. However, we will need to incorporate this within the development of a new risk management system to enable assessment and reporting. For now, we are maintaining a consistent approach and when we are able to update IRMA further the updates will be brought back to Audit and Risk Committee (ARC) and Board for approval. This Risk Appetite paper forms part of IRMA along with the Risk Strategy paper. It is therefore likely that we will engage further and seek permission on an updated process before the next review, which would normally be done in a year's time.

4. Impact Analysis

4.1 Quality/ Patient Care

- 4.1.1 Patient safety is paramount to NSS and as such it retains a low appetite for clinical risk.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 There are no specific equality and diversity, or inequalities issues identified within this paper.

4.3 Data protection and information governance

- 4.3.1 This paper does not include personal data. NSS places high importance on using and handling information properly. Having the correct information when required is vital to patient care and effective service delivery. NSS has set a low risk appetite to safeguard sensitive data and ensure regulatory compliance is maintained.

5. Risk Assessment/Management

- 5.1 The risk appetite is a fundamental pillar of IRMA.

6. Financial Implications

- 6.1 There are no financial implications of this paper. However, the current financial climate is a basis for the suggestion to move business risk appetite from high to medium.

7. Workforce Implications

- 7.1 Staff are critical to NSS achieving its objectives. NSS therefore invests heavily to support and develop its people to thrive and be successful. This medium appetite allows NSS scope to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work. Staff engagement, involvement and empowerment are all themes that emerge from this medium risk stance.

8. Climate Change and Environmental Sustainability Implications

- 8.1 The Risk Appetite statement is aligned to our Climate Sustainability strategic objective.

9. Route to Meeting

- 9.1 This is a revision of the Risk Appetite agreed at the Board in December 2022 and has been reviewed by the Executive Management Team and scrutinised by ARC at its meeting in December.

10. List of Appendices and/or Background Papers

10.1 Appendix A – Risk Appetite

Appendix A NSS Risk Appetite Statement (Dec 23)

Statement

NHS National Services Scotland (NSS) has a considered and responsive approach to its risk appetite in pursuit of our strategic objectives:

- **Service Excellence**
To continuously improve the quality and value of our services, so they are safe, efficient and effective and meet the needs of our service users and stakeholders.
- **Workforce Sustainability**
To enable a diverse, knowledgeable and skilled workforce that can respond to the changing service needs of NHS Scotland.
- **Financial Sustainability**
To ensure we have a culture of financial stewardship that creates value for money by driving the effective use of resources, assets and infrastructure.
- **Climate Sustainability**
To embed climate sustainability in everything we do and ensure that NHS Scotland achieves net zero greenhouse gas emissions by 2040.

Where risks to new and on-going activities are identified that fall outside our preferred level of risk appetite, NSS will always attempt to mitigate the likelihood or impact of the risk to a level judged to be acceptable in the prevailing conditions. This is in line with the NSS Integrated Risk Management Approach.

Governance

The level of risk NSS is willing to accept is continually assessed and reviewed through the strategic and operational planning process. This includes senior management reviews across all areas, monthly Executive Management Team (EMT) meetings, NSS Board Committees and biannually by the NSS Board. The NSS Risk Appetite is reviewed by the NSS Audit and Risk Committee and approved by the NSS Board on an annual basis.

Below are the risk categories and current NSS risk appetite along with an explanation of why they have been set at that level for the coming year.

Risk Category	Current Risk Appetite	Why
Business	Medium	NSS places high importance on services, processes and on quality improvement. NSS has a medium-risk appetite aimed at improving its frontline services and the corporate services that underpin them. The medium-risk appetite allows NSS to explore opportunities to enable health and care transformation along with innovative approaches. However, given uncertainty in the current operating environment our ambition is balanced with the need to ensure funding commitments are secured prior to any financial investment.

Clinical	Low	Patient safety is paramount to NSS and as such it has a low appetite for clinical risk.
Information Governance	Low	NSS places high importance on using and handling information properly. Having the correct information when required is vital to patient care and effective service delivery. NSS has set a low-risk appetite to safeguard sensitive data and ensure regulatory compliance is maintained.
Reputational	Medium	To sustain a high reputation NSS has set a medium appetite for risk. NSS seeks to conduct its activities in a way that maintains its reputation; mitigating anything that might jeopardise this and result in adverse publicity. Building and maintaining the trust and confidence of its existing stakeholder base remains central to NSS values. However, it is accepted that some risk exposure is taken when enabling health and care transformation with new services.
Staff	Medium	Staff are critical to NSS achieving its objectives. NSS therefore invests heavily to support and develop its people to thrive and be successful. This medium appetite allows NSS scope to implement initiatives and procedures that seek to inspire staff and support transformational change whilst ensuring it remains a safe place to work. Staff engagement, involvement and empowerment are all themes that emerge from this medium risk position.

NHS National Services Scotland (NSS)

Meeting:	NSS Board
Meeting date:	Friday, 15 December 2023
Title:	Strategic Risk Review
Paper Number:	B/23/37
Responsible Executive/Non-Executive:	Lee Neary, Director, Strategy Performance & Service Transformation (SPST)
Report Author:	Tracy Maxwell, Planning & Performance Manager/ Caroline McDermott, Head of Planning & Performance
	Reviewed by Matthew Neilson, Associate Director Strategy, Performance & Communications

1. Purpose

- 1.1 This paper (Appendix A) is provided to The NSS Board for approval and provides the Board with details of the proposed NSS Strategic Risks that have been developed with the NSS Board, Executive Management Team (EMT), and Risk Owners. This paper has been scrutinised by the Audit and Risk Committee (ARC).

2. Recommendation

- 2.1 As responsible executive, I am assured that the risks and issues contained within this report are being developed in alignment with established NSS processes.
- 2.2 It is recommended that the Board approve and adopt the strategic risks contained within Appendix A.

3. Executive Summary

- 3.1 This paper provides the detail of 10 strategic risks (Appendix A), which have been developed in collaboration with the NSS Board, EMT, the Planning and Performance Team, Risk Owners and Directorate Risk Leads.

4. Impact Analysis

4.1 Quality/ Patient Care

4.1.1 Clinical Risks are considered by the Clinical Governance Committee (CGC). There is 1 clinical risk documented in this report that has been reviewed at the CGC:

- **Clinical and Patient Safety** – this documents the risk that preventable harm may occur to patients and service users and has been allocated an Amber RAG status.

4.2 Equality and Diversity, including health inequalities

4.2.1 All projects and services associated with the risks covered by this paper are required to carry out an equality impact assessment.

4.3 Data protection and information governance

4.3.1 All projects and programmes of work covered by this paper are reviewed for any data protection or information governance risks or implications and are therefore reported at a programme/project level and not reported in this document.

5. Risk Assessment/Management

5.1 All risks are managed in line with the Integrated Risk Management Approach.

6. Financial Implications

6.1 There are 3 risks covered by this paper with potential financial impacts of more than £1,000K. All 3 risks have Business as a primary category.

Number of Risks	Risk Category	Risk Title
3	Red Business Risk has potential financial impacts of greater than >£1,000k.	Rationalisation of Office Accommodation Financial Sustainability Cyber Security

7. Workforce Implications

7.1 Staff Risks are considered by the Staff Governance Committee (SGC). 1 Staff risk is documented in this report and has been reviewed at SGC:

- **Workforce Sustainability** – this documents the risk that NSS will not have a sustainable workforce and has been assigned an Amber RAG status.

8. Climate Change and Environmental Sustainability Implications

8.1 1 risk reported in this document relates to climate change and has been reviewed at the Finance, Procurement and Performance Committee (FPPC):

- **Climate Change** – this documents the risk if NSS does not meet Scottish Government climate change targets and has been assigned an Amber RAG status.

9. Route to Meeting

9.1 All risks reported in this document have been through multiple levels of development, review, and scrutiny at Board, Executive, Corporate functions and Directorate level across NSS.

9.2 All risks documented in Appendix A have been presented to the relevant committee for scrutiny, followed by the Audit and Risk Committee on 6 December.

10. List of Appendices and/or Background Papers

10.1 Appendix A – Strategic Risk Review

Definitions

Please note the following terms, as agreed within IRMA, are used in the report and definitions have been provided to assist the Committee with its review.

Risk: A risk can be defined as an event or set of events which, if they were to occur, could have an impact on the achievement of our objectives.

Confidential Risk: A risk can only be marked as confidential if deemed so by a member of the Executive Management Team (EMT). They are only visible to the Directors, risk owner and any other person given permission by the risk owner. A summary of these risks will always be reported to the relevant Committee.

Issue: An event that has happened, or is happening, that was not planned and requires additional or remedial action. Please note: If a risk occurs/materialises it can become an issue, resilience incident or adverse event, depending on the definition criteria, and would then be managed and recorded through that route.

Current RAG: The latest red, amber, green rating of a risk assessed by multiplying the likelihood of the risk occurring with the possible impact it could have.

Initial RAG: The red, amber, green rating of the risk when it was first raised.

Residual RAG: The expected remaining risk after all mitigating actions have been implemented.

Review Date: The date when the risk is next due to be reviewed by the risk owner.

Opened Date: The date when the risk was originally added to the NSS Risk Register.

Proximity Date: The date when a risk could become an issue if not effectively mitigated.

Strategic Risk: Organisational wide, longer-term risks that usually require senior management and or Executive/Board decisions and actions; typically concerned with where the organisation wants to go, how to get there and how to ensure survival, including business continuity risks.

Appendix A – Strategic Risk Review

Background

Since April, the NSS Planning and Performance Team have been working with the NSS Board, Executive Management Team (EMT), Directors and Risk Leads to identify and develop Strategic Risks. Throughout this process there has been several opportunities to review, provide feedback and further develop these risks, so they provide an accurate representation of the key risks to NSS delivering its strategic priorities and objectives.

Ten Strategic Risks were identified. Each risk was allocated a primary category in line with the NSS Integrated Risk Management Approach. Depending on the primary category identified, each risk has been presented to the relevant committee for scrutiny prior to being presented to the Audit and Risk Committee (ARC) and now to the NSS Board for approval.

Once approved these risks will be entered onto the NSS Risk Register and managed and reported in line with the Integrated Risk Management Approach.

The 10 Strategic Risks are summarised below:

NSS Strategic Risks

Risk	Directorate	Initial RAG	Residual RAG	Primary Category		Secondary Category	
				Impact	Likelihood	Impact	Likelihood
Cyber Security	DaS	20	12	Business		Clinical	
				5	4	4	3
Delivery of National Programmes	Finance	16	8	Business		Clinical	
				4	4	4	3
Service Excellence	SPST	16	6	Business		Reputation	
				4	4	4	3
Rationalisation of Office Accommodation	Finance	15	10	Business		Staff	
				5	3	3	3
Financial Sustainability	Finance	15	10	Business		Staff	
				5	3	3	3
Governance & Regulatory Compliance	Finance	12	6	Business		Reputation	
				3	4	3	3
Public Scrutiny and Inquiries	SPST	12	9	Reputation		Staff	
				3	4	3	4

Clinical and Patient Safety	Clinical	12	8	Clinical		Reputation	
				4	3	4	3
Workforce Sustainability	HR	12	4	Staff		Business	
				4	3	3	2
Climate Change	NHS Assure	9	6	Business		Reputation	
				3	3	2	3

Cyber Security

Risk Description:	There is a risk that NSS could be the subject of a Cyber-attack resulting in critical loss of service, loss of data, or serious adverse event impacting clinical safety.	Proximity Date: 31/03/2024 Owner: Steven Flockhart, Director of DaS
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Impact Description:	Impact (1-5)	Likelihood (1-5)	RAG (I x L)
Clinical Cyber-attacks can disrupt operations, causing direct impact on specific clinical systems, making them not able to operate as intended. Critical clinical business services could be directly or indirectly impacted, leading to delays in essential clinical programmes. For example, clinical safety cases, adverse event management and digital support for data development and other digital programmes.	4	3	12
Business Cyber-attacks can lead to immediate financial losses due to theft of funds, ransom payments, or fraud. Indirect costs can be significant in the aftermath of an attack, including the cost of investigations, regulatory fines (for example from the ICO or from Scottish Government), and staffing costs to manage business continuity measures. Downtime caused by cyber-attacks can also disrupt business operations, due to services or data becoming unavailable. Remediation costs may also be significant as controls are strengthened or deployed to prevent reoccurrence. NSS might face lawsuits from patients whose data was compromised during a breach, leading to additional financial and reputational damage. Cyber-attacks compromising a supplier can directly affect NSS operations and the systems NSS support, particularly if the vendor is critical to the supply chain.	5	4	20
Staff Cyber-attacks could affect HR systems, including payroll, which would have a direct impact on staff. This could lead to impact on staff's wellbeing. Recovery from cyber-attacks could pose a risk to the wellbeing of staff directly involved in restitution and incident management.	2	3	6

Reputation	Cyber-attacks leading to data breach could lead to stakeholders and NHS Scotland patients losing faith in NSS' ability to protect their data, leading to reduced internal and external stakeholder confidence, in DaS meeting their SLA obligations, and reduced external stakeholder confidence in NSS as a key provider of digital services.	3	3	9
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Primary Category:	Residual Risk for Primary:		Secondary Category:	Mitigating Strategy:
Clinical <input type="checkbox"/> Business <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Reputation <input type="checkbox"/>	Impact (1-5)	5	Clinical <input checked="" type="checkbox"/> Business <input type="checkbox"/> Staff <input type="checkbox"/> Reputation <input type="checkbox"/>	Acceptance <input type="checkbox"/> Contingency <input type="checkbox"/> Prevention (<likelihood) <input type="checkbox"/> Reduction (<impact) <input checked="" type="checkbox"/> Transference <input type="checkbox"/>
	Likelihood (1-5)	3		
	RAG (I x L)	15		

Strategic Objective (select one)			
Service excellence	X	Workforce sustainability	
Financial sustainability		Climate sustainability	

Financial Impact (select one)	
Not applicable	
<£10k	
£10k - £100k	
£100k - £250k	
£250k - £1,000K	
>£1,000K	X

Current Controls: A control is a process, policy, device or other action that acts to minimise negative risk or enhance positive opportunities. What controls do you currently have in place? (See IRMA Section 10)	
1.	Staff knowledge/training managed through individual biannual Turas and training reviews. SME training being delivered to cyber security personnel. – Level 1
2.	Regular risk review: <ul style="list-style-type: none"> - Regular risk review by risk owner – Level 1. - Monthly risk review by DaS Risk and Issues Group for responsibility and oversight – Level 1. - Monthly risk review by DaS SMT for responsibility and oversight – Level 1. - Quarterly risk review at Audit and Risk Committee for scrutiny and assurance – Level 2. - Quarterly review at EMT for responsibility and oversight – Level 2. - Biannual review at NSS Board for scrutiny and assurance – Level 2.
3.	DaS ensure that we have service level agreements in place for all services and that adequate cyber provision is made within each SLA. All systems developed under the DaS change process are subject to SSPs being in place and approved by the Security Assurance Review Board (SARB). Controls described in the Public Cyber Assurance Framework are applied to our systems and supporting infrastructure. – Levels 1, 2 and 3
4.	Suppliers are assessed regarding their cyber security control environment before national contracts are awarded. They are subject to NSS' third party access control policy requirements. – Level 3
5.	Compliance assessed against Network Information Systems (NIS) Audit recommendations and remediation plan – Level 3.

Mitigating Actions: Actions taken to reduce the likelihood and/or impact of the risk occurring. What are you going to do to reduce the risk and what is your mitigating strategy?	
1.	Cyber Risk being articulated via related subcategories, such as Unauthorised Access to Networks and Systems, Data Loss, Unauthorised Use of Information Systems, Supply Chain Security and Denial of Service of Information Systems. These categories will have meaningful, measurable Key Risk Indicators that will be communicated quarterly to operational stakeholders, EMT and Board. This will allow risk-based decisions to be made regarding cyber security risk remediation and investment priorities.
2.	All SLAs align to NSS Cyber Strategy and contain adequate provision, through funding and resources, to maintain the cyber posture within the strategy and organisational risk appetite.
3.	Review frequency of cyber mandatory training and seek cyber champions from each Directorate to support increasing knowledge and proactive management of cyber controls.
4.	DaS Contract & Vendor Management will regularly review and manage third party contracts to ensure proactive engagement with vendors to review and monitor cyber posture and risk management approach to ensure this is aligned with NSS Cyber Strategy.
5.	Framework for continual security controls testing and measurement to be created and implemented to provide ongoing assurance to stakeholders, Management and Regulators regarding the information and cyber security control environments and overall NSS posture. Frameworks will include, but not limited to, infrastructure management and monitoring, security patching, threat detection & prevention and anti-virus.
6.	NSS continue to deliver the national Cyber Centre of Excellence to enhance the identification, prevention and detection of, response to, and recovery from cyber attacks.

Delivery of National Programmes

Risk Description:	<p>There is a risk that NSS is unable to deliver the planned benefits, including service improvements and cost reduction, from the NHS Scotland national programmes it has been tasked to deliver.</p> <p>Due to the opt-in rather than opt-out approach used by NHS Scotland, the governance lying outwith NSS and potential impact of decisions made elsewhere.</p>	<p>Proximity Date: 31/03/24</p> <p>Owner: Carolyn Low, Director of Finance, Corporate Governance and Legal Services</p>
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Impact Description:	Impact (1-5)	Likelihood (1-5)	RAG (I x L)
Clinical Variation in the standard and quality of services delivered to patients across NHS Scotland will persist if a Once for Scotland deployment cannot be achieved. This will impact directly on the patient experience and could contribute to further health inequality.	4	3	12
Business The value of the investment made in national programmes is not being realised. Opting out of national contracts means that economies of scale are not achieved, services are being paid for but not used, and the value from the investment in the service is not being realised across NHS Scotland. The cost impact of a single board opting out of a national programme could easily fall into the £250k-£1m category.	4	4	16
Staff Staff deployed to support the delivery of national programmes that are not universally implemented feel demotivated, and adversely associated with a "failed" programme. Opportunity lost to utilise them in a more productive manner.	2	3	6
Reputation Failure to deliver benefits from national programmes could negatively impact on NSS's credibility with stakeholders.	3	3	9

Primary Category:	Residual Risk for Primary:	Secondary Category	Mitigating Strategy:						
Clinical <input type="checkbox"/> Business <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Reputation <input type="checkbox"/>	<table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Impact (1-5)</td> <td style="text-align: center;">4</td> </tr> <tr> <td>Likelihood (1-5)</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RAG (I x L)</td> <td style="text-align: center; background-color: green;">8</td> </tr> </table>	Impact (1-5)	4	Likelihood (1-5)	2	RAG (I x L)	8	Clinical <input checked="" type="checkbox"/> Business <input type="checkbox"/> Staff <input type="checkbox"/> Reputation <input type="checkbox"/>	Acceptance <input type="checkbox"/> Contingency <input type="checkbox"/> Prevention (<likelihood) <input type="checkbox"/> Reduction (<impact) <input checked="" type="checkbox"/> Transference <input type="checkbox"/>
Impact (1-5)	4								
Likelihood (1-5)	2								
RAG (I x L)	8								

Strategic Objective (select one)			
Service excellence		Workforce sustainability	
Financial sustainability	X	Climate sustainability	

Financial Impact (select one)	
Not applicable	
<£10k	
£10k - £100k	
£100k - £250k	
£250k - £1,000K	X
>£1,000K	

Current Controls: A control is a process, policy, device or other action that acts to minimise negative risk or enhance positive opportunities. What controls do you currently have in place? (See IRMA Section 10)	
1	The NSS Portfolio Management Group provides NSS oversight on the delivery of projects and programmes commissioned on behalf of NHS Scotland, where NSS has the responsibility for delivery. – Level 1.
2	Risk reviews at Directorate (monthly for responsibility and oversight), EMT (quarterly for responsibility and oversight), FPPC (quarterly for scrutiny and assurance) and Board (biannually for scrutiny and assurance) – Level 1 and 2.
3	National Digital investment programmes require Business Case approval, and clarity on funding from all parties (SG DHAC, Board Chief Executives, NSS governance to assure delivery capability) to proceed - Level 2 and 3.
4	NSS is accountable to both SG Health and Care Directorate for all National Programmes delivered on behalf of NHS Scotland. NSS is commissioned formally to deliver national programmes by SG and held accountable for their delivery through the ADP process - Level 3.
5	All National Programmes will have external programme governance and oversight, to which NSS is accountable in respect of programme delivery – Level 3.

Mitigating Actions: Actions taken to reduce the likelihood and/or impact of the risk occurring. What are you going to do to reduce the risk and what is your mitigating strategy?	
1	Close engagement with other boards to ensure they are fully aware of the status of ongoing projects to “build confidence” with them in NSS’s abilities to deliver programmes, change and savings.
2	Work with our stakeholders to ensure that there is clarity of roles and responsibilities in respect of national programmes, and national service delivery once the programme transfers to BAU.
3	Ensure future business cases properly articulate the value from a Once for Scotland approach and the risks, and financial consequences of not proceeding as One NHS.
4	Ensure future business cases clearly articulate the cost to deliver, both in respect of the national infrastructure and local deployment and that funding is identified and secured for all elements of implementation.
5	Ensure future business cases clearly define the business-as-usual requirements once the new asset or infrastructure is operational. In the case of digital programmes
6	Engage with our stakeholders, including Scottish Government, health and social care partners and the wider public sector to ensure that they are aware of the capabilities and expertise in NSS and the benefits of NSS as a national board being the lead Board in estate, infrastructure and national digital programmes.

Service Excellence

Risk Description:	<p>There is a risk that NSS is unable to deliver effective services for its users that could lead to a negative impact on NHS Scotland health outcomes and NSS credibility.</p> <p>Due to the amount of change and improvement required to ensure services continue to meet needs, the limited availability of key resources (digital, people, finance) to support change, the extended use of legacy technologies and the need to ensure services remain safe and effective.</p>	<p>Proximity Date: 30 April 2024</p> <p>Owner: Lee Neary Director of Strategy, Performance & Service Transformation</p>
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Impact Description:	Impact (1-5)	Likelihood (1-5)	RAG (I x L)
<p>Clinical</p> <p>Front line clinical services may be impacted if we are unable to deliver and successfully implement new services or service improvements within agreed timescales, leading to a reduction in availability, delays to tests/treatments and increased waiting times.</p>	3	3	9
<p>Business</p> <p>Being unable to improve services and introduce new services in line with user and stakeholder needs, financial requirements and agreed timescales could result in service delay or failure.</p> <p>The continued use of legacy or unsupported IT systems, increases the potential for system issues and the threat of cyber-attack, leading to service delays, loss of service and possible data loss, undermining our position as the provider of safe, reliable and secure digital systems and infrastructure for health and care.</p>	4	4	16
<p>Staff</p> <p>The workforce could become disengaged and disenfranchised as the pressure to deliver increases, potentially resulting in excess working hours, work life imbalance, increased sickness, and increased turnover.</p>	3	3	9
<p>Reputation</p> <p>Any major issues associated with new services or improvements to existing services, such as delays, poor implementations, drops in quality or performance, may result in a loss of credibility and reputational damage with our service users and stakeholders.</p> <p>High profile service issues or failures may result in media scrutiny of NSS, NHS Scotland and Scottish Government.</p>	4	3	12

Primary Category:	Residual Risk for Primary:		Secondary Category:	Mitigating Strategy:
Clinical <input type="checkbox"/> Business <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Reputation <input type="checkbox"/>	Impact (1-5)	3	Clinical <input type="checkbox"/> Business <input type="checkbox"/> Staff <input type="checkbox"/> Reputation <input checked="" type="checkbox"/>	Acceptance <input type="checkbox"/> Contingency <input type="checkbox"/> Prevention (<likelihood) <input checked="" type="checkbox"/> Reduction (<impact) <input type="checkbox"/> Transference <input type="checkbox"/>
	Likelihood (1-5)	2		
	RAG (I x L)	6		

Strategic Objective (select one)			
Service excellence	X	Workforce sustainability	
Financial sustainability		Climate sustainability	

Financial Impact (select one)	
Not applicable	
<£10k	
£10k - £100k	
£100k - £250k	
£250k - £1,000K	X
>£1,000K	

Current Controls: A control is a process, policy, device, or other action that acts to minimise negative risk or enhance positive opportunities. What controls do you currently have in place? (See IRMA Section 10)	
1	Operational teams with service responsibility – Level 1
2	Directorate Senior Management Teams with service responsibility and oversight – Level 1
3	Change Oversight Group – Level 1 (monthly)
4	Local Programme Boards – Level 1
5	Annual planning and review – Level 1
6	Service Excellence, Annual Delivery Plan and Change Oversight and Portfolio Management reports to the EMT and FPPC – Level 1 (monthly/quarterly)
7	Executive Management Team oversight and performance monitoring of the Service Excellence strategic objective – Level 2 (monthly)
8	Finance, Procurement and Performance Committee for scrutiny and assurance – Level 2 (quarterly)
9	NSS Integrated Performance Report to the Board – Level 2 (quarterly)
10	NSS Board for scrutiny and assurance – Level 2 (quarterly)
11	Vacancy Management Group – Level 2 (weekly)
12	Workforce Pay, Terms and Conditions Committee – Level 2 (weekly)
13	NSS Governance procedures in place for funding approval for business cases – EMT, NSS Board (Level 2) or SG funding (Level 3)
14	Internal and external audit for external review aligned to best practice – Level 3 (annually)
15	Scottish Government Sponsorship Review for scrutiny – Level 3 (quarterly)
16	NSS Annual Report & Accounts' non-financial section – Level 3 (annual)
17	NSS Annual Review – Level 3 (annual)

Mitigating Actions: Actions taken to reduce the likelihood and/or impact of the risk occurring. What are you going to do to reduce the risk and what is your mitigating strategy?	
1	All NSS Directorates to develop quality improvement/management plans and ensure their implementation.
2	The Change Oversight Group (COG) to ensure effective oversight of all major NSS change programmes and improve reporting to the EMT and Board.
3	The Portfolio Management Group to ensure effective oversight of national programmes being delivered by NSS on behalf of NHSScotland and improve reporting to the EMT and Board.
4	All NSS Directorates to monitor and report on the performance of their annual delivery plan (ADP) through quarterly updates to EMT, Board and Scottish Government.
5	Senior responsible officers (SROs) to ensure robust programme and/or project plans are in place for all NSS change programmes, with project level risks articulated and recorded in the NSS risk system.
6	EMT Directors to ensure they have up-to-date directorate workforce plans that are reviewed regularly to make sure appropriate staffing levels are in place to meet service requirements.
7	EMT Directors and budget holders to put robust financial planning and monitoring in place to ensure services and change programmes are being delivered within budget.
8	SPST to lead a review of the NSS Strategy to determine what future change may be needed and to ensure the draft strategy is considered by stakeholders prior to Board approval in March 2024.
9	SPST to implement new dashboards and reports for performance, risk and issues, resilience, and incidents so the EMT can make effective decisions and the Board can assure performance.
10	The Clinical Directorate to lead the development and implementation of the NSS Quality Improvement Strategy.
11	SPST to lead the development and implementation of a NSS Quality Management Framework.
12	SPST, in partnership with all NSS Directorates, to improve how complaints and feedback data is collated and reported to ensure learning and improvement opportunities are maximised.
13	Corporate Governance, supported by SPST, Finance, DAS, and HR, to lead the implementation of new or improved corporate assurance information systems for NSS, including a new risk management system.

Rationalisation of Office Accommodation

Risk Description:	<p>There is a risk that NSS is unable to fully realise savings and service improvements from the rationalisation of its office accommodation.</p> <p>Due to the requirement to work collaboratively with, and at the pace of national boards and other stakeholders.</p>	<p>Proximity Date: 31/03/24</p> <p>Owner: Carolyn Low, Director of Finance Corporate Governance and Legal Services.</p>
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Impact Description:	Impact (1-5)	Likelihood (1-5)	RAG (I x L)	
Clinical	There will be a limited impact on clinical services from a failure to transact our estate rationalisation ambitions. Some service improvement or investment goals may not be affordable.	2	3	6
Business	Estate rationalisation is a key element of NSS' longer term financial sustainability plan. Our offices are under-utilised and a major driver of our organisational carbon footprint. In the medium-term significant capital investment is required to ensure our buildings remain regulatory compliant and fit for use. Failure to realise savings from estate rationalisation will compromise the financial sustainability of our organisation in the medium term.	5	3	15
Staff	NSS has a hybrid working policy and the way our staff utilise the office has changed. Under-utilised buildings are not conducive to a productive work environment.	3	3	9
Reputation	Failure to deliver future savings could negatively impact on NSS's credibility with stakeholders.	2	3	6

Primary Category:	Residual Risk for Primary:	Secondary Category	Mitigating Strategy:
Clinical <input type="checkbox"/>	Impact (1-5) 5	Clinical <input type="checkbox"/>	Acceptance <input type="checkbox"/>
Business <input checked="" type="checkbox"/>	Likelihood (1-5) 2	Business <input type="checkbox"/>	Contingency <input type="checkbox"/>
Staff <input type="checkbox"/>	RAG (I x L) 10	Staff <input checked="" type="checkbox"/>	Prevention (<likelihood) <input checked="" type="checkbox"/>
Reputation <input type="checkbox"/>		Reputation <input type="checkbox"/>	Reduction (<impact) <input type="checkbox"/>
			Transference <input type="checkbox"/>

Strategic Objective (select one)			
Service excellence		Workforce sustainability	
Financial sustainability	x	Climate sustainability	

Rationalisation of Office Accommodation - Page 2 of 2

Financial Impact (select one)	
Not applicable	
<£10k	
£10k - £100k	
£100k - £250k	
£250k - £1,000K	
>£1,000K	x

Current Controls: A control is a process, policy, device or other action that acts to minimise negative risk or enhance positive opportunities. What controls do you currently have in place? (See IRMA Section 10)	
1	The NSS Strategic Infrastructure Board provides oversight over all infrastructure and our use of assets in line with our Climate Sustainability commitments - Level 1.
2	Risk reviews at Finance SLT (senior leadership team) monthly for responsibility and oversight), EMT (quarterly for responsibility and oversight), FPPC (quarterly for scrutiny and assurance) and Board (biannually for scrutiny and assurance) - Level 1 and 2.
3	All NSS business cases require approval through NSS governance, EMT and the NSS Board and the subsequent support and funding commitment from Scottish Government - Level 2 and 3.
4	NSS is accountable to Scottish Government for all assets and infrastructure decisions. Scottish Public Finance Manual requires Boards to demonstrate effective use of assets and infrastructure and there is a requirement to exercise lease breaks on any private sector leases in favour of public owned assets and infrastructure in order to optimise its use. Boards are encouraged to collaborate with other public sector organisations and to share accommodation where possible - Level 3.

Mitigating Actions: Actions taken to reduce the likelihood and/or impact of the risk occurring. What are you going to do to reduce the risk and what is your mitigating strategy?	
1	NSS Strategic Infrastructure Board to oversee the delivery of NSS Whole System Plan to outline long-term assets and infrastructure requirements and long-term investment requirements.
2	NSS Strategic Infrastructure Board to oversee development for an Outline Business Case for the Edinburgh Office Estate, which will consider options for the future of Gyle Square and other Edinburgh offices, working with key stakeholders, including National Board partners and NHS Lothian.
3	Close engagement with other boards to ensure they are fully aware of the status of ongoing projects to “build confidence” with them in NSS’s abilities to deliver programmes, change and savings.
4	Work collaboratively with other boards, Scottish Government and other public sector partners to rationalise our office accommodation and operational infrastructure to find the best solution which optimises the use of public sector assets whilst supporting net zero ambitions.

Financial Sustainability

Risk Description:	<p>There is a risk that NSS is unable to deliver its statutory obligation to deliver services within approved funding limits, whilst delivering cash releasing efficiency savings targets.</p> <p>Due to the changing, short term, non-recurrent nature of funding allocations which limit our financial flexibility and ability to invest to save and deliver value for money.</p>	<p>Proximity Date: 31/03/24</p> <p>Owner: Carolyn Low, Director of Finance, Corporate Governance & Legal Services</p>
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Impact Description:	Impact (1-5)	Likelihood (1-5)	RAG (I x L)	
Clinical	Whilst services impacting frontline health services would be prioritised there would be a need to focus on essential services and ambitions to invest in, redesign or improve our services may be impacted.	1	3	3
Business	Failing to deliver services within available funding will require more stringent cost reduction measures to be applied across the organisation and non-essential services to scaled back or stopped, allowing resources to be redirected as required. Our ability to invest in improving our services to meet our strategic objectives may be compromised.	5	3	15
Staff	Short term funding leads to an increased use of fixed term, agency and contractor resources which are difficult to recruit and retain, and therefore can only be sourced at a premium. This will impact on delivery timelines and our ability to meet service standards and deliver. Our ability to maintain staffing levels more generally will be compromised, with vacancies left unfilled due to lack of funding.	3	3	9
Reputation	Our ability to respond to the needs of Government and the wider health and care system with agility and pace will be impacted due to capacity constraints. Failure to deliver a balanced budget and financial savings through procurement and effective national programme and service delivery will negatively impact NSS's credibility with stakeholders, and our position as a partner of choice.	3	2	6

Primary Category:	Residual Risk for Primary:		Secondary Category	Mitigating Strategy:
Clinical <input type="checkbox"/>	Impact (1-5)	5	Clinical <input type="checkbox"/>	Acceptance <input type="checkbox"/>
Business <input checked="" type="checkbox"/>	Likelihood (1-5)	2	Business <input type="checkbox"/>	Contingency <input type="checkbox"/>
Staff <input type="checkbox"/>	RAG (I x L)	10	Staff <input checked="" type="checkbox"/>	Prevention (<likelihood) <input type="checkbox"/>
Reputation <input type="checkbox"/>			Reputation <input type="checkbox"/>	Reduction (<impact) <input checked="" type="checkbox"/>
				Transference <input type="checkbox"/>

Strategic Objective (select one)			
Service excellence		Workforce sustainability	
Financial sustainability	X	Climate sustainability	

Financial Impact (select one)	
Not applicable	
<£10k	
£10k - £100k	
£100k - £250k	
£250k - £1,000K	
>£1,000K	X

Current Controls: A control is a process, policy, device or other action that acts to minimise negative risk or enhance positive opportunities. What controls do you currently have in place? (See IRMA Section 10)	
1	Close engagement with Directorate and department heads to prepare robust budgets and forecasting – Level 1.
2	Purchasing controls in place to ensure all orders issued as approved in line with the Delegated limits, Standing Financial Instructions and budgeted funded expenditure – Level 1.
3	Risk will be reviewed by Finance SLT (monthly for responsibility and oversight), EMT (monthly for responsibility and oversight), FPPC (quarterly for scrutiny and assurance) and Board (biannually for scrutiny and assurance) – Level 1 and 2.
4	Board review and approval of the proposed annual budget – Level 2.
5	Reporting of financial performance to EMT, FPPC and Board in timely manner to ensure that any potential overspends are quickly identified and addressed as required – Level 2.
6	Annual Accounts Audit to identify and report any potential issues to senior management, board and committee members – Level 3

Mitigating Actions: Actions taken to reduce the likelihood and/or impact of the risk occurring. What are you going to do to reduce the risk and what is your mitigating strategy?	
1	Strong organisational focus through Financial Sustainability strategic objective and Financial Sustainability Plans.
2	Early and frequent engagement with the Scottish Government to communicate investment plans to obtain appropriate funding for proposed projects in as timely manner as possible within the confines of the SG baseline and non-recurring funding model.
3	Engagement with Scottish Government to demonstrate the disadvantages of non-recurring funding model with a view to moving all appropriate non-recurring funding to baseline funding.
4	Finance Charters developed to define financial management roles and responsibilities between Finance, EMT, Directorate leadership and budget holders. Sets out expectations, and financial support infrastructure to create a culture of cost control and value for money.
5	Robust Workforce planning to ensure appropriate resources are in place to meet requirements.
6	Adoption of Value Based Health and Care delivers better outcomes and experiences for the people we care for through the equitable, sustainable, appropriate and transparent use of resources.

Governance and Regulatory Compliance

Risk Description:	<p>There is a risk that we fail to meet appropriate corporate legal, governance and regulatory requirements.</p> <p>Due to limited staff capacity and capability, ineffective internal processes and wider service pressures.</p>	<p>Proximity Date: 31 March 2024</p> <p>Owner: Carolyn Low, Director of Finance, Corporate Governance and Legal Services</p>
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Impact Description:	Impact (1-5)	Likelihood (1-5)	RAG (I x L)
<p>Clinical</p> <p>Failure to meet regulatory requirements would have a profound impact on services such as SNBTS who operate in a highly regulated environment. Non-compliance could result in a service being suspended until remediation is undertaken. Failing to meet clinical governance standards will result in patient safety being compromised and would require immediate improvement actions to resolve. Medical Device Regulations require all devices used in medical procedures and software used to make clinical decisions to be regulated for use. This is a new and emerging obligation which will require significant investment.</p>	4	2	8
<p>Business</p> <p>Failure to adhere to governance and regulatory requirements would result in fines and penalties and potential legal action. There are wide range of potential fines that could be associated with this risk including (but not limited to) fines for breaches of GDPR of up to £17.5m, material procurement related claims for challenged tenders or legal claims. Failure to comply with Health and Safety legislation could ultimately result in corporate manslaughter charges.</p> <p>Non-compliance will result in additional remediation activity at additional cost. Higher value claims are deemed to be a lower likelihood of occurring with potential impacts ranging from 100k to 250k deemed more likely.</p>	3	4	12
<p>Staff</p> <p>Expertise to support governance and compliance activity is often vested in a small number of key individuals.</p> <p>Non-compliance will place an additional burden on these specialists, as they will be required to lead any improvement activity in addition to managing the routine compliance activities.</p> <p>This could have a detrimental impact on staff wellbeing and morale and there may be a requirement for additional temporary resource.</p>	3	3	9

Reputation	Major potential impact on reputation with stakeholders nationally due to not being able to deliver appropriate service levels to achieve baseline legal, governance and regulatory requirements. Potential related adverse publicity.	3	3	9
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Primary Category:	Residual Risk for Primary:		Secondary Category	Mitigating Strategy:
Clinical <input type="checkbox"/>	Impact (1-5)	3	Clinical <input type="checkbox"/>	Acceptance <input type="checkbox"/>
Business <input checked="" type="checkbox"/>	Likelihood (1-5)	2	Business <input type="checkbox"/>	Contingency <input type="checkbox"/>
Staff <input type="checkbox"/>	RAG (I x L)	6	Staff <input type="checkbox"/>	Prevention (<likelihood) <input checked="" type="checkbox"/>
Reputation <input type="checkbox"/>			Reputation <input checked="" type="checkbox"/>	Reduction (<impact) <input type="checkbox"/>
				Transference <input type="checkbox"/>

Strategic Objective (select one)			
Service excellence	X	Workforce sustainability	
Financial sustainability		Climate sustainability	

Financial Impact (select one)	
Not applicable	
<£10k	
£10k - £100k	
£100k - £250k	X - medium level legal claims deemed more likely
£250k - £1,000K	
>£1,000K	

Governance and Regulatory Compliance - Page 3 of 3

Current Controls: A control is a process, policy, device or other action that acts to minimise negative risk or enhance positive opportunities. What controls do you currently have in place? (See IRMA Section 10)	
1	Appropriately qualified & experienced staff are in post in the relevant legal, finance and governance areas to ensure relevant requirements are met – Level 1.
2	Appropriate and clear reporting lines and escalation procedures are in place to ensure that any potential issues with meeting requirements are flagged and addressed so resources can be reallocated as appropriate – Level 1.
3	Timetables for action are maintained by relevant teams to ensure requirements are met by the relevant deadlines – Level 1.
4	Clinical Governance Committee providing oversight of all clinical governance matters – Level 2.
5	Monthly Executive Management Team meetings are held to ensure that appropriate requirements are prioritised and met. Also review at Finance SLT (monthly for oversight), FPPC (quarterly for scrutiny and assurance) and NSS Board (biannually for scrutiny and assurance) – Level 2.
6	Strong governance procedures are in place to ensure compliance with legal, governance and regulatory requirements including an appointed Board with specialist sub committees which meet regularly during the year, a documented Scheme of Delegation, Standing Financial Instructions, Standing Orders and other appropriate governance policies - Level 2 and 3.
7	Professional external and internal audits are carried out during the year and at year end as well as ad hoc additional external audits (e.g. ICO, service audits) to identify and report any potential issues to senior management, board and committee members - Level 3.

Mitigating Actions: Actions taken to reduce the likelihood and/or impact of the risk occurring. What are you going to do to reduce the risk and what is your mitigating strategy?	
1	Corporate oversight of organisational response to legal, governance and regulatory requirements to ensure effective compliance.
2	Regular management meetings are held to appropriately monitor and allocate resources to meet all legal, governance and regulatory requirements.
3	Regular review of the skill set of staff in post to ensure that they retain the appropriate level of skills in the light of changes in legal, governance and regulatory requirements.
4	Continued engagement in the Enhancing Leadership Capability Process to ensure appropriate staff succession and resilience planning.
5	Robust Workforce planning to ensure appropriate resources are in place to meet requirements.
	Note: due to the absolute nature of legal, governance and regulatory requirements, the focus is on control rather than mitigation

Public Scrutiny and Inquiries

Risk Description:	<p>There is a risk that NSS does not meet statutory requirements and requests from public inquires and other forms of external scrutiny.</p> <p>Due to the devolved approach the organisation takes to respond.</p>	<p>Proximity Date: Jan 2025</p> <p>Owner: Lee Neary, Director of Strategy, Performance and Service Transformation</p>
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Impact Description:	Impact (1-5)	Likelihood (1-5)	RAG (I x L)
NSS does not respond fully, clearly, consistently and on time to requests made by inquiry teams and other types of scrutiny, such as criminal investigations, freedom of information/data protection subject access requests requests/reviews, parliamentary questions, Scottish Government consultations and media requests.			
Clinical The reliance on clinical expertise to respond to information requests could reduce clinical service levels and time involved for individuals could negatively impact on ongoing and new work	3	2	6
Business Failure to comply to some requests from public inquiries/Fol/DPA SAR/EIR could lead financial penalties (over £1M - although unlikely to be this). Ineffective management of information requests could result in staff being pulled from services to meet tight deadlines and individual contingency plans being put in place.	2	3	6
Staff Limited number of people with the knowledge to respond fully to inquiries, which may result in a higher burden on small number of staff. This could impact business as usual services with information requests being prioritised. Increased likelihood of sickness absence due to stress and anxiety.	3	4	12
Reputation If inquiries and requests are not managed consistently and lack corporate oversight, this this could lead to uncertainty of ownership, duplication of effort and confusion of roles and responsibilities when requests are received, which may lead to responses being submitted before being reviewed by the appropriate person(s) and could result in new issues arising for the business. Potential for missed deadlines to have some media or social media scrutiny which may have a significant effect on staff morale.	3	4	12

Primary Category:	Residual Risk for Primary:	Secondary Category:	Mitigating Strategy:						
Clinical <input type="checkbox"/> Business <input type="checkbox"/> Staff <input type="checkbox"/> Reputation <input checked="" type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Impact (1-5)</td> <td style="width: 50%; text-align: center;">3</td> </tr> <tr> <td>Likelihood (1-5)</td> <td style="text-align: center;">3</td> </tr> <tr> <td>RAG (I x L)</td> <td style="text-align: center; background-color: yellow;">9</td> </tr> </table>	Impact (1-5)	3	Likelihood (1-5)	3	RAG (I x L)	9	Clinical <input type="checkbox"/> Business <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Reputation <input type="checkbox"/>	Acceptance <input type="checkbox"/> Contingency <input type="checkbox"/> Prevention (<likelihood) <input type="checkbox"/> Reduction (<impact) <input checked="" type="checkbox"/> Transference <input type="checkbox"/>
Impact (1-5)	3								
Likelihood (1-5)	3								
RAG (I x L)	9								

Strategic Objective (select one)			
Service excellence	X	Workforce sustainability	
Financial sustainability		Climate sustainability	

Financial Impact (select one)	
Not applicable	
<£10k	
£10k - £100k	X
£100k - £250k	
£250k - £1,000K	
>£1,000K	

Current Controls: A control is a process, policy, device or other action that acts to minimise negative risk or enhance positive opportunities. What controls do you currently have in place? (See IRMA Section 10)	
1	Close collaboration with the teams responding to the Scottish Hospitals Inquiry and C-19 public inquiries is progressing towards a more consistent approach to responding to public inquiries – Level 1.
2	NSS C-19 Public Inquiries Programme working with Directorates with experience in responding to public inquiries and other forms of scrutiny to develop best practice for NSS – Level 1.
3	Governance/oversight – monthly oversight group and risk management – Level 1.
4	Potential key witness who have left the organisation are informed of their ongoing obligations, including ‘Do Not Destroy’ notice – Level 1.
5	Report to EMT (quarterly – responsibility and oversight), ARC (quarterly) and NSS Board (biannually) – for scrutiny and assurance – Level 2.
6	Directorates each have FOI leads for directorate-level guidance (Level 1). FOI Central Team review and manage all requests and provide guidance - Level 2.
7	Independent review by CLO and Counsel – Level 3
8	No fines incurred for late submissions – Level 3
9	No unexpected media scrutiny of NSS submissions – Level 3

Mitigating Actions: Actions taken to reduce the likelihood and/or impact of the risk occurring. What are you going to do to reduce the risk and what is your mitigating strategy?	
1	Test and identify a One NSS solution which would improve efficiency and quality using well defined processes, frameworks and digital solution(s), manage work and workflow of all requests from public inquiries and types of scrutiny received by NSS in a centralised and consistent approach and provide corporate oversight, enabling clear routes of escalation when required.
2	Establish governance at programme, EMT and NSS Board level.
3	Ensure there is sufficient support and expertise to minimise impact on individuals contributing to the inquiry and that it is clear where to go to access this resource.
4	Deliver NSS witness support, providing staff, and line managers of staff, asked to give written and/ or oral evidence, access to a support package consisting of media training, CLO support, OD and OHS (wellbeing) support
5	Establish NSS network to meet regularly to provide guidance and assurance (IG and Marcomms review), when responding to requests for information from public scrutiny and inquiries.

