Agenda

B/21/41a

NSS BOARD FORMAL
THURSDAY, 30TH SEPTEMBER COMMENCING 0930 HRS VIA TEAMS

Lead: **Keith Redpath, NSS Chair**

In Attendance: Jacqui Jones, Director of HR and Workforce Development
Lee Neary, Director SPST
Matthew Neilson, Assoc. Dir Strategy, Performance & Communications
Tom McHugh, Customer Engagement
Janis Heaney, Associate Director Customer Solutions and Experience
Steven Flockhart, Director of Cloud Engineering and Operations
[Depute for D Mitchelson]
Aileen Stewart, Associate Director of HR-Head of Organisational
Effectiveness [Depute for J Jones]
Lynsey Bailey, Committee Secretary – Minutes

Apologies: Deryck Mitchelson, Director DaS
Jacqui Jones, HRD

Observer: Inire Evong, National Audit Scotland
Stephanie Knight, Scottish Government
Conor Samson, Scottish Government
Kim Gardiner, NSS
Christopher Waugh, NSS
Amy Brewer, NSS
Mel McIlvar, NSS
Eileen Dargo, NSS
Steve Wallace, NSS

0930 – 1200 hrs

1. Welcome and Introductions

2. **Items for Approval**

    2.1   Minutes of the previous meeting held on Friday, 25th June 2021 and Matters
           Arising **[B/21/42 and B/21/43]** **– Keith Redpath**
    2.2   Future Ready **[B/21/44]** **– Lee Neary/Matthew Neilson**
           Annual Feedback and Complaints Report **[B/21/59]** **– Lee Neary**

Chair   Keith Redpath
Chief Executive   Mary Morgan

2.3   NSS Research, Development and Innovation Strategy **[B/21/58]** – **Lorna Ramsay**

2.4   National Climate Resilience Summit (1 October 2021) Ambition Statement **[B/21/61]**

3. Items for Scrutiny

3.1   Chairs Report – **Keith Redpath**

3.2   Chief Executive's Report – **Mary Morgan**

3.3   People Report **[B/21/45a]** - **Jacqui Jones**

3.4   Finance Report **[B/21/46]** - **Carolyn Low**

3.5   Performance Report (Q1) **[B/21/60]** – **Lee Neary**

       3.5.1 Risk & Issues Report (including new strategic risks) **[B/21/47]**
       3.5.2 Shared Services **[B/21/48]** – **Lee Neary**
       3.5.3 DaS Report **[B/21/49]** – **Steven Flockhart**

4. Items for Information

4.1   Board Forward Programme **[B/21/50]**

4.2   NSS Committees Approved and Draft Minutes

       NSS Finance, Procurement and Performance Committee 11.5.21 and 25.8.21 Approved/Draft Minutes **[B/21/51 and B/21/52]**
       NSS Staff Governance Committee 13.5.21 Approved Minutes **[B/21/53]**
       NSS Clinical Governance and Quality Improvement Committee 19.5.21 Approved Minutes **[B/21/54]**
       NSS Audit & Risk Committee 18.06.21 and 18.08.21 Approved Minutes **[B/21/55 and B/21/56]**

4.3   NSS Audit & Risk Committee Annual Report **[B/21/57]**

5. Any other business

IN PRIVATE SESSION – MEMBERS ONLY

6. NSS Remobilisation Plan – **[IPC/21/06]** – **Lee Neary**

7. National Care Service Consultation – NSS Response **[IPC/21/07]** – **Tom McHugh**

8. Date of next meeting – Thursday, 2nd December 2021 commencing 0930 hours via TEAMs

Minutes (Draft)

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING HELD ON 25 JUNE 2021 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS   **B/21/42**

Present:
K Redpath, NSS Chair
L Blackett Non-Executive Director
J Burgess, Non-Executive Director
I Cant, Employee Director
G Greenhill, Non-Executive Director
Professor A Langa, Non-Executive Director
M Morgan, Chief Executive
M McDavid, Non-Executive Director
C Low, Director of Finance
Dr L Ramsay, Medical Director
A Rooney, Non-Executive Director

In Attendance:
J Jones, Director of HR and Workforce Development
M Neilson, Associate Director – Strategy, Performance and Communications
K Nicholls, Committee Services Manager [Minutes]
L Neary, Director Strategy, Performance and Service Transformation