Clinical and Patient Safety

Risk Description:	<p>There is a risk that preventable harm may occur to patients and service users resulting in a negative outcome.</p> <p>Due to emerging areas of potential harm and evolving requirements, NSS needs to remain proactively focused on ensuring and continuously improving the clinical and patient safety of the care, services and products we provide.</p>	<p>Proximity Date: 31/03/2026</p> <p>Owner: Lorna Ramsay, Medical Director</p>
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Impact Description:	Impact (1-5)	Likelihood (1-5)	RAG (I x L)
<p>Clinical</p> <p>When events go wrong in our patient/ public facing services this may result in an adverse event activating the organisational duty of candour and/or non-compliance with regulatory requirements.</p> <p>A single event can have a major impact on patient outcomes in SNBTS. Whereas in national services such as population screening programmes, infection, prevention and control and clinical safety of medical devices, there is an impact at population level where the scale can result in major consequences.</p>	4	3	12
<p>Business</p> <p>Litigation (for example public inquiry) costs, though these may be covered by Scottish Government rather than from NSS core budget.</p> <p>Costs/ resources for recovery of services.</p> <p>Instigation of improvement programme as a result of an adverse event (including duty of candour), complaint, etc.</p> <p>Reported adverse events could be notifiable to external regulators, such as the MHRA, Scottish Government or ICO, potentially leading to financial penalties >1,000k.</p> <p>Moderate disruption to services and potentially some delay to projects.</p>	3	2	6
<p>Staff</p> <p>Consequences of a clinical event or incident and subsequent publicity may impact on staff morale, sickness absence, training and development needs.</p> <p>Increase in case management, such as capability or conduct issues.</p> <p>Detrimental impact on staff professional registration or reputation.</p>	3	2	6
<p>Reputation</p> <p>Due to the nature of NSS as a national board adverse events attract adverse publicity, social media attention, may result in ministerial concern, and/or enforcement action by external regulators.</p>	4	3	12

Primary Category:	Residual Risk for Primary:		Secondary Category:	Mitigating Strategy:
Clinical <input checked="" type="checkbox"/> Business <input type="checkbox"/> Staff <input type="checkbox"/> Reputation <input type="checkbox"/>	Impact (1-5)	4	Clinical <input type="checkbox"/> Business <input type="checkbox"/> Staff <input type="checkbox"/> Reputation <input checked="" type="checkbox"/>	Acceptance <input type="checkbox"/>
	Likelihood (1-5)	2		Contingency <input type="checkbox"/>
	RAG (I x L)	8		Prevention (<likelihood) <input checked="" type="checkbox"/> Reduction (<impact) <input type="checkbox"/> Transference <input type="checkbox"/>

Strategic Objective (select one)			
Service excellence	X	Workforce sustainability	
Financial sustainability		Climate sustainability	

Financial Impact (select one)	
Not applicable	
<£10k	
£10k - £100k	
£100k - £250k	X
£250k - £1,000K	
>£1,000K	

Current Controls: A control is a process, policy, device or other action that acts to minimise negative risk or enhance positive opportunities. What controls do you currently have in place? (See IRMA Section 10)	
1	<p>Clinical governance: Overarching structures, policies, guidance, processes, systems, escalation procedures, lessons learned reviews and reporting at Committee, corporate and directorate levels (risk; adverse events; duty of candour; healthcare associated infection; blood safety; complaints; whistleblowing and raising concerns; research governance)</p> <p><u>Level 1:</u> Directorate level: Clinical Governance Groups/ Senior Management Team (monthly); directorate responsible leads; directorate specific policy, guidance and processes; use of corporate adverse event and risk systems</p> <p><u>Level 2:</u> Corporate: Clinical Governance and Quality Improvement Group (quarterly); Executive Management Team; Clinical Governance Committee (quarterly, annually); Staff Governance Committee (quarterly) (WB); NSS Board (biannually) (risks); executive and corporate leads for specific domains; NSS Clinical Governance Framework; corporate policies, guidance and procedures; raising concerns processes, complaints oversight</p> <p><u>Level 3:</u> Reporting to external organisations: Category 1/Level 1 adverse event reviews (HIS); duty of candour annual report (SG); healthcare associated infection (SG) (quarterly, annual); whistleblowing (INWO); internal audit (areas of service as agreed by Audit and Risk Committee); external benchmarking (subject to further development through corporate data governance programme)</p>

2	<p>Quality control and assurance: Operational processes, monitoring and skilled teams in place (risk, adverse events, duty of candour, healthcare associated infection, blood safety, complaints, whistleblowing and raising concerns)</p> <p><u>Level 1:</u> Directorate level: Clinical Governance Groups/ SMT (monthly); ensuring relevant regulations, legislation, statutory instruments and associated standards, good practice and codes of practice are being met; directorate Quality Managers/ leads/ teams; standard operating procedures; quality monitoring processes and systems; risk and adverse event/ incident reporting, systems, management and processes (including corrective actions and preventative actions; root cause analysis; lessons learned reviews); staff training, competency assessment and compliance monitoring/ audit; externally approved/ SIGN guideline methodologies for assurance of advice</p> <p><u>Level 2:</u> Corporate: Clinical Governance and Quality Improvement Group (monthly); EMT; corporate Clinical Governance and Quality Improvement leads/ team; procedures and reviews for risk, adverse events and duty of candour; legal and regulatory quality compliance oversight (blood, tissues and cells; medicinal products; medical devices; radiation exposure); SG and UK research policy/ governance framework self-assessment</p> <p><u>Level 3:</u> Reporting to external organisations: Reporting of events, review/ inspection and licensing/ certification by multiple external bodies/ regulators/ accreditors: including Medicines and Healthcare products Regulatory Agency; UK Accreditation Service; Pharmaceutical Manufacturer licencing; British Standards Institute; ISO standards certification; HIS independent reviews</p>
3	<p>Clinical professional governance: Arrangements to ensure all clinical professional staff working in NSS meet regulatory body requirements in relation to licensing, registration, revalidation and appraisal and that Healthcare Support Worker staff are trained and developed for their roles</p> <p><u>Level 1:</u> Directorate level: Medical Director (or equivalent); individual clinical professional managers; individual clinical professional appraisal; oversight of Healthcare Support Worker staff mandatory training and development for role</p> <p><u>Level 2:</u> Corporate: Clinical Governance and Quality Improvement Group (monthly/ quarterly); EMT; Clinical Governance Committee (annually); Executive Lead/ Responsible Officer; corporate Clinical Professional Director/ Responsible Officer oversight; Checking and Maintaining Professional Registration Policy and processes; eESS interface to clinical professional regulator registers; Health and Care Staffing Escalation Guiding Principles; raising concerns processes</p> <p><u>Level 3:</u> Reporting to external organisations: Clinical professional regulatory bodies, including Codes of Conduct oversight; (General Medical Council, Nursing and Midwifery Council, Health and Care Professions Council, General Pharmaceutical Council, General Dental Council, General Optical Council, UK Public Health Register); reporting to external organisations (NES); Whistleblowing (INWO)</p>

<p>Mitigating Actions: Actions taken to reduce the likelihood and/or impact of the risk occurring. What are you going to do to reduce the risk and what is your mitigating strategy?</p>	
1	Implement the NSS Clinical Governance Framework delivery plan by March 2026, with particular focus on planning for quality and consistency in understanding of clinical (definition and outcomes). (<u>Owner:</u> Medical Director).
2	Embed quality improvement and sharing of learning in our ways of working by March 2026 to enhance patient safety and improve our services. This includes improvements to data reporting and use to support measurement for improvement by March 2025. (<u>Owner:</u> Director of Nursing).
3	Increase focus on clinical safety cases for digital products and services. Establish an NSS quality management system for medical devices by June 2024 and achieve high level compliance with medical device regulations by June 2025. (<u>Owner:</u> Medical Director).
4	Implementation of Health and Care Staffing requirements and action plan and inclusion of clinical workforce specific aspects in the NSS Workforce Plan and its delivery. (<u>Owner:</u> Director of HR and Workforce) by March 2024.

Workforce Sustainability

Risk Description:	<p>There is a risk that NSS will not have a sustainable workforce that is diverse, knowledgeable, and skilled to support the organisation to remain resilient and responsive to meet its strategic ambitions and service needs.</p> <p>Due to current labour market conditions across the UK and our capacity to reskill staff, which could result in a lack of supply of professional / appropriately trained staff to deliver our services.</p>	<p>Proximity Date: December 2024</p> <p>Owner: Serena Barnatt, Director of HR & OD (Human Resources and Organisational Development)</p>
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Impact Description:	Impact (1-5)	Likelihood (1-5)	RAG (I x L)
<p>Clinical</p> <p>Lack of staff to deliver clinical services.</p> <p>Breach of clinical governance standards and safe staff legislation.</p> <p>Increase in patient/public complaints due to dissatisfaction with services, increase in errors and reporting of adverse events.</p> <p>Clinical workforce will not be able to work to current best practice which could have a detrimental impact on patient/service user health outcomes.</p> <p>Delay in developments which are beneficial to patient care.</p>	4	2	8
<p>Business</p> <p>Costs and resources to maintain services or recover services and reliance on supplementary staffing (agency staff, contractors).</p> <p>Delays in some services/projects.</p> <p>Services are unable to change or make improvements at pace.</p>	3	2	6

<p>Staff</p>	<p>Increase in staff turnover and higher absence levels.</p> <p>Increased overtime and reliance on existing staff and teams to maintain standards of service delivery.</p> <p>Disconnect between work life balance and wellbeing of staff.</p> <p>Increases potential risk to smaller teams with single points of failure.</p> <p>Lack of capacity and capability to develop staff so they continue to have the skills needed to deliver current and new services.</p> <p>Poor staff engagement and motivation leading to an underperforming workforce.</p> <p>Lack of available leadership to implement the vision and direction of NSS.</p> <p>Over reliance on supplementary staffing (agency staff, contractors) and potential concerns about earnings and costs.</p>	<p>4</p>	<p>3</p>	<p>12</p>
<p>Reputation</p>	<p>NSS will not be seen as an attractive employer and struggles to attract staff.</p> <p>NSS is unable to deliver its services to the standards required which could result in public and patient dissatisfaction.</p>	<p>3</p>	<p>2</p>	<p>6</p>

Primary Category:	Residual Risk for Primary:		Secondary Category:	Mitigating Strategy:
<p>Clinical <input type="checkbox"/></p> <p>Business <input type="checkbox"/></p> <p>Staff <input checked="" type="checkbox"/></p> <p>Reputation <input type="checkbox"/></p>	<p>Impact (1-5)</p>	<p>2</p>	<p>Clinical <input checked="" type="checkbox"/></p> <p>Business <input type="checkbox"/></p> <p>Staff <input type="checkbox"/></p> <p>Reputation <input type="checkbox"/></p>	<p>Acceptance <input type="checkbox"/></p> <p>Contingency <input type="checkbox"/></p> <p>Prevention (<likelihood) <input checked="" type="checkbox"/></p> <p>Reduction (<impact) <input type="checkbox"/></p> <p>Transference <input type="checkbox"/></p>
	<p>Likelihood (1-5)</p>	<p>2</p>		
	<p>RAG (I x L)</p>	<p>4</p>		

Strategic Objective (select one)			
Service excellence		Workforce sustainability	X
Financial sustainability		Climate sustainability	

Financial Impact (select one)	
Not applicable	
<£10k	
£10k - £100k	
£100k - £250k	
£250k - £1,000K	X
>£1,000K	

<p>Current Controls: A control is a process, policy, device or other action that acts to minimise negative risk or enhance positive opportunities. What controls do you currently have in place? (See Integrated Risk Management Approach (IRMA) Section 10).</p>	
1	<p><u>Level 1: Directorate</u> Directorate People Dashboard Individual Appraisals (KSF & PDP), Executive and Senior Management Appraisals and Medical Appraisals and Job Planning Directorate Partnership Forums, Senior/Operational Management Teams, Service Objectives Directorate Workforce Plan Directorate Occupational Health, Safety and Wellbeing Group (including quarterly risk profile) iMatter (teams)</p>
2	<p><u>Level 2: Corporate</u> NSS Great Place to Work Plan, NSS Workforce Strategy and NSS Workforce Plan NSS People Report iMatter (organisational) Occupational Health and Safety Advisory Committee NSS Wellbeing Group Whistleblowing policy and confidential contacts Workforce Policy, Terms & Conditions Group NSS Remuneration and Succession Planning Committee NSS Educational Governance Group Executive Management Team Staff Governance Committee NSS Partnership Forum NSS Board</p>
3	<p><u>Level 3: External</u> Once for Scotland policies NHS Terms & Conditions of Employment Integrated planning process incorporating workforce plan being reported to Scottish Government Staff Governance Monitoring Return to Scottish Government Internal Audit iMatter (National Report)</p>

Mitigating Actions: Actions taken to reduce the likelihood and/or impact of the risk occurring. What are you going to do to reduce the risk and what is your mitigating strategy?	
1	EMT Directors to ensure they have up-to-date Directorate workforce plans that are reviewed regularly to make sure appropriate staffing levels are in place to meet business requirements.
2	The Change Oversight Group (COG) to ensure effective oversight of all NSS organisational change programmes and consider staff impact.
3	All NSS Directorates to monitor and act on gaps and issues identified through their People dashboard and other HR reports.
4	HR to develop and regularly review the NSS Workforce Strategy and annual workforce plan to determine what future staff requirements.
5	All NSS Directorates ensure participation in the annual iMatter survey and the completion of action plans and their implementation.
6	HR to develop, agree and report on an annual Great Place to Work Plan (Staff Governance Action Plan) with the Staff Governance Committee.
7	HR to support NSS Directorates with hard-to-recruit roles.
8	HR to continue development and evolution of an early careers' strategy.

Climate Change

Risk Description:	<p>There is a risk that we do not reduce our impact on the environment in line with government climate change targets.</p> <p>Due to challenges with the scale of change needed to NSS and national infrastructure while ensuring clinical safety standards continue to be met.</p>	<p>Proximity Date: 31/03/2025</p> <p>Owner: Julie Critchley, Director of NHSScotland Assure</p>
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Impact Description:		Impact (1-5)	Likelihood (1-5)	RAG (I x L)
Clinical	Minor effect on the health impact due to the limited range of clinical services provided by NSS.	2	2	4
Business	<p>Potential delay to major change programmes, e.g., use of biofuels, removing paper processes, increasing electric charging points, estate rationalisation, could result in associated environmental benefits not being realised.</p> <p>Please note: Elements of the NSS Environmental and Sustainability strategy may not be delivered during this financial year. The first key targets are for 2025.</p>	3	3	9
Staff	If NSS is under pressure to achieve its environmental targets or there is a lack of clarity around responsibility or deliverables, staff may feel under pressure to deliver sustainability requirements in addition to their BAU activities or may become confused or demotivated.	1	3	3
Reputation	If targets are not achieved, NSS could face criticism from stakeholders and lose credibility as we host the national team responsible for NHS Scotland environmental and climate sustainability.	2	3	6

Primary Category:	Residual Risk for Primary:	Secondary Category:	Mitigating Strategy:						
Clinical <input type="checkbox"/> Business <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Reputation <input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Impact (1-5)</td> <td style="width: 50%; text-align: center;">2</td> </tr> <tr> <td>Likelihood (1-5)</td> <td style="text-align: center;">3</td> </tr> <tr> <td>RAG (I x L)</td> <td style="text-align: center; background-color: green;">6</td> </tr> </table>	Impact (1-5)	2	Likelihood (1-5)	3	RAG (I x L)	6	Clinical <input type="checkbox"/> Business <input type="checkbox"/> Staff <input type="checkbox"/> Reputation <input checked="" type="checkbox"/>	Acceptance <input type="checkbox"/> Contingency <input type="checkbox"/> Prevention (<likelihood) <input checked="" type="checkbox"/> Reduction (<impact) <input type="checkbox"/> Transference <input type="checkbox"/>
Impact (1-5)	2								
Likelihood (1-5)	3								
RAG (I x L)	6								

Strategic Objective (select one)			
Service excellence		Workforce sustainability	
Financial sustainability		Climate sustainability	X

Financial Impact (select one)	
Not applicable	
<£10k	
£10k - £100k	X (The risk is assessed against this financial year. The first strategic targets are for 2025 and there could be increased financial implications for 2024/25).
£100k - £250k	
£250k - £1,000K	
>£1,000K	

Current Controls: A control is a process, policy, device or other action that acts to minimise negative risk or enhance positive opportunities. What controls do you currently have in place? (See IRMA Section 10)	
1	NSS Sustainability Team in place and available to support staff and teams to understand and implement environmental and sustainability changes – Level 1.
2	Sustainability ambassadors established across NSS Directorates to support local activity – Level 1.
3	NSS Directors are required to have climate change KPIs in their objectives – Level 1.
4	Sustainability and Infrastructure Board in place to provide oversight against NSAT performance and achievement of environmental targets – Level 2.
5	NSS Environmental and Sustainability Strategy 2022-2040 – Level 2.
6	Climate Change strategic objective performance report – Level 2 (quarterly).
7	EMT Review – for responsibility and oversight – Level 2 (quarterly).
8	FPPC Review –for scrutiny and assurance – Level 2 (quarterly).
9	NSS Board – for scrutiny and assurance – Level 2 (quarterly).
10	National Sustainability Assessment Tool – Level 3 (biennially).
11	Public Bodies Climate Change Duties Report – Level 3 (annual).
12	Membership of the NHSScotland Climate Emergency and Sustainability Board – Level 3.

Mitigating Actions: Actions taken to reduce the likelihood and/or impact of the risk occurring. What are you going to do to reduce the risk and what is your mitigating strategy?	
1	Achieve a self-assessed NSAT score of 80% (gold).
2	Create and implement a Property and Asset Management Strategy 2023-2033 (PAMS) that helps to reduce the environmental impact from our estate.
3	Environmental management system to be fully reviewed against 2022 aspects and legislation with annual review in place and assessment against new or updated legislation.
4	Prioritise and minimise use of resources across NSS.
5	Decarbonise areas of fleet, including increased use of biofuels and electric vehicles.
6	Generate a <i>NSS Route Map to Net Zero by 2040</i> along with associated project plans.
7	Generate a greenspace plan for each NSS site with focus on improved access, utilisation, biodiversity, and natural environmental defences.
8	Create and publicise an NSS Modern Slavery Statement.
9	Identify low or zero carbon alternate and back-up solutions for infrastructure
10	Revise flood risk assessments for the full estate.
12	Develop mandatory training on environmental management and sustainability for all staff.

NHS National Services Scotland (NSS)

Meeting:	NSS Board
Meeting date:	Friday, 15 December 2023
Title:	Risk Management Strategy
Paper Number:	B/23/38
Responsible Executive/Non-Executive:	Lee Neary, Director of Strategy, Performance and Service Transformation
Report Author:	Caroline McDermott, Head of Planning

1. Purpose

- 1.1 The Board is asked to approve the NSS Risk Management Strategy.
- 1.2 This is part of the review of the Integrated Risk Management Approach (IRMA) and sets out the context and roles and responsibilities, with the operational detail of the Approach to follow.

2. Recommendation

- 2.1 The Board is asked to approve the Risk Management Strategy.

3. Executive Summary

- 3.1 The purpose of the strategy is to set out the benefits and objectives for risk management to provide overall direction for all elements of a risk management system to be in place. The strategy also defines roles and responsibilities.
- 3.2 This strategy will be supplemented by our Integrated Risk Management Approach (IRMA) which will detail the process outlining how we deal with risks within NSS. Our aim is to continuously improve our risk management approach and the quality of risk information we hold.

4. Impact Analysis

4.1 Quality/ Patient Care

4.1.1 Specific detail on risk type will be included in the Integrated Risk Management Approach.

4.2 Equality and Diversity, including health inequalities

4.2.1 An Equality and Diversity Impact Assessment will be completed when the Integrated Risk Management Approach is completed and will apply to both documents.

4.3 Data protection and information governance

4.3.1 There are no specific person identifiable references within this Strategy document.

5. Risk Assessment/Management

5.1 This Risk Management Strategy is part of the overall Risk Management Approach. The development, assessment and management of risks is ongoing as part of business as usual.

6. Financial Implications

6.1 There are no direct financial implications of this strategy.

7. Workforce Implications

7.1 There are no workforce implications of this strategy.

8. Climate Change and Environmental Sustainability Implications

8.1 There are no climate change / environmental implications of this strategy.

9. Route to Meeting

9.1 The paper has been sent round Directorate Risk Leads who were given the opportunity to comment and the Executive Management Team, at its meeting in August. The paper was reviewed by the Audit and Risk Committee at its meeting in September.

10. List of Appendices and/or Background Papers

Appendix 1 Risk Management Strategy

Appendix 2 Glossary

Appendix 1

NSS Risk Management Strategy

December 23

1. Introduction

A risk can be defined as an event or set of events which, if they were to occur, could have an impact on the achievement of our objectives. Although the word 'risk' usually has negative implications, it is important to recognise that activities involving risk can have positive as well as negative outcomes. As an organisation central to supporting the strategic objectives of the NHS in Scotland, we cannot be entirely risk adverse, however we must demonstrate clearly where we intend to accept risk or mitigate against it.

This strategy will be implemented through our Integrated Risk Management Approach (IRMA) which will detail the process outlining how we deal with risks within NSS. Aligned to this, we will promote awareness of the approach through our network of Risk Leads' network and via mandatory Risk and Resilience training, which all staff must complete. Our aim is to continuously improve our risk management approach and the quality of risk information we hold.

A Glossary of Terms is included in Appendix 2.

2. Scope and Purpose of the Risk Management Strategy

The purpose of the strategy is to set out the benefits and objectives for risk management with a supporting framework (our Integrated Risk Management Approach) that will ensure all elements of a risk management system are in place. The strategy will also define roles and responsibilities.

This strategy applies to all risk management within NHS National Services Scotland. It applies to all staff within NHS National Services Scotland and includes where we work in partnership with other bodies and with Trade Unions.

The elements of a risk management system are;

- Risk management is an essential part of governance and leadership and fundamental to how the organisation is directed, managed and controlled at all levels;
- Risk management is integral to the decision making and achievement of objectives, with the sense that risk taking can bring both rewards and challenges;
- Risk management should be collaborative and informed by the best available information and expertise.

The process will be structured to include:

- Risk identification and assessment to determine priorities and how the risks should be managed;
- The selection, design and implementation of risk treatment options that support achievement of intended outcomes and manage risks to an acceptable level of impact and likelihood;
- The design and operation of integrated, insightful and informative risk monitoring;
- Timely, accurate and factual risk reporting to enhance the quality of decision making and to support management and oversight bodies in meeting their responsibilities.

3. Risk Management Objectives

The objectives set out below will be core to the effectiveness of integrated risk management across the organisation:

- There is an approved risk management strategy (this document);
- There is an approved risk appetite and tolerance statement, which is separately scrutinized by the Audit and Risk Committee and approved by the Board. The next review is due in December 2023. This forms part of our Integrated Risk Management Approach;
- There is an approved risk approach (Integrated Risk Management Approach), which is separately scrutinized by the Audit and Risk Committee and approved by the Board. This is in place currently and requires to be developed in line with a new risk electronic system; There is available mandatory training for staff on risk and resilience. This is currently in place and all staff require to undertake this training every three years;
- Management of risk is owned by, and / or devolved to the responsible areas, using a consistent approach to risk management and assessment that informs prioritised decision-making. This is supported by a risk management electronic system where practical and the Integrated Risk Management Approach;
- The Executive Management Team, in conjunction with the Audit and Risk Committee and Board, regularly reviews the effectiveness of its risk management strategy, systems and processes across the organisation; This is referenced within the Board and Committee workplans.
- Risks are managed by targeting, in line with NSS values, underlying system weaknesses rather than blame for error (providing errors are not wilful, criminal or evident professional misconduct); This is reinforced through training and engagement.
- There is a process for 'learning lessons' and sharing internally and externally of 'lessons learned.' This forms part of the 'four questions' approach to improving performance.

4. Risk Management Approach

The detail of the NSS risk management process will be outlined in our Risk Management Approach. This will outline:

- The NSS approach to managing risk;
- Responsibilities for managing risk;
- Describes the remit and relations of governance, escalation and management groups in relation to risk;
- How we will provide assurance that effective systems and controls are in place;
- Sets out the appetite and tolerance for risk in NHS National Services Scotland. This will be provided in a separate Risk Appetite Statement which will be reviewed annually.

5. Benefits of Effective Risk Management

Implementation of a comprehensive, effective risk management approach is part of best practice in achieving objectives at a strategic level, as well as at an operational and project level. We will continue to learn from and improve our process in line with best practice and aligned to risk management approaches within the NHS in Scotland.

Risk management is the culture, processes and structures that are directed towards realising potential opportunities whilst minimising adverse effects. It means we have a systematic process for evaluating and addressing the impact of risks in a cost-effective way. It is about having staff with the appropriate skills to identify and assess the potential for risks to arise.

Effective risk management has the following benefits to aid delivery of our strategic objectives:

Service Excellence

- Quality improvements in service delivery;
- Promotion of innovation;
- Assurance that information is accurate and that controls and systems are robust and defensible;
- Compliance with relevant legislation and regulatory requirements;
- Improved organisational resilience through risk based business continuity planning;
- Improved safety of NHS in Scotland patients, our staff and our visitors;
- Continued positive reputation for NHS National Services Scotland and assurance for stakeholders of our ability to consistently deliver on our commitments;
- Provide assurance to our Board that risk is being managed appropriately.

Financial Sustainability

- Most efficient and effective use of resources where availability of funding is challenging;
- Protection of assets, including capital infrastructure;
- Getting best value for money out of limited financial resource.

Workforce Sustainability

- Addressing challenges of attracting and retaining staff;
- Ensuring we have appropriately skilled staff, particularly where specialist skills are required to deliver our programmes of work;
- Ensuring we continue to promote positive leadership and values.

Climate Sustainability

- Adaptation to climate change;
- Implementation of our Climate Sustainability Strategy and our advisory role to NHS in Scotland.

6. Risk Appetite and Tolerance

NHS National Services Scotland's risk appetite is described as the amount of risk that NSS is prepared to accept or be exposed to at any one time, in the pursuit of its strategic objectives. It is the Board's responsibility to define risk appetite and to ensure that the exercise of risk management throughout the organisation is consistent with the appetite. We currently define risk appetite as low, medium or high and we will, in the next review of risk appetite, be more specific about how we define our risk appetite and apply that to the scoring of the risks. We will review the risk appetite annually through the Audit and Risk Committee and approved by the Board.

Where new risks, or further risks to ongoing activities are identified, NSS will always attempt to mitigate such risks to a level judged to be acceptable within the prevailing conditions and in the context of being a risk aware organisation. An individual risk may have the tolerance set outside of the risk appetite and this will be highlighted in order that the owner, management group or oversight body is fully aware.

7. Delivering Good Corporate Governance

In terms of applying good active corporate governance, NHS in Scotland Health Boards are directed by The Blueprint for Good Governance in NHS Scotlandⁱⁱ¹. This document defines active corporate governance and sets out a series of principles as to what makes good governance:

- Good governance requires the Board to set strategic direction, hold executives to account for delivery, manage risk, engage stakeholders and influence organisational culture;
 - Good governance requires an integrated governance system that co-ordinates and links the delivery of strategic planning and commissioning, risk management, assurance information flows, audit and sponsor oversight;
 - Good governance requires an active approach that anticipates and responds to risks and opportunities which could have a significant impact on the delivery
-

of corporate objectives, the Board's relationship with stakeholders and the management of the organisation's reputation.

The document further goes on to highlight the Board's role to:

- Agree the organisation's risk appetite;
- Approve risk management strategies and ensure they are communicated to the organisation's workforce;
- Consider current and emerging risks for all categories of healthcare governance;
- Oversee an effective risk management system that assesses the level of risk, identifies the mitigation required and provides assurance that risk is being effectively treated, tolerated or eliminated.

These allow the Board to make timely, well-informed strategic decisions that affect the long-term future of the organisation and will ensure the Board can rapidly identify, escalate and manage issues which otherwise might not be identified and understood.

8. Roles and Responsibilities

There needs to be appropriate operational and strategic infrastructure to support the risk management agenda. This responsibility rises through the organisation structure, ultimately to the Board.

8.1 The Board

The Board should determine and continuously assess the nature and extent of the principal risks that it is exposed to and is willing to take to achieve its objectives (risk appetite) and ensure that planning and decision making accurately reflect this assessment. It should also ensure that there are clear processes in place for bringing significant issues to its attention more rapidly where required, with agreed triggers for doing so.

The Board must assure itself that appropriate levels of control are in place to manage strategic risks. Also, the Board should ensure that there is an appropriate system of Internal Control in place to meet the Board's aims and objectives. This is designed to manage rather than eliminate risks to achieving objectives. This will be co-ordinated by the Directorate Risk Leads.

The Board receives a Risk Management Update Report twice a year for review. The Board approves the NSS Integrated Risk Management Approach (IRMA) including the Risk Appetite Statement annually.

The Board will also agree a set of NSS strategic risks. Work has taken place throughout 2023 to agree a new set of strategic risks based on conversations with the Board and EMT around potential topics, where risks exist. These risks have been further worked up by EMT risk owners and discussed with the relevant Committees.

These risks are due to be approved by the Board in December 2023. Action to mitigate these risks will be reported to the Committees and Board once agreed.

8.2 Responsibilities of Committees

Audit & Risk Committee

The Audit and Risk Committee's key role is assisting the Board in delivering its responsibilities by providing assurance that an appropriate system of internal control has been implemented and is operating effectively. This includes:

- Overseeing the risk management strategy and approach for NSS;
- Approving internal, external and service audits;
- Reviewing the NSS Risk Appetite Statement;
- Reviewing the NSS Risk Management report on strategic risks quarterly to scrutinise and challenge the management of key risks;
- Challenging the NSS Reputational risks quarterly and those risks identified as information governance risks.
- Specific risk areas can be called out for more detail as necessary.

Other Committees

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

8.3 Chief Executive

- The Chief Executive is the Accountable Officer with responsibility for ensuring there is an agreed and fully implemented risk management framework.

8.4 Directors of Finance, Human Resources, Medical and Nursing, and Digital and Security:

- Provide leadership and co-ordination of the corporate governance, staff governance, financial governance, information governance and clinical governance agendas as part of the wider management of risk.

8.5 The Director of Strategic Planning, Performance and Service Transformation:

- Oversight of the risk management approach and its application.

8.6 All Executive Management Team Directors:

- Oversight, identification and management of their component parts of the NSS Strategic, NSS operational (previously corporate risk register), Directorate, programme and operational risks.

8.7 NSS Planning and Performance Team

- The Head of Planning, supported by the Planning Team is responsible for the development, implementation, evaluation, and monitoring of the Risk Management Strategy, Integrated Risk Management Approach and digital risk system, leading and co-ordinating the strategic risks and providing expert advice on risk management.

8.8 Risk Leads

Each Directorate will have a Risk Lead and potentially others at a sub Directorate level where appropriate. They support the Strategy and Integrated Risk Management Approach by being a key reference point for staff for advice and support and working towards continuous improvement of the risk management process. They will also:

- Support Directors and senior teams with their risk reporting requirements;
- Assist with the Internal Controls Assurance assessment and follow up;
- Work with other Risk Leads to ensure consistency across NSS and
- Support staff risk management training.

8.9 Executive Management Team

- Review the Strategic risks quarterly and discusses the operational corporate risks at each meeting to ensure the risks are appropriate and being adequately mitigated.

8.10 Operational Responsibility – Management

- Management are specifically responsible for the creation, regular review and potential escalation of directorate/locality risks. They must ensure integration of risk management into the planning process, and maintain an overview of local risk management action, performance and improvement.
- In undertaking this role, management will provide leadership, driving the agenda and setting the tone for the necessity of risk management;

- These activities will be supported by risk leads in each Directorate.

8.11 Operational Responsibility - Staff

- Staff at the operational level closest to the risk and with the appropriate competencies and capacities are responsible for recognising and managing a particular risk.

8.12 Engaging with Stakeholders

Where Directorates are jointly working with other partners, the risks within those programmes of work should be clearly identified and ownership agreed. This is especially important where NSS works as a national provider, lead or co-ordinator and in some cases NSS may own national level risks. Each risk should be assessed on a case-by-case basis.

9. Integrated Risk Management Approach

Our Integrated Risk Management Approach (IRMA) will:

- Provide an approach which can be implemented across NSS and give assurance to the Board and stakeholders of our ability to deliver the commitments in our corporate plans and manage the associated risks;
- Describe how the risk management approach works, making it consistent, accessible and understandable to all staff;
- Identify and describe our risk appetite.

The Approach will assist in:

- Ensuring that before business decisions are made full consideration is taken of the risks and benefits involved;
- Embedding risk management in the organisation and in the decisions we make;
- Continuously improving our risk management approach and the quality of risk information we hold.

10. NHS in Scotland Guidance

We will aim to be consistent in our approach with the rest of the NHS in Scotland and align to the NHS in Scotland risk assessment matrices in the Health Improvement Scotland guidance Learning from Adverse Events Through Reporting and Reviewⁱⁱⁱ.

Appendix 2 Glossary of Terms

Risk	an event or set of events which, if they were to occur, could have an impact on the achievement of our objectives.
Risk management	Management of the risk by controls and actions to aim to reduce impact and / or likelihood.
Risk appetite and tolerance	NHS National Services Scotland's risk appetite is described as the amount of risk that NSS is prepared to accept or be exposed to at any one time, in the pursuit of its strategic objectives.
Integrated Risk Management Approach	(IRMA) which will detail the process outlining how we deal with risks within NSS
NSS Strategic risks	NSS Strategic risks are reported to and reviewed by the Board. EMT Director are owners. These reflect the major strategic concerns of the Board.
NSS operational (previously corporate risks)	These risks are reported to and reviewed by the NSS Executive Management Team and EMT Directors and their deputies are owners. These are. for example, risks associated with our corporate and strategic objectives and the delivery of key services and outcomes.
Directorate, programme and operational risks	These risks are owned, managed, and reported in Directorates by Programme Boards and within operational areas. Risks in the various levels can be escalated or de-escalated as appropriate.

ⁱ The Orange Book – Management of Risk – Principles and Concepts, HM Government 2020

ⁱⁱ The Blueprint for Good Governance in NHS Scotland, Second Edition, November 2022, Scottish Government

ⁱⁱⁱ Health Improvement Scotland, Learning from adverse events through reporting and review – a national framework for Scotland, 2019

NHS National Services Scotland (NSS)

Meeting:	NSS Board
Meeting date:	Friday, 15 December 2023
Title:	Consultation Response to Ethical Standards Commissioner – Strategic Plan 2024 – 2028 and the Draft Standards Commission for Scotland Strategic Plan 2024 – 2028
Paper Number:	B/23/39
Responsible Executive/Non-Executive:	Carolyn Low, Director of Finance, Corporate Governance and Legal Services
Report Author:	Hayley Barnett, Associate Director of Governance and Board Services (Board Secretary)

1. Purpose

- 1.1 This report proposes a draft response to the Ethical Standards Commissioner’s consultation on his Draft Strategic Plan 2024 – 28, attached at appendix 1 and a draft response to the Standards Commission for Scotland Strategic Plan 2024 – 2028, attached at appendix 2.

2. Recommendation

- 2.1 To approve the proposed NSS Board response to the Ethical Standards Commissioner’s consultation on his Draft Strategic Plan 2024 – 28, attached at appendix 1 and the proposed Standards Commission for Scotland Strategic Plan 2024 – 2028 response, attached at appendix 2.

3. Executive Summary

- 3.1 The Ethical Standards in Public Life etc. (Scotland) Act 2000 provided for the introduction of a [Model Code of Conduct for Members of Devolved Public Bodies](#). The [Code of Conduct for Board Members of NSS](#) is based on this Code. The Code of Conduct aims to ensure that board members of devolved public bodies maintain the high standards of behaviour that the Scottish public is entitled to expect.

- 3.2 The 2000 Act introduced the Standards Commission for Scotland and a separate and independent officeholder, the Ethical Standards Commissioner, and together they work to uphold the framework. Both bodies are currently consulting on their Strategic Plans 2024-2028 and have invited NSS to respond.

The Ethical Standards Commissioner

- 3.3 The Commissioner has published his [Draft Strategic Plan 2024-2028](#) for consultation and invited the NSS Board to respond via the Chair of the Board on 13 November 2023.
- 3.4 The Commissioner is supported by a team of staff who investigate complaints about the behaviour of board members of public bodies and also of MSPs, councillors, and lobbyists, and help regulate how people are appointed to the boards of public bodies in Scotland (including chairs), including NSS and other health boards.

The Standards Commission from Scotland

- 3.5 On 20 November, the Standards Commission for Scotland also launched their [Strategic Plan 2024 – 2028](#) for consultation, seeking responses by 15 December 2023.
- 3.6 The Standards Commission's purpose is to encourage high ethical standards in public life through the promotion and enforcement of Codes of Conduct for those appointed to the boards of devolved public bodies, including NSS and other health boards (and councillors). The Commission also adjudicates on alleged breaches of the Codes of Conduct, and where a breach is found, to apply a sanction.
- 3.7 As you would expect, both plans reference the other body and commit to working closely together to support and encourage a high level of ethical standards across Scotland's public bodies. Both draft responses will be submitted separately to the relevant body and are attached as appendices.

Consultation Response Summaries

- 3.8 The full NSS draft response to the Ethical Standards Commissioner's consultation is attached at appendix 1. The key points included are:
- supportive commentary on the content of the draft strategic plan;
 - notes the work being progressed by the Commissioner's Office to investigate complaints swiftly and effectively;
 - acknowledges work being progressed to address the backlog of cases currently sitting with the Commissioner's Office. Although also notes, there is no timescales given to when the Office expect the backlog to be cleared;
 - welcomes the commitment to codify procedures and make these publicly available, alongside improved governance and assurance is also welcomed including regular quality assurance reporting against set KPIs and metrics;
 - welcomes the implementation of an improved complaints system;

- welcomes the commitment to support the implementation of the [Code of Practice for Ministerial Appointments to Public Bodies in Scotland, March 2022](#) and build on good practice and innovation;
- further, using the learning from good practice to identify innovative opportunities to shorten timescales, build in flexibility for specific sectors and reduce resources required to support this process. For example, consideration of how the Code of Practice could apply to multiple NHS Boards recruiting concurrently.

3.9 Following approval of the NSS Board response, the submission will be made to the Commissioner's office before the closing date of 12 January 2024.

3.10 The full NSS draft response to the Standards Commission's consultation is attached at appendix 2. The key points included are:

- supportive commentary on the content of the draft strategic plan, including the explicit actions set out under the Commission's three key areas of work: promotion and education, stakeholder engagement and adjudication;
- actions to ensure complaints progress through the process in a timely and effective manner are welcomed;
- welcomes the continued quarterly publication on Standards updates as a route to share practice and learning and welcomes continued quality assurance reporting against set KPIs published on the Commission's website;
- notes the Commission's commitments to make the best use of technology.

3.11 Following approval of the NSS Board response, the submission will be made to the Standards Commission immediately to meet the 15 December deadline.

4. Impact Analysis

4.1 Quality/ Patient Care

4.1.1 There is no direct impact on the quality of care (and services) associated with this paper.

4.2 Equality and Diversity, including health inequalities

4.2.1 An equality impact assessment is not required for this paper.

4.3 Data protection and information governance

4.3.1 A data protection impact assessment is not required.

5. Risk Assessment/Management

5.1 There is no requirement for anything to be added to the Risk Register at this stage.

6. Financial Implications

- 6.1 There are no specific financial implications associated with this paper. The budget for the NSS Board and supporting arrangements are included within current budgets.

7. Workforce Implications

- 7.1 There are no workforce implications associated with this paper. Board Services will support the practical and governance arrangements of the NSS Board and its Standing Committees.

8. Climate Change and Environmental Sustainability Implications

- 8.1 There are no direct climate change and sustainability implications associated with this paper.

9. Route to Meeting

- 9.1 This report was considered by EMT at their meeting on Monday 20 November 2023.

10. List of Appendices and/or Background Papers

- 10.1 Appendix 1 – NSS draft response to the Ethical Standards Commissioner’s consultation on his Draft Strategic Plan 2024 – 28.
- 10.2 Appendix 2 - NSS draft response to the Standards Commission’s consultation on its Strategic Plan 2024 – 28

Appendix 1 – NSS draft response to the Ethical Standards Commissioner’s consultation on his Draft Strategic Plan 2024 – 28

The NSS Board welcomes the opportunity to contribute to the development of the Ethical Standards Commissioner’s Draft Strategic Plan 2024 – 28.

Overall, the NSS Board is supportive of the content of the Plan and welcomes the key changes set out on page 7 of the consultation document, namely:

- Greater assurance on quality than currently provided via new, revised and additional targets/KPIs, indicators and review systems, covering all aspects of our work, all of which will be consulted on and published.
- Improved governance designed to oversee and ensure delivery of our strategic objectives and that we are acquitting our functions and statutory and environmental and social obligations appropriately.
- Developing staff to ensure consistent high quality of our professional skills base, our knowledge and expertise in the topics that we are responsible for regulating and demonstrable adherence to our values as an office.
- Better complaints handling via a streamlined, quicker and higher quality service.
- More meaningful and constructive engagement with the media, the public, the Scottish Ministers, the Scottish Parliament, the Standards Commission for Scotland, MSPs, public body board members, local authority councillors, monitoring officers and representative organisations such as COSLA, SOLAR and SOLACE to inform and shape our work and our performance.
- Maintaining and regularly updating a coherent, comprehensive suite of procedures covering our appointments and investigatory work, which we'll publish and refresh on our website, so people know what to expect.
- Revising Diversity Delivers, the strategy intended to improve on the diversity of Scotland's public body boards through equality of opportunity and inclusion and overseeing and assisting with the implementation of its recommendations.

Further comments have been separated into the 2 distinct areas of work carried out by the Commissioner, as set out in appendix 2 of the consultation document.

1. *We investigate complaints about the conduct of MSPs, local authority councillors and board members of public bodies.*

The NSS Board supports the steps noted within the consultation document to ensure the Commissioner’s Office has the ability to investigate complaints swiftly and effectively; specifically, the commitment to recruit and develop staff to ensure consistent high-quality investigations are carried out. This will increase confidence in the investigation process from the public and those involved in the process (those raising complaints and those being investigated).

We note the acknowledgement within the consultation document that steps have been taken to address the backlog of cases currently sitting with the Commissioner’s Office to progress. Although also note, there is no timescales given to when the Office expect the backlog to be cleared.

The commitments, noted above, particularly to codify procedures and make these publicly available, alongside improved governance and assurance is also welcomed. Regular quality assurance reporting against set KPIs and metrics will help to build confidence in

the Office, particularly if stakeholders are able to contribute to the scrutiny and review of this information.

The implementation of an improved complaints system is also welcomed to consider feedback and builds trust that stakeholder views are being acted upon.

NSS welcomes the opportunity to build an effective relationship with the Office and welcomes the commitment to consult comprehensively. We anticipate that this engagement will be consistent and carried out on a regular basis and directly, if required, as complaints are received.

2. We regulate how the Scottish Ministers make appointments to the boards of regulated public bodies.

NSS Board Members are appointed through the public appointments process and therefore welcome the opportunity to contribute to the consultation document on this matter. We note your commitment *to support the implementation of the 2022 Code of Practice, through supportive and constructive regulation, encouraging a learning mindset from all who are involved in making appointments, to develop and utilise good practice and innovation.*

The NSS Board is supportive of using the learning from good practice to identify innovative opportunities to shorten timescales, build in flexibility for specific sectors and reduce resources required to support this process. For example, consideration of how the Code of Practice could apply to multiple NHS Boards recruiting concurrently.

Finally, we welcome the commitment to assess and publicly report the impact board appointments make to the governance of public bodies and the diversity it brings.

Appendix 2 – NSS draft response to the Standards Commission for Scotland’s consultation on its Strategic Plan 2024 – 28

The NSS Board welcomes the opportunity to contribute to the development of the Standards Commission’s Strategic Plan 2024 – 28.

Overall, the NSS Board is supportive of the content of the Plan and welcomes the explicit actions set out under the Commission’s three key areas of work: promotion and education, stakeholder engagement and adjudication.

As noted within the NSS consultation response to the Ethical Standards Commissioner’s concurrent Strategic Plan consultation, actions to ensure complaints progress through the process in a timely and effective manner are welcomed.

NSS welcomes the continued quarterly publication on Standards updates as a route to share practice and learning and welcomes continued quality assurance reporting against set KPIs published on the Commission’s website.

The NSS Board supports the steps noted within the consultation to make the best use of technology and developing digital content to ensure training and educational material is as accessible as possible.

NSS welcomes the opportunity to build an effective relationship with the Standards Commission and welcomes the consultation process. We anticipate that this engagement will be proportionate, but carried out on a regular basis and directly, if required, as complaints are received.

NHS National Services Scotland (NSS)

Meeting:	NSS Board
Meeting date:	Friday, 15 December 2023
Title:	Integrated Performance Report (as at 31 October 2023)
Paper Number:	B/23/40
Responsible Executive/Non-Executive:	Lee Neary, Director of Strategy and Service Transformation
Report Author:	Caroline McDermott, Head of Planning

1. Purpose

- 1.1 The Integrated Performance Report (IPR) summarises NSS service, finance, people, and environmental performance at the end of October 2023 (M7).

2. Recommendation

- 2.1 **Professional Assurance Statement:** As responsible officer, I am assured that the performance contained within this report is being appropriately managed and escalated as necessary through established NSS processes.
- 2.2 It is recommended that the Board scrutinise and note NSS performance at the end of October 2023.

3. Executive Summary

- 3.1 Positive progress is being made in range of areas, such as the replaced Community Health Index (CHI) system go live and achievements against our Annual Delivery Plan (ADP). These are balanced against some challenges, such as providing estimated pharmacy payments and continued staffing issues in specific areas of SNBTS and NHSScotland Assure.
- 3.2 There is an increased risk to financial sustainability due to growing financial pressure and challenge, particularly regarding the overall NHSScotland deficit position. The need to work more effectively and efficiently may continue to cause some anxiety for our stakeholders, reflected in our service user survey results.
- 3.3 Teams continue to work towards reducing power, water consumption and waste, which can only aid our financial position as well as driving a positive environmental impact in line with Scottish targets.

3.4 Service Excellence – good performance with some improvement areas.

3.4.1 CHI System Go Live

3.4.1.1 Following a significant amount of work over the last several years with colleagues in a range of partner organisations across health domains and beyond, the replacement CHI system went 'live' on 1 November 2023 as the master patient index for NHS Scotland. The implementation of this major milestone was delivered in line with the plans approved by the CHI/Child Health Programme earlier this year.

3.4.1.2 The CHI system is the demographic record for those in Scotland who are/have been registered with a GP Practice or have received NHS care in Scotland. The CHI System generates the CHI number which is the unique identifier used to ensure patients are consistently identified across all parts of NHSScotland including primary care, community and public health and in acute settings. The CHI system holds patient demographic information and GP Practice registration details and is also used to manage the transfer of patient GP medical records.

3.4.1.3 In addition to "day one" benefits, which include near 24 x 7 availability, better searching and patient data standards, and a move from legacy mainframe technology using best of breed cloud-hosted software, the new CHI system is perfectly poised to drive and support transformation over the coming years, with several policy areas already being taken forward with Scottish Government colleagues. The new CHI system will meet the needs of NHSScotland and the people of Scotland for years to come.

3.4.2 Pharmacy Verification and Payments

3.4.2.1 Pharmacy Payments are currently being paid on an estimated basis for all health boards, with follow on activities associated with payment reconciliation. This issue has arisen due to the cumulative impact of ongoing high volumes of claims, initial performance related issues with the introduction of the new Data Capture and Validation Pricing (nDCVP) system, and processing teams dealing with a high volume of claims failing validation. At present, estimated payments remains our resilience/business continuity solution until the current backlog of processing can be recovered and a timely return to agreed processing cycles is achieved. That position is expected by the end of March 2024, i.e. January prescribing – paid March.

3.4.2.2 An incident management team (IMT) is meeting weekly to oversee progress of our recovery plan. Close engagement with Scottish Government, Community Pharmacy Scotland and our territorial health board colleagues is central to a co-designed and delivered recovery plan. Recruitment of additional capacity into processing teams has been approved and is ongoing. This includes staff seconded temporarily from across NSS. Our new system's early life support phase has been extended until March 2024. This is ensuring continuous improvements are being sought, designed and delivered timeously. A short life working group has been established to deliver this in collaboration with Practitioner and Counter Fraud Services (P&CFS), Public Health Scotland (PHS), Scottish Government (SG), Community Pharmacy Scotland (CPS) and Atos. There is ongoing engagement with Patient Medication Record (PMS) suppliers and Scottish Government on policy issues. Joint communications from CPS and P&CFS are being issued weekly and include short videos to support contractors to make more accurate claims in their submissions, reducing potential errors at source.

3.4.2.3 This issue has added to financial pressure with costs of around £1.3m, for additional staffing and system developments, being met from reserves.

3.4.3 Annual Delivery Plan

3.4.3.1 This is the first report against the NSS Annual Delivery Plan for 2023/24, which was approved by the NSS Board at its last meeting and by Scottish Government at the beginning of September. At mid-year, the Annual Delivery Plan is showing that 77% (43 items) of the deliverables are on track. The remaining 23% are either behind schedule, 20% (11 items), or are considered at this stage to be unlikely to be achieved this financial year, 3% (2 items).

3.4.3.2 There are a variety of reasons for why deliverables are behind schedule or not likely to be achieved. Funding plays a part for a couple of items, often due to the additional work needed than previously realised, such as the need for additional information or system work. A legal challenge has contributed to the delay of 2 deliverables.

3.4.4 User Engagement

3.4.4.1 The user engagement measures in Table 1 are updated when a service completes a new user survey. The service's new scores are updated in the index and used to calculate a new aggregate score for NSS. In this period a new survey was completed by Practitioner and Counter Fraud Services (P&CFS) which has resulted in the overall NSS score dropping in all measures – satisfaction, advocacy (net promoter score) and effort. The combined results for all Directorate surveys to date therefore falls below the standards NSS has set itself for satisfaction – 61.2% against a standard of 70% - and effort – 59.4% against a standard of 62. Although our advocacy score remains positive (the range is -100% to +100%), the P&CFS results has led to an 8% drop.

3.4.4.2 While disappointing, the reduction in scores across three of the four contractor streams in Practitioner Services was not unexpected given the level of transformation being undertaken and changes to service delivery, including the removal of all non-essential/non-core funded activity that generated some anxiety and the need for detailed dialogue with all stakeholder boards. PCFS have developed an action plan to address issues and make improvements to help reverse these scores. Engagement continues with Scottish Government and NHS Board Family Health Service Executive representatives (FHS Execs) to improve common understanding of the services available and to co-produce priority areas for focusing resources on in-year activity.

3.4.4.3 One positive from the PCFS survey was a 37% improvement on the previous year in the dental survey, although the overall score remains lower than we aspire to. This improvement was a result of the close engagement with board representatives, as mentioned above. Improvement work continues.

3.4.5 Freedom of Information

3.4.5.1 Acknowledgement of Freedom of Information requests within 3 days and response within 20 days continues to meet standards. It should be noted the number of FOI requests received by NSS continues to increase.

Table 1 – Service Excellence Key Performance Indicators

Performance Indicator	Standard	This report	Last report (August)
Annual Delivery Plan Completion (Quarterly: Q2 position)	90%	77%	n/a
User Satisfaction Score (Rolling: M7 position)	70%	61.3%	72.2%
User Effort Score (Rolling: M7 position)	62%	59.4%	70.1%
Net Promoter Score (Rolling: M7 position)	0%	9.7%	17.7%
Freedom of Information responded to within 20 days (Monthly M7 position)	100%	100%	100%
Freedom of Information acknowledged within 3 days (Monthly M7 position)	100%	100%	100%

3.5 Financial Sustainability – growing financial pressures and challenges.

3.5.1 Summary

3.5.1.1 While all financial measures remain on target for NSS in 2023/24, the level of financial pressure across NHSScotland is unprecedented. The NSS revenue underspend has reduced since the last update with additional costs being incurred within P&CFS to address the backlog of payments to Pharmacists. The level of National Service Directorate (NSD) underspend has also reduced in-line with the actual activity information for Q2, which has now been received from Boards.

3.5.1.2 Dialogue continues with Scottish Government Finance around NSS' financial position and specifically options to make additional non-recurring savings in 2023/24 to support the wider NHSScotland financial challenge. A recent letter on 29 November, from the Director-General for Health & Social Care and the Chief Executive of NHS Scotland, has asked all Chief Executives to consider urgent actions within each Board to move towards year-end financial balance across NHSScotland. The implications of this request were considered at the Informal EMT meeting on 4 December and work remains ongoing in this respect. NSS Finance continues to highlight any additional unplanned cost pressures and underlying financial risks to ensure any agreed contribution that may be agreed is 'net' of risks and pressures, and therefore does not jeopardise NSS' financial position.

3.5.1.2 Beyond 2023/24, NSS must continue to drive its Financial Sustainability objective across all areas of service in support of the financial challenge within NSS and more widely across NHSScotland.

3.5.2 Revenue

3.5.2.1 The year to date (YTD) reported position is a £1.4m underspend with a break-even year end forecast position maintained. The overall YTD position has adversely moved by £0.9m during October – this has been driven by an NHSScotland Assure reduction where Scottish Government funding has been returned in-line with vacancies, supporting the overall NHSScotland position. There has also been a

reduction in the NSD underspend, with actual activity information up to Q2 now received from Boards.

3.5.2.2 The full year (FY) break-even forecast assumes that any surplus funds will be returned 'net' of any emerging risks and pressures, to Scottish Government on a non-recurring basis to support the wider financial challenge.

3.5.3 Capital

3.5.3.1 The YTD position is an underspend of £0.6m due to the budget phasing for Breast Screening trailers, SEER and Scanners, with a mismatch between the timing of planned spend versus actual spend committed. The FY forecast is a break-even position.

Table 2 – Financial Sustainability Key Performance Indicators

Performance Indicator	Forecast	This report	Last report
NSS Revenue Outturn (Core) (Monthly: M7 position)	£0m	£1.4m	£(3.4)m
NSS CRES Savings Total (Monthly: M7 position)	£5.1m	£2.1m	£1.5m
NSD CRES Savings Total (Monthly: M7 position)	£7.8m	£2.0m	£1.2m
NSS Capital Outturn (Monthly: M7 position)	£0m	£0.6m	£(0.06)m

3.6 Workforce Sustainability – ongoing recruitment and retention challenges.

3.6.1 Summary

3.6.1.1 There are parts of the organisation where posts are proving challenging to recruit and turnover is high due to the requirement for specialist and local skills. This is most notable in the Scottish National Blood Transfusion Service (SNBTS) where specific areas being impacted are biomedical scientist staff, trainees in Manufacturing and Patient Services, and staff within the Clinical Apheresis Unit. We are also seeing a similar situation with engineering posts in Facilities.

3.6.1.2 Risks 7037, 6544 and 7111 are noted within our corporate risk register and deal with the SNBTS posts position and are reported separately. There is regular management action in place to ensure services are covered, however this remains an ongoing challenge. Specific challenges relating to the recruitment of engineering posts is being assessed and work is underway with the Recruitment Team to develop a pipeline of talent.

Table 3 – Workforce Sustainability Key Performance Indicators

Performance Indicator	Standard	This report	Last report (August)
Sickness Absence (Monthly: M7 position)	4%	4.67%	4.11%
Staff Turnover (Cumulative: M7 position)	7%	5.66%	3.48%
Appraisal Compliance (Monthly: M8 position)	90%	80%	80%
Objective Setting Compliance (Monthly: M8 position)	90%	69%	73%
Personal Development Plan Compliance (Monthly: M2 position)	90%	69%	72%

3.7 Climate Sustainability – good progress in sustainability.

3.7.1 Summary

3.7.1.1 Results indicate that for metered gas, electricity and water, usage has been higher for Q1 2023/24 in comparison to the previous year. Gas increases within the quarter stemmed from an upsurge in usage from the Jack Copland Centre (JCC), Gyle Square and Coddington. For JCC and Gyle Square this was in line with Q1 2021/22 levels, with 2022/23 being considered the exception. Electricity within the latest quarter includes Shotts for the first time and explains the increased usage. The increase in water consumption was due to an issue at Gartnavel (now rectified) and the inclusion of the Shotts site. Our general waste total is down.

3.7.1.2 **Please note:** all climate sustainability standards are being reviewed by the appropriate working groups as part of the new governance structure. Since the last reporting session, the dates have been amended so comparisons are being made by financial quarter for a more consistent comparison.

Table 4 – Climate Sustainability Key Performance Indicators

Performance Indicator	Target	This report (Q2 23/24)	Last comparison (Q2 22/23)
General Waste Total (tonnes)	Reduce	56	62
Clinical Waste (tonnes)	≤5%	21	20
General Waste Recycled or Composted (tonnes)	>70%	29	-
Food Waste (tonnes)	To be determined	2	5
Fuel National Procurement Fleet (CO2)	Reduce	304	311
Gas CO2 (tonnes) – Metered Sites Only	Reduce	456	432
Electricity CO2 (tonnes) – Metered Sites Only	Reduce	426	421
Water M3 (volume) – Metered Sites Only	Reduce	4,696	4,365
Fuel SNBTS Fleet CO2 (tonnes)	Reduce	82	83

4. Impact Analysis

4.1 Quality/ Patient Care

4.1.1 The Clinical Governance Committee provides oversight for all quality and patient care performance.

4.2 Equality and Diversity, including health inequalities

4.2.1 There are no specific issues arising from this performance paper.

4.3 Data protection and information governance

4.3.1 This paper contains management information only. All projects and programmes of work covered by this paper are reviewed for any data protection or information governance risks or implications and are therefore reported at a programme/project level. These are therefore not reported in this document.

5. Risk Assessment/Management

5.1 Risks are managed in line with the Integrated Risk Management Approach.

6. Financial Implications

6.1 As noted above.

7. Workforce Implications

7.1 As noted above.

8. Climate Change and Environmental Sustainability Implications

8.1 As noted above.

9. Route to Meeting

9.1 Papers reporting performance for each strategic objective were discussed at the Finance Procurement and Performance Committee, the Staff Governance Committee and Executive Management Team at their meeting in November.

10. List of Appendices and/or Background Papers

Appendix 1 – NSS Service Excellence Report

Appendix 2 – NSS Financial Performance Report

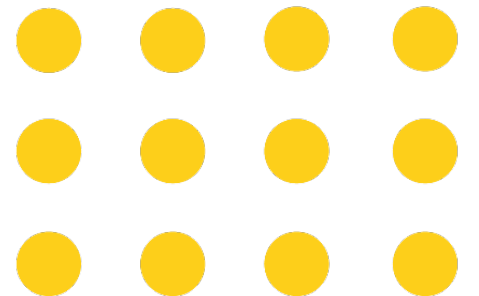
Appendix 3 – People Report

Appendix 4 – Climate Sustainability Report



Service Excellence Report

31 October 2023



There is generally positive performance for both our Annual Delivery Plan and Service Excellence strategic objective with delivery broadly to plan and standards and targets being met:

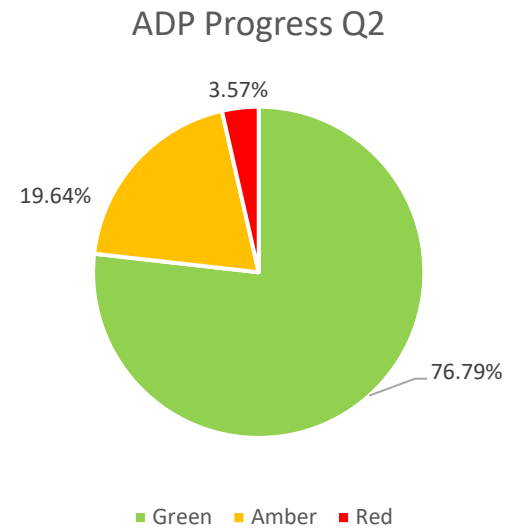
- The Annual Delivery Plan (ADP) Q2 Update, shows the large amount of activity being undertaken against the ADP deliverables are on track 77% (43 items). 20% (11 items) are behind schedule and 3% (2 items) are unlikely to be achieved in this financial year. Full details are provided in the ADP section of this report.
- The rising trend in Freedom of Information (FOI) requests continues, as shown in slide 23. Analysis in Q3 will consider topic areas and directorate volumes to better understand the cause of the increase. Even with the growth, response and acknowledgement targets continue to be met following recent engagement activity with staff following missed targets in Q1.
- Service user engagement measures are shown where a survey had been held with scores aggregated across NSS. New surveys recorded for PC&FS have resulted in the overall NSS result dropping in all measures. An action plan is in place to make improvements following the results for P&CFS. The combined results for all Directorate surveys to date therefore fall below the standard for Satisfaction Score at 61.2% against the standard of 70% and Effort at 59.4% against the standard of 62% respectively.
- Complaints about staff has missed target by 1 complaint in Q2. Complaint measures are under review as the figure on staff complaints represents a very small percentage of the overall number of complaints received. New metrics will be available for the next Board meeting.

Annual Delivery Plan

July-September 2023

Annual Delivery Plan Performance

Q2 September 23 Summary



- The report demonstrates the large amount of activity taking place across NSS to meet the deliverables within the ADP.
- The ADP for 2023/24 consists of 56 deliverables:
 - 77% (43) deliverables are on track or achieved (green).
 - 20% (11) deliverables are behind schedule (amber).
 - 3% (2) flagged as unlikely to be delivered (red).
- Examples of achievements and further explanations and examples of work ongoing to address amber and red items are included in this report.
- Of those behind schedule or not likely to be achieved, this is due to a variety of reasons. Whilst funding plays a part within a couple of these, often this is due to more work needed than realised such as additional information or system work. A legal challenge has contributed to the delay of 2 deliverables.

Annual Delivery Plan Performance

Examples of Achievement

Deliverable	Achievement
<p>Implement The Scan for Safety Programme: A wide approach to the tracking and tracing of high-risk implantable devices in Scotland through digital data capture at the point of care.</p>	<ul style="list-style-type: none"> • Point of Care Scanning has started in NHS Lothian. • Medical Device Data Hub Architectural Design approved. • All NHS boards now migrated to one of two systems in preparation.
<p>Provide relevant clinical governance leadership, programme management and operational support for the new Community Glaucoma Service (CGS) and, dependent on the Scottish Government confirming its intentions regarding its future, the introduction of a new specialist supplementary eye examination structure within General Ophthalmic Services. TARGET – up to 20,000 registrations by March 2025.</p>	<ul style="list-style-type: none"> • The number of registrations for CGS is determined from the number of patients discharged into the community from NHS Greater Glasgow & Clyde Hospital Eye Service. NHS GG&C are currently in the process of updating the electronic patient record to allow further patients to be discharged into the community. As of 19 September, a total of 366 patients had been sent eligibility letters, with 163 patient registration processed successfully by Practitioner & Counter Fraud Services. 80 assessment claims have been completed. • NHS Lanarkshire is the next board to launch, on 1 November. They have identified an initial cohort of around 700 patients who will be discharged initially, with another 1,800 being discharged over the following 12 months. • The target of 20,000 registrations by the end of March 2024 has been revised by Scottish Government and the aim is to now have 20,000 registrations across all health boards by the end of June 2024.

Annual Delivery Plan Performance

Examples of Achievement

Deliverable	Achievement
<p>Continue the provision of national Counter Fraud Services, with recoveries and cost avoidance of £4.2m by the end of 2023/24.</p>	<ul style="list-style-type: none"> At mid-year, savings were £2.2million.
<p>Support the appointment of a plasma product manufacturer and prepare a delivery plan for Plasma for Medicine following appointment of the manufacturer.</p>	<ul style="list-style-type: none"> The UK fractionation partner has been appointed. Scottish Government are reviewing the contract agreement and preparations have commenced. The Scottish National Blood Transfusion Service require the terms of the contract once it is signed.
<p>Deliver a strategic network for the long-term effects of COVID-19, including agreed workplans and priorities, and support Public Health Scotland's long COVID-19 data development for ongoing surveillance to help improve patient outcomes and ensure a national approach to service delivery.</p>	<ul style="list-style-type: none"> Digital tool approved nationally, and contract and purchase order being arranged. Discussions completed on pathways for children and young people, with actions to be approved at the next meeting. The pathway is to route children and young people into general paediatric medical pathways and is already in existence. Programme information has been made available to partners through SharePoint.

Annual Delivery Plan Performance

Examples of Achievement

Deliverable	Achievement
<p>Achieve financial sustainability.</p>	<ul style="list-style-type: none"> • Good progress continues across all actions within the NSS Financial Sustainability action plan. • The programme has delivered several outputs, such as the Business Case Toolkit and robust delivery plans are place for Q3 and Q4. • The budgeting process has been improved through our lean activity, with efficiency gains and more effective outputs and outcomes.
<p>Publish a new Equity in Screening Strategy to increase access to screening and reduce inequalities in screening uptake. Early activity will focus on improving data and providing a baseline and basis for action.</p>	<ul style="list-style-type: none"> • Equity strategy published in July 2023. • Discussions are underway with NSS Digital and Security to secure development resource for the Screening Intelligence Platform in Q3 and Q4 and to ensure the deliverable remains on track.
<p>Coordinate the National Cervical Exclusions Audit, ensuring all audit activity is completed within agreed timescales.</p>	<ul style="list-style-type: none"> • Audit being carried out in all health boards and is on track to be completed within agreed timescales. • The reporting function has been delayed due to competing priorities with the IT supplier. Discussions are underway to agree timelines.
<p>Support the development of a pathway and specification for a late-stage abortion service, to support equitable and safe healthcare services for women.</p>	<ul style="list-style-type: none"> • A high-level specification is out for consultation with health boards.

Annual Delivery Plan Performance

Examples of Achievement

Deliverable	Achievement
Support the development of a pathway and specification for a NHS Scotland young person's gender service.	<ul style="list-style-type: none"> • A draft children and young people gender specification has been produced. • A document, developed in collaboration with the National Gender Identity Clinical Network for Scotland (NGICNS) pathway work, has been produced. It outlines the scope of the pathway planning requirements and levels of care to be provided and has been shared with Scottish Government for feedback.
Develop and implement an Anchors Strategic Plan.	<ul style="list-style-type: none"> • Governance in place and self-assessment completed. • A review of the guidance (designed for territorial health boards) has been completed with Scottish Government and an NSS approach has been agreed. • On track to submit summary strategy to Scottish Government on 27 October. • Board approval will be sought following feedback and agreement from Scottish Government.
Deliver Perinatal Mental Health Managed Clinical Network priorities as agreed with Scottish Government and support the delivery of early years mental health actions in line with Scottish Government policy.	<ul style="list-style-type: none"> • Mother and baby unit options appraisal delivered to National Planning Board. • Workplan on track.
Manage clinical negligence claims.	<ul style="list-style-type: none"> • Activity is fully on track. • Updated clinical negligence claim settlement dates and values available.

Annual Delivery Plan Performance

Examples of Achievement

Deliverable	Achievement
<p>Continue to provide advice to health boards on the ongoing Public Inquiries, combining high-quality legal advice with efficiencies and financial synergies.</p>	<ul style="list-style-type: none">• The Central Legal Office is actively engaged with both the UK and Scottish COVID-19 Inquiry teams.• Meetings are taking place on a weekly basis and clients have been represented at the preliminary and substantive hearings of both Inquiries where Inquiry teams are setting out their future activities.• We undertake daily reviews of the Inquiry websites to ensure we have the latest information.• Further training has taken place with sessions delivered on 1 and 20 August. A further session is fixed for 5 December.• A video giving guidance to witnesses is being created for the end of October and will be made available to board staff who may give evidence at hearings.
<p>Baseline NHSScotland's product-based scope 3 emission reduction plan maturity on a supplier level basis. By 31 March 2024 we will have either contacted or will have a plan to contact all contracted product suppliers on National Procurement contracts to understand and gauge their net zero ambitions.</p>	<ul style="list-style-type: none">• Based on desk-based research and documents shared by our supplier base, we have gathered and recorded details of 58 supplier carbon reduction plans.• Future suppliers will be required to share the environmental information through a standardised template as part of tendering process.

Annual Delivery Plan Performance

Examples of Achievement

Deliverable	Achievement
<p>Implement the target operating model for future state resilience including Personal Protective Equipment and PIPP national stockpiles in line with agreed timescale during 2023/24 and reduce storage use by over 50% by the end of Q4.</p>	<ul style="list-style-type: none"> • PECOS system ordering method with local authorities and user testing completed August 2023. • Draft service level agreement being progressed with publication to NSS governance planned for October 2023. Initial feedback also provided by Scottish Government leads for inclusion to draft paper.
<p>Ensure continued delivery of the Scottish Cancer Network commission from Scottish Government, ensuring smooth transition from Programme Delivery into to business-as-usual delivery.</p>	<ul style="list-style-type: none"> • Timelines of oncology workforce transformation and mobilisation phase re-scoped as agreed with Scottish Government. New target completion date is November 2023. • Mobilisation phase is back on target. Overall action plan in place and assurance report provided to the steering group.
<p>Deliver agreed priorities for the National Strategic Network for Genomic Medicine, including both transformation activity and network deliverables, to support delivery of an equitable person-centred population-based genomics service and infrastructure for Scotland.</p>	<ul style="list-style-type: none"> • 25% of cancer priorities delivered. • Genomics Strategy delivery anticipated in October 2023 due to ministerial review process. • Draft implementation plan available. This will now move into the consultation process ahead of publication in Q3.

Annual Delivery Plan Performance

Examples of Achievement

Deliverable	Achievement
<p>Develop a National Primary Care Clinicians Database (NPCCD) with dental delivered by March 2026.</p>	<ul style="list-style-type: none"> • Dental Statement of Work has been signed off. • The supplier, SWORD, will commence development at the end of the month (Sept). • We are on track for 2025/26 delivery.
<p>NHS Scotland Assure will support NHS Scotland boards by reviewing Healthcare Built Environment (HBE) projects, including the NTC programme, through the NHSScotland Design Assessment Process (NDAP) and Key Stage Assurance Review (KSAR) at each required stage of the lifecycle programme. This will help boards to ensure they undertake an engaged and considered design approach which facilitates the procurement of well-designed, sustainable, healing environments, including minimising risk in the healthcare-built environment</p>	<ul style="list-style-type: none"> • Issued NDAP Reports to Boards and Scottish Government for NHS Ayrshire & Arran NTC full business case and NHS Tayside NTC outline business case. • NDAP report for the MRI Extension at Dr Grays in NHS Grampian has been issued and which we understand to be part of the capital investment for NHS Grampian NTC. • Issued supported status to NHS Tayside NTC outline business case assurance review. • Issued supported status to NHS Tayside NTC Electrical Infrastructure (in the form of Electrical NDAP). • Two major projects with an unsupported assurance review KSAR status - NHS Forth Valley Modular Facility (NTC) and NHS Grampian ANCHOR.

Annual Delivery Plan Performance

Examples of Achievement

Deliverable	Achievement
Continued delivery of the SNOWMED CT programme.	<ul style="list-style-type: none"> • Programme Board in place and meeting regularly. • Scoping study completed and reviewed. • ‘Connectathon’ delivered. • Public website and outline business case in review and due for release in October 2023.
Delivery of the CHI GPPRS Programme.	<ul style="list-style-type: none"> • All planned milestones complete: <ul style="list-style-type: none"> • Documentation of new use cases (functional specifications). • System integration test. • End-to End functional testing. • Full dry-run of new CHI cutover involving all key suppliers and stakeholders. • All new CHI training materials delivered to health boards and live training sessions with Practitioner Services staff in progress.
Deliver the National Cyber Centre of Excellence (in partnership with Abertay University).	<ul style="list-style-type: none"> • Programme Manager in place. • Contract signed with Microsoft and underwritten by Scottish Government to reduce uncertainty around ongoing financial commitments.
Provide cyber support functions within NSS that provide services on behalf of all health boards.	<ul style="list-style-type: none"> • Draft charter and Service Level Agreement documents in circulation with national stakeholders. Once signed off these will be rolled out to NSS.

Annual Delivery Plan Performance

Examples of Achievement

Deliverable	Achievement
Continue to manage the AtoS contract, including planning for future re-procurement or a replacement service.	<ul style="list-style-type: none">• Outline Business Case produced, and funding agreed for discovery phase as first step of transformation of AtoS services.• Governance approval underway.
Begin use of SEER2 to support Data for Insight.	<ul style="list-style-type: none">• Q1 (agreement of plan and funding) and Q2 (delivery of early alpha outputs) milestones complete.• Minimum viable product products released on schedule in September 2023 with further improvement releases scheduled during October 2023.
Facilitate and manage the move to the SEER2 platform.	<ul style="list-style-type: none">• Platform build and majority of content migration complete, enabling development of new products and supporting Near Time Data project.• Technical challenges have created delays to the delivery of some content; however, an interim architecture has been agreed to de-risk delivery.

Annual Delivery Plan Performance

Examples of Achievement

Deliverable	Achievement
<p>Develop a roadmap for all systems held within DHAC/eHealth service level agreement (SLA).</p>	<ul style="list-style-type: none"> • AtoS contract transformation discovery work underway for most systems. • System heatmap in production for all eHealth systems within SLA.
<p>Develop a new system for practitioner services to support Child Health.</p>	<ul style="list-style-type: none"> • Design phase completed. • Scottish Government independent health check review completed and assessed the programme delivery confidence as Amber/Green.
<p>Continue to manage SCI Gateway.</p>	<ul style="list-style-type: none"> • SCI Gateway release 21 now live. Lessons learned underway. • Referrals commission work started; discovery phase underway.
<p>Design and begin the build of the DPDP programme to replace paper prescriptions with a digital solution. The initial scope is “the end-to-end pathway across in-hours fixed general practice prescribers into community pharmacy dispensing”.</p>	<ul style="list-style-type: none"> • Design of the end-to-end DPDP minimal viable product architecture is complete. • Specialist recruitment continues. • Engagement with Community Pharmacy leads, and their software system providers continues. • The specific milestones within the Annual Delivery Plan have been achieved as per plan – design of the minimum viable product for solution architecture.

Annual Delivery Plan Performance

Behind schedule

Deliverable	Progress in Q2	Issues/Mitigations
Manage the replacement of the Scottish Wide Area Network (SWAN).	<ul style="list-style-type: none">• Scottish Government Gate 4 Service Readiness Review successfully completed.• Shared Services availability to be assessed then signed off in November 2023.• Work continues to implement the Transit Network required to facilitate Site Transitions.	<ul style="list-style-type: none">• Call off Contract discussions initiated with all SWAN Members to confirm requirements and establish transition plans. This was due to take place in Q1 but was delayed to Q3.

Annual Delivery Plan Performance

Behind schedule

Deliverable	Progress in Q2	Issues/Mitigations
Manage Phase 3 PACS RP transition and implementation.	<ul style="list-style-type: none"> A legal challenge to the procurement delayed progress. This has now been lifted and work is underway again. 	<ul style="list-style-type: none"> Recruitment of Phase 3 Team not complete due to a 4 month pause to the Phase 2 procurement following a legal challenge. Recruitment is now underway, and a new milestone date is being agreed for the end of December 2023. Phase 3 Implementation Plan still to be agreed with the new supplier due to the legal challenge. A Phase 3 implementation plan will be agreed before contract signature (31 October 2023). Robust change control will then be put in place to manage the plan thereafter.
Continue delivery of the GPIT Re provisioning programme.	<ul style="list-style-type: none"> Cohort 5 direct award concluded. Direct award process started for NHS Highlands, NHS Forth Valley and some other boards. 	<ul style="list-style-type: none"> Cohort 5 direct award due to be complete in early October, rather than end of September due to a higher-than-expected number of clarifications from the cohort that need responses from the supplier. Board deployments were paused due to supplier side performance issues: NHS Tayside complete; NHS Grampian restarted 23 August; NHS Lothian restarted 27 September; NHS Lanarkshire due to restart end of October.
Continue to support the rollout of eRostering across NHSScotland.	<ul style="list-style-type: none"> Board implementations progressing well with only two boards left to start. 	<ul style="list-style-type: none"> eESS integration work paused due to eESS upgrade work by the supplier. On track to complete by end of calendar year.

Annual Delivery Plan Performance

Behind schedule

Deliverable	Progress in Q2	Issues/Mitigations
<p>Manage Phase 2 PACS RP Procurement.</p>	<ul style="list-style-type: none"> • Full business case approval not completed due to Phase 2 Procurement Programme being automatically suspended on 18 May due to a legal challenge from a commercial supplier. • Lifting order granted by the court and Programme resumed on 16 August. • New milestone due for approval on 31 October. • All on track for revised date. 	<ul style="list-style-type: none"> • Contract Signature not completed due to Phase 2 Procurement Programme being automatically suspended on 18 May due to a legal challenge from a commercial supplier. • With the lifting order being granted by the court the new milestone date for Contract Signature is 31 October.
<p>Deliver a Strategic Asset Management System (SAMS) for NHSScotland to replace 2 existing systems.</p>	<ul style="list-style-type: none"> • All data for the 22 NHSScotland boards obtained, transferred from the 3i system to the Micad system, uploaded to new SAMS and quality assured. • User acceptance testing of new SAMS started with 11 of the 20 boards in September. • Remaining boards to be carried out beginning of October. 	<ul style="list-style-type: none"> • Amber due to unexpected data formatting of 3i data which has impacted the programme deliverables slightly. • Mitigation - ongoing communication with all boards and setting expectations of what is being delivered.

Annual Delivery Plan Performance

Behind schedule

Deliverable	Progress in Q2	Issues/Mitigations
<p>Survey NHS Scotland estate to establish where Reinforced Aerated Autoclaved Concrete (RAAC) is contained within buildings and to then identify and risk assess the need for any remedial action.</p>	<ul style="list-style-type: none"> • Authorisation to proceed with programme not received until late June 2023. Mobilisation programme commenced mid-August 2023. • Programme has been accelerated to survey all high and medium likelihood properties by November 2023. This includes the original 254 properties. • Other properties have been added since. • 44% of 254 properties surveyed as of 25 September. 	<ul style="list-style-type: none"> • Amber due to delayed start of programme. • Issues with receiving appropriate asbestos information from boards to allow surveys to go ahead – this has been mitigated by boards providing asbestos surveyors to accompany structural engineers during surveys. Looking at options for boards who are not able to do this.
<p>Support Net Zero ambition and reduce overall NDS carbon footprint, implement non-fossil fuel trial and 'merge on wheels' (Cross Docking) to achieve a 20% reduction in fuel consumed by NDS fleet by Q4.</p>	<ul style="list-style-type: none"> • The change of fuel source for heavy goods vehicles (HGVs) is progressing with site survey now scheduled for Coddington in October. It is still considered possible that this facility will be available within Q4 as targeted. • Delays to replacement units is impacted the anticipated reduction in fossil fuels. • The reduction in external storage and improved stock positioning is helping to offset the impact and achieve fossil fuel reduction due to the reduced operating miles of HGVs. 	<ul style="list-style-type: none"> • Expected to be on target by Q4.

Annual Delivery Plan Performance

Behind schedule

Deliverable	Progress in Q2	Issues/Mitigations
<p>National procurement will create a fully resourced contract workplan for green RAG status projects by 1 April 2024 that will deliver a cost neutral position across the 2023/24 national contract renewals portfolio; expected to be circa £10m for medicines savings, £10m for non-medicines pressures and £20m for cost avoidance for NHS Scotland.</p>	<ul style="list-style-type: none"> Expected to have achieved £2.4m saving in Q2. This is lower than anticipated due to a short-term delay in starting the framework and a higher cost pressure than forecasted on previous months reporting. 	<ul style="list-style-type: none"> Marked as amber, but we expect to be back on track by October.
<p>Establish and manage the ongoing development and delivery of a Diagnostics Strategic Network in 2023/24 supported by a core team within National Services Division.</p>	<ul style="list-style-type: none"> No progress to date due to funding considerations. 	<ul style="list-style-type: none"> We will seek approval to remove the deliverable from our ADP through the change control process as funding from Scottish Government has not been granted.
<p>Extend the COVID-19 and flu vaccines delivery model to other vaccines and develop a business case for new end-to-end digital systems and non-digital channels for vaccines.</p>	<ul style="list-style-type: none"> We continue to work closely with Public Health Scotland (PHS). 	<ul style="list-style-type: none"> There has not been a commission yet from Scottish Government and PHS for this deliverable. We continue to seek opportunities to support health boards and SVIP projects for FY25/26.

Annual Delivery Plan Performance

Unlikely to be achieved

Deliverable	Progress in Q2	Issues/Mitigations
<p>Reduce the carbon footprint of the NSS fleet of heavy good vehicles (HGVs) by installing a hydrotreated vegetable oil (HVO) tank at Coddington to provide fuel for the Menzies fleet.</p>	<ul style="list-style-type: none"> • Design consultant appointed for the HVO installation. • CCTV drainage survey completed by maintenance contractor and issued to design consultant. • Work ongoing with consultant. 	<ul style="list-style-type: none"> • The project has not achieved the Q2 milestone of “Design Conclusion and License to Work via landlord” as we have not received a design from the consultants and a license application has not been submitted. • We anticipate completion for the end of FY23/24 is now under pressure due to the lead in time for an HVO tank of approximately 20 weeks. • Escalation with consultant is to be completed and options for improvement on timelines requested, with consideration to other design options with shorter lead-in times being explored.
<p>Manage phase 2 of NSS Payroll Services.</p>	<ul style="list-style-type: none"> • Delayed due to lack of business analysis resource for the infrastructure workstream and staff turnover of an Associate Director leading the programme. 	<ul style="list-style-type: none"> • This is being discussed at the NSS Change Oversight Group with the Director of Finance attending the Programme Delivery Group in place of the Associate Director.

Service Excellence

October 2023

External facing delivery is broadly to plan, however there are a few areas to highlight with multiple areas of variation or where the standards are not being consistently met.

- **Freedom of Information** acknowledgement and response has shown improvement after recent staff communication reiterating the importance of process. There are no responses greater than 20 days in the last four months.
- **Customer Experience** measures are shown with overall NSS results and with detail for all Directorates where surveys have been issued and completed, remaining Directorates will be surveyed throughout the remainder of FY24.
- Information on **staff complaints** is shown in line with previous reports, however, we are looking at provision of information aligned with the Model Complaints Handling Procedure. This is being explored with the Customer Experience Team and new metrics will be available by in place by Q3 FY24. Details are outlined on slide 31.

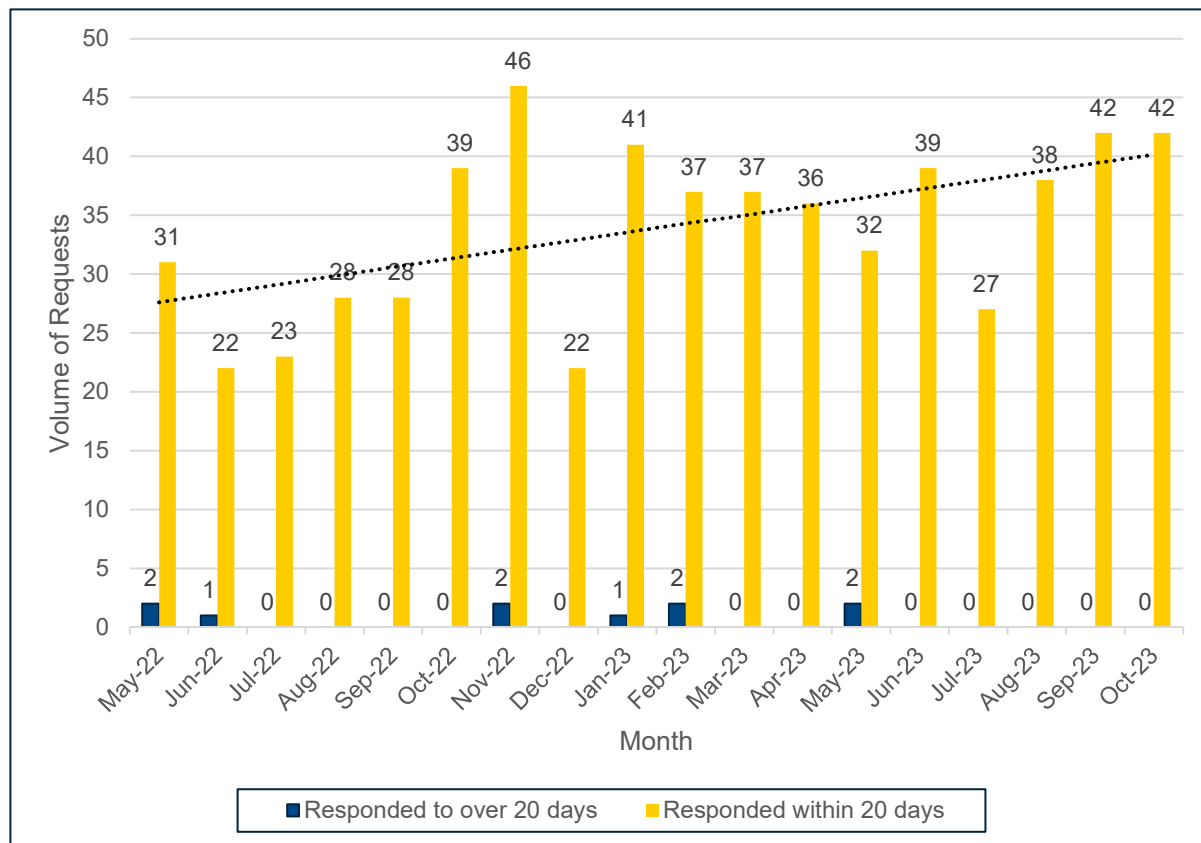


Common Variation
Results show no major change in either direction at present.

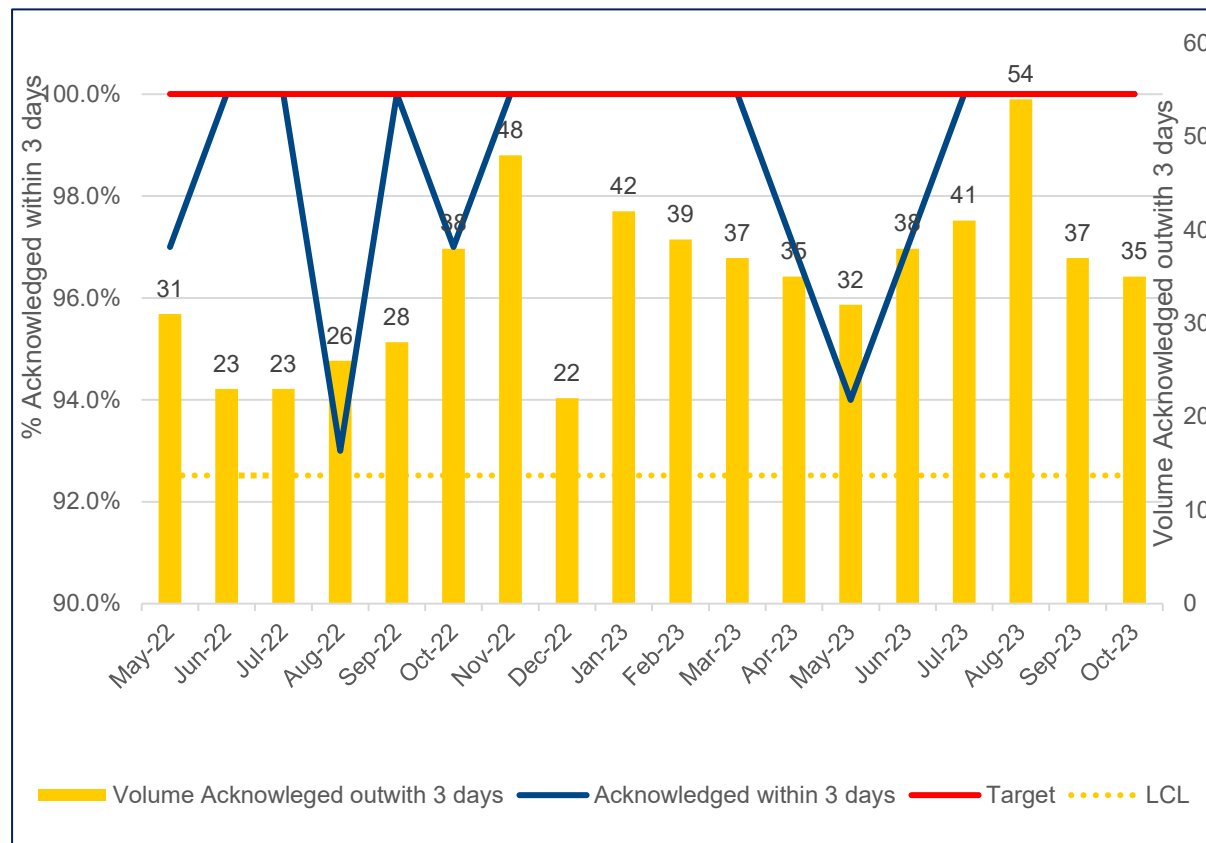


Variable Achievement
Results are mixed and it is unclear if the standard will be consistently achieved.

Responded to within/over 20 Days



Acknowledged within 3 days



Freedom of Information Requests

<p>What is the data telling us?</p>	<p>The 100% target for acknowledgment within 3 days continues to be met..</p> <p>All FOI responses have been issued within the 20 day limit.</p>
<p>Why is that the case?</p>	<p>Internal communication around the importance and process for FOI requests has been carried out over some months now with an article appearing in August's issue of Stay Connected (the regular staff newsletter issued to all NSS staff).</p>
<p>What actions are being taken?</p>	<p>A general review of how the organisation manages all information requests, e.g. public inquiries, criminal investigations, freedom of information, parliamentary and first minister questions, criminal investigations and consultations, is being undertaken by the public inquiries and scrutiny team.</p> <p>This will work toward putting mitigations in place to deal with the expected rise in requests as the Covid inquiries move further into focus.</p>
<p>What learning is being applied?</p>	<p>Further details will be made available following the communications and engagement sessions and learnings/opportunities identified through the review.</p>
<p>Definition</p>	<p>FOI Requests acknowledged in 3 days - % of FOI requested acknowledged within 3 days of receipt.</p> <p>FOI Responses >20 Days – Volume of FOI requests including those NSS failed to respond to within statutory 20 day timescale.</p>

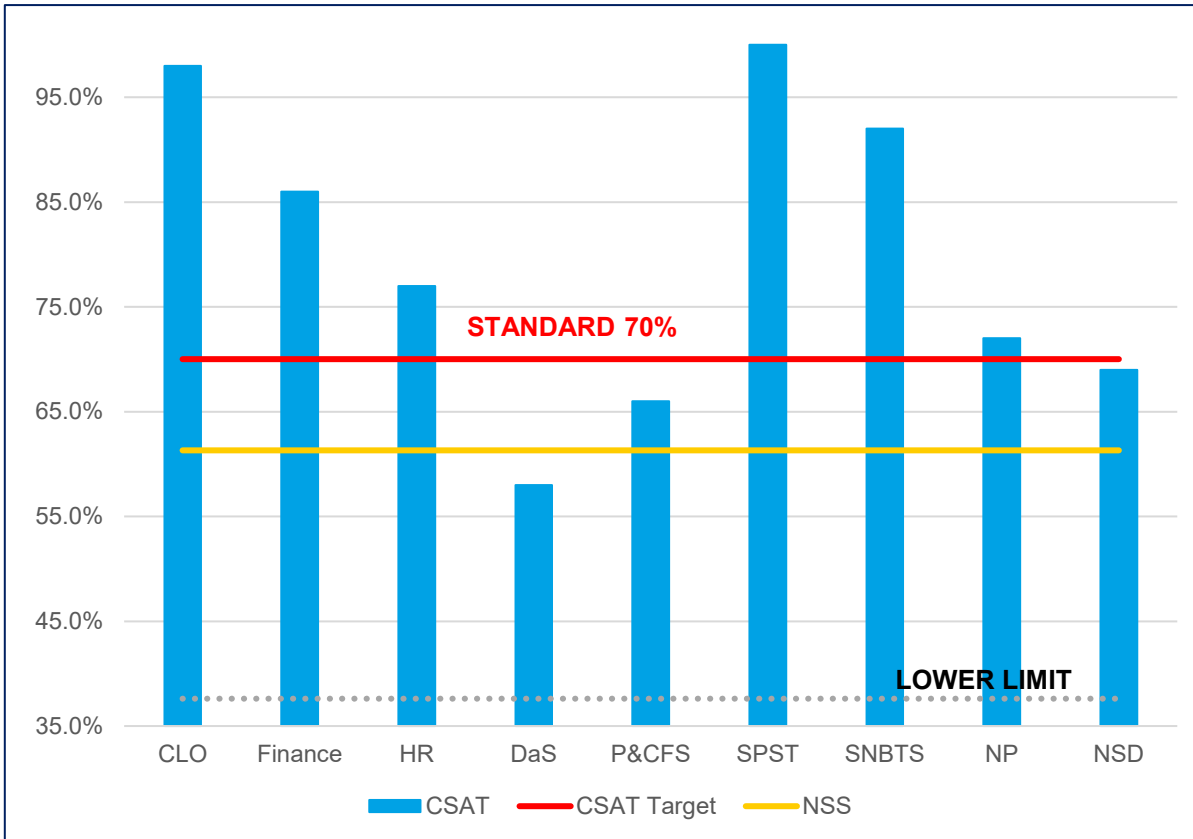
Customer Insight - Satisfaction



Common Variation



Meeting Standard



Area	Volume	CSAT	Survey Running From
CLO	186	98.0%	FY24
Finance	698	86.0%	FY23
HR	239	77.0%	FY22
DaS	638	58.0%	FY23
P&CFS	554	66.0%	FY24
SPST	17	100.0%	FY22
SNBTS	51	92.0%	FY23
PCF - NP	35	72.0%	FY23
PCF - NSD	130	69.0%	FY24

NSS	2548	61.3%	
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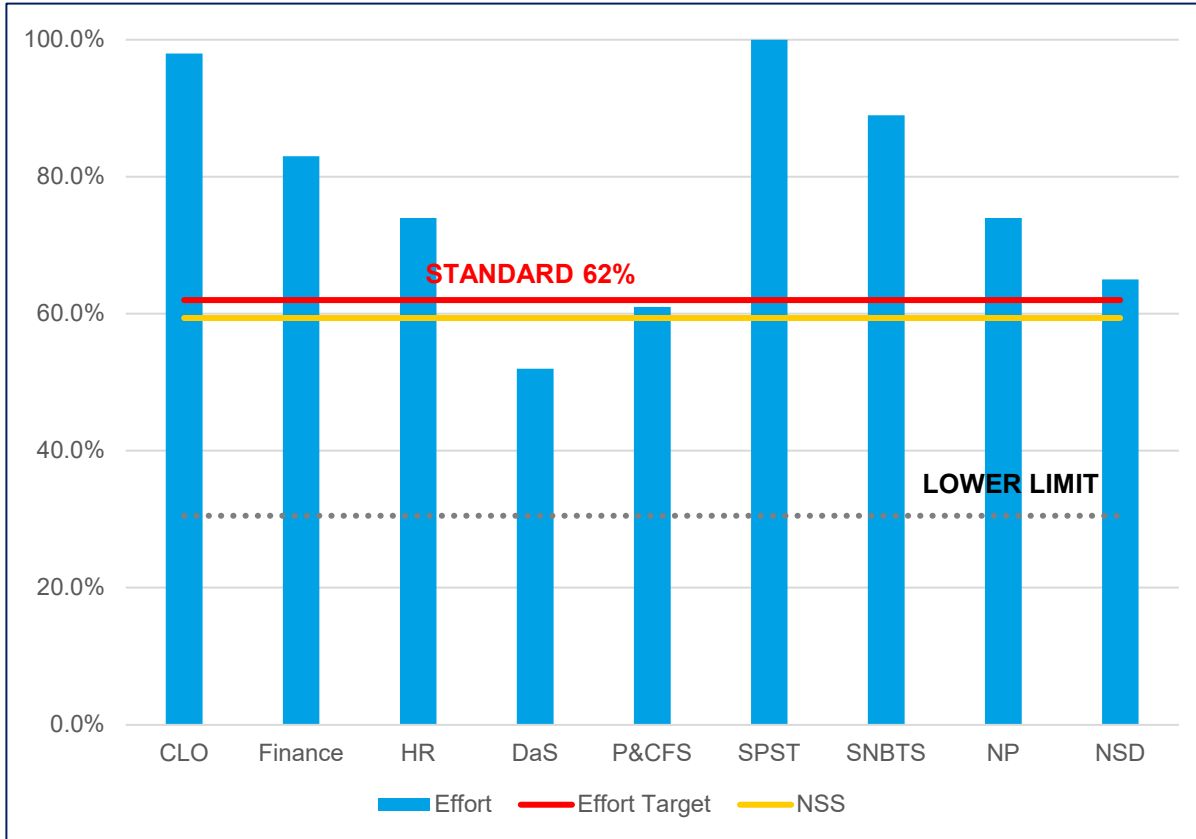
Customer Insight - Satisfaction

<p>What is the data telling us?</p>	<p>Service users are generally satisfied with the services across the majority of Directorates however due to low scores within one area of PC&FS the overall NSS score has fallen below target.</p>
<p>Why is that the case?</p>	<p>The reduction in scores across three of our four contractor streams within Practitioner Services was not unexpected given the level of transformation undertaken and the readjustment of service delivery. We have removed all non-essential / non-core funded activity and this generated anxiety and detailed dialogue with all our stakeholder boards. Engagement continues with Scottish Government and NHS Board Family Health Service Executive representatives (FHS Execs) to improve common understanding of services available and to co-produce priority areas for focusing resources on in-year activity.</p>
<p>What actions are being taken?</p>	<p>An action plan has been put in place with several actions including:</p> <ul style="list-style-type: none"> • Plan and prepare communication on roles and responsibilities • Crib sheet in preparation – regarding what change means for PSD vs practitioners. Rethink how to involve external stakeholders in changes from early stages • Website tidy. Consider reviving new practitioner induction sessions in some shape/form, e.g. webinar, animation.
<p>What learning is being applied?</p>	<p>Engagement continues with Scottish Government and NHS Board Family Health Service Executive representatives (FHS Execs) to improve common understanding of services available and to co-produce priority areas for focusing resources on in-year activity.</p>
<p>Definition</p>	<p>Surveys are issued and results cumulate until a new survey is issued e.g. for HR this means the results shown are all responses to the survey issued in FY22 until now.</p> <p>HR, DaS & Finance issue “Real Time” surveys as well as these, we are working with these Directorates to include these results for Q3 FY24.</p> <p>Annual satisfaction score achieved by NSS services. User ratings of 4 and 5 divided by the total number of responses. Scoring scale is 1 to 5. The NSS Score is based on all services, which are weighted according to the service’s percentage of NSS revenue. Score is updated following each new survey.</p> <p>Areas which will be surveyed later this year (Clinical, & NCC) have been subsumed into the wider weightings at this time but will be split out when surveys are completed.</p>

Customer Insight – Customer Effort



Common Variation



Area	Volume	Effort	Survey Running From
CLO	186	98.0%	FY24
Finance	698	83.0%	FY23
HR	239	74.0%	FY22
DaS	638	52.0%	FY23
P&CFS	554	61.0%	FY23
SPST	17	100.0%	FY22
SNBTS	51	89.0%	FY23
PCF - NP	35	74.0%	FY23
PCF - NSD	130	65.0%	FY24
NSS	2548	59.4%	