Apologies:
J Deffenbaugh, Non-Executive Director

Observers:
J MacDonald, NSS
G Malkin, NSS
A Wilson-Coutts, NSS
A Ferguson, NSS
D Stirling, NSS
A Beveridge, NSS
G Paterson, NSS
N Kapralova, Public
S Knight, Scottish Government
C Grant, Audit Scotland

disability confident
EMPLOYER

Chair   Keith Redpath
Chief Executive Mary Morgan

1.   WELCOME AND INTRODUCTIONS

1.2   K Redpath welcomed all to the meeting, which was being held virtually, via the TEAMs platform. A warm welcome was extended to the Members of Staff and other Observers who had joined the meeting. Before starting the formal business of the meeting, K Redpath asked the Board Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2.   MINUTES AND MATTERS ARISING [Papers B/21/22 and B/21/23 refer]

2.1   Members considered the minutes from the meeting held on 24th March 2021 and following a brief discussion, approved them in full. Members noted that all outstanding actions were either complete, programmed for a future meeting, or, would be covered by the agenda.

3.   COMMITTEE ANNUAL REPORTS [paper B/21/24 refers]

3.1   Members noted that the paper was a combined set of all Committee Annual Reports which had been approved at the individual Committee meetings. It was requested that for future reporting all documents should be in the same format and linked directly to the relevant Terms of Reference. Members then briefly discussed the contents in more detail and asked that the NSS Finance, Procurement and Performance Committee Annual Report reviewed the dates mentioned and update as appropriate.

Action: L Bailey to update report.

3.2   With these comments Members were content to approve the Annual Reports.

4.   CHAIR's UPDATE

4.1   K Redpath took Members through a verbal update and highlighted the following:

- The period between the formal Board meetings had been subject to purdah regulations;
- Meetings had now taken place with the new Cabinet Secretary and other ministers (post-election) to review priorities, and this had largely focused on workforce issues;
- Board Chairs had focused on the political priorities of the new ministerial team and ensuring their programme of work was aligned with the NHS Board Chief Executives;
- All NSS Committees had met during the period and work was ongoing to streamline Terms of Reference and appoint Vice Chairs for each;
- Work was ongoing around papers/reports that came to Board to ensure consistency and timely presentation;

- Non-Executive Appraisals had been carried out;
- Service Audit process was ongoing and K Redpath expressed his thanks to all those who had provided additional contributions, both inside NSS and outwith from other Boards. It was noted that a review group had been set up to ensure progress was maintained and minutes from those meetings would be reviewed by the NSS Audit & Risk Committee;

4.2   A Rooney asked whether it would be possible to have an extract provided on the new ministerial appointments and how they interacted with NSS. K Redpath advised that a document had been prepared for the NHS Scotland Chairs and this would be shared with Members outwith the meeting. J Burgess advised that the new team had spoken at the recent NHS Scotland Event and the presentations given were available on line.

Action: K Redpath to circulate Ministerial Team update.

5.   CHIEF EXECUTIVE'S UPDATE

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

- Welcome to L Neary the new Director of Strategy, Performance and Service Transformation to the organisation. This meant that the NSS Executive Management Team was fully resourced;
- COVID-19 Response: NSS continued to enable and underpin Scotland's response to the coronavirus (COVID-19) pandemic across a wide range of areas. The focus of service delivery related to the pandemic was likely to remain for the foreseeable future;
- Within NSS, work continued to define the workplace of the future through the "Future Ready" programme, which reports through the Partnership Forum. 2,087 (54%) staff responded to the survey that was undertaken with an overall high satisfaction score of 8.1/10 with current arrangements. 92% reported benefits associated with current arrangements and the majority (92%) of respondents either wish to blend working from home and the office, or to work from home on a permanent basis;
- Additional Resilience matters: UEFA 2021 was currently underway. NSS was fully engaged with the SG Health Planning Group to coordinate the response to the events and had not experienced any adverse impact on NSS services. The UK Government will host the 26th UN Climate Change Conference of the Parties **(COP26)** 1st to 12th November 2021 in Glasgow. This is the biggest annual climate change summit in the world. The current planning assumptions are for large numbers of delegates; with representatives from up to 196 countries, including Ministers, Heads of State, businesses, Non-Governmental Organisations (NGOs) and media.
- Audit Scotland published a briefing into PPE on 17th June 2020, identifying longer term planning requirements for PPE in Scotland. Amongst other notes, it informs that the annual audit of NHS NSS will look in more detail at procurement issues, including:
    - the management of procurement risks

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- o the use of advance payments
- o how NHS NSS documented procurement decisions and publication of contract award notices.