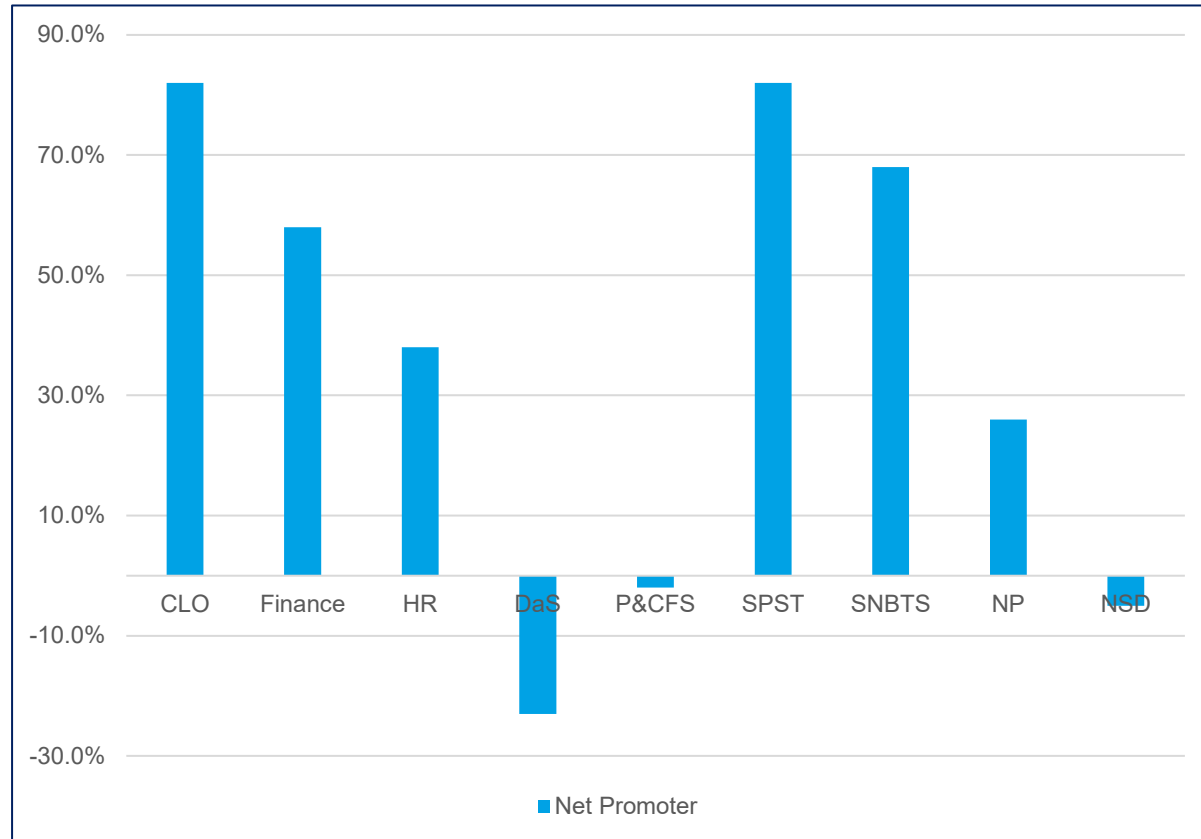
Customer Insight – Customer Effort

What is the data telling us?	Similar to the satisfaction metric: users are generally satisfied with the services across the majority of Directorates however due to low scores within one area of PC&FS the overall NSS score has fallen below target
Why is that the case?	The reduction in scores across three of our four contractor streams within Practitioner Services was not unexpected given the level of transformation undertaken and the readjustment of service delivery. We have removed all non-essential / non-core funded activity and this generated anxiety and detailed dialogue with all our stakeholder boards. Engagement continues with Scottish Government and NHS Board Family Health Service Executive representatives (FHS Execs) to improve common understanding of services available and to co-produce priority areas for focusing resources on in-year activity.
What actions are being taken?	An action plan has been put in place with several actions including: <ul style="list-style-type: none"> • Plan and prepare communication on roles and responsibilities • Crib sheet in preparation - what change means for PSD vs practitioners. Rethink how to involve external stakeholders in changes from early stages • Website tidy. Consider reviving new practitioner induction sessions in some shape/form, e.g. webinar, animation.
What learning is being applied?	Engagement continues with Scottish Government and NHS Board Family Health Service Executive representatives (FHS Execs) to improve common understanding of services available and to co-produce priority areas for focusing resources on in-year activity.
Definition	<p>Surveys are issued and results cumulate until a new survey is issued e.g. for HR this means the results shown are fall all responses to the survey issued in FY22 until now.</p> <p>HR, DaS & Finance issue “Real Time” surveys as well as these, we are working with these Directorates to include these results for Q3 FY24.</p> <p>Annual Effort Score achieved by NSS Services. Used to measure the ease of service experience of the user with the NSS. Scoring scale is 1 to 5. User ratings of 4 and 5 divided by the total number of responses. The NSS Score is based on all services, which are weighted according to the service’s percentage of NSS revenue. Score is updated following each new survey.</p> <p>Areas which will be surveyed later this year (Clinical, & NCC) have been subsumed into the wider weightings at this time but will be split out when surveys are completed.</p>

Customer Insight – Net Promoter



Common Variation



Area	Volume	Net Promoter	Survey Running From
CLO	186	82	FY24
Finance	698	58.0%	FY23
HR	239	38.0%	FY22
DaS	638	-23.0%	FY23
P&CFS	554	-2	FY24
SPST	17	82.0%	FY22
SNBTS	51	68.0%	FY23
PCF - NP	35	26.0%	FY23
PCF - NSD	130	-5.0%	FY24

NSS	2548	9.7%	
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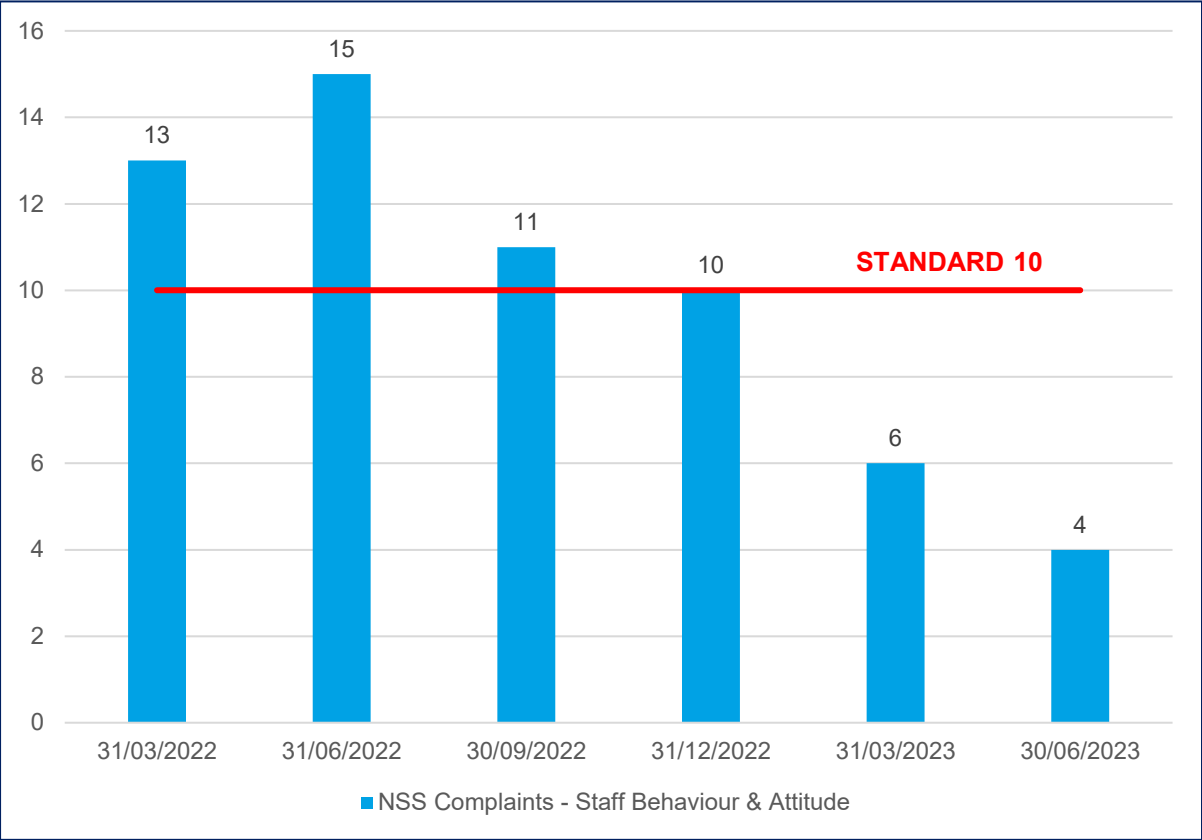
Customer Insight – Net Promoter

<p>What is the data telling us?</p>	<p>The Net Promoter score is an internationally recognised measure of service user loyalty and any score above zero is considered to be good. The majority of NSS services achieve this measure or better. The exceptions are NSD (-5%), PC&FS (-2%) and DaS (-23%)</p>
<p>Why is that the case?</p>	<p>As a commissioning organisation funding decisions by NSD for services/service development are not always well received. For DaS changes in service access take time to become readily adopted by service users.</p>
<p>What actions are being taken?</p>	<p>The NSD Operational Management Group are developing action plans to take on board feedback from their survey to address any concerns and develop appropriate communications around service decisions. The introduction of Business Change Managers and changing the way feedback is collected will lead to improvements in the NPS score.</p>
<p>What learning is being applied?</p>	<p>Further details will be available as we look to reflect real time feedback into the overall results.</p>
<p>Definition</p>	<p>Surveys are issued and results cumulate until a new survey is issued e.g. for HR this means the results shown are for all responses to the survey issued in FY22 until now.</p> <p>HR, DaS & Finance issue “Real Time” surveys as well as these, we are working with these Directorates to include these results for Q3 FY24.</p> <p>Percentage of users who would recommend the NSS to a friend or a colleague. Also known as User Advocacy. Percentage of promoters (5 rating) minus the percentage of detractors (1 to 3 rating). Scoring scale is 1 to 5. The NSS Score is based on all services, which are weighted according to the service’s percentage of NSS revenue. Score is updated following each new survey. The score can range from -100% to 100%.</p> <p>Areas which will be surveyed later this year (Clinical, & NCC) have been subsumed into the wider weightings at this time but will be split out when surveys are completed.</p>

Customer Insight – Complaints Staff Behaviour



Common Variation



Model Complaints Handling

New performance indicators for Complaints handling are being developed in line with the Healthcare Improvement Scotland (HIS) Model Complaint Handling Process.

Work is being carried out with the Customer Experience & Solutions Team to introduce the below measures to regular EMT and Board (where appropriate) Reporting:

- Total number of complaints received each month
- Total number of positive feedback / suggestions each month
- % complaints resolved
 - Stage 1 within 5 days
 - Stage 2 within 20 days
- Breakdown by SBU (moving to Directorate when this is possible)
- Number upheld / not upheld / partially upheld by Ombudsman

This data will be introduced for the next Board Report.

NSS Financial Performance

NHS National Services Scotland Board Financial Performance – October 2023 Executive Summary



Performance Summary

At the end of October, **NSS remains on track to meet its statutory Financial Targets:**

Revenue

The **YTD reported position is a £1.4m underspend** with a **break-even year end forecast** position maintained. The overall YTD position has adversely moved by £0.9m during October – this has been driven by an NHS Assure reduction where SG funding has been returned in-line with vacancies. There has also been a reduction in the NSD underspend based on Q2 returns from Boards. The adverse position has been improved by confirmation of additional TP&V funding to cover the cost of irrecoverable VAT on vaccine supply.

The FY break-even forecast assumes that **any surplus funds will be returned to SG on a non-recurring basis** to support the wider financial challenge.

Capital

The YTD position is an underspend of £0.6m due to the budget phasing for Breast Screening trailers, SEER's and Scanners with a mismatch between the timing of planned spend versus actual spend committed. The FY forecast is a break-even position.

NSS Targets	YTD	Forecast	RAG
	£'000's	£'000's	
Revenue Outturn	1,371	0	G
NSS CRES Total	2,096	5,143	G
NSD CRES Total	2,041	7,813	G
Capital Outturn	581	-	G

Key Messages

All National Boards including NSS were asked by SG to consider options to make additional non-recurring savings in FY23/24 to support the wider NHS Scotland financial challenge. Each Directorate considered the impact of stopping, reducing or not starting ADP priorities and this was included in an initial response to SG which was discussed on 21st August. **NSS has since received a response from SG to advise that a follow up discussion / review will take place on the financial position reported at Q2. Our overall position (including Balance Sheet) has not changed significantly from that reported at Q1 but there has been movement between categories with the Trading Position deteriorating but favourable movements in SG / Board returns (including VAT recovery and slippage)**

NSS continues to forecast a break-even position in-line with its balanced budget for FY23/24, this remains a significant challenge given the above. There is also a level of underlying financial risk across most NSS services - particularly P&CFS where additional resource is required in P&CFS to address service pressures. NSS must continue to drive its Financial Sustainability objective across all areas of service. Updates on specific Financial Sustainability actions are included in Appendix 1.

Risks & Issues

Funding – Revenue

NSS has considered options and the impact of additional savings in FY23/24 to support the wider NHS Scotland financial position. Targets of 5% (£14.4m) and 10% (£28.8m) were calculated based on SG allocations outstanding as at **end of Q1**. Clearly, NSS must protect its own financial position and sustainability – but it highlights the unprecedented, underlying financial deficit across NHS Scotland and the overall level of financial risk. **Following discussions in August, NSS has received a written response advising that SG will further discuss / review opportunities based on the reported financial position at Q2. There is a risk that SG expects a non-recurring contribution which is more than NSS can offer without significant disruption to our services / outcomes.**

Underlying Financial Risk – P&CFS

There is an increasing level of financial risk within P&CFS (e.g. Pharmacy; eDCVP) where additional costs will be incurred to resolve current operational performance issues and project delays. This will also have an adverse impact on planned CRES in this Directorate.

The P&CFS forecast has been updated to reflect a level of underlying pressure and an additional £1m has been provided for within NSS Reserves with a further £0.5M risk being closely monitored. The NSS IMT has been mobilised and a corporately supported recovery plan is in place. Financial implications will be closely tracked

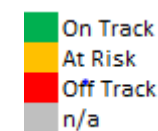
CRES - NSD

The original financial target was based on 5% delivery but only 3% was built into opening budgets – NSD has currently only identified savings of 1.5%. **The overall YTD surplus is £0.3m with lower than budgeted activity levels offsetting the CRES delivery deficit. However, the overall NSD position for FY23/24 could be a c£2.9m deficit – with lack of CRES delivery a contributing factor. Boards were advised of this potential worst case scenario at Corporate Finance Network on 15th November.**

NHS National Services Scotland Board

Financial Performance – October 2023

Operational Performance – Page 1 of 2



Directorate	Revenue Outturn £m		Other Financial Targets £m		Summary of Position
	YTD	Forecast	CRES	Capital	
Clinical	0.0	0.0	0.0		Reporting a small core revenue over-spend YTD and FY and a balanced position within SG funded programmes (NSOF, S4S, and Digital Prescribing - circa £5M pa).
Central Legal Office	(0.4)	(0.5)	0.0		Litigation continues to drive a favourable position on income as at M7. Offsetting this is Property due to a fall in demand since the COVID pandemic resulting in an adverse fee recovery position. CRES is on target for this stage of the year.
Finance	0.1	(0.0)	-		Despite the YTD overspend, Finance is on track to breakeven at year end.
Human Resources	(0.4)	(0.2)	-		Favourable financial position due to vacancies unchanged since M6.. Majority of posts have now been filled which should lead to a reduced surplus at year end.
Practitioner & Counter Fraud Services	0.0	0.5	0.2	0.1	Continued issues with both nDCVP and AMS Digital and high level of vacancies are causing pressure on the workforce and resulting in an increase in overtime costs. It is also unlikely that CRES will be fully achieved this year due to pressures within Pharmacy. Capital plan is also forecasting a £0.12M overspend arising from increased construction costs.
Reserves	0.4	(0.0)	1.0	(0.2)	To date, additional VAT recoveries have partially offset CRES target and Apprenticeship Levy risk. It is forecast that NSS will identify other options to achieve CRES by year end.
Strategy Performance & Service Transformation	(0.2)	(0.2)	0.0		PGMS report a reduction in FY forecast surplus of £0.2M when compared to M6. Excluding Corporate Governance, the forecast surplus position is c£29k should the current workload continue. The Events Team is showing a YTD Deficit which is offset by underspends in other areas of SPST due to vacancies.

NHS National Services Scotland Board

Financial Performance – October 2023

Operational Performance – Page 2 of 2



Directorate	Revenue Outturn		Other Financial Targets		Summary of Position
	YTD	Forecast	CRES	Capital	
Digital & Security	(0.2)	0.2	-	0.1	The YTD surplus position is driven by phasing of ring-fenced income for National Services (0.1M), Snomed (£0.4M) and the reprocurement of SWAN (£0.4M). This will come back into line over the coming months. Offsetting the surplus is additional costs for Share Point project (£0.3M). The FY position assumes that Share Point demand of £0.5M is approved. Capital overspend is driven by SG Funded programmes (CHI Child Health) and DaS will discuss funding options with SG in M9.
NHS Assure	0.2	0.1	0.3	0.1	Since M6, SG Funding requirements for Assure have been adjustment to reflect the current recruitment delays. The YTD overspend is driven by phasing of non-pay spend and despite reporting a risk of £0.1M in the FY forecast, it is anticipated that Assure can achieve a balanced position at year end.
National Procurement	(0.6)	(0.4)	-		NP revenue position has not changed and IT underspend investigations are taking place with budget holders. In addition, current vacancies and recruitment delays within Strategic Sourcing are driving underspend in pay. Logistics income from sales, £2.9m higher than budget as at October 23.
SNBTS	(0.1)	0.4	0.2	0.0	The YTD surplus position is driven by underspends in pay, medical costs and higher income from HB and 3rd parties offset by increases in medical costs, year-end accounting error and transport costs. The deficit position forecast at year end is driven by unmet savings targets and other pressures being investigated.
National Services Directorate	(0.3)	(0.0)	2.2	0.0	YTD and FY position reflects the M6 quarterly return from Boards. It is clear from these forecasts/returns that the likelihood of NSD ending the year with an under spend, and a hand-back to HBs is disappearing rapidly. The next slide provides a breakdown of NSD risks and opportunities.
Total	(1.4)	(0.1)	4.0	0.0	

NHS National Services Scotland Board

Financial Performance – October 2023

Revenue Analysis - Summary

The YTD Revenue position for NSS is of an underspend of £1.4M vs plan. The graph summarises movement by area.

Income - overachieved by £18M vs YTD plan

Health Board Income – the main element of this variance is within NP £11.3m, CLO £1.5m and DaS £2.9m with a corresponding offset in non-pay costs

Other Income – includes higher than budgeted income in year across SPST International Engagement, Child Health and SWAN £0.7m, CLO £0.6m and SNBTS TCAT £0.4m

Pay – £4M underspend vs plan

Total Pay – the net payroll underspend of £4m includes £6.2m through payroll with c311/9% WTE vacancies, with £2.4m overspend on agency and secondees in filling some of these gaps.

Non-Pay - £20M overspend

Cost of Sales relates to plasma products higher costs and increased oxygen concentrator costs, both of which are recharged in full to Boards with no impact to NSS bottom line for FY23/24

IM&T – Mostly driven by DaS - overspends relate mainly to e-Rostering and O365 costs with partial offset through ATOS savings – and NP IMS Project.

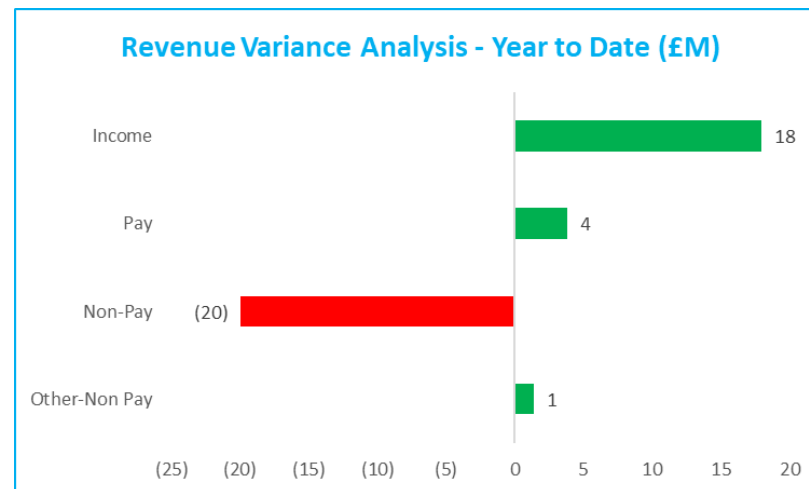
Professional Fees CLO additional costs £2.6m relates to the additional outlays income offset by NP Project underspend £0.8m

Other Operating Costs Overspend in ATOS and eRostering vs plan.

Covid-19 funding for C-19 services continues to reduce in-line with post pandemic position, NSS is currently forecasting SG Allocations of £80.4m compared to £81.7M in M6. This covers:

- Test, Protect and Vaccinate £47.7m, which is now £1.3M lower than M6 forecast.
- PPE £32.7m including write-offs / donations

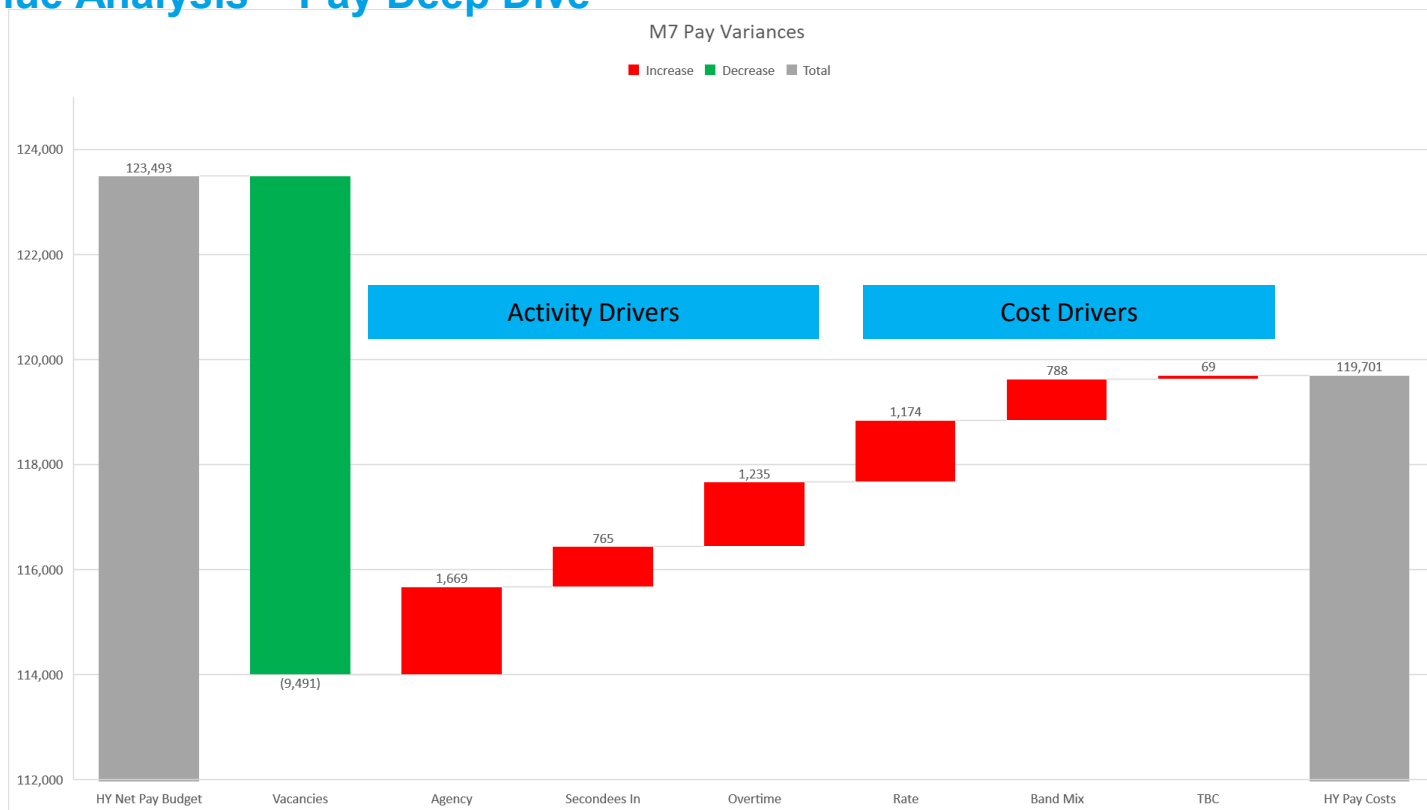
As part of the SG request to look at options to save additional funds in FY23/24, there was and is particular focus on the above 'C-19' services in-line with demand levels, policy decisions and risk appetite.



NHS National Services Scotland Board

Financial Performance – October 2023

Revenue Analysis – Pay Deep Dive



Total Pay – At the close of M7, the pay budget was underspent by £3.7M YTD and £0.1M in the current month due to the funding adjustment made in NHS Assure. The Graph above gives further insights into the variances to date.

To minimise risk in service delivery driven by high level of vacancies (£9.5M/297 WTE average per month), additional agency (£1.7M), secondees (£0.8M) and overtime (£1.2M) were utilised in the last 7 months.

When the payroll was analysed, it was also clear that the planned average rate per band was lower than the actual rate paid (£1.1M) for Band 3, 6 and M&D. In addition, there is also a change in the mix of bands driving £0.8M additional costs vs plan as we have a heavier weight of WTE in Band 7, 8C, 8D compared to the mix in the plan.

NHS National Services Scotland Board Financial Performance – October 2023 Scottish Government Funding Allocation Tracker

RAG



Baseline

In addition to the baseline, additional allocations of £46m was received in October, including £15m Digital, £20m Vaccinations and £9m NSD, total additional allocations received is £200m YTD.

Outstanding

Currently c£116m allocation remains outstanding. The main outstanding allocations are :- PPE £34m, Logistics £17m, Vaccinations £17m, NSD Pay Consequentials £8m, Covid Warehousing Funding £6m, Centre of Excellence £6m and e Health £5.6m

The risk profile below is based on Business Controller assessment working with Directorates – and the majority as ‘amber’ is a fair reflection on the current funding position.

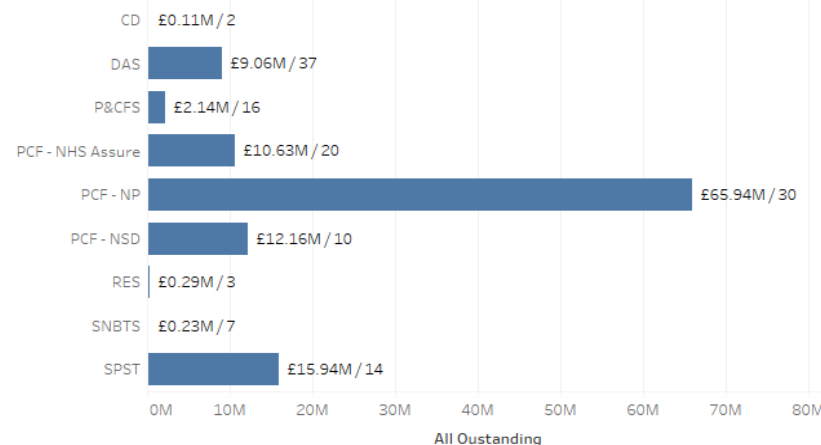
5-10% Funding Return

SG have asked all Boards to consider options to support the financial challenge. Any progress made within NSS and this needs to be consolidated so that we can confirm to SG the contribution being made.

Baseline Changes and ‘Bundling’

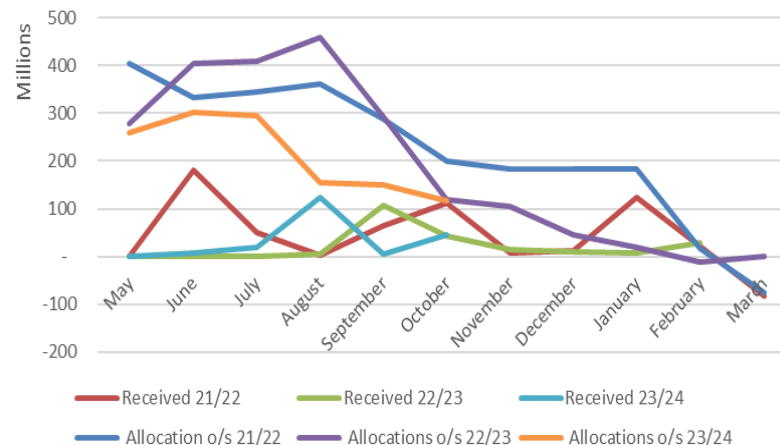
SG Finance remains determined to change the non-recurring allocations to either baseline or bundle so that Boards have more flexibility and is continuing to review options with Policy Teams.

SG Allocations - Outstanding - Total Amount / No. of Allocations



SBU	Green	Amber	Red	Total
SNBTS	73	154		227
Reserves	293			293
DaS	106	6,976	1,979	9,061
P&CFS	1,178	939	21	2,138
SPST	44	15,900		15,945
Clinical	50	57		107
NHS Assure	407	10,221		10,628
NP	12	65,930		65,942
NSD		12,159		12,159
	2,163	112,336	2,000	116,499

Allocations Received v Outstanding



NHS National Services Scotland Board

Financial Performance – October 2023

Delivery of Cash Releasing Efficiency Savings

CRES Target (£M)



The NSS FY CRES target as at M7 is £11.6M – including £3.6M achieved YTD, £4.1M planned to be achieved in the remainder of the year and £4M savings to be identified. **Business Controllers will continue to working with Directorates to identify opportunities to achieve unidentified CRES as well as mitigate risks associated with planned CRES.**

Against the NSD target of £4.4M, £2.2M of savings have been identified but that is only 1.5% of baseline with a 3% target budgeted. Currently this under-achievement is being offset by lower than budgeted activity levels but this is unlikely to continue and has been flagged as a potential pressure to Boards via CFN.

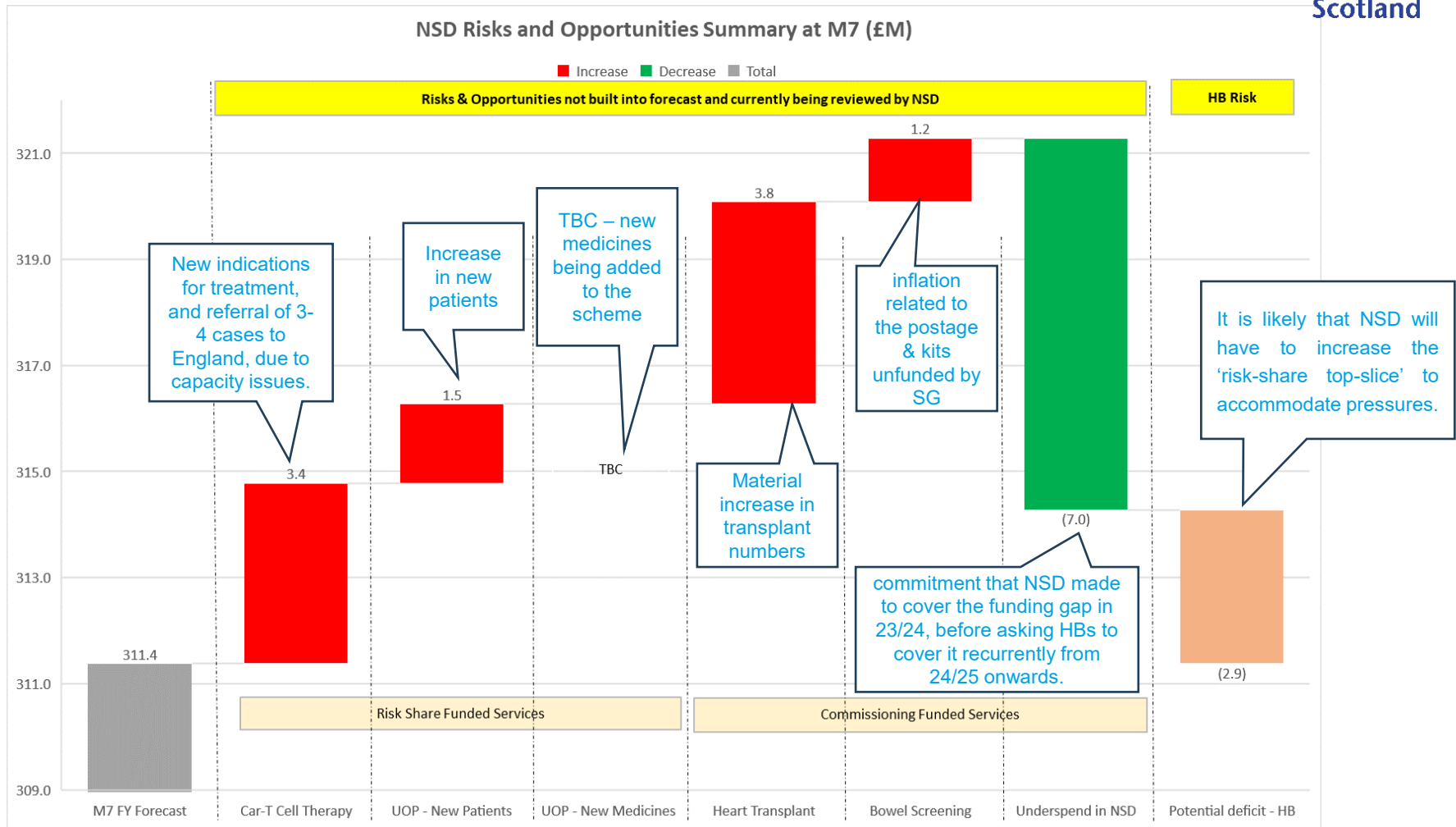
FY23/24 Outturn

- NSS manages services on behalf of NHS Scotland with a **full year budget of £706m**. YTD spend of £407M is £0.2M lower than YTD budget.
- O365, e-Rostering, eHealth SLA, SIBBS and MESH are all delivering within plan.
- GPIT £167k, PACs £320k and Atos £87k underspend, but expected to breakeven at year end.
- There is an overspend in CHI £74k and £5k, expect full year breakeven.
- NDC is showing a YTD overspend £98k – including pay (agency) pressures
- NSD FY risks and opportunities review is detailed in the next slide

Services delivered on behalf of Scotland - YTD Position

Hosted Fund	Expenditure	Variance
ATOS	£22,189,570	£86,659
CHI	£3,533,706	£-73,838
eHealth	£17,448,858	£0
eRostering	£5,041,758	£-215
GP IT	£918,992	£166,501
MESH	£37,073	£261
NDC	£142,437,286	£-98,212
O365	£21,439,596	£0
PAC's	£1,294,324	£320,049
SIBBS	£11,642,307	£690
Grand Total	£225,983,470	£401,895

NHS National Services Scotland Board Risks and Opportunities – October 2023 Services delivered on behalf of NHS Scotland by National Services Division



NSD Risks and Opportunities

As at M7 close, the YTD underspend in NSD has reduced from £0.8M to £0.3M. The graph above outlines the risks and opportunities likely to materialise in H2 based on M6 forecast from Health Boards as well as data from Q2 risk share claims. Based on the forecasts/returns from Health Boards, NSD are currently pursuing options to reduce the emerging £4.9M pressure in risk share by utilising underspends elsewhere in the portfolio. Current figures suggest that Health Boards may need to contribute additional risk share funding of c£2.9M in a worst-case scenario.

NHS National Services Scotland Board Financial Performance – October 2023 Capital Programme Delivery

RAG



FY23/24

YTD and FY Capital Position

As at M7, planned capital spend **forecast to breakeven**.

The pressure that was reported in M6 of £0.2M, has now been addressed by VAT recovered relating to Capital spend.

Since then, NSD have also agreed compensation from Fuji for the Breast Screening Trailers which weren't up to specification, £495k is being used for purchasing new trailers.

Risks and Opportunities

Finance are continuing to work with Directorates to review any aged accruals which could be released to increase availability of funding or fund any future risk.

Forecast for Meridian Court Replacement (MCR) and Foresterhill Steam Upgrades (FSU) are being reviewed and it is likely that capital funding will be transferred from FSU to MCR in M8.

NIB- equipment – Await confirmation of additional funding for equipment for FY 24/25.

Planning

The outcome of the Whole system planning workshop has been shared with the Program board for review. Next steps will include focused directorate sessions. These will focus on future directorate strategy to identify business need/demand. It is critical that we capture and articulate any forthcoming investment requirement to ensure critical investment to be prioritised.

NSS CAPITAL DEVELOPMENT FUNDING		Budget	FY	Movement
Opening position	Opening AOP	2,927	2,927	0
	Ellen's Glen Funding	1,100	1,100	0
	Fuji compensation NSD		495	-495
	Vat Recoveries	0	162	-162
	Opening position total	4,027	4,684	-657
Critical projects approved	nDCVP		0	0
	SNBTS Equipment Rolling Replacement	-333	-410	77
	SNBTS - Clinical Apheresis Machines	-1,728	-1,628	-100
	Breast Screen Units	-800	-1,295	495
	DaS Network Replacement	-20	-89	69
	Meridian Court Replacement	-554	-554	0
	Foresterhill Steam Upgrades	-292	-356	65
	Move to Titan	-54	-318	264
	SNBTS 22/23 slippage	-77	-77	0
	Warehouse Management System		-14	14
	Credit received in year		65	-65
	Committed	-3,858	-4,676	818
	Available for Developments		169	7

SG CAPITAL DEVELOPMENT FUNDING		Budget	FY	Movement
Confirmed	NIB Funding	172	172	0
	Electric Charging Points	550	550	0
Awaiting Confirmation	Breast Screen Unit - additional	135	135	0
	Shott's clinical waste site	200	200	0
	CHI	1,567	1,567	0
	CHI Additional	1,071	1,071	0
	SEER's	550	550	0
	Revenue to Capital - Atos Tech Refresh	1,000	1,000	0
	Revenue to Capital - SNBTS	28	28	0
	Revenue to Capital - AMS Scanners	240	240	0
	Revenue to Capital - EV Charging Points Vat	130	130	0
	Electric Charging Points additional	100	100	0
			0	0
		5,743	5,743	0

NHS National Services Scotland Board

Financial Performance – October 2023

Reserves Overview

RAG



The 2023/24 Financial Plan included provision for various **identified opportunities and risks**. These are being managed in year within Reserves.

In month – £0.8M funding was agreed for Pharmacy which will be processed M8 and a further risk of £0.5M within P&CFS is being closely monitored for future reserve funding decision. **This is essentially NSS using its planned operating contingency.**

At the end of October, NSS has net revenue resources available of **£0.3m** which can be used to mitigate against **significant underlying financial risk** including uncertainty over funding allocations

NSS will only consider additional requests for funding (investments and/or cost pressures) if they have been submitted via Demand as per agreed process.

The net Reserves position was considered as part of the return to SG highlighting the options NSS has to support the wider financial challenge, whilst protecting its own financial position – in both FY23/24 and on a recurring basis. **As part of the wider exercise, the movement in the Reserves position since Q1 will be reflected in the overall contribution that NSS could now make to support the wider financial challenges.**

	Opening Assumptions	SEPT EMT	OCT EMT	NOV EMT	
Available Revenue Funding	1,454,150	177,623	- 554,410	- 759,410	Reserves allocated, but will be offset by Depreciation £0.5m included below
Likely Opportunities	3,445,000	3,522,000	3,422,000	3,346,098	incl £1m Contingency, £0.5m A/L, WRP £0.4m, Depn £0.5m
Maximum Available	4,899,150	3,699,623	2,867,590	2,586,688	
<u>Likely Risks / Pressures</u>					
21/22 Underspend	490,000	490,000	490,000	490,000	Not confirmed this will be received
Inventory Mgt System	633,700	633,700	633,700	0	Cost Pressure - funding expected from SG
Sharepoint		450,000	450,000	500,000	Await feedback from DaS prior to allocating
Additional nDCVP expenditure		615,000	0		Actioned M6
Pharmacy Funding required				827,000	Funding confirmed by C Low
Additional Pharmacy Funding				477,000	Additional funding possibly required depending on recruitment
Total Risks / Pressures	1,123,700	2,188,700	1,573,700	2,294,000	
Net Position Revenue	3,775,450	1,510,923	1,293,890	292,688	
TOTAL POTENTIAL FUNDS AVAILABLE					
		1,510,923	1,293,890	292,688	

NHS National Services Scotland Board

Financial Sustainability Action Plan Update (1)

APPENDIX 1

Action	RAG	Comments
<p>Increased Financial “Grip & Control”</p> <ul style="list-style-type: none"> • Systems & Processes • Roles & Responsibilities 		<p>This is a broad, overlapping action with various on-going elements such as:</p> <ul style="list-style-type: none"> • Staff Data / Directorate reconciliation (separate item on EMT agenda) • Finance Charters – summarising and confirming roles and responsibilities • Systematic Review of Aged & High Value Accruals • Pecos Approval Rules & Limits • Increased scrutiny and controls over discretionary non-pay spend (CCSG) • Corporate Joiners, Movers, Leavers (CJML) • Workforce governance oversight: <ul style="list-style-type: none"> • Refined support and information for Vacancy Review Panel • Requirement for organisational change to be at least cost neutral reinforced.
Directorate Service Transformation		<p>Finance continues to support emerging future NSS planning working closely with DaS and PgMS in terms of wider transformation arrangements</p> <p>Finance continues to work closely with all Directorates (and DaS; SNBTS; and NSD in particular) to transform Financial Management arrangements – with both Finance and Service Areas recognising the changes needed to support improved practice and ensuring roles and responsibilities as outlined in the Finance Charter are delivered in practice.</p> <p>Our Lean work is focusing on (1) the annual planning process, working with key stakeholders to ensure this is as efficient and effective as possible for the forthcoming FY24/25+ cycle and (2) implementing changes to the month end Financial Management Cycle - with aims to reduce the cycle time; improve report content and timing; give early awareness of material issues to Key Decision Makers for information and/or decision making. It is crucial that delegated budget holders are supported and informed to make the decisions around their delegated budgets by Finance – but Finance do not make decisions for the business.</p>

NHS National Services Scotland Board

Financial Sustainability Action Plan Update (2)

APPENDIX 1

Action	RAG	Comments
Activity Based Costing		<p>The project team has met with each Directorate to better understand readiness in terms of data maturity and capacity. This has informed a detailed roll out plan during FY23/24 which is being finalised. The project has highlighted a various financial structural / hierarchical inconsistencies across NSS which has been addressed through the FY23/24 budget process. Work has been ongoing with CACI and SNBTS colleagues focusing on H&I. Performance and financial data has been provided to CACI with the next joint working session scheduled for 23rd November to further develop the costing allocation model within Synergy. Once this initial stage is complete, work will roll out across Directorates using initial information provided earlier in the year identifying target activities.</p> <p>Business Finance is reviewing this project and next steps as part of its wider planning process</p>
Business Finance PMO		<p>PgMS and Finance continue to work closely to implement and embed a PMO within Finance. We aim to have significant milestones delivered by 31st March 2024:</p> <ul style="list-style-type: none"> • CRES – more rigorous tracking of actual savings delivery covering (1) Directorate Savings Plans including ROI from planned investments (2) Contract Approval Savings (3) Cost & Commercial Steering Group • Cost Pressures – similar to CRES, a more robust way of recording all Cost Pressures to support budget decisions and better understand cost drivers • Business Cases / Funding Requests – Finance leading but working with others to review existing processes end to end with a One NSS lens. Existing business case guidance and information has been made more accessible during Q2 <p>We also recognise the need for consolidated NSS savings reporting into Boards / SG to summarise the favourable impact our services make to the wider budget</p> <p>Ahead of the PMO being established, the principles have been applied to the</p>



NSS
Finance

NSS People Report – October 2023

Headcount

The current headcount for NSS is **3,457** and the total 'Whole Time Equivalent' (WTE) is **3,293**. Last month there were a total of **3,461** staff with a WTE of **3,295**. Please note the headcount on the dashboard does not include agency and bank staff.

Turnover

NSS has recorded **235** new starts, **155** leavers and a turnover rate of **5.66%** this financial year. October recorded **19** new starts, **22** leavers and a turnover rate of **0.80%**.

Agency Staff and Fixed Term

There are currently **123** agency employees across NSS (**138** last month), the majority of these are within PCF (**46**), DaS (**39**) and P&CF (**20**). **12** agency employees have been with NSS for more than four years (14 last month). There are a total of **285** employees on fixed term contracts (**293** last month). The majority of these are within PCF (**73**), DaS (**61**), SPST-NCC (**56**) and SNBTS (**47**). There are **130** fixed term contracts expiring in the next six months. **40** fixed term contracts have been with NSS for more than four years (**42** last month).

Statutory and Mandatory Training

The compliance rates for October 2023 are **90%** for Statutory and **89%** for Mandatory training. The compliance rates do not include employees with a 5-digit eESS ID as they were not migrated into the data. This includes consultants, visiting workers and agency staff (around 10% of staff) and is currently being investigated by NES. Please note that these employees are on Turas and that their course history is available locally by their respective line managers to ensure they are keeping up to date with their training.

Recruitment

In October there were **33 jobs** advertised (**27** last month) and **49 vacancies** in total (**37** last month). For the financial year, the total is **252 jobs** and **356 vacancies**. **15** of the **252 jobs** are currently 'live' and at the 'advert' stage, **67%** of the jobs are for permanent positions and **31%** are for fixed-term (or secondment) posts and **2%** are for 'other' contract types.

Sickness Absence

The total sickness absence rate for the financial year is **4.32%** (4.18% last month), breaching the **4.00%** National target by **0.32%**. The total sickness absence rate for the month of October is **4.67%** (4.49% last month). The total cost of absence for the financial year is **£3.67m**. This time last year, the total cost of absence was **£2.64m**. October 2023 recorded a sickness absence cost of **£537k** (**£589k** last month).

Appraisal, Personal Development Plan (PDP) and Objectives

The compliance rates are currently at **80%** for Appraisal (**80%** last month), **69%** for PDP (**73%** last month) and **69%** for Objective (**73%** last month).

Sickness Absence - Statistical Process Control

The total sickness absence rate for the financial year is **4.32%** (4.18% last month), breaching the **4.00%** National target by **0.32%**. The total sickness absence rate for the month of October is **4.67%** (4.49% last month).

Between Lower Limit and Mean (0.31% - 3.03%)	Between Mean and Upper Limit (3.02% - 6.38%)
CLO, Clinical, HR, DaS, Finance, SP&ST	PCF, P&CF, SNBTS

PCF's absence has gradually decreased in the past 12 months, from **6.75%** in September 2022 to **5.82%** in October 2023. HR are working with PCF to develop interventions to improve sickness absence levels.

Forecast - Based on the previous three years of absence data, year to date sickness absence is forecast to finish the year at **3.86%** for NSS.

Short Term / Long Term Sickness Absence Rates

Month	Short Term	Long Term
October 2023	Month: 1.71% FY: 1.37%	Month: 2.96% FY: 2.95%
September 2023	Month: 1.77% FY: 1.34%	Month: 2.73% FY: 2.84%

Sickness absence rates historically rise after each reporting month due to retrospective absence updates from line managers to SSTS. HR re-run sickness absence reports each month to maximise accuracy and capture retrospective changes.

Fig.1 PCF Year to Date Total Sickness Absence SPC

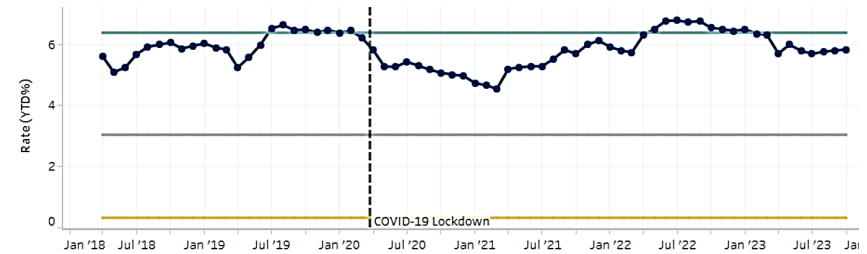


Fig.2 NSS Long and Short-Term Rolling 12 Months Absence Rates

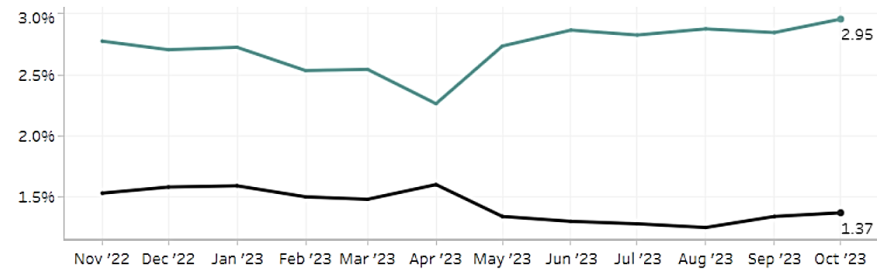


Fig.3 Year to Date Absence Data (5 Year Comparison)

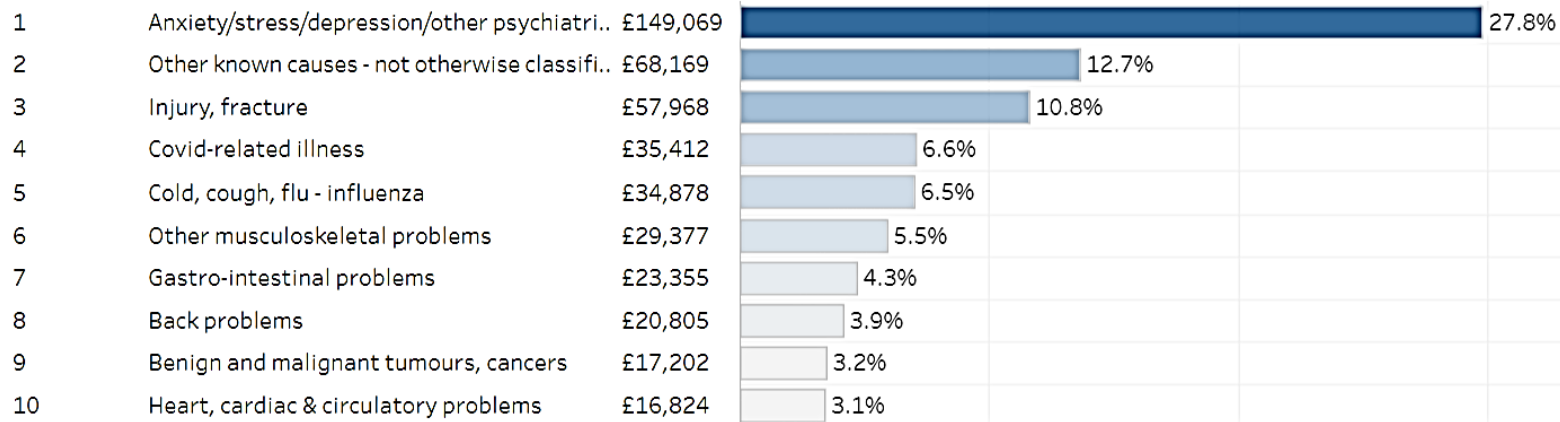
		Long Term (%)	Short Term (%)	Total (%)
19/20	October	2.87%	1.46%	4.33%
20/21	October	1.82%	0.82%	2.65%
21/22	October	2.63%	1.12%	3.76%
22/23	October	2.74%	1.45%	4.20%
23/24	October	2.95%	1.37%	4.32%

■ Covid 19 Pandemic
 ■ Previous Year
 ■ This Month

Sickness Absence Cost

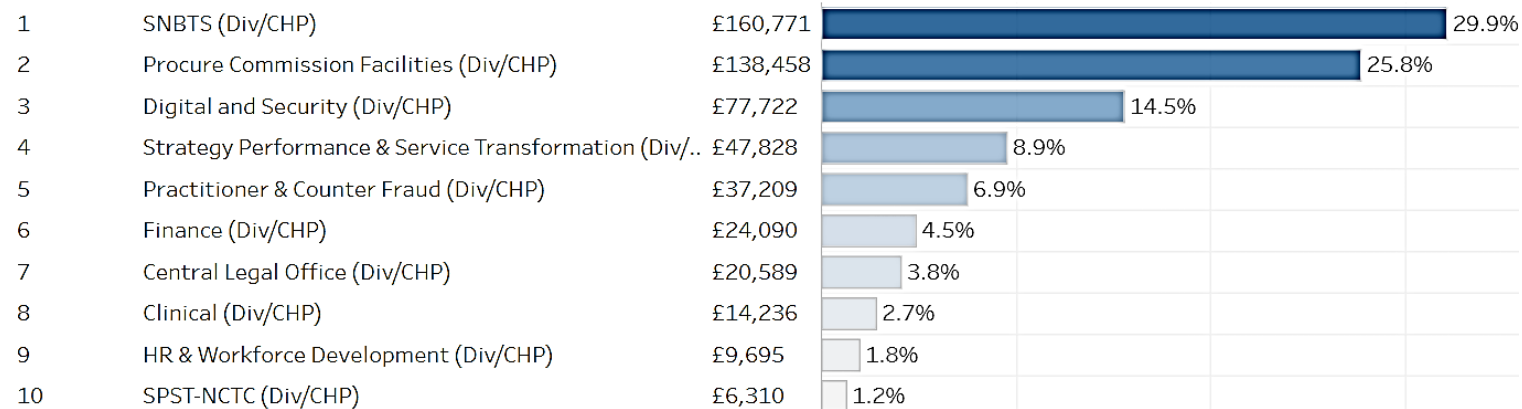
The total cost of absence for the financial year is **£3.67m**. This time last year, the total cost of absence was **£2.64m**. October 2023 recorded a sickness absence cost of **£537k** (**£589k** last month). Retrospective absences entered onto the system account for an average increase of **15-30%** in cost and hours lost, which will impact the current month's figure and will be reflected next month.

Fig.4 Top Reasons For Absence



The Directorates with the highest cost of absence are SNBTS with **£161k** and PCF with **£138k**. Please see Fig.5 below:

Fig.5 Directorate Breakdown



Case Management

Case Management

There are currently **140** active cases (78 last month), with **16** cases opened and **two** cases closed in October 2023 (See Fig.6).

Case data is updated retrospectively on a frequent basis and data quality checks can be actioned which, in addition to cases opened and closed that month, helps explain the change in numbers between each monthly report.

Absence Triggers

There are a total of **232** employees who have breached sickness absence triggers this month, of which **28%** have active cases with HR. A total of **563** employees have reached an absence trigger in the rolling year of which **29%** have active cases with HR.

Fig.6 New (Opened) Cases and Closed Cases Trend

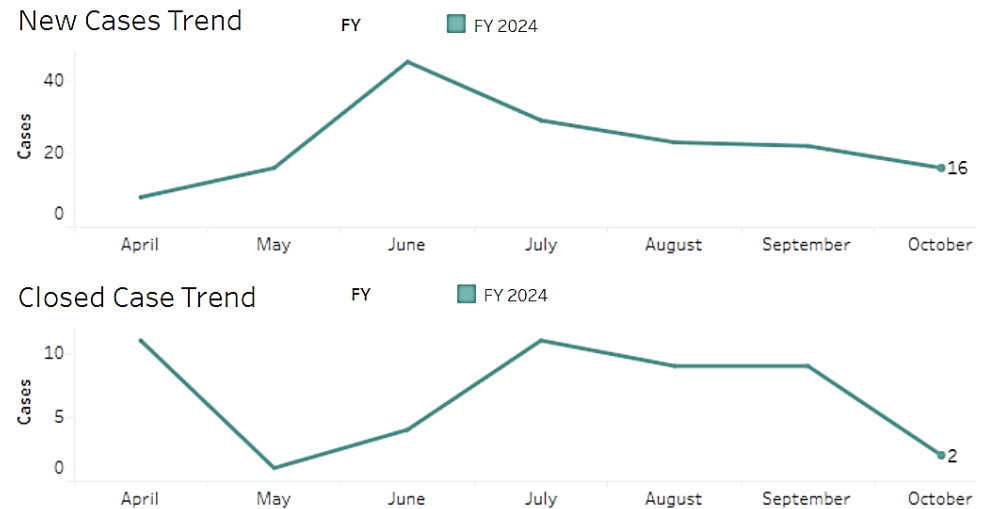


Fig.7 Active Cases by Directorate

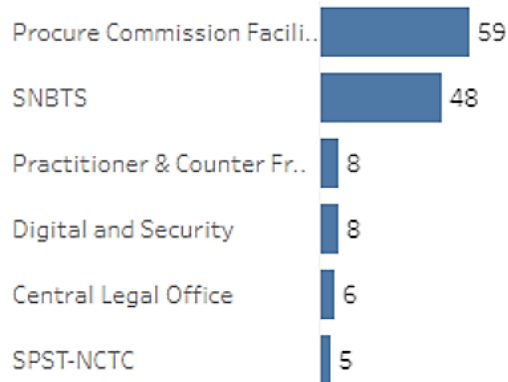
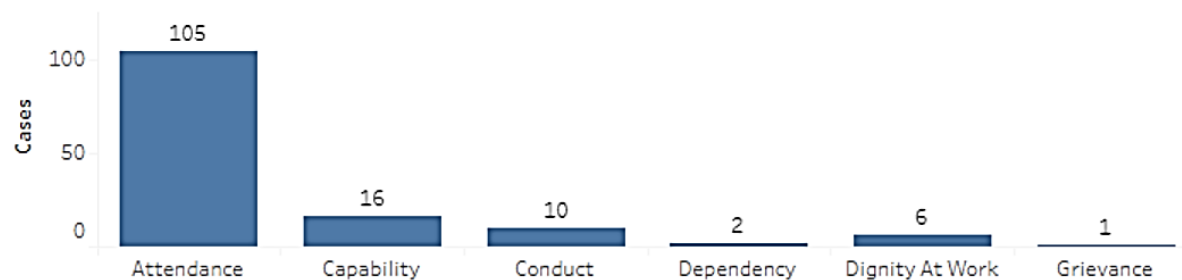


Fig.8 Active Cases by Category



Turnover

Turnover Insights

NSS has recorded **235** new starts, **155** leavers and a turnover rate of **5.66%** this financial year (see Fig.9). October recorded **19** new starts, **22** leavers and a turnover rate of **0.80%**. Of the **155** employees who left, **15%** were on a Fixed Term contract and **85%** were on a Permanent contract.

The turnover forecast for the end of the financial year is **11.04%**, which is lower than the agreed target of **14.00%**.

Turnover by Directorate

Directorate	Turnover This Month	Turnover Last Month
CLO	0.72%	0%
Clinical	0%	0%
DaS	0.64%	0.43%
Finance	0.67%	0.67%
HR	1.10%	1.10%
P&CF	0.65%	0.22%
PCF	0.78%	0.45%
SNBTS	0.96%	1.18%
SPST-NCTC	1.48%	0%
SP&ST	0.79%	0.39%

Notes

- Turnover rates are produced from eEES National Team turnover reports and include bank staff. Therefore, NCC rates include bank.
- The new starts and leavers data is taken from the NSS Staff List data.
- HR WIS implemented a change in the reports to use 'Last day of working' instead of 'Effective End Date' for the new starts and leavers table counts.
- The turnover percentage includes bank staff.

Fig.9 Leavers Vs. New Starters This Financial Year

Division	Count leavers in FY (overall)	Count new starters in FY (overall)
Central Legal Office	5	2
Clinical	0	1
Digital and Security	19	16
Finance	8	9
HR & Workforce Development	10	11
Practitioner & Counter Fraud	18	16
Procure Commission Facilities	35	110
SNBTS	45	54
SPST-NCTC	4	1
Strategy Performance & Service Transformation	11	15
Grand Total	155	235

Top 5 Reasons for Leaving (FY)

Reason	Leavers
Vol. Resignation – Other	35
Other	32
New Employment Within NHS	27
Retirement - Age	23
Death In Service, Dismissal, Ill Health or Other	12

Agency Length of Service

Agency

There are currently **123 (123 WTE)** agency employees across NSS. There were **138** agency staff last month. **105 (85%)** of agency contracts are due to end within the next six months (See Fig.10).

12 agency employees have been with NSS for more than four years (See Fig.11) in the following Directorates:

Directorate	Agency Headcount
PCF	5
DaS	5
SNBTS	2

Agency Staff by Directorate (Main)

Directorate	Agency Headcount
PCF	46 (68 last month)
DaS	39 (34 last month)
P&CF	20 (20 last month)
SP&ST	10 (11 last month)

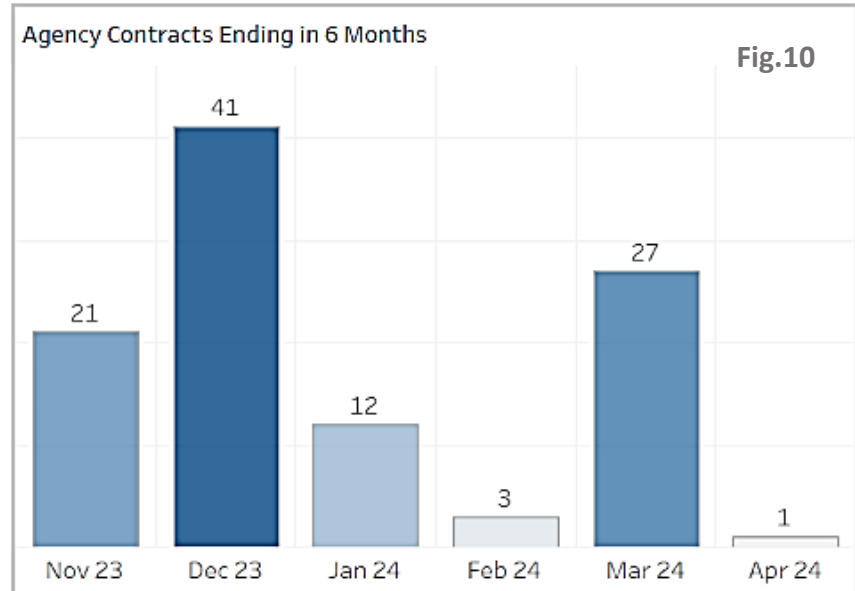


Fig.10

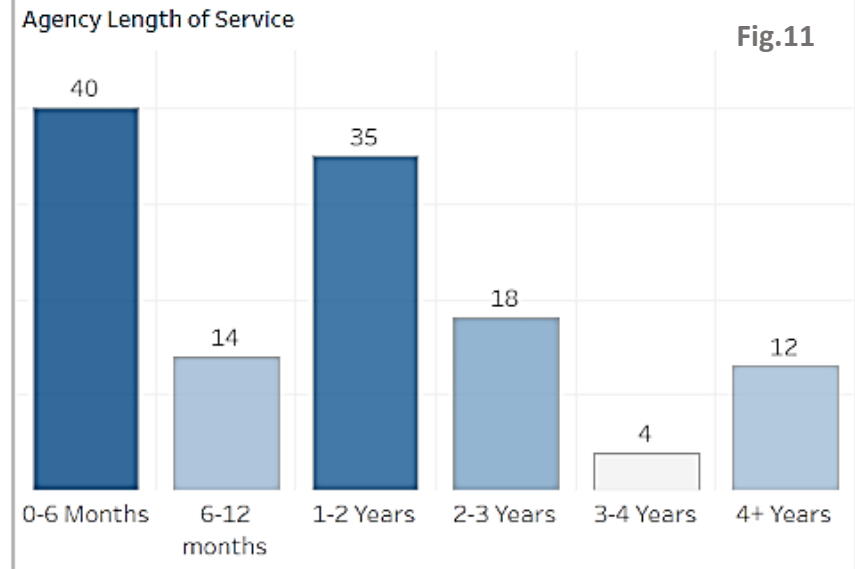


Fig.11

Fixed Term Length of Service

Fixed Term

There are currently **285** (**205.4** WTE) fixed term employees across NSS. There were **293** fixed term staff last month.

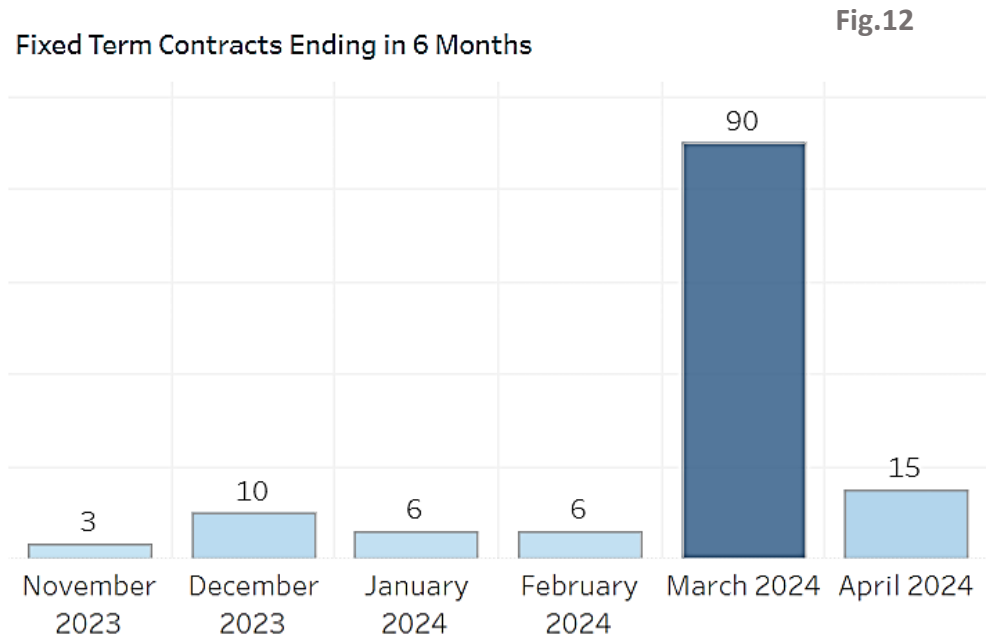
130 (46%) fixed term contracts are due to end within the next six months (*See Fig.12*).

40 fixed term contracts have been with NSS for more than four years (**42** last month) in the following Directorates:

Directorate	Headcount
SNBTS	11 (10 last month)
PCF	9 (10 last month)
DaS	8 (9 last month)
P&CF	6 (6 last month)
SP&ST	3 (4 last month)
CLO	1 (1 last month)
Clinical	1 (1 last month)
Finance	1 (1 last month)

Fixed Term Staff by Directorate (Main)

Directorate	Headcount
PCF	73 (77 last month)
DaS	61 (65 last month)
SPST-NCC	56 (57 last month)
SNBTS	47 (45 last month)



Highlights

In October there were **33 jobs** advertised and **49 vacancies** in total. Last month there was **27 jobs** advertised and **37 vacancies** in total. For the financial year, the total is **252 jobs** and **356 vacancies**.

15 of the **252 jobs** are currently 'live' and at the 'advert' stage (See Fig.15), **67%** of the jobs are for permanent positions and **31%** are for fixed-term (or secondment) posts and **2%** are for 'other' contract types (See Fig.14).

The current average time to hire for the last two years (24 month rolling sample), inclusive of HR and Hiring Manager involvement, is **89** working days (**86** working days last month) (See Fig.13).

Included within this timeframe is:

Timeline (Working Day Averages)

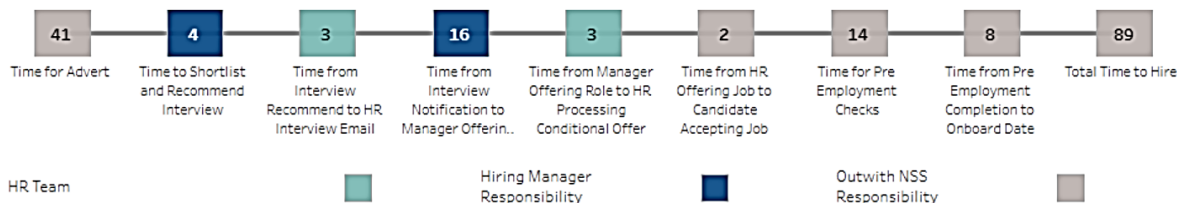
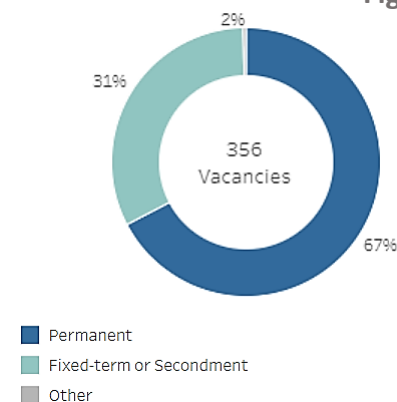


Fig.13

Please note 'time for advert' also includes the time taken to approve a new Job that can ultimately inflate the 'Total time to Hire'

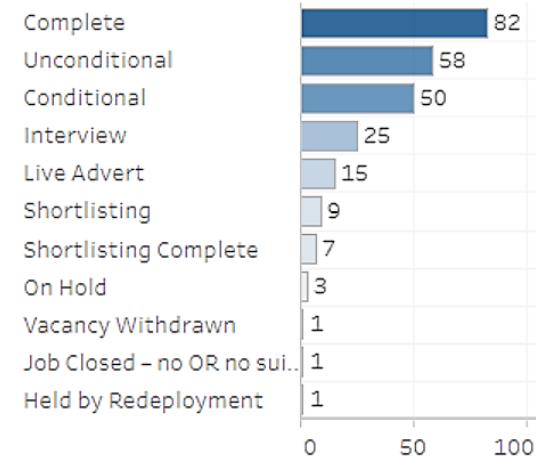
YTD Jobs by Contract Type

Fig.14



YTD Jobs by Job Status

Fig.15



Note: In September 2022 report the time to hire analysis period moved from the full job train data set over four years to the 'last two years' or 24 month rolling sample. This provides a more accurate and recent time to hire and reflects improvements in recruitment processes.

Redeployment

Highlights

The total number of redeployees who have been added to the register this financial year is **39**, with **six** added in October (See Fig.17).

There are currently **24 active redeployees** on the register, **21%** of which are on a temporary work assignment and **79%** are seeking opportunities (See Fig.16).

81% of active redeployees are on the register due to organisational changes, **13%** due to their fixed term contracts expiring and **6%** is for 'other' reasons.

Fig.16 Active Redeployees by Status

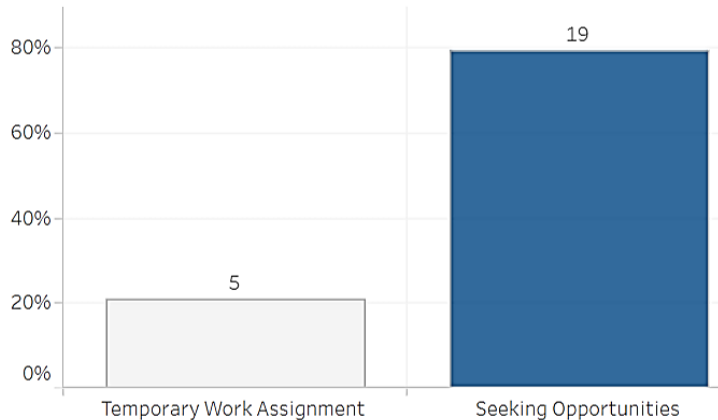


Fig.17 12-month rolling year trend graph to show number of redeployees added each month

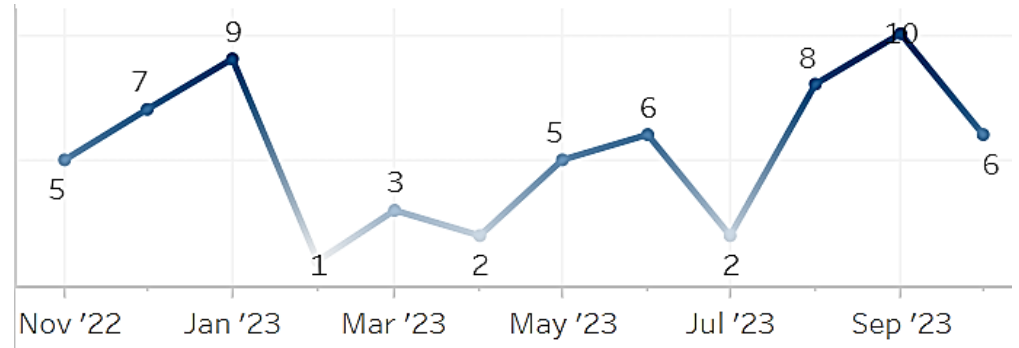
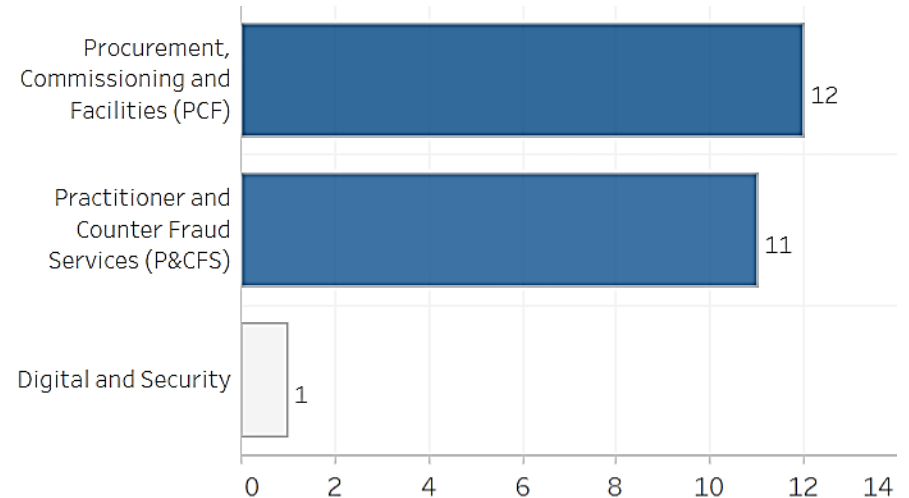


Fig.18 Active Redeployees by Directorate



Mandatory/Statutory Training

Highlights

The compliance rates for October 2023 are:

- Statutory Compliance Rate – **90%**
- Mandatory Compliance Rate – **89%**
- Overall Compliance Rate – **89%**

Please note the compliance rates do not include employees with a 5-digit eESS ID as they were not migrated into the data. This includes consultants, visiting workers and agency staff (around 10% of staff) and is currently being investigated by NES. Please also note that these employees are on Turas and that their course history is available locally by their respective line managers to ensure they are keeping up to date with their training.

Please also note that employees without employment details in Turas have also not been migrated into the data we use. This accounts for approximately 1-2% of staff and will not have a significant impact on the overall compliance rates for NSS. This issue is currently being addressed and a solution should be reached in due course.

Whistleblowing

Please see updated compliance rates for October in the table on the right.

Please note that employees (non-management) who have completed any of the three whistleblowing courses are considered compliant and line managers who have completed either the line manager or senior manager course are considered compliant.

Compliance by Course and Directorate

90%+ 80%+ <80%

Fig.19

	Central Legal Office	Clinical	Digital and Security	Finance	HR & Workforce Development	Practitioner & Counter Fraud	Procure Commission Facilities	SNBTS	SPST-NCTC	Strategy Performance & Service Transforma..
Counter Fraud Services	93%	96%	95%	78%	95%	86%	89%	89%	86%	86%
Equality And Diversity	96%	96%	93%	77%	93%	91%	89%	88%	86%	87%
Fire Safety Awareness	97%	84%	92%	80%	89%	94%	87%	90%	89%	89%
Freedom Of Information	94%	96%	94%	75%	93%	91%	89%	88%	88%	87%
Health And Safety Induction	96%	96%	93%	74%	91%	91%	89%	88%	88%	86%
Information Governance In Action	95%	96%	93%	72%	92%	76%	88%	80%	85%	80%
Manual Handling Passport	94%	96%	94%	73%	88%	91%	89%	89%	86%	85%
Risk And Resilience	95%	92%	94%	74%	93%	89%	89%	89%	91%	86%
Standing Financial Instructions	93%	92%	94%	74%	92%	92%	89%	89%	91%	87%
Staying Safe Online : Top Tips For Staff	97%	96%	94%	77%	96%	91%	89%	89%	91%	89%

Course	TURAS Headcount	Complete	Compliance %
Whistleblowing : Overview	3,233	2,424	75%
Whistleblowing : Manager	775	469	61%

Turas Appraisal

NSS Compliance Rates *

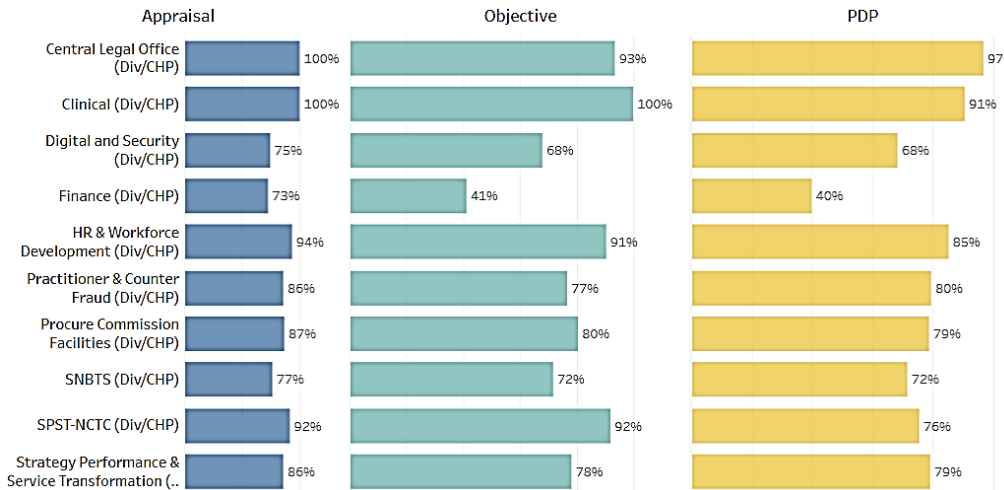


Fig.20

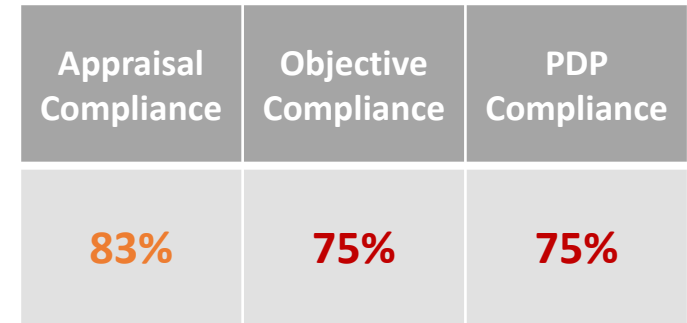
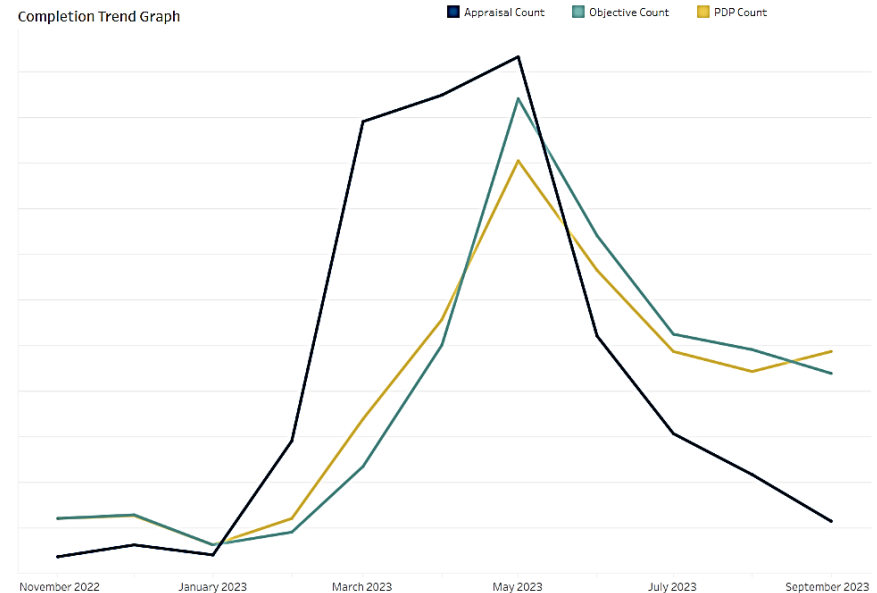


Fig.21

Additional Information:

- 388 employees started in the last 12 months
- 114 employees started in the last 3 months
- 360 employees have no Appraisal history
- 267 employees have no Objective history
- 280 employees have no PDP history

* Please note the compliance rates have been calculated by excluding the staff groups that are new starts, maternity leave, long term sick, career breaks, medical staff, bank staff, execs and movers within the organisation.



Annual Leave

October 2023 indicates that approximately **77%** of annual leave has been planned or already taken and **23%** remaining for this financial year.

Division	Planned / Taken (%)	Remaining (%)
Clinical (Div/CHP)	68%	32%
SPST-NCTC (Div/CHP)	79%	21%
Central Legal Office (Div/CHP)	77%	23%
Digital and Security (Div/CHP)	75%	25%
Finance (Div/CHP)	76%	24%
HR & Workforce Development (Div/CHP)	77%	23%
Practitioner & Counter Fraud (Div/CHP)	80%	20%
Procure Commission Facilities (Div/CHP)	77%	23%
SNBTS (Div/CHP)	84%	16%
Strategy Performance & Service Transformation (Div/CHP)	81%	19%
NSS Total	77%	23%

Note: Information collated in this exercise is a combination from Crown Flexi and eESS/SSTS. This is only an estimate of employees of NSS and excludes Bank Staff, contingent workers, honorary contracts and secondees. Where employees don't use Flexi, eEES system data is used.

Health & Safety - Accident / Incident Management

RIDDOR

There have been **four** RIDDORs submitted this financial year to the Health & Safety Executive (HSE) (See Fig.22 for breakdown).

SNBTS and PCF have both had one 'Exposure to/contact with a biological agent' event and one 'Slip, trip, fall on the same level' event each.

The 4th RIDDOR was submitted due to there being mould found on a cardboard box and metal racking in a cold room of the New Royal Infirmary. A full action plan of deep cleaning has been undertaken and is currently being reviewed.

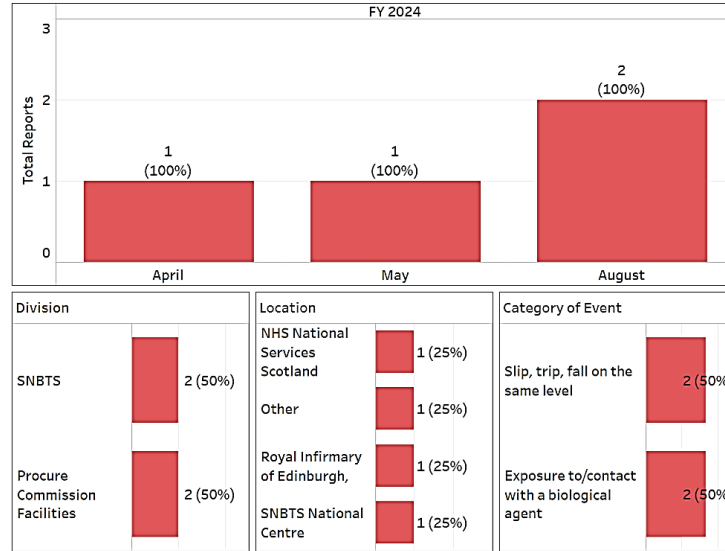


Fig.22

Accidents

A total of **four** accidents have been submitted in October and **50** for this financial year, resulting in **9** days absence this financial year (See Fig.23 for breakdown).

The accident rate was **1.06** in October and **13.26** for this financial year which is well below the target of **35.42**. The average time to close an accident is **27 days** this financial year, which is **three days** below the agreed **30-day KPI**.

Note: Accident rate is calculated by dividing the number of Accidents / RIDDORs for that period by the total staff headcount in the OHSAC database per 1,000 employees.

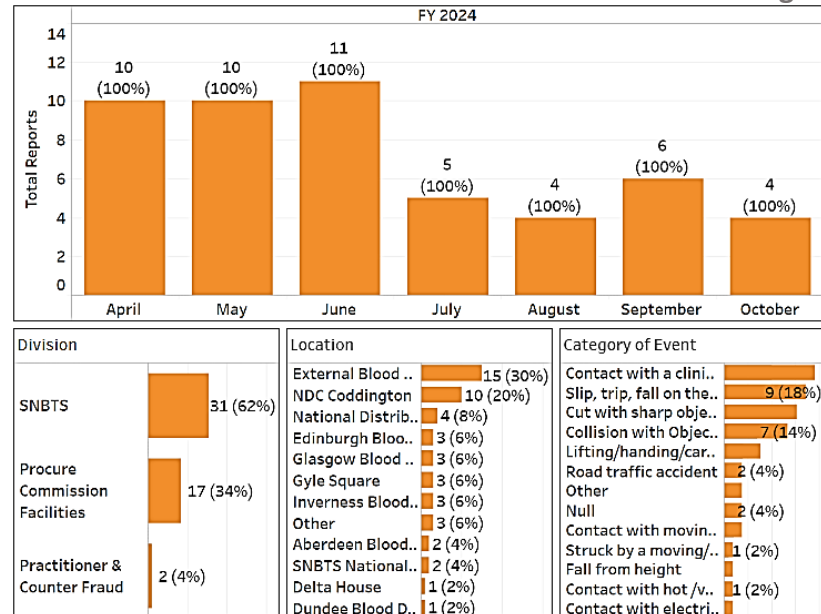


Fig.23

Health & Safety - Accident / Incident Management

Incidents/near misses

A total of **eight incidents/near misses** have been recorded in October and **72** in total for this financial year. The average time to close an incident/near miss is currently at **31 days** for this financial year. A summary of this financial year's figures are presented in the charts (See Fig.24).

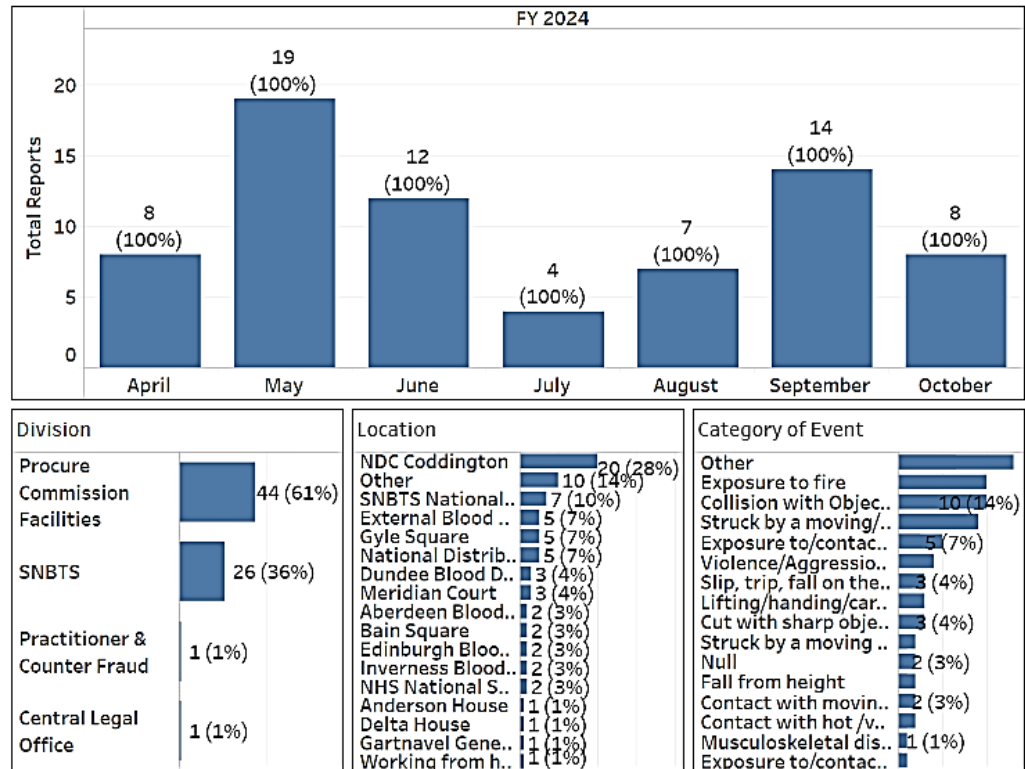
Time to Close Accident / Incidents

The average time to close an accident is **27 days** this financial year, which is **three days** below the agreed **30-day KPI**.

The average time to close an incident/near miss is **31 days** this financial year, which is **one day** above the agreed **30-day KPI**.

Please note that if there are any improvements identified the accident/incident cannot be closed until all actions have been completed, this includes the ordering, delivery and installation of any equipment, contractor works etc.

Fig.24



Occupational Health Activity

Management & Self-Referral/Review Appointments

In October there have been a total of **63** (**59** last month) appointments booked, of which:

- **45** were attended (**44** last month)
- **4** were DNA appointments (**0** last month)
- **8** future pending appointments (**11** last month)
- **6** were rescheduled (**3** last month)
- **0** was cancelled (**1** last month)

Management and Self Referrals

In October there have been a total of **49** new referrals received (**35** last month), **265** referrals this financial year. The breakdown for this month is as follows:

- Management Referrals: **48** (98%)
- Self-Referrals: **1** (2%)

The main reasons for referrals in October are in relation to:

- Anxiety/stress/depression and other psychiatric illness – **31%**
- Other musculoskeletal problems – **20%**

The **average time taken to triage** was **four days** in October, with **five days** on average for this financial year.

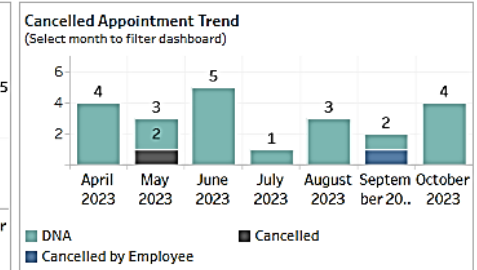
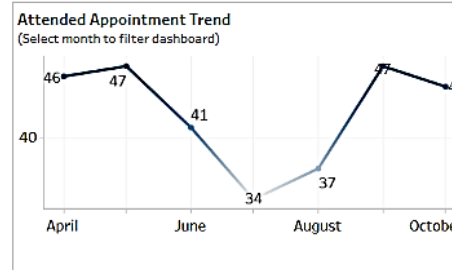
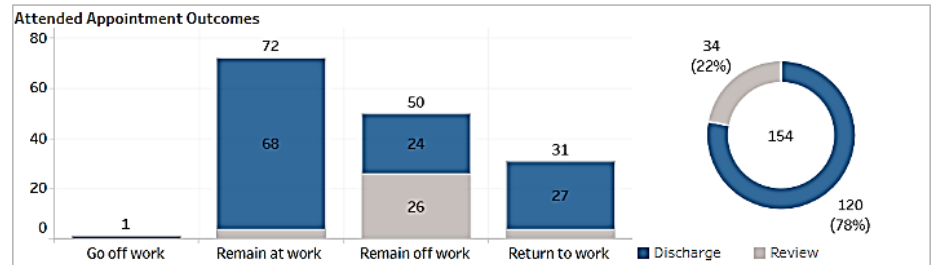
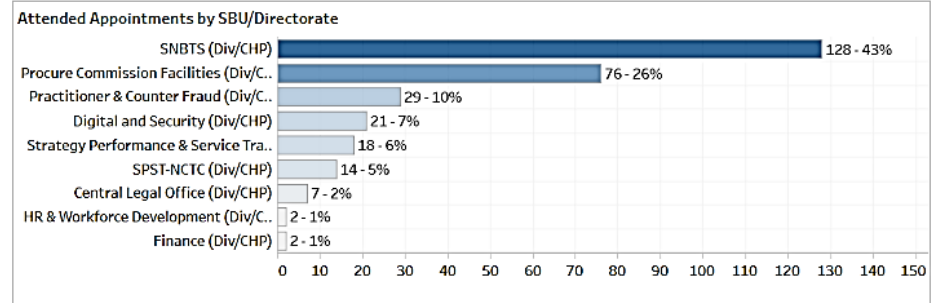
Pre-Placements

17 pre-placements have been received in October (**23** last month) with **17** cleared (**100%**). There have been **344** pre-placements this year.

SNBTS and PCF accounted for more than **80%** of the pre placements received in October.

Fig.25 Appointment Information Overview (Financial Year)

Total Appointments	Total Attended Appointments	Total DNA Appointments	Total Rescheduled Appointments	Total Pending Appointments	Total Cancelled Appointments
371	297	20	23	28	2



Financial Year – The financial year in the UK runs from April one year to April the following year. It's also known as the 'tax year' or the 'fiscal year'.

YTD – Year To Date. YTD is the financial year to date, starting in April and ending at the current reporting month.

FY 2024 – Financial Year 2024. Financial years are named using the year when the period ends. For instance, a financial year that runs from April 2023 to April 2024 is called FY 2024. So, financial year 2024 is the current FY.

Rolling Year – A rolling year or 'RY' captures the past 12 months of data. For example, reporting month October would capture 01/11/2022 – 31/10/2023, which is 12 full calendar months.

SPC – Statistical Process Control. The three essential components of a statistical process control chart include a central line for the average, an upper control line for the upper control unit and a lower control line for the lower control unit.

KPI – Key Performance Indicator.

WTE – Whole Time Equivalent. A full-time employee working 37.5 hours per week would equal a WTE of 1 ($37.5 / 37.5 = 1$), whereas a part-time employee working 30 hours per week would equal a WTE of 0.8 ($30 / 37.5 = 0.8$).



Climate Sustainability Reporting



November
2023

Summary

- An overview of planned delivery of the NSS Environmental and Sustainability Strategy to meet our 2025 and beyond shows that:
 - Currently, the 2025 strategy actions remain on track and have been disseminated through the delivery groups as part of the governance structure to ensure all areas of the strategy have accountability.
 - A working example of a roadmap that is currently being developed with support from the PgMS team. The roadmap describes the key milestones the NSS Sustainability team aim to achieve for the 2025 strategy actions. The finalised version of the roadmap will be approved by the delivery groups and a finalised version will be presented in due course.
- An update on the Annual Climate Emergency and Sustainability Report
 - The report has been broken down by each sustainability category (13 areas in total) and disseminated through the delivery groups to topic experts for completion of each category.
 - The report is to be submitted by 29 January 2024 and the Sustainability team have factored in approval from various governance groups.
- All performance indicator targets are being reviewed by the appropriate working groups as part of the new governance structure.
 - Since the last reporting session, the dates have been amended so comparisons are being made by financial quarter for a more consistent comparison.
 - Results indicate that for metered gas, electricity and water, usage has been higher for Q1- 2023/24 in comparison to the previous year. The reasons for this are as follows:
 - Gas increases within the quarter stemmed from upsurge in usage from JCC, Gyle Square and Coddington. For JCC and Gyle Square this was in line with Q1 2021/22 levels, with 2022/23 being considered the exception.
 - Electricity within latest quarter includes Shotts for the first time.
 - Increase in water consumption was due to issue at Gartnavel (now rectified) and the inclusion of Shotts site.
- The performance indicators and reporting slides are the same as the EMT report presented in October 2023 due to how data can be only collected quarterly.
 - These slides highlight that JCC remains the highest energy consuming building, therefore additional work with key stakeholders (Mitie) is underway to determine best practices and alternative solutions to reduce these emissions where possible. This includes LED light replacement as well as a feasibility study of the solar PV on site.
- Quick wins from the NSS Sustainability Team from October 2023 to November 2023 – are numerous and include the 75th Anniversary of the NHS Planters outside some of our estate, working with Cycling Scotland and the development of the NSS Sustainability and Infrastructure Programme Newsletter.

NSS Environmental and Sustainability Strategy and Actions

- The NSS Sustainability team is developing a road map that will show the delivery of the strategy actions (see **Appendix 1** for a draft version of the roadmap that is still under development).
- That strategy actions have been broken down and will be assigned to the appropriate working group in the governance structure for delivery of each action.,
 - i.e., the capital planning strategy actions will fall under the Assets and Infrastructure working group.
- Regular updates on delivery of the actions will be carried out by the Sustainability team and the SIB governance structure to ensure there is focus and traction on delivery of the strategy, adopting a one NSS approach.

Annual Climate Emergency and Sustainability Report

- The Annual Climate Emergency and Sustainability Report is a mandatory report issued by the Scottish Government reporting on 13 different categories across sustainability. This is the second year this report has been implemented.
- This year, the report includes a more detailed section on greenspace and biodiversity. This is to remove the Biodiversity Reporting Duty Report, a previous mandatory report issued by the Scottish Government.
- The Sustainability team has broken the report down by each category and disseminated each category through the delivery groups to topic experts for completion of each category. The sustainability team will then collate this into a final report to be reviewed by the appropriate internal stakeholders prior to submission.
- The report is to be submitted by 29 January 2024 and the Sustainability team have factored in approval from various governance groups.
- **Note:** The Sustainability team are currently working with PgMS to create a reporting schedule to ensure all deadlines and mandatory future reporting are documented and this will be disseminated through the delivery groups to ensure data collection remains on track.