Further briefings were expected into COVID testing, tracing and vaccination programmes, where NSS had also played a major delivery role and the expectation was that the annual audit would also include these areas;

- UK Infected Blood Inquiry - SNBTS had been informed that the Inquiry expects to take evidence from UK Blood Transfusion Services witnesses from November 2021, or later, for a period of around 8 weeks. There are also other stakeholders, including Government and pharmaceutical companies, from whose witnesses evidence is yet to be taken. The Inquiry Solicitors have recently indicated that they estimate that the Inquiry has now reached its mid-point, which would indicate that there are still another 2 to 3 years to run;

- Scottish Hospitals Inquiry - QEUH (NHS Greater Glasgow & Clyde) & The Royal Hospital for Children and Young People (NHS Lothian)

  - o The terms of reference and detailed updates are now available on the Inquiry website - https://www.hospitalsinquiry.scot/
  - o The first introductory meeting of Lord Brodie and legal representatives took place on 18 March 2021. It was confirmed that there would be hearings commencing on 20 September 2021 to take the evidence of patients and families affected by construction issues related to QEUH and RHCYP/DCN. This will last for three weeks, with an additional two weeks reserved at the end of October for "overspill".
  - o A procedural hearing took place on 22 June 2021 at which the details of the hearings were confirmed. Lord Brodie hoped that it would be possible to have the hearings in person, but they will also be live streamed on the Inquiry Website / YouTube.
  - o The Inquiry Team has advised that the next hearings are likely to be in April 2022 (no dates fixed) and will focus on RHCYP.
  - o There would then be a hearing later in the year that related to QEUH. These will not be the only hearings and it was anticipated that hearings in relation to both hospitals would also take place in 2023.
  - o Core Participants to the Inquiry have received formal information requests (February 2021);
  - o The same team at CLO represent both NHS GGC and NHS Lothian at the Inquiry, with another team at CLO representing NSS. Different counsel are instructed for both Health Boards and NSS;

- **Service Delivery**
  - o 1st June 2021 - NHS Scotland Assure Launched
  - o 10th June 2021 saw the launch of the National Gamete Donor campaign, heavily supported by colleagues in SNBTS and heralding the start of the National Gamete Storage service on behalf of NHS Scotland at the Jack Copland Centre (JCC);

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- o 11th June 2021 – NSS Remobilisation Plan – NSS received the formal letter of approval for the RMP (3) on 11 June 2021 and this has now been formally published. There is an expectation that RMP(4) will be required in Autumn;
- o 14th June 2021 - FAIR live on world blood donor day
- o 24th June 2021 – A statement on a large scale, national incident involving individuals being incorrectly excluded from the Scottish Cervical was made by the Minister for Public Health, Women's Health and Sport in the Scottish Parliament. For Members' background the Invasive cervical cancer audits are carried out in all Boards to review the cervical screening history of all patients diagnosed with cervical cancer. A single NHS Board discovered two recently diagnosed cases of cervical cancer who had been excluded from the screening programme more than 20 years ago following hysterectomy procedures. The Board alerted NSD of the incident in March 2021 and following a Problem Assessment Group, a formal AEMT was established (chaired by NSD) to assess the implications for the wider screening programme and determine further action. A full paper providing further details on this item will be added to the next NSS Clinical Governance and Quality Improvement Committee meeting.

5.2   Members thanked M Morgan for the detailed update and noted it in full.

6.   END OF YEAR PERFORMANCE REPORT [paper B/21/25 refers]

6.1   L Neary took Members through the year-end performance report and provided an overview of NSS performance during the period 2020-21, and highlighted the extremely challenging backdrop due to the response to COVID-19. This included:

- Setting up the COVID-19 National Testing Services, mobilising the vaccination programme, running the National Contact Centre and the set-up and decommissioning of the NHS Louisa Jordan hospital;
- NSS achieved 87% of targets including 7 which exceeded target and a further 69 met agreed measures. The remaining measures had not been met, or had been delayed due to a reprioritisation of resource to support the COVID-19 response.