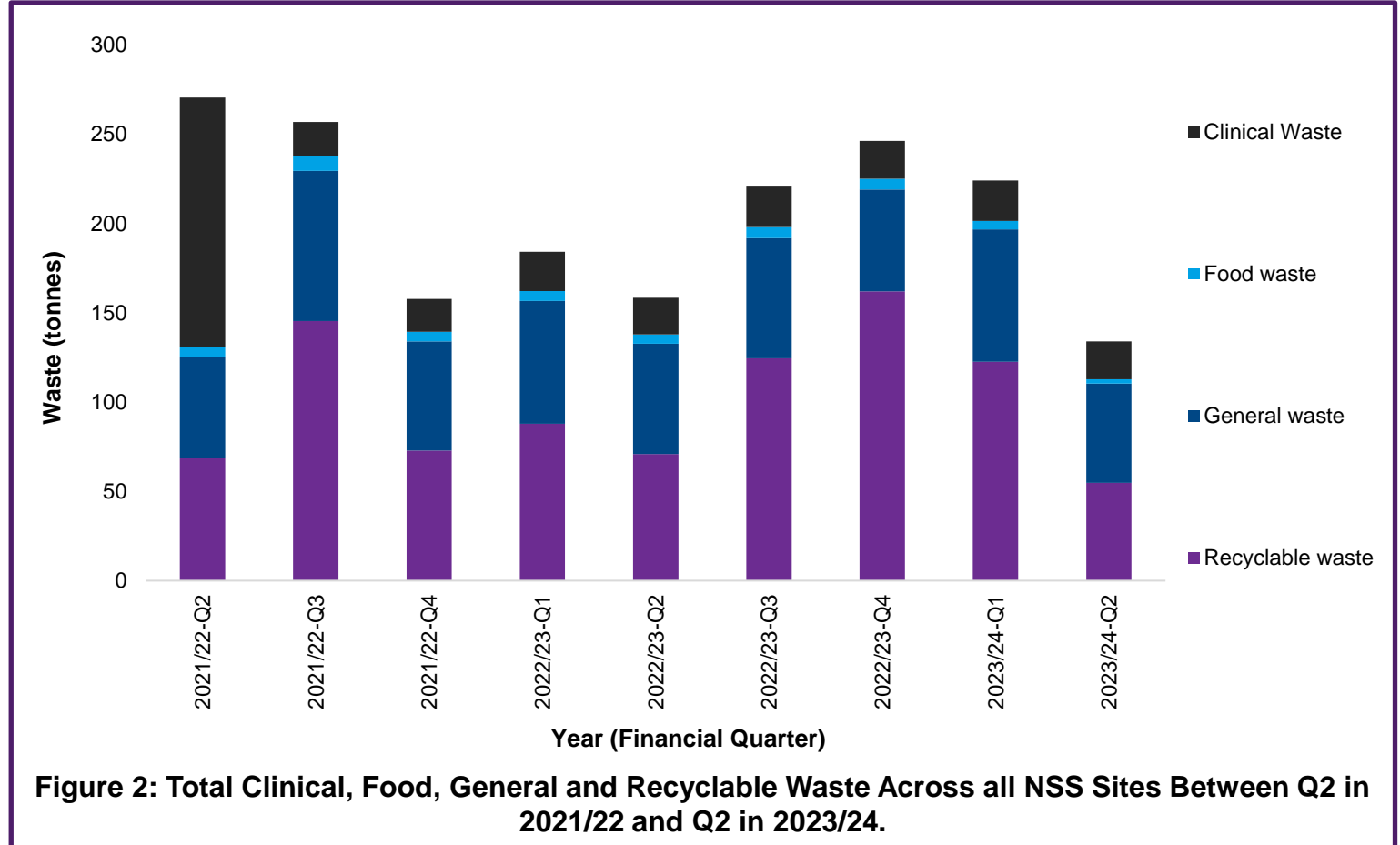
Performance Indicators

Performance Indicator	Target	Total Q2 – 2023/24	Total Q2 – 2022/23	Comments
General Waste Total (tonnes)	Reduce	56	62	<p>Waste targets are based on the following Scottish Government targets by 2025:</p> <ul style="list-style-type: none"> Recycle 70% of remaining waste Send no more than 5% of remaining waste to landfill Reduce total waste arising in Scotland by 15% against 2011 levels Reduce food waste by 33% against 2013 levels <p>Other targets are based on the continual focus for reduction. Quality of data and improved reporting moving forward will track progress of General Waste Recycled. This data wasn't currently provided through the waste reporting portal.</p>
Clinical Waste (tonnes)	<i>To be determined</i>	21	20	
General Waste Recycled or Composted (tonnes)	>70%	29	-	
Food Waste (tonnes)	<i>To be determined</i>	2	5	
Fuel National Procurement Fleet CO ₂	Reduce	304	311	

Performance Indicator	Target	Total Q1 – 2023/24	Total Q1 – 2022/23	Comments
Gas CO ₂ (tonnes) – Metered Sites Only	Reduce	456	326	<p>Note: These indicators reference metered NSS sites only.</p> <ul style="list-style-type: none"> Gas increases within the quarter stemmed from upsurge in usage from JCC, Gyle Square and Coddington. <ul style="list-style-type: none"> For JCC and Gyle Square this was in line with Q1 2021/22 levels, with 2022/23 being considered the exception. Electricity within latest quarter includes Shotts for the first time which explains increased usage. Increase in water due to issue at Gartnavel (now rectified) and the inclusion of Shotts site.
Electricity CO ₂ (tonnes) – Metered Sites Only	Reduce	426	421	
Water M3 (volume) – Metered Sites Only	Reduce	4,696	4,365	
Fuel SNBTS Fleet CO ₂ (tonnes)	Reduce	82	83	Incomplete data available for recent quarter

Total Waste by Type

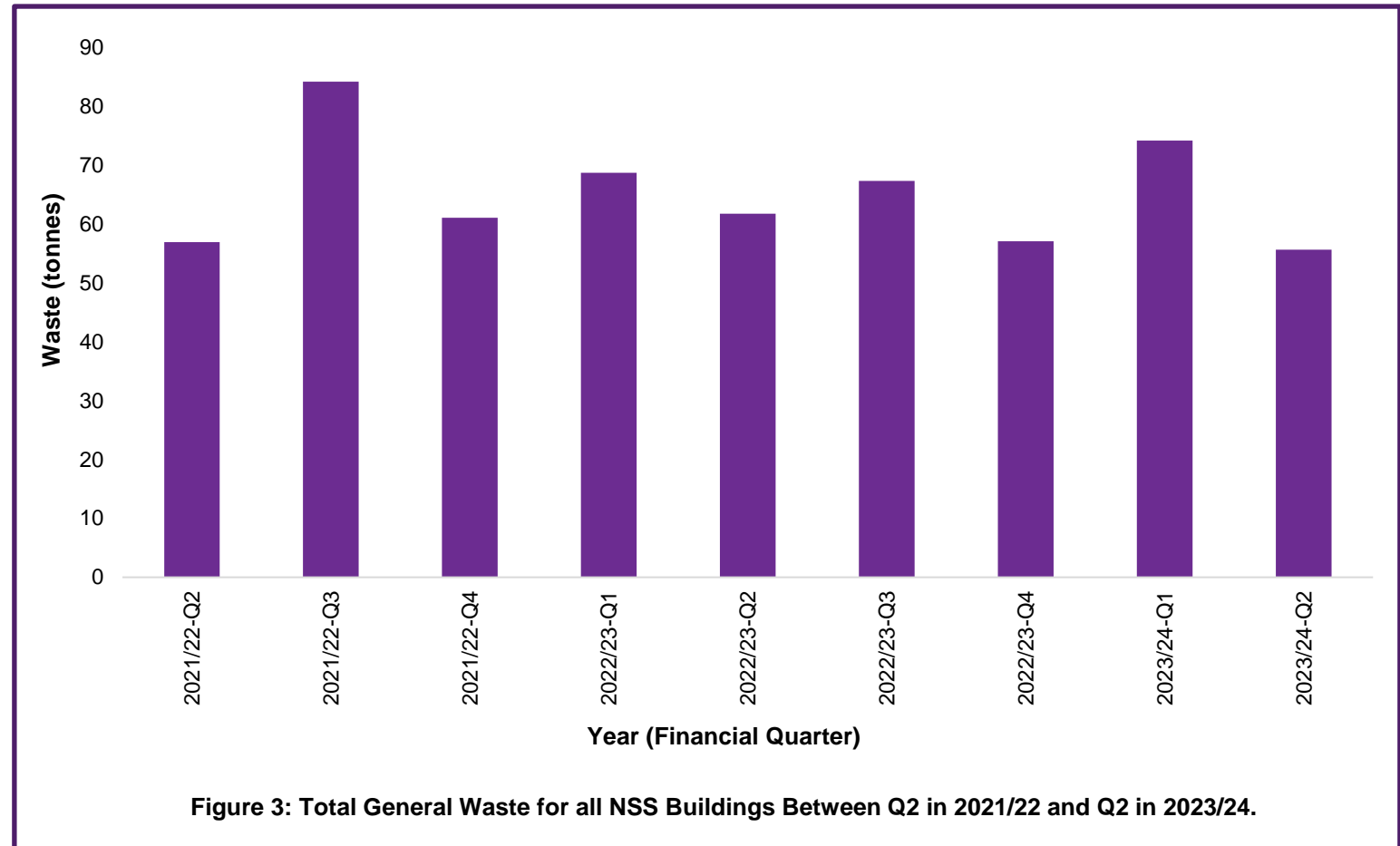
- **Figure 2** - Total Clinical, Food, General and Recyclable Waste Across all NSS Sites between Q2 in 2021/22 and Q2 in 2023/24.
- 2023/24-Q2 data has a huge reduction in cardboard compared to previous quarters and zero plastic and metal data.
- Engaging with waste contractors to gain clarity on data, discuss consistency & format in data.



General Waste

Definition of general waste - Waste that does not contain recyclable content and does not fit into another waste stream.

- **Figure 3** - Total General Waste for all NSS Buildings between Q2 2021/22 and Q2 2023/24.
 - Due to reporting quarterly, not seen here is a spike in October 2021.
 - This spike has been attributed to staff coming back to in person working after COVID-19 and clearing out the buildings.



Recyclable Waste

- For waste, there have been peaks and troughs between 2021 to 2023.
 - This is due to buildings collating their recyclable waste (i.e., cardboard, scrap metals etc) and then recycled all at the same time. This often happens every three to four months.

- **Figure 5** - Total Recyclable Waste Across all NSS Sites Broken Down by Material Between Q2 2021/22 and Q2 2023/24

Note: Waste data is industry standard weights and not factual.

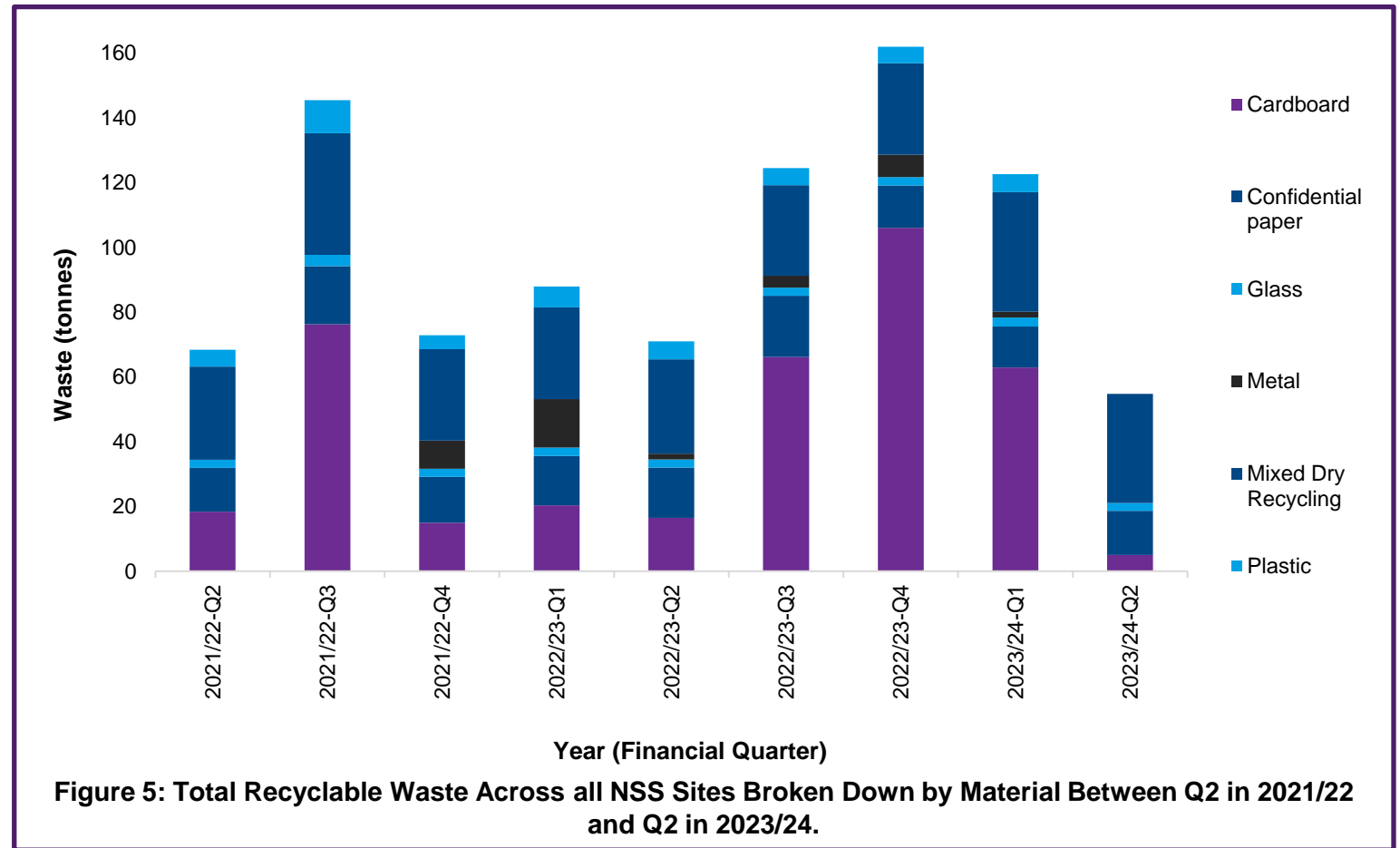
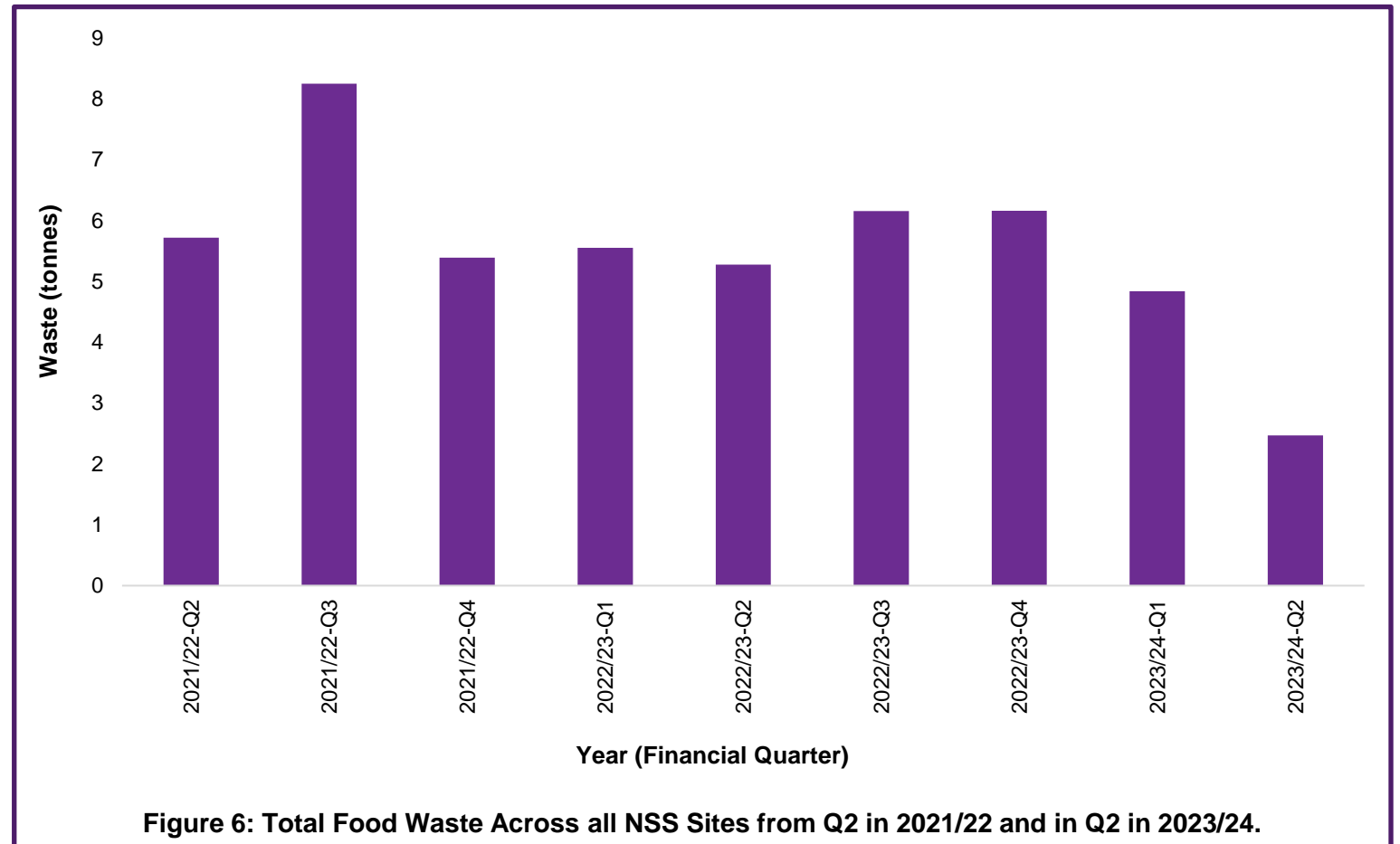


Figure 5: Total Recyclable Waste Across all NSS Sites Broken Down by Material Between Q2 in 2021/22 and Q2 in 2023/24.

Food Waste

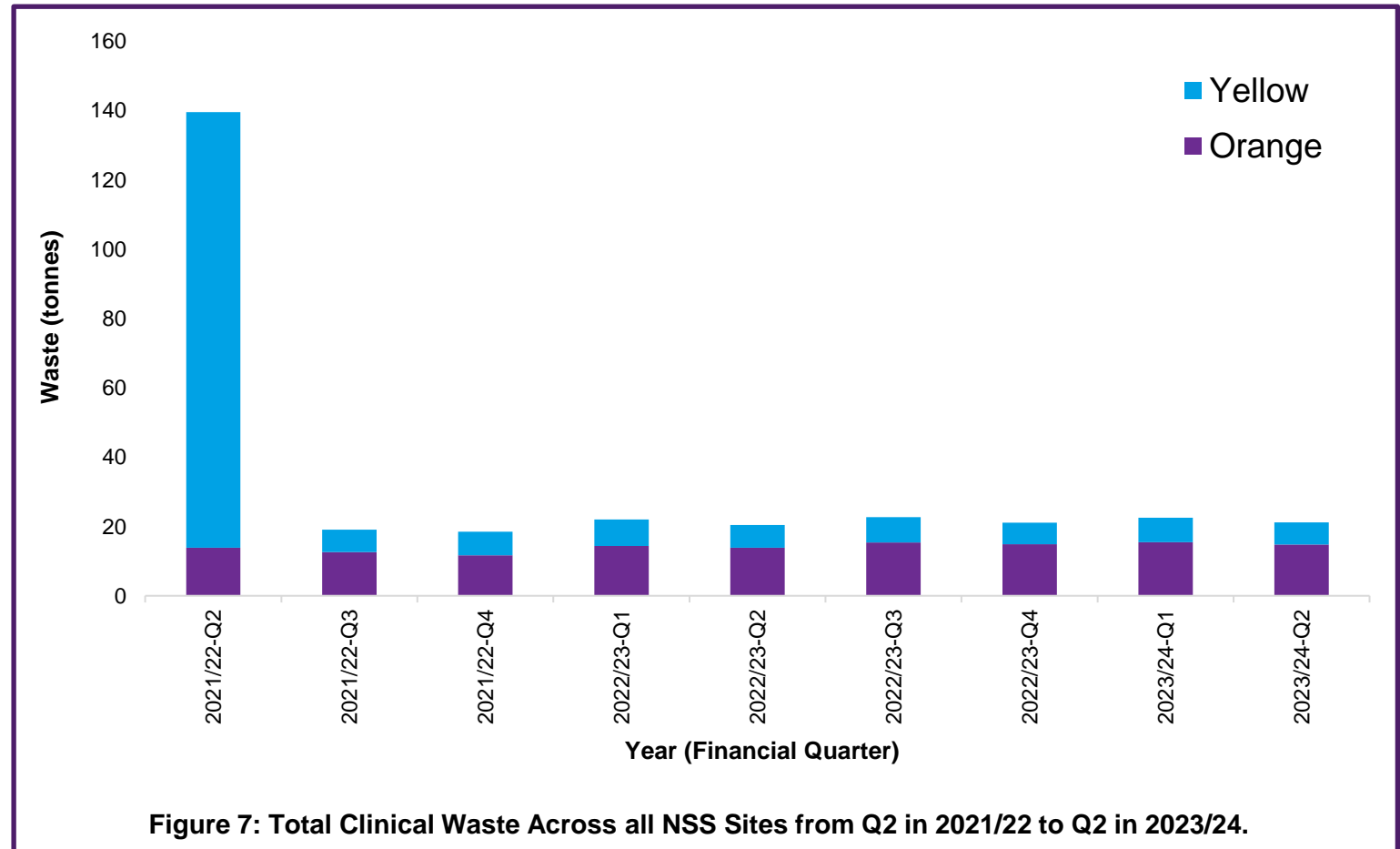
- **Figure 6** - Total food waste across all NSS sites between Q2 2021/22 and Q2 2023/24.
 - Backing data shows industry standard weights. Team is focused on trying to establish accurate clean data.



Clinical Waste

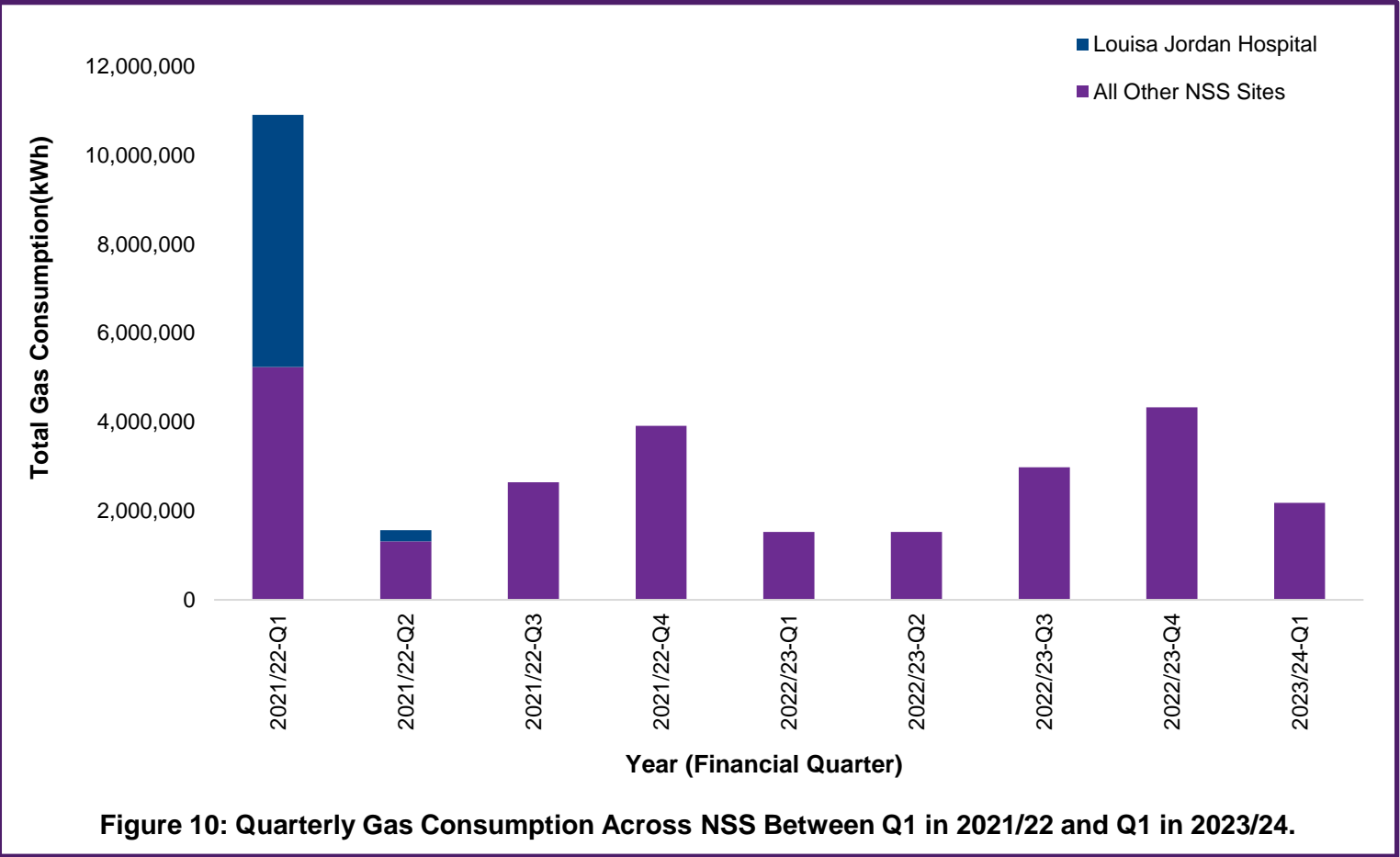
- **Figure 7 - Total Clinical Waste Across all NSS Sites from 2021/22-Q2 to 2023/24-Q2**

- Clinical waste comes from five NSS sites: Gartnavel, Gyle, Lauriston SNBT, JCC and Possilpark.
 - Including community donor sessions.
 - Sites not captured in data is due to not being directly collected by contractor. Discussion taking place to capture gap.
 - Gypsum is used in orthodontal processing and is sent to Gyle Square for verification and disposal.
- Yellow waste consists of anatomical and gypsum waste which is incinerated.
- Orange waste consists of orange bag, STATT IV orange bag and orange lidded sharps which is shredded, heat treated and sent to energy from waste.
- Spike in 2021/22-Q2 is connected to resilience waste service and not NSS direct waste production.



Quarterly Gas Consumption

- Figure 10 - Quarterly Gas Consumption across NSS Between Q1 in 2021/22 and Q1 in 2023/24.**
 - Current total number of sites included in analysis is 9 based on what sites currently use gas.
 - Not currently including Ninewells, Foresterhill, Pentland, ERI, Lauriston Place and Broxburn.
 - These sites are intertwined with other NHS locations, and we often get provided with the costs of use as opposed to usage of Gas.



Quarterly Gas Consumption by Building

- Figure 11 - Quarterly Gas Consumption for the Top Five Gas Consuming Buildings**

- The same top five electricity consuming buildings were the highest gas consuming buildings.
- Meridian Court, the third highest electricity consuming building, will no longer be used by NSS from September 2023.

- Figure 12 - Quarterly Gas Consumption for Jack Copland Centre**

- JCC consumes an average of 58% of total gas consumption over all 9 NSS buildings that we can measure gas consumption between April 21 – March 23 (based on information from the previous graph).
- Some of the gas is used to generate the electricity needed.
- Reduced Climate Change Levey due to the use of Combined Heat & Power plant (CHP).

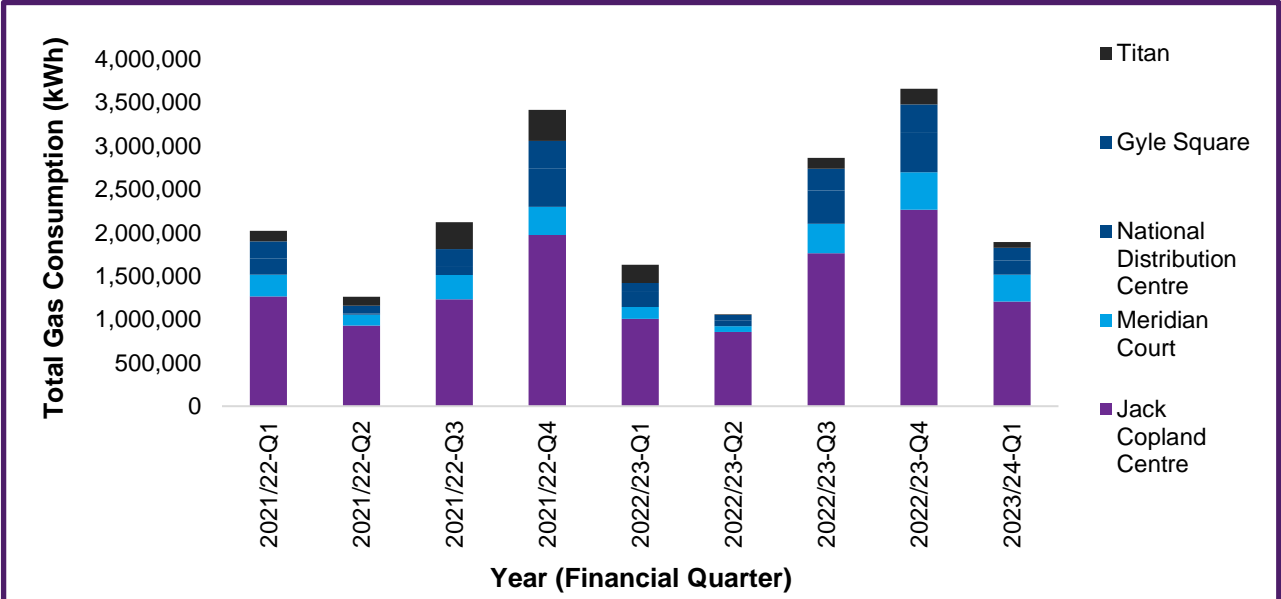


Figure 11: Quarterly Gas Consumption for the Top Five Gas Consuming Buildings Between Q1 in 2021/22 and Q1 in 2023/24.

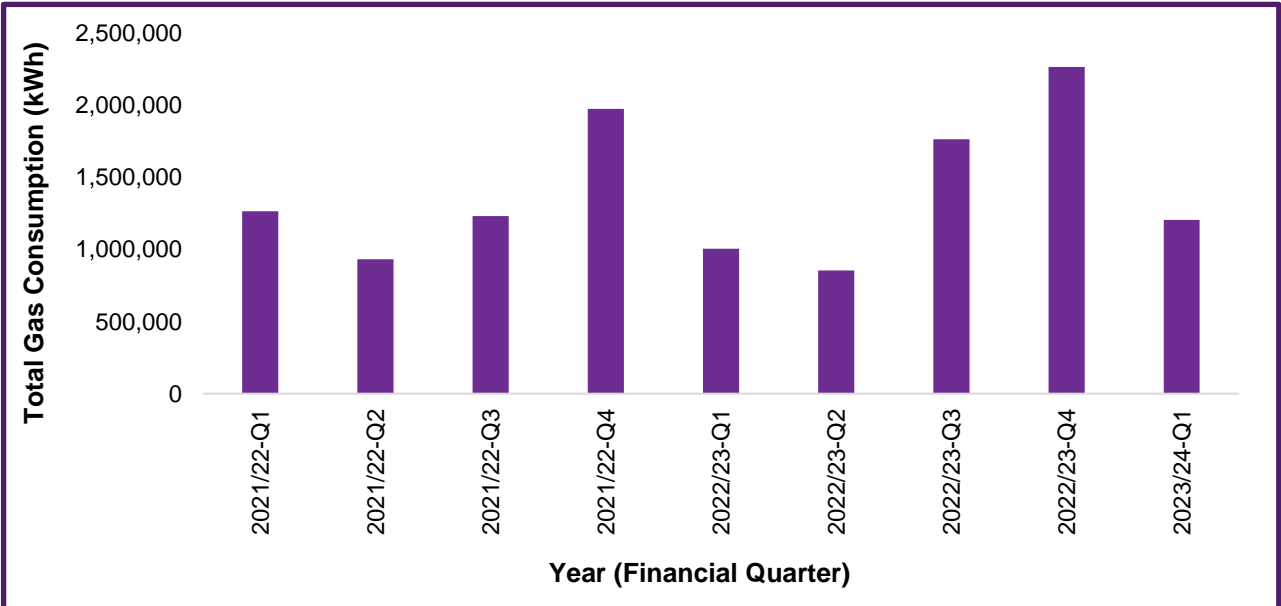


Figure 12: Quarterly Gas Consumption for Jack Copland Centre Between Q1 in 2021/22 and Q1 in 2023/24.

Quarterly Electricity Consumption

Figure 13 – Total Quarterly Electricity Consumption Across NSS Between Q1 in 2021/22 and Q1 in 2023/24. Current total number of sites included in analysis is 15.

- Not currently including Ninewells, Foresterhill, Pentland, ERI, Lauriston Place and Broxburn.
 - These sites are intertwined with other NHS locations, and we often get provided with the costs of use as opposed to usage of electricity.

Important Notes

- The Louisa Jordan Hospital introduced to assist with COVID-19 was handed back to the Scottish Events Campus SEC in 2021.
- An additional two warehouses and the Livingston Donor Centre were leased at the same time as the Louisa Jordan Hospital.
- The leases of Bain Square and Meridian Court end this year and therefore NSS will no longer be in possession.

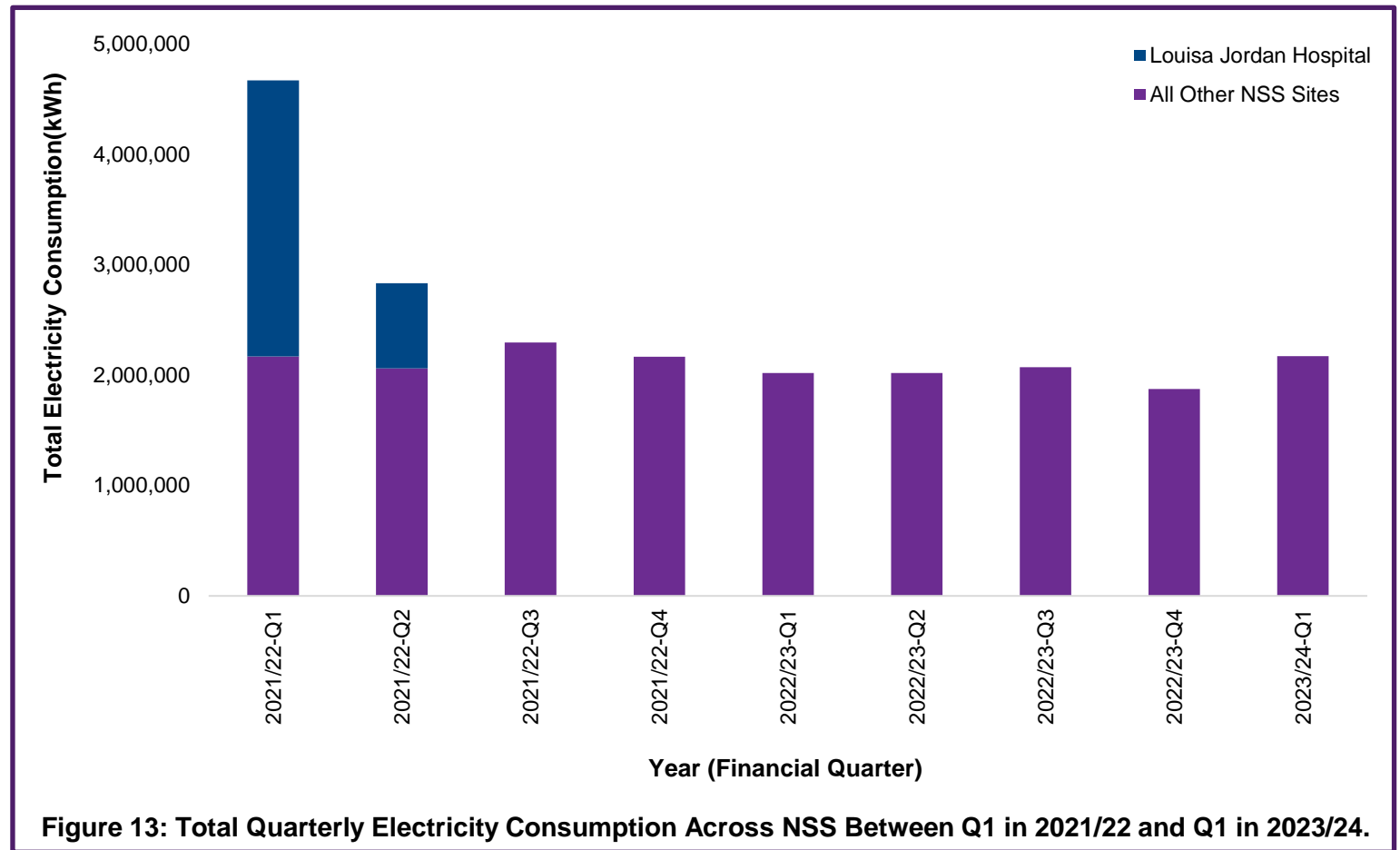


Figure 13: Total Quarterly Electricity Consumption Across NSS Between Q1 in 2021/22 and Q1 in 2023/24.

EDF Energy Customers Ltd

(April 2022 - March 2023)



- NSS electricity consumption data was provided by EDF Energy Customers Ltd.
- **Figure 14** demonstrates the breakdown of energy generation sources.
- The fuel mix shown is from April 2022-March 2023.
 - For the share of electricity generation for April 2023 - March 2024 will be published on 1 October 2024.
- Since this was last reported (April 2021-March 2022), there has been an increase in gas generation (was 15.1%), a decrease in nuclear generation (was 63.1%) and an increase in renewable generation (was 19%).





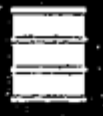


	 Coal	 Gas	 Nuclear	 Renewable	 Other	 CO ₂ g/kWh	 Radioactive waste g/kWh
EDF's fuel mix	1.6%	16.7%	59.4%	21.0%	1.3%	87	0.0042
Contribution to our carbon emissions	17.4%	71.0%	0.0%	0.0%	11.6%		
UK average fuel mix	3.4%	39.3%	13.9%	40.8%	2.6%	186	0.0010

Figure 14: Share of Electricity Generation by EDF between April 2022 and March 2023

Quarterly Electricity Consumption by Building

- Figure 15 - Quarterly Electricity Consumption for the Top Five Electricity Consuming Buildings**
 - Meridian Court, the second highest electricity consuming building, will no longer be used by NSS from September 2023.
- Figure 16 - Quarterly Electricity Consumption for Jack Copland Centre**
 - JCC consumes an average of 33% of total electricity consumption over all 15 NSS buildings that we can measure electricity consumption between April 21 – March 23 (based on information from the previous graph).
 - Working with external stakeholders to better understand methods to improve our electricity (and gas) consumption to improve efficiency of use.

Important to Note

- Electricity consumption for JCC includes any electricity generated on site by Solar PV.

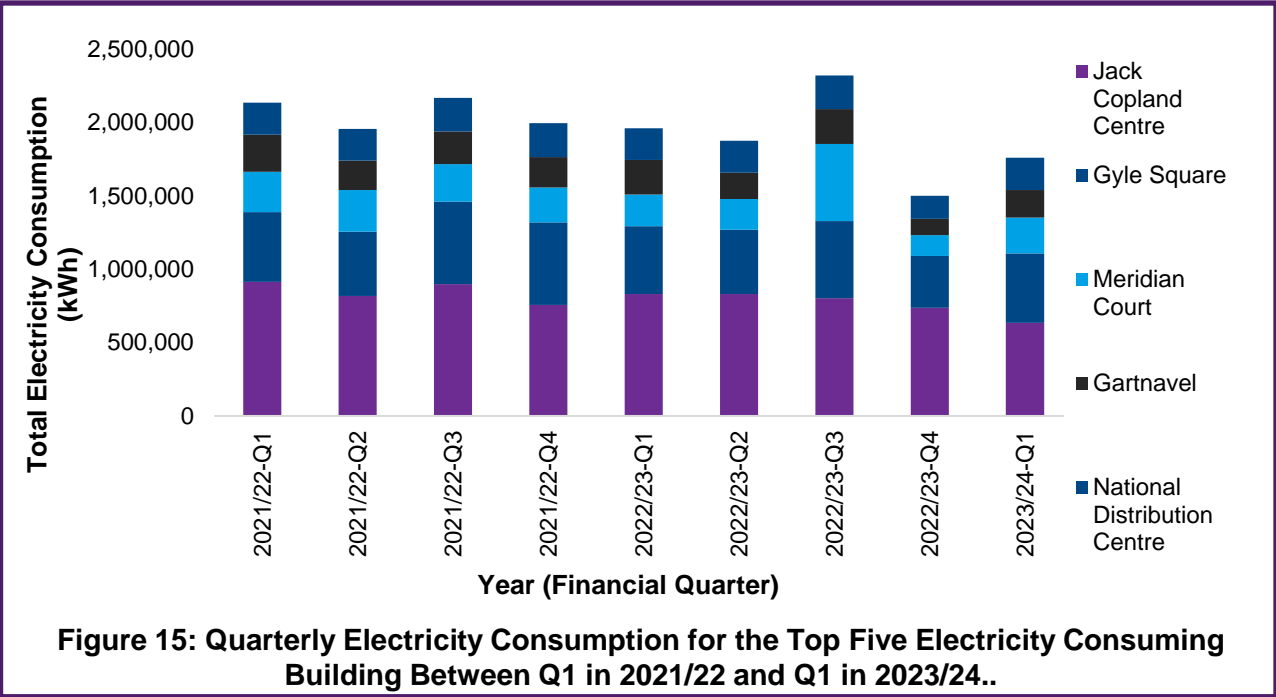


Figure 15: Quarterly Electricity Consumption for the Top Five Electricity Consuming Building Between Q1 in 2021/22 and Q1 in 2023/24..

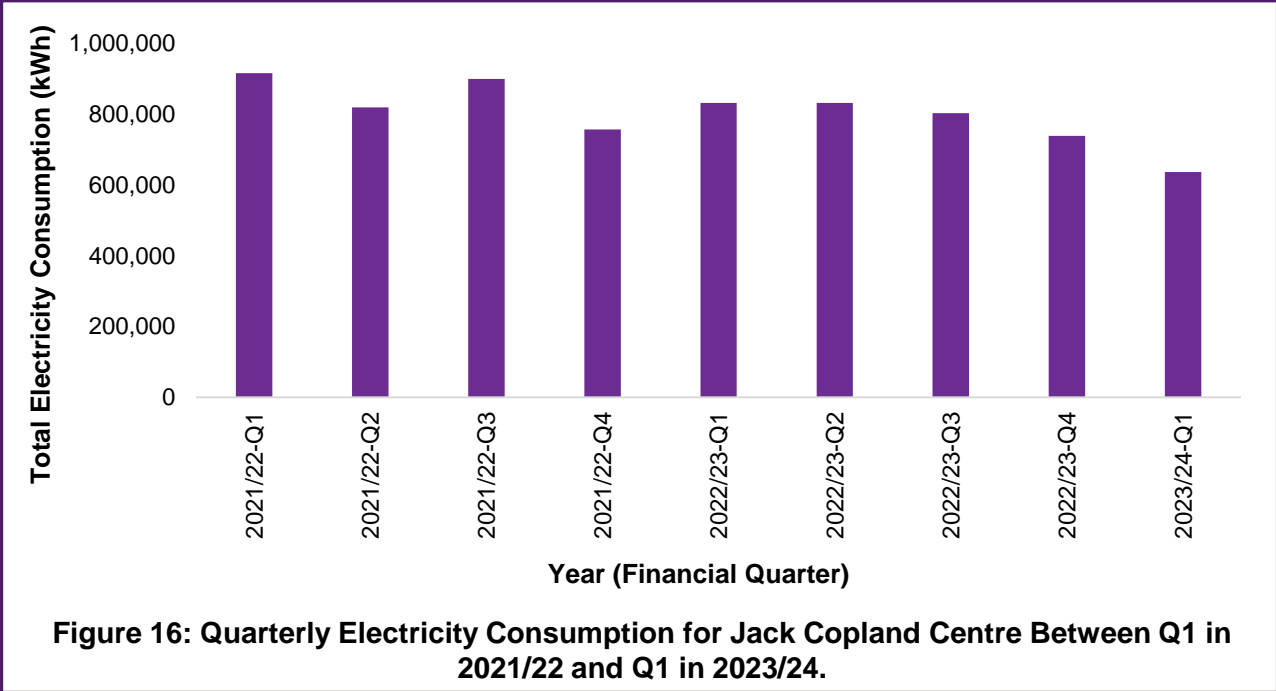
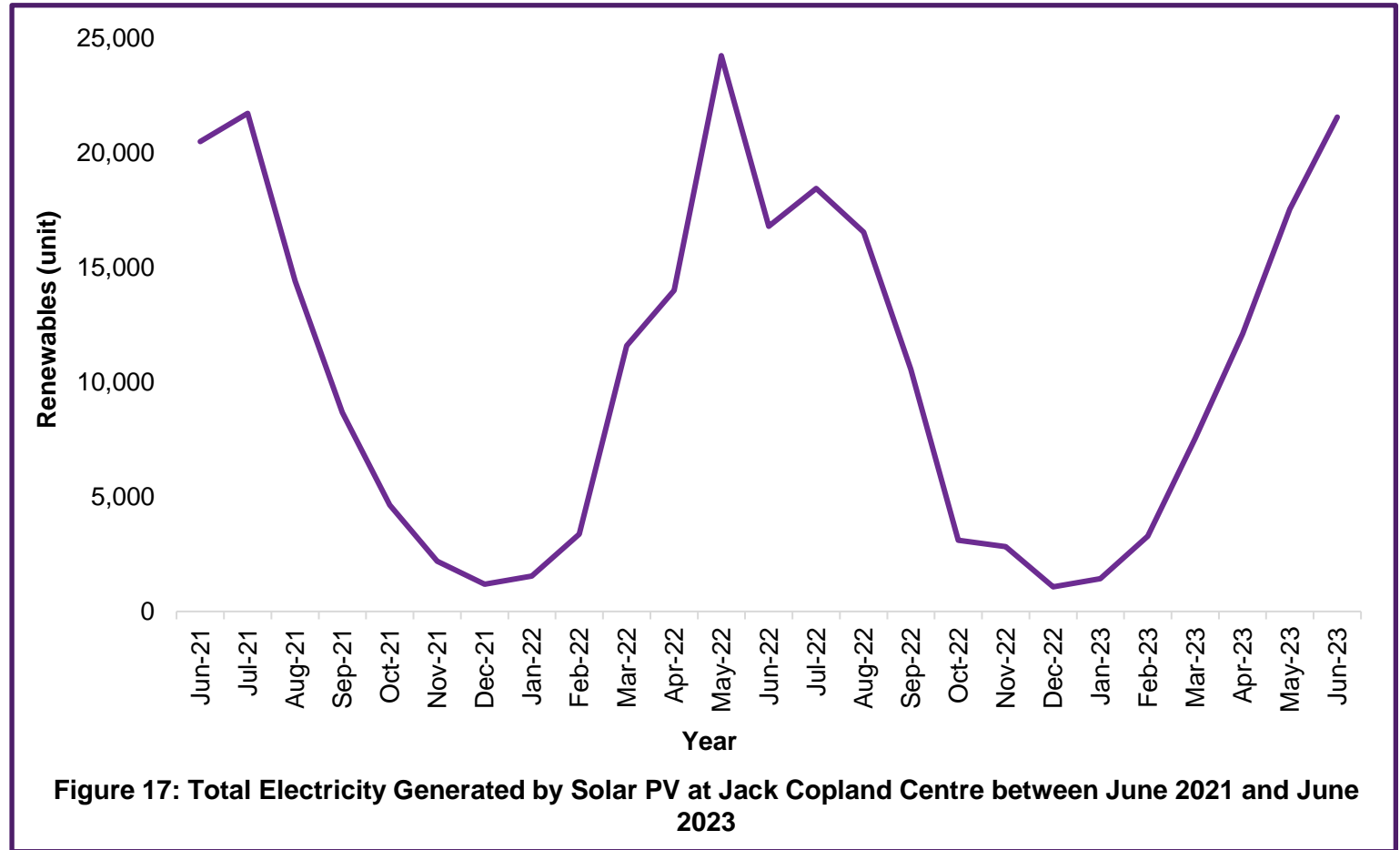


Figure 16: Quarterly Electricity Consumption for Jack Copland Centre Between Q1 in 2021/22 and Q1 in 2023/24.

Solar PV Electricity Generation

- **Figure 17** - Total Electricity Generated by Solar PV at Jack Copland Centre between June 2021 and June 2023.
- This electricity produced is consumed on site at JCC.

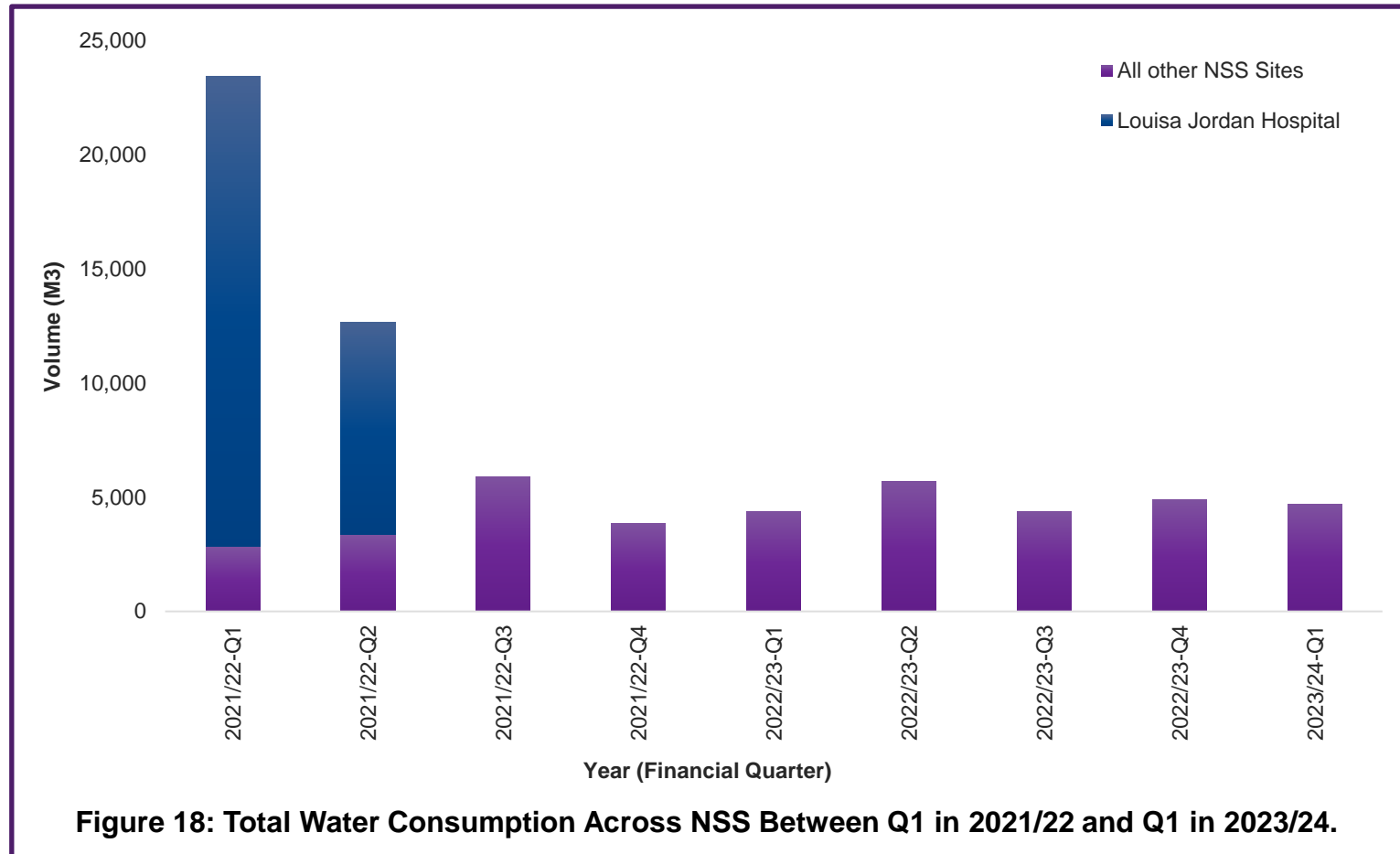


Improvements under discussion at JCC

- The NSS Sustainability team are working with NHS Assure Property Capital planning team and their Stakeholders, Mitie, to make improvements across JCC to improve efficiency and reduce consumption where possible. This includes:
 - Working with an external contractor IES, to identify any gaps in efficiency. This primary work has already identified areas where meter readings were not working and have now been reset to ensure data is collated from now on.
 - Replacement of current lighting fixtures in favour of LED light fittings and bulbs across the site. This is likely to not only result in a carbon saving but will come with a five-year guarantee to reduce maintenance costs.
 - Currently engaged with Mitie to discuss the solar panels in place. This discussion includes moving the panels to ensure maximum generation, potential replacement due to technological advancements and identifying any areas for additional solar panel placement across the site.

Water Consumption

- **Figure 18** - Total Water Consumption Across NSS Between Q1 in 2021/22 and Q1 in 2023/24.
- Historically, water has been poorly reported, and bills have been brought in at different times making reporting somewhat inconsistent.
- Follows COVID-19 trends between April 2020 and August 2021 and the use of the Louisa Jordan Hospital.



Water Consumption by Building

- **Figure 19** - Quarterly Water Consumption for the Top Five Water Consuming Buildings between Q1 in 2021/22 and Q1 in 2023/24.
- **Figure 20** - Quarterly Water Consumption for the Jack Copland Centre between Q1 in 2021/22 and Q1 in 2023/24.
 - The Jack Copland Centre is the highest water consuming building within NSS.
 - This could be for several factors including, the use of the heating, ventilation and air conditioning (HVAC) system and for specialist laboratory practices.

Important to Note

- Water use across most sites is based on estimates, this causes mis-leading peaks/dips in reporting.
- The installation of Automatic Meter Readers (AMR's) will help in providing more accurate trend analysis.

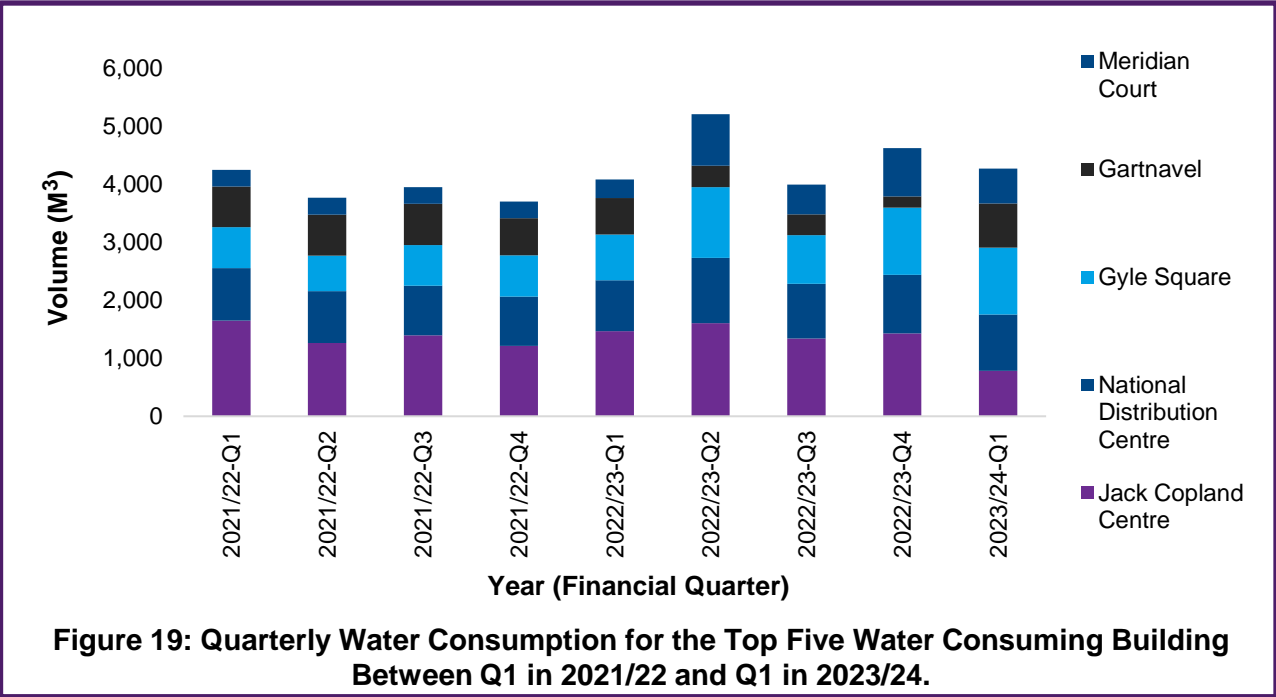


Figure 19: Quarterly Water Consumption for the Top Five Water Consuming Building Between Q1 in 2021/22 and Q1 in 2023/24.

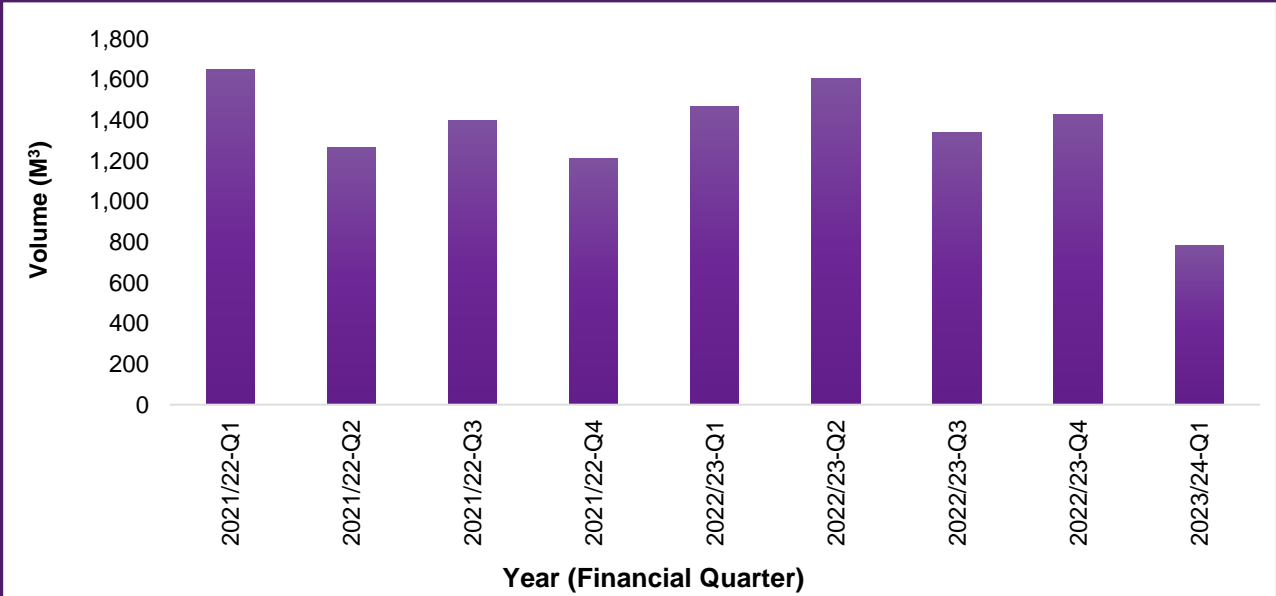


Figure 20: Quarterly Water Consumption for Jack Copland Centre Between Q1 in 2021/22 and Q1 in 2023/24.

Appendix 1 – Roadmap to 2025 (Draft Version)

Establish governance and reporting



2023/24
Q1

- Establish SIB governance to support delivery of strategy
- Develop one NSS approach

Quick wins



2023/24
Q2

- Identify actions that will support delivery of actions with staff (Sustainability Ambassadors) engagement and buy-in

NSS Sustainability Ambassadors Network established

Engagement



2023/24
Q3

- Assess progress to date

Greenspace and biodiversity improvements on NSS estates

Whole System Infrastructure Plan

Annual Review and Future Planning



2023/24
Q4

- Lessons learnt on success and undelivered actions

Multi-disciplinary Delivery Groups Established

Review governance and reporting



2024/25
Q1

- Identify actions that will support delivery of actions with staff engagement and buy-in

Travel and transport Strategy initiated



2024/25
Q2

- Establish key stakeholders for review on strategy and actions

Travel and transport Policy developed



2024/25
Q3

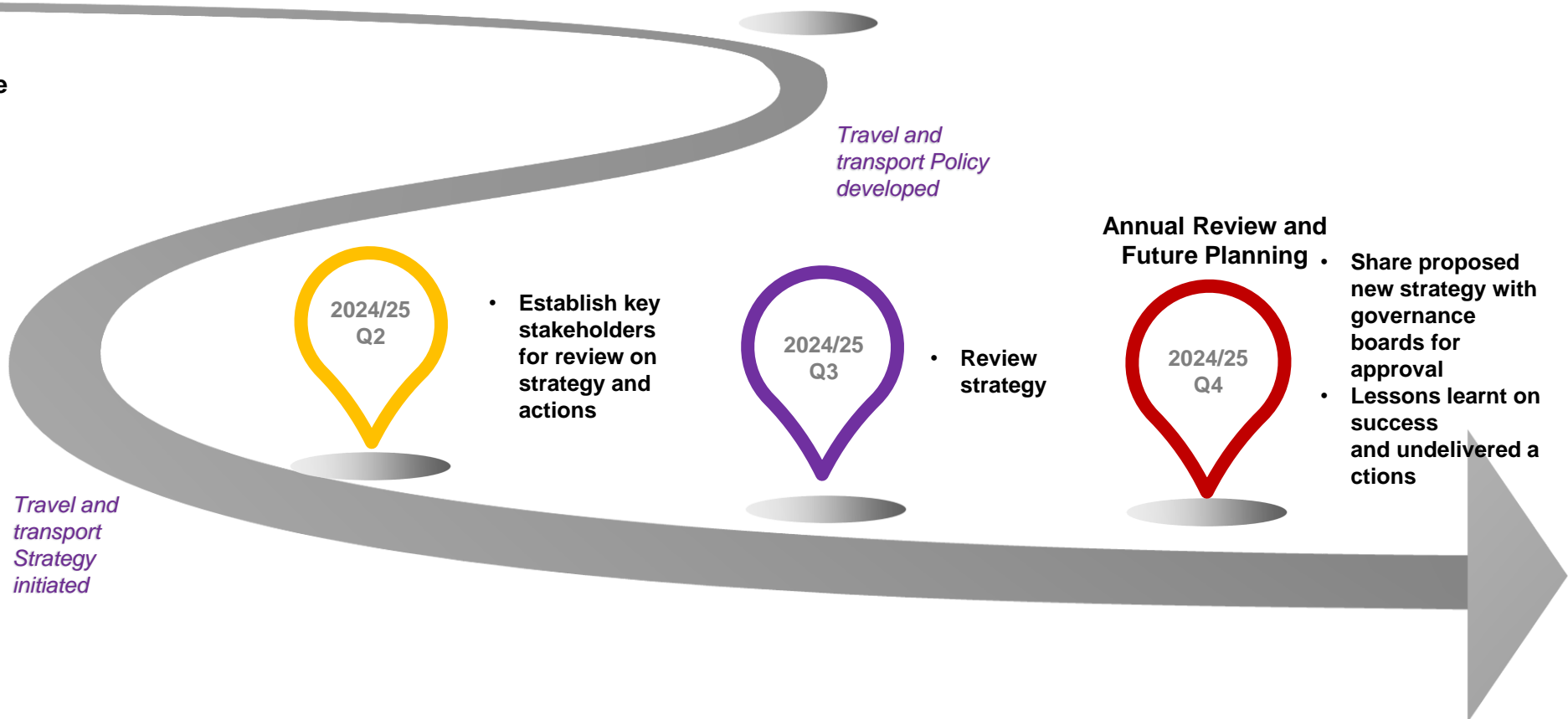
- Review strategy

Annual Review and Future Planning



2024/25
Q4

- Share proposed new strategy with governance boards for approval
- Lessons learnt on success and undelivered actions



Appendix 2 – Quick Wins from Sustainability (October 2023 – November 2023)

- Supported our PgMS team with the development of the NSS Sustainability and Infrastructure Programme Newsletter. This newsletter is distributed to key stakeholders across NSS. There is further development being made about a newsletter that can be distributed to all members of NSS.
- The NSS Sustainability team have also been working with Cycling Scotland to create action plans to ensure our active travel facilities are fit for purpose and meet the needs of our staff. This will also support NSS's bid to become a Cycle Friendly Employer across our NSS sites. We are currently focusing on improvements at JCC.
- Supported the writing of the new Recognising Excellence Award 2023 for the category Sustainability where the NSS team developed the description and the criteria for the awards.
- Held the second Sustainability Ambassador meeting which had a turnout of 41 participants and have begun mapping out the 2024 meeting dates and themes moving forwards.
- The 75th Anniversary Planters have now been installed across our NSS sites. The NSS sustainability team have also supported the Comms team to raise awareness on Sustainability and Scotland's Bravest who the team partnered with for the plaques on the planters.



NHS National Services Scotland (NSS)

Meeting:	NSS Board Meeting
Meeting date:	Friday, 15 December 2023
Title:	Public Inquiries Update
Paper Number:	B/23/41
Responsible Executive/Non-Executive:	Lee Neary, Director of SPST
Report Author:	Marie Brown, Head of Public Inquiries and Scrutiny

1. Purpose

- 1.1 NSS is currently responding to 3 public inquiries; the UK COVID-19 Public Inquiry, the Scottish COVID-19 Public Inquiry and the Scottish Hospitals Public Inquiry. There are also two ongoing Crown Office investigations (COVID-19 Deaths and the Queen Elizabeth University Hospital) which NSS staff are assisting with. The purpose of the paper is to make the NSS Board aware of the current situation regarding NSS' response to the ongoing public inquiries and investigations.

2. Recommendation

- 2.1 It is recommended that the Board note the content of the report.

3. Executive Summary

- 3.1 The key highlights report provided to EMT on 20 November is attached as an appendix. NSS continues to liaise with the inquiry and investigation teams, manage the resource as appropriate, and look to ensure duplication of effort is minimised when there is overlap with evidence requests.

4. Impact Analysis

4.1 Quality/ Patient Care

- 4.1.1 There is no impact on Quality/ Patient Care.

4.2 Equality and Diversity, including health inequalities

- 4.2.1 There is no impact on Equality and Diversity, including health inequalities.

4.3 Data protection and information governance

- 4.3.1 There is no impact on Data protection and information governance

5. Risk Assessment/Management

5.1 Risk assessment and management is managed through the NSS IRMA approach.

6. Financial Implications

6.1 Financial implications of responding to the COVID-19 Inquiries remains a corporate pressure.

7. Workforce Implications

7.1 Workforce implications continue to be managed through Directorates with any risks or issues escalated to the NSS EMT.

8. Climate Change and Environmental Sustainability Implications

8.1 There are no climate change and environmental sustainability implications.

9. Route to Meeting

9.1 EMT updated monthly on NSS' response to public inquiries. This report contains the most up to date information for the NSS Board.

10. List of Appendices and/or Background Papers

10.1 Update on Public Inquiries

Meeting	Executive Management Team – November 2023		
Reporting On	<ul style="list-style-type: none"> ➤ UK and Scottish COVID-19 Public Inquiries ➤ Infected Blood Public Inquiry ➤ Scottish Hospitals Public Inquiry ➤ Crown Office Investigation - COVID-19 Deaths ➤ Crown Office Investigation – Queen Elizabeth University Hospital (QEUH) 	Period Covered	October – December 2023

Upcoming Hearings (in order re substantive hearings, including Scottish Hospitals Inquiry)	
<ul style="list-style-type: none"> ➤ UK COVID-19 Inquiry (UKI) Module 2 (UK Government Decision Making) – evidential hearings started on 3 October 2023, and will run until mid December. ➤ Scottish COVID-19 Inquiry - Health and Social Care ‘Impact Hearings’ started on 24 October 2023, at George House in Edinburgh and online, and will sit uninterrupted until 8 December 2023. ➤ UKI Module 2A (Scottish Government Decision making) – an evidential hearing will take place from 16 January 2024 to 1 February 2024. ➤ Scottish COVID-19 Inquiry - Health and Social Care ‘Impact Hearings’ will recommence in February 2024 and continue through spring 2024. ➤ Scottish Hospitals Inquiry (Lothian 3) - Starting 26 Feb 2024 (up to 4 weeks) ➤ UK Module 4 (Vaccines and therapeutics) – evidential hearings will take place Summer 2024. (NSS is not a core participant) ➤ Scottish Hospitals Inquiry (Glasgow 3) - 19 August 2024 to 8 November 2024 ➤ UK Module 3 (Impact of the COVID-19 pandemic on healthcare systems throughout UK) – evidential hearings will take place Autumn 2024. ➤ UK Module 5 (Government Procurement) – evidential hearings will take place Early 2025. ➤ Scottish Hospitals Inquiry (Glasgow 4) - First Half of 2025 	

- **UK Module 6** (Care Sector) - evidential hearings will take place spring 2025.

COVID-19 Public Inquiries - Executive Highlights

The Scottish COVID-19 Inquiry

- The Health and Social Care impact hearings commenced on 24 October 2023, and will run through to 8 December 2023, with a break before recommencing in February 2024. The venue for these Hearings is George House in George Street, Edinburgh.
- NSS made an opening statement explaining its role, welcoming the Inquiry, and confirming that NSS will co-operate.
- The Inquiry is providing witness statements in advance of the witnesses giving evidence. A single CLO solicitor is attending the hearings each day to take notes and report back to teams. Each hearing is being broadcast on the Inquiry's Youtube channel with a three-minute delay. Recordings and transcripts from each day will also be made available on the Inquiry website.
- Witnesses chosen to give evidence so far have come from various patient organisations, including the Scottish Covid Bereaved Group, Care Home Relatives Scotland, Alzheimer's Scotland, Glasgow Disability Alliance, Scottish Women's Rights Organisations and Long Covid Kids. The aim is very much to outline the impact that COVID-19 has had on individuals and families in these groupings.
- There has been no direct criticism of NSS, but there are broad concerns expressed with regard to guidance; the effect of actions of "public health" on care home residents and visitors; provision of the correct quantities of PPE and the correct type of PPE (with particular criticism of ill-fitting masks). There is rarely clarity on who is responsible for the criticised guidance, for the decisions of "public health" or indeed for the provision of PPE.

The UK Covid Inquiry

Module 1 – Preparedness

- The Module 1 evidential hearing on pre-pandemic preparedness and resilience has concluded and written closing submissions have been submitted. Baroness Hallett intends to publish her report by Summer 24.

Module 2 - UK Govt Decision Making

- Senior officials and special advisers have been giving evidence. No CLO clients are core participants in Module 2, but Scottish Government and Scottish Covid Bereaved are. The hearings in Module 2 commenced on 2 October. We know that some of the evidence will be taken as evidence for module 2A, without NSS having the opportunity to comment on it as core participants. CLO are going to instruct Junior Counsel to review the evidence on inequality and discrimination in Module 2 for the benefit of all CLO clients, as we know the evidence will also be used in Module 3.
- Senior politicians are giving evidence in November and early December.

Module 2A

- PHS and NSS are Core Participants for Module 2A. A preliminary hearing took place on 26 October 23 at which the issue of Scottish Government WhatsApps and notebooks/ diaries were a particular focus. In addition, the public hearing for Module 2A Hearing is now relatively imminent (commencing January 2024) and thus, Module 2A are pressing all Core Participants to complete disclosure of materials requested and finalise witness statements. Module 2A is in the process of disclosing materials to Core Participants, which will be ongoing, leading up to, and throughout the hearing in January.
- Gordon Beattie and Mary Morgan have both provided statements. The focus is going to be on the Scottish Government, and we know that many rule 9s have been issued to Scottish Government staff and politicians. There is likely to be some PHS input into oral evidence, probably focussing around the advice given to the Scottish Government.

Module 3

- Module 3 will focus on the impact of COVID-19 on the UK's healthcare systems. The NHS Territorial Health Boards, Special Health Boards, PHS and NSS have all been granted Core Participant status. The module is not split down into the home nations in the way

that module 2 has been. There is likely to be a 10 week hearing in Autumn 2024, once the hearing for Module 4 concludes. These hearings are likely to clash with hearings for the Scottish Hospitals Inquiry.

- NSS is providing a suite of 4 statements in response to a rule 9 request.

Module 4

- PHS and the territorial and special health boards have been granted core participant status for module 4, which looks at vaccines and therapeutics. Module 4 is going to be heard before module 3. NSS is not a core participant, but we can expect to offer some assistance as a document provider.

Future Modules

Module 5

- Will examine Government Procurement across the UK. The evidence hearings are scheduled for Early 2025. The Core Participant application window is open from 24 October 2023 to 17 November 2023. NSS has made an application for Core Participant status.

Module 6

- Examining the care sector across the UK, will open in December 2023. The Core Participant application window will be open from 12 December 2023 to 19 January 2024. Public hearings will begin in Spring 2025.
- Further Modules will cover: testing and tracing, the Government's business and financial responses, health inequalities and the impact of COVID-19, education, children and young persons, other public services, including frontline delivery by key workers.
- The UK Inquiry is aiming to complete public hearings by Summer 2026.

Duplication

- The UK and Scottish Inquiries have a Memorandum of Understanding agreeing that they will avoid unnecessary duplication. As an example of this, the Scottish Inquiry is not sitting during January 2024, as the UK Inquiry's Module 2A (which is focused on Scotland) is running during that same month, and the Scottish Inquiry did not sit on the day of the module 2A preliminary hearing.

- Internally, CLO is taking steps to use a single solicitor or junior counsel for pieces of work in respect of which no potential conflict of interest arises. The most recent example of this is the single solicitor covering and reporting from the Scottish Impact Hearings for all Boards.
- Duplication has been reduced to date by the Scottish Inquiry starting with impact hearings, rather than starting with examining the decision making in the way the UK inquiry has. The Scottish Inquiry is aware of all the rule 9 requests that have been issued, and in due course will probably be satisfied with using the rule 9 responses as a starting point for its own investigation with witnesses. It is likely though that the Scottish Inquiry will have follow up questions, and in particular will want to satisfy itself with regard to actions from July to December 2022, a period within the SCI terms of reference, but not covered by the UK inquiry.

Infected Blood Public Inquiry - Executive Highlights

- SNBTS has started to receive warning letters regarding SNBTS related criticisms which will be published in the final report. So far, the content has been factually accurate, therefore no response has been required from SNBTS.

Scottish Hospitals Public Inquiry - Executive Highlights

General:

- Activity from the Inquiry is increasing we expect this is a result of staff who have recently joined the Inquiry getting up to speed.
- NHSS Assure issue relating to impact of inquiry and police investigation on service delivery ongoing: teams continue to liaise with stakeholders to keep them informed and are recording the impact on service delivery. We continue to make the inquiry aware of this impact on our service and staff.
- We continue to monitor for overlap and repetition of questions being asked of us on each 'side' (Lothian and GGC) of the Inquiry, where we have previously submitted similar responses and where we may be responding via statements being provided by staff.

Lothian

- RHCYP Provisional Position Papers – Responses to PPP8 and PPP9 submitted on schedule.

GGC

- Counsel representing NSS met with counsel to the Inquiry investigating matters relating to QEUH, hearings in Autumn '24 are set to focus on causation and generation of risk. These hearings are likely to clash with UKI Module 3 hearings.
- Hearings for spring/summer '25 will address why did the infections happened, what can we learn.
- Panel of experts for Inquiry: There are 6 experts on the Inquiry's panel, reports are being obtained and once available they will be intimated to CPs for their reactions.

Minutes

(Approved)

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NHS NATIONAL SERVICES SCOTLAND FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE (FPPC)

B/23/42

MINUTES OF MEETING HELD ON WEDNESDAY 30 AUGUST 2023 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

Present:

Gordon Greenhill – Non-Executive Director and Committee Chair
Lisa Blackett – Non-Executive Director
Julie Burgess – Non-Executive Director
Ian Cant – Employee Director
Keith Redpath – NSS Chair

In Attendance:

Hayley Barnett – Associate Director Governance and Board Services (Board Secretary)
Steven Flockhart – Director of Digital and Security (Item 15)
Laura Howard – Associate Director, Finance
Kris Lindsay – Head of Procurement (Item 8)
Carolyn Low – Director of Finance, Governance and Legal Services
Andy McLean – Deputy Director of Finance
Simon Mollart – Head of Strategic Sourcing (deputising for G Beattie)
Lee Neary – Director of Strategy, Performance and Service Transformation (SPST)
Graham Stewart – Programme Manager, Commercial Services
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Gordon Beattie – Director, National Procurement
Beth Lawton – Non-Executive Director

1. WELCOME AND INTRODUCTIONS

1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMS platform. Apologies were noted as listed above.

2. DECLARATIONS OF INTEREST

2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.

3. MINUTES OF THE PREVIOUS MEETINGS HELD ON 31 MAY 2023, AND MATTERS ARISING [papers FPP/23/30 and FPP/23/31 refer]

3.1 Following discussion, Members were content that the minutes were accurate records of the meetings.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

- 3.2 Members noted the updates provided on the action tracker and agreed with the recommendations for closure.

Decision: To approve the minute of the FPPC of the meeting held on 31 May 2023.

Decision: To agree the closure of all actions which had been recommended for closure

4. FINANCIAL PERFORMANCE TO 31 JULY 2023 [paper FPP/23/32 refers]

- 4.1 Members considered the paper, which provided an update on financial performance against plan for the period 1 April to 31 July 2023. The Director of Finance also provided a brief update on some developments in respect of the National Boards collaborative savings target which had occurred since the paper had been written, highlighting the dynamic nature of the current financial climate. Members sought and received clarification around the Cash Releasing Efficiency Savings position and were advised that the current gap was due to items awaiting validation, but this did not put the financial position at risk.

Decision: To note the improving position reported in the Financial Performance Report and accept the assurances provided by the Lead Officer.

5. SUPPORTING THE WIDER FINANCIAL CHALLENGE [paper FPP/23/32 refers]

- 5.1 The Director of Finance spoke to the paper, which detailed recent discussions with Scottish Government (SG) Finance and the subsequent work underway in NSS to consider options to reduce our additional allocations further, and the implications of such a reduction should that be required. Members were provided with a brief update on the discussions which had taken place in the lead up to NSS's response letter being sent. Members welcomed the highlighting of the specific challenges for NSS and what would be required to address those. They were also pleased to hear about positive relationship with SG.
- 5.2 Members sought and received clarification about the context for figures being quoted for delivery of the Cash Releasing Efficiency Savings target and the potential recovery of Value Added Tax. Member also discussed cost recovery, particularly in the Central Legal Office, and its potential impact. Members recognised and appreciated the role NSS was playing in this area and the potential for driving greater collaboration.

Decision: To note the actions being taken by both NSS Finance and NSS Directors in the light of the requirement to deliver additional savings in 2023/24 to support the worsening NHSScotland financial position.

Decision: To accept the assurances provided by the Lead Officer

6. STANDING FINANCIAL INSTRUCTIONS (SFI) ADVERSE EVENTS

- 6.1 There had been no financial adverse events reported since the previous update provided on 31 May 2023. The Director of Finance wished to highlight, in particular, the work being done by the Head of Procurement around the procurement elements of the SFIs.

Decision: To note no SFI adverse events had been reported since the previous FPPC meeting on 31 May 2023 and accept the assurances provided by the Lead Officer.

7. NATIONAL PROCUREMENT CONTRACT SCHEDULE [paper FPP/23/21 refers]

7.1 Members were taken through the paper which provided an update on the national workplan for 2023-24. Members expressed their thanks for the work done, particularly by graduate trainees. Members welcomed the updates and sought and received clarification on the impact of the restructure and prioritisation approach. Members discussed the recruitment challenges and how these were being addressed. The information in Appendix 1 indicated particular concerns with resource in certain areas so consideration would be required as to how that could be addressed for the future.

7.2 Members sought and received clarification on the dates referred to for contract board approvals and discussed the mechanisms in place should the Committee wish to review any of the contract awards. It was highlighted to Members that this was a legacy arrangement which had now evolved, so the content and detail provided in the appendix needed to be reconsidered with a focus on where the Committee could add value. In terms of horizon scanning, Members indicated that the ATOS replacement tendering strategy could be worth looking at. Members were also reminded that the Chief Executive reserved the right to call on Non-Executive Directors where necessary to resolve any potential issues in getting a contract signed.

Decision: To:-

- **Note the secured savings and cost avoidance achieved year to date in 2023-24;**
- **Note the ongoing impact on the national workplan and proposed restructure of the National Distribution Service (NDS) category area to transfer the contracting portfolio to Strategic Sourcing category teams;**
- **Note identified risks and issues in section 5, Risk Assessment/Management;**
- **Note the Climate Change and Environmental Sustainability Implications in Section 8 remains the same as the last FPPC report with additional detail on Community Benefits described in paragraph 8.8;**
- **Note the list of awards at Appendix 1 requiring Chief Executive approval;**
- **Note the NSS Contracts Awarded for more than £1m detailed at Appendix 2;**
- **Note the Economic Outlook Report that was jointly produced by National Procurement's graduate trainee cohort at Appendix 3, referenced in Section 5.2.**
- **Accept the assurances provided by the Lead Officer**

Action: To discuss content with paper authors, focussing on where the Committee could add value – Associate Director of Governance and Board Services

8. NATIONAL PROCUREMENT STRATEGY AND ANNUAL REPORT

- 8.1 Members discussed the paper, which covered the year from April 2022 to March 2023 (22/23) and focussed on the work of NSS National Procurement. The Head of Strategic Sourcing highlighted the key achievements listed throughout the report. Members agreed it would be helpful to include the context when comparing figures from previous years within the report in future. Members discussed items from Appendix 3 listed as “unreported” and agreed this should be changed to say “reported at health board level” instead. Members also indicated that the publication of this paper should be aligned with the publication of NSS’s Annual Report and Accounts

Decision: To approve the National Procurement Annual Procurement Report 2022-2023.

Action: To add context for changes in figures from previous years – Head of Strategic Sourcing.

Action: To change the metric statuses within Appendix 3 which say “Unreported” to say “Reported at Health Board level” instead – Head of Strategic Sourcing

9. NSS PROCUREMENT ANNUAL REPORT

- 9.1 Members discussed the paper which provided visibility of NSS purchasing activities and publicised the performance and achievements in delivering NSS’s procurement strategy. Members discussed the Government Procurement Card expenditure and asked for a regular report on that to go to the Audit and Risk Committee (ARC). They also sought and received clarification about cost pressures, Living Wage suppliers, and the percentage of spend in the UK (and specifically Scotland).

- 9.2 As with the National Procurement Report, Members asked for more context to be included when comparing figures from previous years and that the timing of publication should be aligned with the lifting of the embargo on NSS’s Annual Report and Accounts. Members welcomed the report and felt it illustrated the impact of procurement and the power of NSS in the procurement space.

Decision: To approve the NSS Procurement Annual Report to allow publishing on the NSS website and sharing with Scottish Government Ministers in line with NSS’s statutory obligations.

Action: To provide a report on Corporate Credit Card transactions to ARC – Director of Finance, Corporate Governance and Legal Services/Head of Procurement.

Action: To add context for changes in figures from previous years – Head of Procurement.

Action: To ensure that this and the National Procurement Annual Report 2002-23 are not published until after the embargo on NSS’s Annual Report and Accounts is lifted. Heads of Strategic Sourcing and Procurement

10. PORTFOLIO MANAGEMENT GROUP REPORT [paper FPF/23/22 refers]

- 10.1 Members were provided with an overview of the delivery status of key national programmes being delivered by NSS on behalf of NHS Scotland, based on the

position reported to the NSS Portfolio Management Group at their last meeting on 14 August 2023. Members welcomed the progress being made, particularly in the digital space.

- 10.2 Members sought and received clarification about the reason for the Digital Prescribing and Dispensing Programme remaining at Amber and were content with the assurance provided. Overall, Members were pleased to see that NSS was in a good position.

Decision: To note the improving position of key national programmes being delivered by NSS on behalf of NHS Scotland and accept the assurances provided by the Lead Officer.

11. SERVICE EXCELLENCE REPORT: QUARTER 1 2023/24 [Paper FPP/23/23 refers]

- 11.1 Members considered the report, which gave an overview of the delivery status of key programmes and performance metrics. Members acknowledged the outliers in Freedom of Information (FOI) responses and were provided overview of how this was being addressed. Members discussed where the responsibility lay for identifying FOI requests and received assurances about the information gathering for responses. Members also discussed the expressions of dissatisfaction about Digital and Security and the impact of Business Support Managers in addressing these.

Decision: To note the Service Excellence Performance Report and accept the assurances provided by the Lead Officer.

12. RESILIENCE REPORT [Paper FPP/23/24 refers]

- 12.1 Members discussed the report, which updated on resilience activities that had taken place since the previous FPPC meeting on 31 May 2023. There had been no significant business continuity incidents requiring stand up of the NSS Resilience Management Team.
- 12.2 Members were given an overview of the response to an IT incident which had been managed by Digital and Security colleagues, and a separate Executive on-call incident. They also received a brief update on the organisation-wide cyber security resilience exercise which had taken place. Members welcomed the assurance statement and positive feedback.

Decision: To note the Resilience Report and accept the assurances provided by the Lead Officer.

13. CORPORATE BUSINESS RISK AND ISSUES REPORT: Q4 2022/23 [paper FPP/23/25 refers]

- 13.1 Members were taken through an overview of the activity in relation to the following highlighted risks and issues:
- 6282 (Windows 10 Devices) – this had been downgraded to Amber;
 - 6247 (Continued Use of Windows7) – there had been a continued reduction of devices with 51 devices remaining;
 - 6121 (Unstructured and Unclassified Data) – Members were given a brief update on the procurement of Varonis and how it would address this risk;
 - 7221 (new Data Capture Validation and Pricing Go Live) – Members were given an overview of the progress of the measures taken.

- 13.2 Members sought and received clarification on who the risk owner was for 7221. They requested that risk 6121 have an anticipated closure date added and that, as a minimum, chairs of both the NSS Board and ARC should have visibility of confidential risks.

Decision: To note the Corporate Business Risk and Issues Report and accept the assurances provided by the Lead Officer.

Action: To confirm an anticipated closure date for Risk 6121 (Windows 10 Devices) - Director of SPST

Action: To consider visibility of confidential risks to include Board and ARC Chairs - Director of SPST

14. FORWARD PROGRAMME [paper FPP/23/28 refers]

- 14.1 The forward programme was presented for information. Members asked to ensure that the Sustainability Report was added for each meeting.

Decision: To note the Forward Programme.

Action: To add the Sustainability report to each meeting – Board Services

15. ANY OTHER BUSINESS

- 15.1 Members had no further business to raise.

16. PICTURE ARCHIVING AND COMMUNICATION SYSTEM (PACS) REPROVISIONING PROGRAMME

- 16.1 Members agreed, in accordance with paragraph 5.22 of NSS's Standing Orders, to discuss this item in private

There being no further business, the meeting closed at 1142 hrs.

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NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE COMMITTEE (CGC)

MINUTES OF MEETING HELD ON THURSDAY 7 SEPTEMBER 2023 VIA TEAMS DIGITAL PLATFORM AT 0930HRS

Present:

Alison Rooney – Non-Executive Director [Chair]
Lisa Blackett – Non-Executive Director
Gordon Greenhill – Non-Executive Director
Arturo Langa – Non-Executive Director
Beth Lawton – Non-Executive Director
Keith Redpath – NSS Chair

In Attendance:

Zakeya Atcha - Consultant in Public Health Medicine (deputising for A Lamont)
Martin Bell – Director of Practitioner and Counter Fraud Services
Carolyn Low – Director of Finance, Governance and Legal Services
Lorna McLintock – Medical Director, Scottish National Blood Transfusion Service (SNBTS)
Mary Morgan – Chief Executive
Lorna Ramsay – Medical Director
Calum Thomson – Associate Director for Nursing, Clinical Governance and Quality Improvement
Marc Turner – Director of SNBTS
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

Hayley Barnett – Associate Director of Governance and Board Services
Anna Lamont – Medical Director, NSD
Brendan O'Brien – Chief Clinical Informatics Officer
Jacqui Reilly – Director of Nursing

1. WELCOME AND INTRODUCTIONS

- 1.1 A Rooney welcomed all to the meeting. Members were informed that a request had been made prior to the meeting to discuss the response to a recently received Cabinet Secretary letter under Any Other Business. After consideration the Chair had agreed to this change of business.

2. DECLARATIONS OF INTEREST

- 2.1 No transparency statements were made in respect of any agenda items.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

3. MINUTES AND MATTERS ARISING [Papers CG/23/29 and CG/23/30 refer]

3.1 Members considered the draft minutes from the previous meeting on 1 June 2023, and were content to approve as an accurate record subject to correction of minor typographical errors and re-wording of the second bullet point at paragraph 15.1 to clarify that the Scottish Cancer Network programme had been formally commissioned by Scottish Government as an ongoing service to be delivered by National Services Division.

3.2 Members considered all actions, which were recommended for closure.

Decision: To approve the minutes of 1 June 2023, as true reflections of the meetings.

Decision: To note the action list and agree the closure of all actions recommended for closure.

Action: To correct minor typographical errors and re-work the second bullet point and 15.1 to say “formally commissioned by Scottish Government as an ongoing service to be delivered by National Services Division” – Board Services

4. NSS STRATEGIC RISK: CLINICAL AND PATIENT SAFETY [paper CG/23/31 refers]

4.1 Members were taken through the paper, which articulated the risk of preventable harm occurring to patients and service users if NSS was not sufficiently proactive in ensuring and improving the clinical and patient safety of the care, services and products it provides. It laid out the mitigating actions and the NSS Medical Director highlighted updates made since the NSS Board’s risk session held in August 2023.

4.2 Members discussed the risk description and queried whether the wording reflected that NSS is already in a good position around clinical and patient safety, which we want to maintain and continuously improve.

4.3 Members asked about how NSS would reflect on anything that arose in future and agreed it would be good to have reflection on the application of the Clinical Governance Framework in due course. It was agreed to pick this up with the clinical areas where the main bulk of the reporting came from and cover it in a future CGC seminar session.

4.4 The Clinical team would reflect on the feedback and bring a revised version to a future Committee meeting to recommend to Board for approval at the appropriate time. However, Members were content for the work on the mitigating actions to continue.

Decision: To update the report based on feedback and bring back to Committee for approval to be presented to the Board.

Decision: To agree that the work on mitigation actions could proceed as proposed.

Action: To update the strategic risk description per Members’ feedback – Medical Director.

Action: To add reflections on the application of the Clinical Governance Framework to CGC seminar forward plan – Board Services.

5. MEDICAL DIRECTOR'S REPORT [paper CG/23/32 refers]

- 5.1 Members were taken through the highlights of the report, which provided an update on clinically-related areas of NSS strategic/enabling activity and on relevant aspects of business as usual areas from a clinical perspective. Members briefly acknowledged the impact of developments in the recent Countess of Chester NHS Trust case, which would be discussed later as part of the item being brought under Any Other Business. The NSS Medical Director also highlighted an adverse event relating to the Scottish Care Information (SCI) Gateway which had arisen since the report was written. Members were given an overview of how it had been managed and advised that it would be included under the Adverse Event report due at the next CGC meeting scheduled for November 2023.
- 5.2 In respect of Long COVID, Members sought and received clarification about what treating holistically involved (i.e. tailored referrals based on the specific, individual health impact rather than taking it as a single condition in itself). Members commended the achievement of a Gold Standard score on the Sustainable Healthcare component of the NHSScotland Sustainability Assessment Tool. They also discussed Health and Care Staffing and were given an overview of how this was being managed and the impact of the work which had been done.
- 5.3 Members sought and received clarification about how the Digital Prescribing and Dispensing Programme risk regarding the budget position was being managed and the inclusion of sustainability in assessing the non-financial benefits of the programme. They also requested and received more detail on the Improvement Advisor Post and welcomed the recognition of NSS's contributions in Value Based Healthcare and Realistic Medicine.

Decision: To note the Medical Director's Report and accept the assurances provided.

Decision: To note the intention for the October CGC seminar to focus on Sustainable Healthcare and Value Based Healthcare/ Realistic Medicine

6. NSS CLINICAL GOVERNANCE FRAMEWORK (CGF) DELIVERY PLAN REPORT [paper CG/23/33 refers]

- 6.1 Members were taken through the report, which summarised the progress so far of the CGF delivery plan against the reporting timelines and milestones. Members commended the clarity of the format. Members sought and received further detail on the mechanisms for early sight of anything that would change the anticipated delivery against the framework.

Decision: To note the progress of the CGF delivery plan against the reporting timelines and milestones, and accept the assurances provided by the lead officer.

7. BLOOD AND TISSUE QUALITY, SAFETY AND SUFFICIENCY REPORT [Paper CG/23/34]

- 7.1 Members scrutinised the report, which provided assurance to Members that NSS continued to meet all requirements in respect of quality, safety and sufficiency. Members expressed concerns regarding the workforce risk. They acknowledged that

the actions being taken so far were good and welcome, but Members suggested more on the use of innovative recruitment solutions.

- 7.2 Members also discussed the patient safety and harm risk, and the potential impact of the language being used to describe staff morale. In response, a detailed update was provided by the Director of SNBTS on the management of the workforce position, challenges and how this was being monitored. Following this, Members confirmed they were content although they remained keen to see consideration being given to whether an increase in the establishment was required. Members were advised that this was part of the workforce planning but as part of a wider, more complex set of considerations in relation to future requirements.

Decision: To note the quality, safety and sufficiency of the blood and tissue products detailed in the Blood and Tissue Quality, Safety and Sufficiency Report.

Decision: To accept the assurances given in the Blood and Tissue Quality, Safety and Sufficiency report that the service continues to meet all the requirements placed upon it.

Decision: To note the actions being taken in relation to SNBTS red risks

8. CLINICAL ADVERSE EVENTS AND COMPLAINTS REPORT: QUARTER 4 [paper CG/23/35 refers]

- 8.1 Members considered the report, which provided details of Clinical Adverse Events and Complaints. Members sought and received some additional detail on the SNBTS Duty of Candour incident. They also sought and received clarification on what the mesh removal contract covered and the pathways for any patient follow-up or follow-on care.

Decision: To note the most recent information on clinical adverse events and complaints set out in the Clinical Adverse Events and Complaints Report.

Decision: To accept the management actions identified in the Clinical Adverse Events and Complaints report provide assurance that such events are being appropriately managed in accordance with NSS processes and best professional practice.

Decision: To accept the assurances provided by the lead officer.

9. CLINICAL RISK REPORT: 1 FEBRUARY TO 30 APRIL 2023 [paper CG/23/36 refers]

- 9.1 Members acknowledged the report, which provided details of corporate clinical risks on the NSS Risk Register and observed that the red risks had already been covered through discussions earlier in the meeting.

Decision: To note the most recent information on clinical risks set out in the Clinical Risks Report.

Decision: To accept the management actions identified in the Clinical Risks report provide assurance that corporate clinical risks are being appropriately managed in accordance with NSS processes and best professional practice.

Decision: To accept the assurances provided by the lead officer.

10. HEALTHCARE ASSOCIATED INFECTION (HAI) QUARTERLY REPORT [paper CG/23/37 refers]

- 10.1 Members considered the report which updated on compliance with all current policy related to infection prevention and control, as well as performance against reportable Key Performance Indicators in SNBTS. Following a brief discussion, Members agreed they had no further queries.

Decision: To note the report setting out the most recent information on HAI.

Decision: To accept the professional assurances given that the service continues to meet all the requirements placed upon it.

11. FORWARD PROGRAMME [paper CG/23/38 refers]

- 11.1 Members noted the forward programme which was presented for information.

Decision: To note the Forward Programme.

12. ANY OTHER BUSINESS

- 12.1 The Chief Executive spoke to a letter that had been received from the Cabinet Secretary following the Countess of Chester NHS Trust case, and the draft NSS response, which had both been circulated to Members. They acknowledged that the bigger issue was about staff feeling safe to speak up and challenge. Members were then invited to feed back any additions or amendments they wished to suggest before the response was submitted.

- 12.2 Members suggested that, within paragraph 3, instead of referring to a “proportionate response”, it might be better to say “supported by a robust clinical governance framework”. They also felt it should explicitly state that ultimate aim for the data systems communicating with each other was to reduce the potential for harm. In regard to whistleblowing, Members were keen for the response to highlight that NSS had proactively implemented the standard, to include something within the section on raising concerns about the additional questions in the iMatter survey, and to mention Confidential Contacts as well. The Chief Executive and Medical Director agreed to reflect on the feedback and update the response accordingly.

Decision: Based on these updates, content for letter to be updated and sent, with final version circulated for information

Action: To update the letter based on Members’ feedback and submit, circulating final copy to the Committee – Chief Executive/Medical Director.

13. DATE OF NEXT MEETING:

- 13.1 Thursday, 30 November 2023 at 09:30

The meeting finished at 1112hrs

Minutes (Approved)

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NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE (ARC)

MINUTES OF MEETING HELD ON TUESDAY 12 SEPTEMBER 2023 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

Members Present:

Beth Lawton – Non-Executive Director and Committee Chair
Julie Burgess – Non-Executive Director
John Deffenbaugh – Non-Executive Director
Gordon Greenhill – Non-Executive Director
Arturo Langa – Non-Executive Director
Alison Rooney – Non-Executive Director

In Attendance:

Hayley Barnett – Board Secretary
Scott Barnett – Head of Information and Cyber Security
Deborah Brown – Senior Users Researcher
Susan Buchanan – Director of National Specialist Services & Screening Division
Steven Flockhart – Director of Digital and Security (DaS)
Carole Grant – External Audit, Audit Scotland
Carolyn Low – Director of Finance, Governance and Legal Services
James Lucas – Internal Audit, KPMG
Louise MacLennan – Head of Equality, Engagement and Experience
Brian McCabe – Associate Director of Finance
Mary Morgan – Chief Executive
Lynn Morrow – Corporate Affairs and Compliance Manager
Lee Neary – Director of Strategy, Performance and Service Transformation (SPST)
Dan Pearson – Service Auditor, PwC
Lorna Ramsay – NSS Medical Director (and Caldicott Guardian)
Thomas Tandy – Internal Audit, KPMG
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Liz MacConachie – External Audit, Audit Scotland

1. WELCOME AND INTRODUCTIONS

- 1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMS platform.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

3. MINUTES AND ACTION LIST [Papers AR/23/46 and AR/23/47 refer]

- 3.1 Members considered the draft minutes from the previous meeting on 26 June 2023
- 3.2 Members considered all actions, which were recommended for closure, with the exception of the Trinity Park Foundation closure action which would be monitored until the issue had been formally settled with the Office of the Scottish Charity Regulator.