6.2   J Burgess asked for clarification on the Practitioner and Counter Fraud Services measure securing £720K (against a target of £500K) on whether this was fraud avoidance or costs taken out of the service, which then failed to meet their service audit standards. M Neilson confirmed that this figure related to fraud avoidance.

6.3   I Cant commented that this was an outstanding report, which paid tribute to all members of staff and how they have performed during a challenging backdrop. This was particularly noticeable in relation to Personal Protective Equipment (PPE)

to support the pandemic response and NSS should be proud of the contribution it had made.

6.4   A Rooney asked that for future reporting thought be given to how to represent additional asks and the impact on existing targets, and where the sum total of these exceeded expectations on the organisation.   This could include specific items such as increase in PPE etc and how future procurement/local production of these items could possibly be treated to ensure stability of supply.

        Action: L Neary and M Neilson to consider approach to report per Member comments.

6.5   Members thanked all those who had prepared this report and were content to note it in full.

7.   REVIEW OF INTEGRATED RISK MANAGEMENT APPROACH (IRMA) AND RISK MANAGEMENT UPDATE [papers B/21/39 and B/21/40 refer]

7.1   L Neary took Members through the annual review of IRMA and noted that the NSS Audit and Risk Committee (ARC) had discussed this in detail. Comments from earlier Board meetings and the ARC had been incorporated into the document, and this was now submitted for final approval.

7.2   Members discussed the changes and were content to approve the Risk Management approach.

7.3   L Neary spoke to the quarterly risk update and Members discussed it in full. It was noted that the NSS Executive Management Team had recently taken part in a Risk workshop to focus on strategic risks alongside the Board Assurance Framework that would be in place for August 2021.   J Burgess asked for a more detailed update on the particular Digital and Security risk in relation to unstructured and unclassified data. The NSS Audit and Risk Committee had received an update but evidence to support this was not reflected in the risk update. Members reflected that the new Board Assurance Framework would be the place to provide the evidence for this type of risk.

7.4   Members noted that the NSS Risk Manager Lead, M Walker, would be retiring from the organisation and recognised the significant work she had done around risk for NSS and passed on their thanks to her. **Action: L Neary to pass on thanks to M Walker from the Board.**

7.5   Members thanked L Neary for his informative update and noted it in full.

8.   PEOPLE REPORT – including RIDDOR update [papers B/21/26 and B/21/27 refer]

8.1   J Jones took Members through the end of year update and noted the following;

- Sickness absence was in a good place;
- Phenomenal amount of recruitment had taken place to support the response to COVID-19 including 131 Job Evaluations for job descriptions;
- Vaccination support for NSS staff in relation to the pandemic – this would now be subject to a lessons learned review that would inform future vaccination programmes for staff;
- Lateral Flow Testing had now moved to business as usual in HR;
- Work continuing on the leadership;
- Work on going to improve uptake on statutory training – results already being seen, with a move from 89.57% in May to 91.53% in June. Mandatory training was also improving and had reached 95% in May;
- Completion of appraisals and personal development plans was also improving and currently sitting at 70%, which was an increase on previous years.

8.2   I Cant commented that all staff should be thanked for their commitment during such a difficult year and recognised that despite this NSS had still managed to improve on previous figures. After further discussion, Members asked that for future reporting, thought be given on how to capture aspirational vision as well. G Greenhill asked for further information on the recruitment task and what was being done to manage, and appraise, so many new staff. J Jones advised that one of the biggest learning points for the recruitment team had been around pre-employment checks, specifically when staff were required in an emergency situation. The norm would be that no contract would be issued until these had been completed in full. During the pandemic response, the need to complete this at speed had resulted in some offers being made, based only on Disclosure checks. This had led to some issues that would normally have been pickedup before staff began their contracts, such as the requirement for a Reasonable Adjustment passports etc and if this type of recruitment were required again closer dialogue between recruiting managers and the Occupational Health Team would take place much earlier. However, despite this all noted the massive achievement around recruitment in NSS.

Action: J Jones to expand report to capture aspiration as well as BAU in future years.

8.3   **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations** (RIDDORS) – J Jones took Members through the update on RIDDORs in NSS, alongside a presentation from Procurement, Commissioning and Facilities on their plan to mitigate occurrences, and educate staff on accidents at work. Members noted that all RIDDORS were fully investigated and each Strategic Business Unit had trained investigators to carry this out and provide detailed reports and lessons learned around the cause of an accident. Due to the number of RIDDORs in year the Occupational Health and Safety Committee (OHSAC) had agreed on a strategic, overarching improvement plan for the organisation.

8.4   K Redpath reminded all that the purpose of bringing the report was to provide assurance to the Board that a specific action plan was in place around the increase in RIDDORS and he was therefore content with the strategic approach via OHSAC. Members also noted that NSS still had a duty of care to those working from home and assessments were carried out by staff, trained assessors and line managers.

After further discussion Members were content with the action plans in place and welcomed reporting from OHSAC via the NSS Staff Governance Committee in due course.

9.   FINANCE REPORT [paper B/21/28 refers]

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

- The NSS Annual Report and Accounts had been deferred until August 2021 and additional meetings of both the Audit & Risk Committee and Board were in place for final approval;
- The NSS Finance, Procurement and Performance Committee had already reviewed the month 12 performance in detail, therefore the paper provided to the Board focused on month 2 of the current financial year;
- Based on current figures it was noted that there was a significant amount of risk to the NSS Financial position that would be monitored carefully throughout the year;
- To date only the baseline funding had been communicated by Scottish Government as well as an approval letter in relation to a spend of £141million in relation to COVID-19 operations, but this was less than 50% of what could be required;
- There was no confirmation that monies returned to Scottish Government at year end would come back in the current financial year;
- Clear message to all SBU's that as the budget stands there were no funds available for developments. However NSS could manage all known or understood financial requirements relating to operational costs and the EMT would carry out a deep dive on future financial sustainability in the medium term in August 2021;

9.2   Members noted that NSS had a good relationship with the Scottish Government Finance department and were working closely around any funding gaps. Members also noted that it was anticipated that planning with Scottish Government would return to a three-year cycle post pandemic, but not until the next financial year based on current progress.

9.3   Members thanked Ms Low for her informative report and noted that the late receipt had been due to a technical issue.

10.   DIGITAL AND SECURITY UPDATE [paper B/21/29 refers]

10.1   D Mitchelson took Members through the report and highlighted the following areas;

- COVID-19 – under pinning and supporting all areas including Contact Tracing; Testing; Laboratories etc;
- e-Rostering;
- National PACS Re-Provisioning;
- Phase 2 Local Health Board PACS V12 Technical Refresh;

- CHI/Child Health Systems;
- GP IT Re-Provisioning;

- National O365;
- Cyber Centre of Excellence (CCoE).

10.2 Members discussed each section in detail and thanked D Mitchelson for the informative report, and looked forward to updates on planning for the digital future post pandemic, to enable NHS Scotland to make the most of the progress that had already been made.

11. BOARD FORWARD PROGRAMME [paper B/21/30 refers]

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

12. MINUTES FROM OTHER GOVERNANCE COMMITTEES [papers B/21/31 to B/21/38 refer]

12.1 Members noted the minutes from NSS Governance Committees presented for information.

13. FOR INFORMATION [NSS REMOBILISATION PLAN – APPROVAL LETTER] [paper B/21/41 refers]

13.1 Members noted the content of the approval letter from Scottish Government and asked that their thanks be passed to all staff involved.

14. AOB

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

Meeting closed: 1205

NSS BOARD - Action List 2021/22   **B/21/43**

From 25 June 2021 Meeting

2021-06-25 Item 3.1 Committee Annual Reports 2020-21
Assigned to: Lynsey Bailey
Action: ARC annual report to be updated and submitted to next Board meeting.
Deadline: 30.9.21
Status: Complete. Agenda item for 30.9.21

2021-06-25 Item 4.2 Chair's Update
Assigned to: Keith Redpath
Action: KR to circulate Ministerial Team Update outwith meeting.