Decision: To approve the minutes of the 26 June 2023 as a true reflection of the meeting.

Decision: To note the action list and agree the closure of actions recommended for closure.

4. DRAFT RISK MANAGEMENT STRATEGY [Paper AR/23/48 refers]

- 4.1 Members were taken through the paper. Members felt the document was a framework rather than a strategy and there should be more about strategic direction (especially the work done by the Board and EMT in the recent seminar sessions) and inclusion of the agreed strategic goals. There was also a reference to the budget being challenged which Members queried whether it should say “challenging” instead. The Director of SPST agreed to update the document based on that feedback before its submission to the NSS Board. A Rooney specifically picked up some points of clarity and would liaise with the Director of SPST offline about these.

Decision: To receive the updated version to approve before submission to Board for final approval.

Action: To liaise with A Rooney on points of clarification – Director of SPST

Action: To update the paper with the following points and re-circulate the updated version for approval to submit to Board within the required timescales:

- **Include more on strategic risk development (especially work done by Board and EMT)**
- **Review the mention of “challenged” budget on page 5 and consider whether it should be “challenging” or, if not, include details of the challenge;**
- **Clarify that review of the risk appetite happens at a later date as part of the overarching risk management framework (and include linkages and timelines);**
- **Consider whether this is a strategy or a framework and ensure the title reflects that.**

– Director of SPST

5. ANNUAL COMPLAINTS AND FEEBACK REPORT 2022-23 [Paper AR/23/57 refers]

- 5.1 Members were taken through the report, which provided an overview of NSS feedback, compliments, and complaints data for 2022-23. Members expressed concerns about DaS falling short of the customer satisfaction target and suggested using the associated narrative to address those concerns. Members also suggested that the statistics explanation in paragraph 4 needed re-worked and they picked up on a few proofreading points to address before publication, being particularly mindful that this was a retrospective report. Members acknowledged that the main report format was specified but advised it was not very reader-friendly. They also suggested incorporating the

commentary made in the verbal introduction given for the paper into the cover report. Members sought and received clarity about compliments and their inclusion.

Decision: To approve the report for publication on the NSS website, and submission to Scottish Government, by 30 September subject to updates based on Members' feedback.

Action: To update the paper as follows, and get signed off by the Director of Strategy, Performance and Service Transformation:

- **Consider the narrative around Digital and Security customer satisfaction target to provide better clarification;**
- **Consider how the statistics are discussed in paragraph 4 of the main report;**
- **Consider an additional proofread, being mindful of the retrospective nature of the report, to address any issues with grammar, appropriate tenses, etc.**
 - **Head of Equality, Engagement and Experience**

Action: To feedback to SG on the structure/layout of the SG template – Head of Quality Engagement and Experience

Action: To reflect on the description and context around compliments for the next year's report – Head of Quality Engagement and Experience

6. ANNUAL SELF-ASSESSMENT OF COMMITTEE EFFECTIVENESS [Paper AR/23/56 refers]

- 6.1 Members considered the paper which provided a high-level analysis of the responses to a self-assessment questionnaire, along with some recommendations for improvements in the Committee's operation. Members welcomed the report as a good example of continuous improvement, and of J Burgess's work as Chair, but were keen for future questionnaires to include all Board members. They also wished to expand on the response to the question about Executive Officer assurance and take the opportunity to highlight the scrutiny and challenge from the Committee. NSS's internal and external auditors were invited to give their opinion on the assessment, and they agreed it was an accurate reflection of the work of the Committee and the level of maturity achieved.

Decision: To approve the self-assessment checklist as completed in Appendix A and agree the following actions:

- **Future questionnaires to go to all Board members, including Executive Directors;**
- **Hold an internal questionnaire review between the returns to Scottish Government;**
- **Review skills matrix once new Non-Executive Directors are appointed and put in place a training/succession plan for ARC members.**

Action: To expand on the response to the question about assurance from Executive Officers, highlighting the scrutiny and challenge from the Committee

7. INFORMATION SECURITY AND GOVERNANCE REPORT [Paper AR/23/49 refers]

- 7.1 Members were taken through the report, which updated the Committee on the key aspects of Information Security and Governance and Information Risk activity during Q1 (April-June 2023). In particular, the Director of DaS highlighted the updates around the

Network Information Systems Directive (NISD) and Information Commissioner's Office (ICO) audits. Members were provided with a detailed overview of the process for the independent review of the NISD audit.

- 7.2 Members were updated on the ICO follow-up. Officers explained the challenge which arose from the application of the audit framework creating ambiguity around where the issue lay. Resolving this would then allow the risks highlighted to be properly addressed.
- 7.3 Members sought and received clarity about the independent review of the NISD audit the appointment of the NISD auditor and how they intended to work within the same framework for consistency and comparison purposes, . The Chief Executive gave an overview of her correspondence with SG regarding the original audit competency and getting the approval for an independent review. NSS accepted that improvement was needed in respect of evidence gathering and submission but there had also been discrepancies in how the evidence submitted had been assessed and reflected in the final report. Members asked for regular updates on both NISD audit and the ICO audit as appropriate.

Decision: To :

- **note the updates regarding the NISD Audit including the outcome, remediation activities underway and in plan set out in paragraphs 3.3-3.6 and in Appendices 2 and 3;**
- **note the update regarding the ICO Audit, including the outcome and agreed remediation plan as set out in paragraph 3.7-3.9;**
- **note the full report as presented at Appendix 1;**
- **accept the assurance provided in the professional assurance statement.**

Action: To continue to provide updates, at relevant points, on the Network Information Systems Directive (NISD) and Information Commissioner's Office (ICO) Audits – Director of DaS

8. INTERNAL AUDIT PROGRESS [Paper AR/23/50 refers]

- 8.1 J Lucas spoke to the paper, which summarised progress against the internal audit plan. Members welcomed the progress on actions and had no further comments.

Decision: To:

- **note progress against the Internal Audit Plan and accept the assurances given by the lead office;**
- **Note fifteen audit actions have been verified and confirmed as implemented;**
- **Note no audit actions completion dates require to be extended;**
- **Note there were no significant actions to highlight.**

9. INTERNAL AUDIT: MESH PROGRAMME [Paper AR/23/51 refers]

- 9.1 Members were presented with the Mesh Programme audit report which had an overall audit opinion of "significant assurance with minor improvement opportunities". Members discussed the re-imburement of expenses and the mechanism/processes in place for that, the challenges which had arisen in respect of this, and how they had been managed

Decision: To endorse the report and note the improvement actions proposed by management in response to the report's findings, accepting the assurances provided by the Lead Officer.

10. SERVICE AUDIT PROGRESS REPORT [Paper AR/23/52 refers]

- 10.1 Members considered the paper, which provide a summary of progress made against each of the service audit areas. It was highlighted since the paper had been written, there were only a few walkthroughs left to do in IT. Members observed that a benefit of a new auditor gave fresh eyes and had identified areas that could be more fleshed out.
- 10.2 Members discussed the options for covering IT differently in future to better fit with the underpinning nature of its service. Members acknowledged the potential for following a pathways approach to audit and taking a more holistic view and were in favour of aligning along those lines in future as far as possible.
- 10.3 Members asked about controls gaps and were assured that, in the cases where this had arisen a control was being operated but was not articulated. They were also advised the response to follow-ups had been managed well and no concerns had been raised at this stage.

Decision: To note progress made against each of the service audit areas and accept the assurances provided by the Executive Lead.

Action: To undertake a holistic review of the audit landscape for the 2024/25 audit cycle - Director of Finance, Corporate Governance and Legal Services

11. EXTERNAL AUDIT RECCOMENDATIONS [Paper AR/23/25 refers]

- 11.1 Members noted the paper, which updated on the progress on the External Audit recommendations by management. Members sought and received some additional assurance that an assessment of finance staff capacity had been done and responded to.

Decision: To note the actions taken to address the audit recommendations raised in the Audit Scotland Annual Audit Report for 2022/23, and accept the assurances provided by the Executive Lead.

12. RISKS AND ISSUES REPORT [Paper AR/23/27 refers]

- 12.1 Members scrutinised the paper, which updated on corporate red risks and issues, along with all corporate red and new amber reputational risks and issues, as at 30 June 2023. The following points were highlighted:
- Risk 7066 (Clinical Apheresis) was now closed;
 - Risk 6282 (Windows 10 Devices) had been reduced to amber and then subsequently closed in August 2023;
 - Additional risks around Scottish National Blood Transfusion Service resourcing and the new Data Capture Validation and Pricing (nDCVP) had been added;
 - One corporate issue relating to nDCVP had also been added
 - In respect of risk 6121 (Unstructured and Unclassified Data), activity was progressing and on track to close by 31 March 2024

- 12.2 Members sought and received assurance about the potential level of media interest in nDCVP and were given an overview of the background to this risk and the activity to date in managing it.

Decision: To note the risks and issues update and accept the assurances provided by the lead officer.

13. FRAUD REPORT [Paper AR/23/28 refers]

- 13.1 Members were provided with an update on the fraud prevention activity undertaken since the last report in May 2023. Highlights included:

- Two new cases had been raised, with investigations currently in early stages;
- Good progress had been made with implementation of the standards;
- The target compliance rate for mandatory training had been exceeded;
- NSS was making good progress with the National Fraud Initiative work and had until end of December 2023 to complete this.

- 13.2 Members asked for clarification about declaration about other employment and how, with people working at home, this could be monitored. Members acknowledged that this also fed into Staff Governance Committee and overlapped with the audit of management development.

Decision: To:

- **note the report which forms part of the Board assurance process,**
- **approve the Fraud Action Plan for 2023-24 (appendix 1)**
- **note the current NSS risk assessment (appendix 2)**
- **accept the assurance provided by the lead executive.**

14. REVIEW OF GIFTS AND HOSPITALITY [Paper AR/23/29 refers]

- 14.1 Members considered the paper, which provided an overview of activity in relation to the acceptance, or otherwise, of Gifts and Hospitality during 2022-23. They had nothing further to add and thanked the Corporate Affairs and Compliance Manager for the report.

Decision: To note the Gifts and Hospitality Report and accept the assurance provided by the lead executive.

15. FORWARD PROGRAMME [Paper AR/23/32 refers].

- 15.1 Members were presented with the forward programme for information.

Decision: To note the forward programme.

16. ANY OTHER BUSINESS

- 16.1 The Chair wished to formally record thanks to J Burgess for her chairing through her tenure. J Burgess also wished to thank colleagues for their support.

There being no further business, the meeting closed at 1137hrs.

Minutes

(Approved)

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NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON WEDNESDAY 20 SEPTEMBER 2023, COMMENCING 0930 HOURS VIA TEAMS

Present:

Lisa Blackett – Non-Executive Director and Committee Chair
David Allan – Trade Union Representative
Ian Cant – Non-Executive Director
John Deffenbaugh – Non-Executive Director
Tam Hiddleston – Trade Union Representative
Arturo Langa – Non-Executive Director
Gerry McAteer – Trade Union Representative
Keith Redpath – NSS Chair

In Attendance:

Susan Cottrell, Interim Deputy Head of Nursing for Patient Services – Scottish National Blood Transfusion Service (SNBTS) [Item ??]
Jane Fewsdale - Head of People Insights, Performance & Systems
Mary Morgan – Chief Executive
Lynn Morrow, Corporate Affairs and Compliance Manager (deputising for H Barnett)
Aileen Stewart – Associate Director of HR
Lynsey Bailey - Committee Secretary [Minutes]

Observer:

Carolyn Low - Director of Finance, Governance and Legal Services

Apologies:

Serena Barnatt – Director of HR and Workforce Development
Hayley Barnett – Associate Director, Governance and Board Services (Board Secretary)
Beth Lawton – Non-Executive Director

1. WELCOME AND INTRODUCTIONS

- 1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMS platform, noting the apologies as recorded above.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

3. MINUTES AND ACTION LIST [paper SG/23/29 and SG/23/30 refers]

3.1 Members considered the draft minutes from the previous meeting held on 30 May 2023 and agreed they were an accurate record of the meeting.

3.2 Members considered the action updates provided and had nothing further to add.

Decision: To approve the minutes as an accurate record of the meeting

Decision: To note the action list and agree the closure of the actions recommended for closure.

4. NSS iMATTER RESULTS 2023/24 [paper SG/23/31 refers]

4.1 Members considered the report which summarised and analysed the NSS iMatter results. Members were updated on the additional questions which were still being analysed and discussed. Member were also given a brief overview of the Countess of Chester case and its impact. Members discussed comparison of results with those of other Boards and were given an overview of the timeline for the national report.

4.2 Going back to the additional questions, Members sought and received clarification that the response data would be Board level and could not be broken down further to directorate or team level. The data from these questions had not yet been considered by the Partnership Forum as the information had been received after the paper had been written and Members were given an overview of how this would be managed and reported at a high level for assurance.

Decision: To approve the decision reached by the Partnership Forum that no amendments were required to the Great Place to Work Plan for 2023/24.

5. NSS UNIFORM AND APPEARANCE POLICY [paper SG/23/32 refers]

5.1 Members considered the paper and were content to approve the policy.

Decision: To approve the Uniform and Appearance Policy.

6. NSS PARTNERSHIP FORUM [paper SG/23/33 refers]

6.1 Members were advised that the Partnership Forum continued to discuss the Meridian Court closure, Great Place to Work plan progress, and staff issues. Members noted that the Chief Executive and Employee Director had visited to Delta House and had also recently signed off the Partnership Agreement. 11 Once for Scotland Workforce polices were being introduced in the coming months and Members were given an overview of the plans for managing the communications around that.

Decision: To note the updates provided on the work of the Partnership Forum.

7. PEOPLE REPORT [paper SG/23/34 refers]

7.1 The Director of HR spoke to the paper, which covered all key issues around compliance with the Staff Governance Standard and best employment practice. Members were taken through the following highlights:

- The sickness absence rate continued to show a slow upward trend and this was being monitored;
- There had been an incident reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) in August 2023. A brief verbal

overview was provided and Members would see a full report at the next SGC meeting in November 2023;

- There was an information lag in respect of Statutory and Mandatory Training and Members received an overview of how this was being addressed;
- An analysis of agency staff had been done and the information received indicated this was being managed appropriately;
- Work was ongoing to manage down the number of fixed term contracts and move towards more permanent establishment;
- Appraisal and PDP figures were still low but this was mainly due to a timing issue and Members could expect to see improvement in future reports

7.2 In respect of the Vacancy Management Group, Members sought and received some further detail on the work of the group. Members were also keen to see a deep dive into what more NSS could do to support staff in terms of the most prevalent sickness absence reasons and they were provided with an overview of activity already being done around this. Members suggested it would be helpful to have the Whole Time Equivalent (WTE) staff numbers as part of the reporting on the cost of absence. Members asked about how COVID-19 related illness was being treated and the position regarding special leave following a positive test. They were advised that there had been some confusion following recent communications from the Scottish Government and HR were seeking clarity. Members also sought and received an explanation of how the sickness absence forecast was calculated.

Decision: To note the updates provided in the People Report and accept the assurances provided.

Action: To include WTE staff numbers as context for cost of absence – Associate Director of HR

8. WHISTLEBLOWING QUARTERLY REPORT [paper SG/23/35 refers]

8.1 Members welcomed the report which updated on NSS's performance for the first quarter of 2023-24 (April to June), demonstrating performance against the key performance indicators as required by the Independent National Whistleblowing Officer. Members requested an update on the upcoming Speak Up Week to be included in the report for the next meeting. Members were invited to make suggestions for Speak Up week. Members discussed holding a whistleblowing seminar for all Non-Executive Directors. Members acknowledged the link with the recent cases at the Countess of Chester NHS Trust and NHS Tayside, and Members expressed concerns about the timescales for investigation outcomes.

8.2 Following these discussions, Members confirmed they were assured by the updates provided and content to endorse the report.

Decision: To note and endorse the Whistleblowing Quarterly Report.

Action: To include an update on Speak Up Week in the next report - Associate Director of Governance and Board Services/ Corporate Affairs and Compliance Manager

9. STAFF RISKS QUARTERLY UPDATE [paper SG/23/36 refers]

9.1 Members discussed the Staff Risk report, which provided details of the current situation for corporate red and amber staff risks recorded on the NSS Risk Register as of 30 April 2023. Particular highlights were:

- There was one amber staff risk on the register relating to capacity for public inquiries and Members received an overview of the mitigations in place;
- The previous red corporate staff risk had been reviewed and re-assigned as a clinical risk. However, it would still be reported on here as there was a workforce element to it and Members were updated on the support being provided;
- Plans were in place to scope a workforce sustainability strategic risk and this would be brought to a future meeting.

Decision: To note the Staff Risks Quarterly Report.

10. GREAT PLACE TO WORK PLAN 2023/24 Q1 REPORT [paper SG/23/37 refers]

10.1 Members discussed the report, which updated on the progress against the priority areas for improvement contained in NSS Great Place to Work Plan 2022/2023. They discussed the development of a new format which might turn out to be clearer. Members welcomed that the report showed that NSS was making progress against the plan for each of the staff governance strands, and that there were no areas of concern.

10.2 Members were updated on the progress of partnership training, which had carried over from the previous year's plan. They also observed that the most recent Stay Connected live event had been a non-interactive, webinar style and fed back their preference for the more interactive arrangements previously used. In response, Members received an overview of the plans for live events in future.

Decision: To note the Great Place to Work Q1 Report and accept the assurances provided.

11. IMPLEMENTATION OF NHSSCOTLAND SUPPORTING WORK-LIFE BALANCE WORKFORCE POLICIES [paper SG/23/40 refers]

11.1 Members were taken through a presentation which summarised the background, progress to date, and next steps for the implementation of NHSScotland policies to support work-life balance. Members recognised the work done by the Workforce Policy, Terms and Conditions group in this area, and the potential for good discussions at Partnership Forum. There was acknowledgement of the difference from the previous Partnership Information Network policies and what this would mean for NSS's policy position in future. Members were advised that NSS was prepared to be bold and discussed maximising the benefits realisation. Members also discussed the importance of ensuring that enacting a policy was done in direct reference to the policy as opposed to basing it on recollections.

Decision: To note the presentation given on the implementation of NHSScotland work-life balance policies.

12. UNDERGRADUATE PRACTICE LEARNING ENVIRONMENT (UGPLE) IN SNBTS: FINAL EVALUATION REPORT [paper SG/23/38 refers]

- 12.1 Members considered the paper, which detailed the outcome from the evaluation of the first three cohorts of student nurse placements in SNBTS and made recommendations for continuation of this programme.
- 12.2 Members discussed the route for approval for a post, recognising that this should be reserved to the Vacancy Management Group. Members also expressed concerns about placing an additional burden on staff. However, they were advised that this was still in initial discussions about what would be feasible, the Practice Learning Environment could be adapted to the current situation, and the lead-in time was also quite significant.
- 12.3 Members were supportive of highlighting the work of nursing staff in SNBTS and suggested it could be worth considering how to measure the success in recruiting nurses into SNBTS. The Associate Director of HR advised that she could look into linking this in with the career pathways and early careers work already ongoing in HR.

Decision: To note the RSPC Annual Report, subject to a date correction.

Action: To look at linking the Practice Learning Environment work in with other ongoing work around career pathways – Associate Director of HR

13. FORWARD PROGRAMME [paper SG/23/39 refers]

- 13.1 Members were presented with the forward programme.

Decision: To note the Staff Governance Committee Forward Programme.

14. ANY OTHER BUSINESS

- 14.1 Members were advised that one of the Trade Union Representatives, Suzanne Milliken, had now retired and the process for selecting her replacement was currently ongoing. Members would be advised as soon as possible once this had concluded.

Meeting closed at 1114hrs.

Minutes

(Draft)

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NHS NATIONAL SERVICES SCOTLAND FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE (FPPC)

MINUTES OF MEETING HELD ON WEDNESDAY 8 NOVEMBER 2023 VIA TEAMS DIGITAL PLATFORM AT 0930 HRS

Present:

Gordon Greenhill – Non-Executive Director and Committee Chair
Lisa Blackett – Non-Executive Director
Julie Burgess – Non-Executive Director
Ian Cant – Employee Director
Beth Lawton – Non-Executive Director
Keith Redpath – NSS Chair

In Attendance:

Hayley Barnett – Associate Director Governance and Board Services (Board Secretary)
Gordon Beattie – Director of National Procurement
Julie Critchley – Director NHSScotland Assure
Carolyn Low – Director of Finance, Corporate Governance and Legal Services
Lee Neary – Director of Strategy, Performance and Service Transformation (SPST)
Hazel Thomson - Associate Director Strategy Planning & Performance, Scottish National Blood Transfusion Service (SNBTS)
Marc Turner - Director of SNBTS
Lynsey Bailey – Committee Secretary (Minutes)

Apologies:

1. WELCOME AND INTRODUCTIONS

- 1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMS platform. Apologies were noted as listed above.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.

3. MINUTES OF THE PREVIOUS MEETING HELD ON 30 AUGUST 2023, AND MATTERS ARISING [papers FPP/23/44 and FPP/23/45 refer]

- 3.1 Following discussion, Members were content that the minutes were an accurate record of the meeting. Members enquired about the private session minutes and the Committee Secretary agreed to ensure they were on the agenda for the next meeting.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

- 3.2 Members noted the updates provided on the action tracker and agreed those recommended for closure. Members briefly discussed rewording the confidential risk closure statement for clarity.

Decision: To approve the minute of the FPPC of the meeting held on 30 August 2023.

Decision: To approve the closure of actions 1-3,5 and 7-9 which had been recommended for closure.

Action: To include the minutes of the private session on 30 August 2023 on the agenda for the next FPPC meeting – Board Services

4. NSS PLASMA FOR MEDICINES DELIVERY PLAN [paper FPP/23/46 refers]

- 4.1 Members considered the paper, which provided confirmation that Scottish Government was commissioning the manufacture and procurement of Scottish plasma-derived Immunoglobulin and Albumin medicinal products in accordance with the NSS Plasma for Medicines Delivery Plan. Members sought and received assurance regarding the staffing resource requirements from financial year 2025/26 onwards, as well as the underwriting from Scottish Government and how the costs would be shared.

- 4.2 Members recognised that this contract reduced the cost of the product but were made aware that the key risk came from disruption in the supply chain. However, they felt assured that all appropriate contingencies were in place, that there was a low likelihood of this happening in later years, and that it had also been mitigated as far as possible.

Decision: To give approval to proceed to sign up to the UK framework contract with Octapharma, allowing onboarding of NSS to collect Scottish plasma for fractionation and procure the resultant medicinal products for onward supply to Territorial Health Boards.

5. PUBLIC BODIES CLIMATE CHANGE DUTIES REPORT [paper FPP/23/56 refers]

- 5.1 Members considered the paper, which highlighted and reviewed the activities, governance, and carbon emissions in the previous financial year (2022/23). Members briefly discussed potential risks to NSS meeting its net zero target. They acknowledged that mitigations had been identified, which were covered in more detail within the Sustainability update scheduled for later in the agenda (see item 14 - paper **FPP/23/55** refers). Members agreed they were content to approve the report.

Decision: To approve the Public Bodies Climate Change Duties Report on behalf of NSS.

6. FINANCIAL PERFORMANCE TO 30 SEPTEMBER 2023 [paper FPP/23/47 refers]

- 6.1 Members considered the paper, which provided an update on financial performance against plan for the period 1 August to 30 September 2023. The Director of Finance, Corporate Governance and Legal Services spoke to some particular highlights as presented in the front cover sheet. Following this, Members were content that NSS was still on track to deliver against financial targets despite some additional emerging pressures.

- 6.2 Members were then given a more detailed update on the issues around the new Data Capture Validation and Pricing (nDCVP) system, and progress of the interventions to

resolve them. Members welcomed the transfer of internal staff available to reduce the backlog and were assured that agency staff were mainly being used as backfill for those staff. Members sought and received assurance about reaching a more sustainable resolution in the longer term.

- 6.3 Members welcomed the paybill deep dive and encouraged this to be done in other areas. Members also discussed the Cash-Releasing Efficiency Savings evidence challenges and some potential measures to address them.

Decision: To note the Financial Performance Report and accept the assurances provided.

Decision: To have a report on the nDCVP issues at the next FPPC.

Action: To add a report on nDCVP to the agenda for the next FPPC meeting – Board Services

7. STANDING FINANCIAL INSTRUCTIONS (SFI) ADVERSE EVENTS [paper FPP/23/48 refers]

- 7.1 There had been no financial adverse events reported since the previous update provided on 30 August 2023. The Director of Finance, Corporate Governance and Legal Services highlighted the additional TURAS training for those who needed it as part of their role.

Decision: To note no SFI adverse events had been reported since the previous FPPC meeting on 30 August 2023 and accept the assurances provided.

8. NATIONAL PROCUREMENT CONTRACT SCHEDULE [paper FPP/23/49 refers]

- 8.1 Members were taken through the paper which provided an update on the national workplan for 2023-24. Members welcomed the positive position being reported.

Decision:

- **To note the secured savings and cost avoidance achieved year to date in 2023-24;**
- **To note the list of awards requiring Chief Executive approval;**
- **To Note the NSS Contracts Awarded for more than £1m; and,**
- **To accept the assurances provided**

9. PORTFOLIO MANAGEMENT GROUP REPORT [paper FPP/23/50 refers]

- 9.1 Members were provided with an overview of the delivery status of key national programmes being delivered by NSS on behalf of NHS Scotland, based on the position reported to the NSS Portfolio Management Group at their last meeting on 16 October 2023. The Director of Finance, Corporate Governance and Legal Services spoke to highlights from the watchlist, particularly the Digital Prescribing and Dispensing Programme (DPDP) as its funding was still to be confirmed and this would impact on Annual Delivery Plan (ADP) milestones. Members were also advised that the new Community Health Index (CHI) system had gone live on 1 November. They wished to pass on their congratulations and commendation to all involved for the hard work that had gone into achieving this.

- 9.2 Members expressed concerns that funding had not yet been confirmed for DPDP but acknowledged that it was a casualty of the current financial challenges. They also briefly discussed the Cyber Centre of Excellence and potential consequences should the risk escalate. Members observed that there was occasional discrepancy in the risk statuses between this and the Service Excellence report. However, it was explained this was due to the difference in focus of the report.

Decision: To note the improving position of key national programmes being delivered by NSS on behalf of NHS Scotland and accept the assurances provided.

10. SERVICE EXCELLENCE REPORT: QUARTER 2 2023/24 [Paper FPP/23/51 refers]

- 10.1 Members considered the report, which gave an overview of the delivery status of key programmes and performance metrics. Members commended the layout the report but observed the reference to South-East Payroll still needed to be corrected.
- 10.2 Members also asked for information on trends in Freedom Of Information (FOI) requests (e.g. topics, source of request etc,) at a high level for the next report. Members were advised that the increase in FOI activity could be attributed to specific issues which were now resolving. However, the changing political climate would always have an impact so having trend analysis would be useful.
- 10.3 Finally, Members discussed Model Complaints Handling and implementation of the new metrics for reporting, which they were keen to see in the next report. They also briefly discussed inclusion of positive feedback to provide a wider picture.

Decision: To note the Service Excellence Performance Report and accept the assurances provided.

Decision: To endorse the proposed new metrics for complaints reporting as set out on page 31 of Appendix A of the paper.

Action: To implement the new metrics for complaints reporting for the February 2024 FPPC meeting – Director of SPST

Action: To look at FOI trends and provide a breakdown in the report for the February 2024 FPPC meeting – Director of SPST

11. RESILIENCE REPORT [Paper FPP/23/52 refers]

- 11.1 Members discussed the report, which updated on resilience activities that had taken place since the previous FPPC meeting on 30 August 2023.

Decision: To note the Resilience Report and accept the assurances provided.

12. CORPORATE BUSINESS RISK AND ISSUES REPORT: Q2 2022/23 [paper FPP/23/53 refers]

- 12.1 Members were taken through an overview of the activity in relation to the following highlighted risks and issues:
- Work was ongoing on the strategic risks
 - No new red corporate risks
 - There were 2 issues – 6247 (Windows 7) and 7221 (nDCVP Go Live)

- There was a new Amber Risk - 7237 on recruitment and retention
- Work on and around 6121 continued and was on track to complete by the end of the financial year.

12.2 Members were given a brief overview of risk 7237 and relevant discussions at the recent Staff Governance Committee (SGC) seminar. Board Services were asked to share the slides from the seminar for information.

Decision: To note the Corporate Business Risk and Issues Report and accept the assurances provided.

Action: To circulate the slides from the recent SGC Seminar – Board Services

13. FPPC STRATEGIC BUSINESS RISKS

13.1 Members discussed the paper highlighting the updates to the risk jotter as discussed at the FPPC seminar on 30 October. Members identified a few minor corrections – references needed to be to sustainability ambassadors rather than champions, updates would be provided quarterly and the NHSScotland Sustainability Assessment Tool (NSAT) assessments would be submitted biennially. In terms of financial sustainability, Members acknowledged that financial audits would be acceptable as a level 3 control. They also welcomed the new layout as helpful and were content with the direction of travel.

Decision: To endorse the risk jotter pending the corrections identified (as noted at 13.1).

Action: To re-circulate the report to Members after making the following corrections:

- **Sustainability Champions should be called Sustainability Ambassadors;**
- **Sustainability updates were to be provided quarterly rather than twice a year and NSAT submissions were biennially not biannually;**
- **For Financial sustainability, financial audits would be acceptable as a level 3 control.**

- Director of SPST

14. SUSTAINABILITY UPDATE [Paper FPP/23/55 refers]

14.1 Members considered the paper which provided an update on sustainability activity across NSS. They discussed the internal NSAT assessment and welcomed the achievement of a Gold-level score. While the next external validation would not be until 2024, Members were advised that there was a mechanism to verify the score for 2023.

14.2 Members were also given an update on the whole-system planning activity and an overview of the work being done to develop the revised scope and route map. They were reminded that updates were being made in Sustainability reporting to allow more like-for-like comparison. Members were also taken through the reasons for variations in equivalent quarters for water and waste, along with other initiatives being worked on to bring about improvements. Following a brief discussion, Members agreed that a section on the ethics of sustainability was to be included as of the next report.

- 14.3 Members discussed the increase on the score noting that the improved reporting gave a more accurate position which showed that NSS had also moved on. Members welcomed the lessons learned workshop but discussed the proportionality in respect of national reporting requirements, recognising that it was also important to get a balance across sustainability between climate, finance and workforce.

Decision: To note the Sustainability performance report, accepting the assurances provided.

Action: To include a section on Ethics of Sustainability from the next report – Director of NHSScotland Assure

15. FPPC TERMS OF REFERENCE

- 15.1 Members reviewed the Terms of Reference and suggested updating paragraph 6.1.2 to mention sustainability reports, include the Director of NHSScotland Assure on the list of regular attendees and also reference of the Blueprint for Good Governance.

Decision: To endorse the Terms of Reference pending the updates noted at 15.1.

Action: To update the Terms of Reference as follows:

- **6.1.2 to include a mention of sustainability reporting**
- **Director of NHSScotland Assure to be added to list of regular attendees**
- **Include a mention of the Blueprint for Good Governance**
 - **Board Services/ Associate Director of Governance and Board Services**

16. FORWARD PROGRAMME [paper FPP/23/28 refers]

- 16.1 The forward programme was presented for information.

Decision: To note the Forward Programme.

17. ANY OTHER BUSINESS

- 17.1 With it being J Burgess's final FPPC meeting, as her term finished later in the month, Members wished to express their appreciation for all her work during her time on the Committee.

There being no further business, the meeting closed at 1134 hrs.

Minutes

(DRAFT)

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NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 9 NOVEMBER 2023, COMMENCING 0930 HOURS VIA TEAMS

Present:

Lisa Blackett – Non-Executive Director and Committee Chair
David Allan – Trade Union Representative
Ian Cant – Non-Executive Director
John Deffenbaugh – Non-Executive Director
Tam Hiddleston – Trade Union Representative
Beth Lawton – Non-Executive Director
Gerry McAteer – Trade Union Representative
Alex Morrison – Trade Union Representative

In Attendance:

Hayley Barnett – Associate Director, Governance and Board Services (Board Secretary)
Susan Buchanan, Director of NSD [Item 13]
Jane Fewsdale - Head of People Insights, Performance & Systems
Mary Morgan – Chief Executive
Aileen Stewart – Associate Director of HR (deputising for S Barnatt)
Lynsey Bailey - Committee Secretary [Minutes]

Apologies:

Serena Barnatt – Director of HR and Workforce Development
Arturo Langa – Non-Executive Director
Keith Redpath – NSS Chair

1. WELCOME AND INTRODUCTIONS

- 1.1 The Committee Chair welcomed all to the meeting, which was being held virtually via the TEAMS platform, noting the apologies as recorded above. As it was A Morrison's first meeting, brief introductions were made.

2. DECLARATIONS OF INTEREST

- 2.1 There were no declarations of interest or transparency statements made in respect of any item on the agenda.



Chair
Chief Executive

Keith Redpath
Mary Morgan

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

3. MINUTES AND ACTION LIST [papers SG/23/42 and SG/23/43 refer]

3.1 Members considered the draft minutes from the previous meeting held on 30 September 2023 and agreed they were an accurate record of the meeting.

3.2 Members considered the action updates provided and had nothing further to add.

Decision: To approve the minutes as an accurate record of the meeting

Decision: To note the action list and agree the closure of the actions recommended for closure.

4. NSS INDUCTION POLICY [paper SG/23/44 refers]

4.1 Members were taken briefly through the policy and its development. Members welcomed the policy and felt it was a positive step, thanking all who had helped deliver it. Members discussed implementation of the policy for staff who did not have regular access to a computer as part of their job and were given an overview of the arrangements in place for those staff.

4.2 Members discussed the messaging - "NSS is" vs "NSS are" and also the module on managing others being excluded from the "New Start" modules list as this was covered specifically under "New Manager" suite of modules. Members also felt consideration should be given to what this meant in terms of enabling cultural change, measuring the success of the induction programme, and the mechanisms for gathering feedback. They were advised that all this would be looked into and considered for future iterations.

4.3 Following these discussions, Members were content to approve the policy for implementation.

Decision: To approve the NSS Induction Policy.

Action: To consider mechanisms for enabling cultural change, measuring success and gathering feedback to be included in future iterations of the policy – Associate Director of HR

5. NSS STAFF GOVERNANCE MONITORING RETURN 2022-23 [paper SG/23/45 refers]

5.1 Members considered the paper, which contained the Scottish Government response to NSS's annual Staff Governance Monitoring Return for 2022-23. It was highlighted that a lag in the response time meant the feedback included was already being addressed in the current iteration of the Great Place To Work plan. Members were keen to look at the wording to better demonstrate the work being done. They also discussed how to reduce the lag in receiving the feedback and were assured that this was being raised through both the HR Directors' and Deputy HR Directors' groups.

Decision: To approve the NSS Staff Governance Monitoring Return 2022-23, prior to the submission being sent to Scottish Government.

Action: To look at the wording and how to better demonstrate the work that is taking place – Associate Director of HR

6. NSS PARTNERSHIP FORUM [paper SG/23/46 refers]

6.1 Members were advised that the Partnership Forum continued to work well. Members were provided with an overview of discussions about Once for Scotland policy

implementation and the arrangements for Partnership Forum involvement in the upcoming Annual Review.

Decision: To note the updates provided on the work of the Partnership Forum.

7. PEOPLE REPORT [paper SG/23/47 refers]

7.1 The Associate Director of HR spoke to the paper, which covered all key issues around compliance with the Staff Governance Standard and best employment practice. Members discussed the system issues and the impact the transfer of Payroll staff had on the training figures within TURAS. They were also given an overview of plans in place to address this, recognising that this would take time to resolve fully.

7.2 Members went on to discuss sickness absence and how NSS could think more creatively about addressing this now that there was a better understanding of the underlying issues. They asked whether the figures could be broken down into more specific areas to allow more focus and were advised that this information was available to managers through the dashboard. Members acknowledged NSS's sickness absence rate was relatively good within NHSScotland and that patient-facing staff were subject to Infection Prevention and Control requirements which would skew figures. Members were given a brief overview of the other, more general work going on around health and wellbeing and the impact of some of the demographic factors.

7.3 Following these discussions, Members were content with the assurances provided.

Decision: To note the updates provided in the People Report and accept the assurances provided.

8. GREAT PLACE TO WORK PLAN 2023/24 Q2 REPORT [paper SG/23/48 refers]

8.1 Members discussed the report, which updated on the progress against the priority areas for improvement contained in NSS Great Place to Work Plan 2022/2023. Members were pleased to hear that NSS was delivering well generally against the plan. However, some areas were showing as falling below target and Members were given an overview of what was being done to address that.

8.2 Following these discussions, Members confirmed they were content with the assurances provided.

Decision: To note the Great Place to Work Q2 Report and accept the assurances provided.

9. WHISTLEBLOWING QUARTERLY REPORT [paper SG/23/49 refers]

9.1 Members welcomed the report which updated on NSS's performance for the second quarter of 2023-24 (July to September 2023), demonstrating performance against the key performance indicators as required by the Independent National Whistleblowing Officer. Members were keen to see the learning from the case reported taken forward and were assured that this was the intention.

9.2 Members discussed the lack of whistleblowing cases and the reason for that. Members were given an overview of the monitoring taking place through the network of confidential contacts. They were also reminded that this was not reflective of staff raising concerns as there were many other formal and informal avenues for this (grievances, management cases etc.) which usually reach a resolution. Members then

sought and received clarity about the information sharing and confidentiality rules around whistleblowing investigation outcomes.

- 9.3 Following these discussions, Members confirmed they were assured by the updates provided and content to endorse the report.

Decision: To note and endorse the Whistleblowing Quarterly Report.

10. STAFF RISKS QUARTERLY UPDATE [paper SG/23/50 refers]

- 10.1 Members discussed the Staff Risk report, which provided details of the current situation for corporate red and amber staff risks recorded on the NSS Risk Register as of 30 September 2023. Members felt that, in respect of risk 7237 (Recruitment and Retention) it was too generic and it would be more helpful if the description was more specific.

Decision: To note the Staff Risks Quarterly Report.

Action: To make risk 7237 more specific – Associate Director of HR

11. STRATEGIC RISK REVIEW: WORKFORCE SUSTAINABILITY RISK [paper SG/23/51 refers]

- 11.1 Members were taken through the paper, which provided the proposed Strategic Workforce and Sustainability Risk for approval ahead of review and adoption by the NSS Board. Members felt it was clear and in line with the others discussed at the other committees.

- 11.2 Members queried the wording referring to clinical staff and best practice, recognising that it was about enabling clinical staff to continue working to best practice. They also discussed including the Vacancy Management Group under level 2 controls in recognition of the work it was doing. Members were content to endorse the risk jotter following those updates.

Decision: To endorse the risk jotter subject to the updates agreed.

Action: To make the following updates:

- re-word the statement regarding clinical staff being 'not able to work to best practice';
- include the Vacancy Management Group under level 2 controls.

- Associate Director of HR

12. NSS SGC TERMS OF REFERENCE [paper SG/23/52 refers]

- 12.1 Members considered the paper, which presented the Committee's Terms of Reference (ToRs) for scrutiny before submission to the NSS Board for final approval as part of the annual review of the Corporate Governance Framework. Members suggested two updates - a correction that the Trade Union representatives were nominated by the Joint Trade Unions, and to clarify that the Employee Director was there as a Non-Executive member and not in a Trade Union capacity.

- 12.2 Members agreed they were content with the ToRs subject to those changes.

Decision: To endorse the updated ToRs, subject to the suggested additional amendments.

Action: To make the following updates:

- TU reps are nominated by Joint Trade Unions rather than Partnership Forum at 2.1
- add clarification that Employee Director attends as a Non-Executive and not in Trade Union capacity at 3.1.

- Associate Director of Governance and Board Services

13. IMPLEMENTATION OF NHSSCOTLAND SUPPORTING WORK-LIFE BALANCE WORKFORCE POLICIES [paper SG/23/53 refers]

13.1 Members were taken through the paper which, was presented for information on the implementation of the NHS Scotland Workforce Polices – Supporting Work Life Balance on 1 November 2023. Members were also given a brief overview of the new Menopause and Menstrual Health policy which had recently been included. Members discussed the policy and protocol brought in during the pandemic to enable the flexible working and were keen to ensure that this was reviewed and kept in line with what was needed.

Decision: To note the report and accept the assurance provided that NSS will be able to implement the new suite of Supporting Work Life Balance Polices.

14. HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019 – IMPLEMENTATION IN NSS: Q2 REPORT [paper SG/23/54 refers]

14.1 Members discussed the paper, which was presented for information on NSS's progress as an early implementer of the implementation of the Health and Care (Staffing) (Scotland) Act 2019. Members queried that the Scottish National Blood Transfusion Service was the only area which seemed to be in scope, and whether screening staff should also be included. It was clarified that, as commissioners, NSS only had an indirect role in the provision of screening services but did highlight the need for compliance with the act to frontline staff in the Boards delivering the screening.

Decision: To note the Quarter 2 report that had been submitted on the due date of Friday 3 November 2023 and that this reflected the feedback received from Scottish Government for Quarter 1.

15. FORWARD PROGRAMME [paper SG/23/55 refers]

15.1 Members were presented with the forward programme.

Decision: To note the Staff Governance Committee Forward Programme.

16. ANY OTHER BUSINESS

16.1 As it was John Defenbaugh's final SGC meeting before his term ended in January 2024, Members wished to record their thanks for his work over his tenure, both as Committee chair and member.

Meeting closed at 1108hrs.

NSS BOARD

9.3.23			
	Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author
Standing Items	Agenda [B/23/01]	Keith Redpath	Board Services
	Minutes [B/23/02]	Keith Redpath	Board Services
	Action List [B/23/03]	Keith Redpath	Board Services
	Chair's Update	Keith Redpath	Keith Redpath
	Chief Executive's Report	Mary Morgan	Mary Morgan
Strategic and Key Items	NSS Budget 2023-24 (Presentation)	Carolyn Low	
Additional Requests	NSS Corporate Governance Framework [B/23/04]	Lee Neary	Hayley Barnett
Items Deferred			
Performance (items for Scrutiny)	Integrated Performance Report [B/23/05]	Lee Neary	Matthew Neilson/Caroline McDermott
	Finance Report see [B/23/05]		Carolyn Low
	Service Excellence Report see [B/23/05]		Lee Neary
	People Report see [B/23/05]		Jacqui Jones
	Sustainability Report see [B/23/05]		Julie Critchley
	ADP Q5 Report [B/23/10]	Lee Neary	Matthew Neilson/Caroline McDermott
	Risks and Issues Report [B/23/06]	Lee Neary	Matthew Neilson/Caroline McDermott
Additional Requests	Public Inquiries Update [B/23/	Lee Neary	Marie Brown
Items Deferred			
Board Papers For Info	Governance Committee Minutes (Draft and Approved) B/23/		Board Services
	Forward Programme [B/23/08]		Board Services

Development Session Dates:

20.4.23
23.8.23
12-13.10.23
24.11.23
20.2.24

NSS BOARD

30.6.23			
	Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author
Standing Items	Agenda B/23/11	Keith Redpath	Board Services
	Minutes B/23/12	Keith Redpath	Board Services
	Action List B/23/13	Keith Redpath	Board Services
	Chair's Update - verbal	Keith Redpath	Keith Redpath
	Chief Executive's Report - verbal	Mary Morgan	Mary Morgan
Strategic and Key Items	Annual Report and Accounts (In Private session) IBP/23/01	Mary Morgan	Carolyn Low
	Audit Scotland NSS Annual Audit Report 2021/22 (In Private Session)	Mary Morgan	Carolyn Low
	NSS ADP and MTP (needs to be in private session)	Lee Neary	Matthew Neilson
	NSS Quality Strategy/Framework B/23/	Lee Neary	?
	NSS SG Framework - moved to September meeting	Lee Neary	Caroline McDermott
	NSS Committees Annual Reports 2022-23 B/23/17	Keith Redpath	Various
Additional Requests			
Items Deferred			
Performance (items for Scrutiny)	Integrated Performance Report B/23/16	Lee Neary	Matthew Neilson/Caroline McDermott
	Finance Report see IPR		Carolyn Low
	Service Excellence Report see IPR		Lee Neary
	People Report see IPR		Jacqui Jones
	Sustainability Report see IPR		Julie Critchley
Additional Requests			
Items Deferred			
Board Papers For Info	Public Inquiries Update B/23/18	Lee Neary	Marie Brown
	Governance Committee Minutes (Draft and Approved) B/23/19		Board Services
	Forward Programme B/23/20		Board Services

Development Session Dates:

NSS BOARD

27.9.23		Exec Lead	Author
Paper (with Number allocated - receipt confirmed if in Bold)			
Standing Items	Agenda B/23/21	Keith Redpath	Board Services
	Minutes B/23/22	Keith Redpath	Board Services
	Action List B/23/23	Keith Redpath	Board Services
	Chair's Update	Keith Redpath	Keith Redpath
	Chief Executive's Report	Mary Morgan	Mary Morgan
Strategic and Key Items	Annual Feedback and Complaints Report 2022-23 (Final) B/23/27	Lee Neary	Louise Maclennan
	NSS SG Framework B/23/25	Lee Neary	Caroline McDermott
	Anchor Strategy??	Lee Neary	Tom McHugh
	NSS Risk Strategy from ARC	Lee Neary	Caroline McDermott
	Calendar of Board Meetings B/23/24		Hayley Barnett
	Annual Delivery Plan B/23/26	Lee Neary	Matthew Neilson
Additional Requests			
Items Deferred			
Performance (items for Scrutiny)	Integrated Performance Report [B/23/28]	Lee Neary	Matthew Neilson/Caroline McDermott
	Finance Report see [B/23/28]		Carolyn Low
	Service Excellence Report see [B/23/28]		Lee Neary
	People Report see [B/23/28]		Jacqui Jones
	Sustainability Report see [B/23/28]		Julie Critchley
	Risks and Issues B/23/29	Lee Neary	Caroline McDermott
Additional Requests			
Items Deferred	Public Inquiries Update [B/23/30]		
Board Papers	Governance Committee Minutes (Draft and Approved) B/23/31		Board Services
For Info	Forward Programme [B/23/32]		Board Services

Development Session Dates:

NSS BOARD

	15.12.23		
	Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author
Standing Items	Agenda [B/23/33]	Keith Redpath	Board Services
	Minutes [B/23/34]	Keith Redpath	Board Services
	Action List [B/23/35]	Keith Redpath	Board Services
	Chair's Update	Keith Redpath	Keith Redpath
	Chief Executive's Report	Mary Morgan	Mary Morgan
Strategic and Key Items			
	Risk Appetite Review [B/23/36]	Lee Neary	
	Strategic Risk Review [B/23/37]	Lee Neary	
	Risk Management Strategy [B/23/38]	Lee Neary Carolyn Low	Hayley Barnett
Additional Requests	Consultation Response to Ethical Standards Commissioner – Strategic Plan 2024 – 2028 and the Draft Standards Commission for Scotland Strategic Plan 2024 – 2028 [B/23/39]		
Items Deferred			
Performance (items for Scrutiny)	Integrated Performance Report [B/23/40]	Lee Neary	Matthew Neilson/ Caroline McDermott
	Finance Report see [B/23/40]		Carolyn Low
	Service Excellence Report see [B/23/40]		Lee Neary
	People Report see [B/23/40]		Jacqui Jones
	Climate Sustainability Report see [B/23/40]		Julie Critchley
Additional Requests			
Items Deferred	Public Inquiries Update [B/23/41]		
Board Papers For Info	Governance Committee Minutes (Draft and Approved) [B/23/42]		Board Services
	Forward Programme [B/23/43]		Board Services

Development Session Dates:

NSS BOARD

28.3.24			
	Paper (with Number allocated - receipt confirmed if in Bold)	Exec Lead	Author
Standing Items	Agenda B/24/	Keith Redpath	Board Services
	Minutes B/24/	Keith Redpath	Board Services
	Action List B/24/	Keith Redpath	Board Services
	Chair's Update	Keith Redpath	Keith Redpath
	Chief Executive's Report	Mary Morgan	Mary Morgan
Strategic and Key Items			
	Anchor Strategy??	Lee Neary	
Additional Requests			
Items Deferred			
Performance (items for Scrutiny)	Integrated Performance Report [B/23/]	Lee Neary	Matthew Neilson/Caroline McDermott
	Finance Report see [B/23/05]		Carolyn Low
	Service Excellence Report see [B/23/05]		Lee Neary
	People Report see [B/23/05]		Jacqui Jones
	Sustainability Report see [B/23/05]		Julie Critchley
Additional Requests			
Items Deferred	Public Inquiries Update [B/23/		
Board Papers	Governance Committee Minutes (Draft and Approved) B/23/		Board Services
For Info	Forward Programme [B/23/]		Board Services

Development Session Dates: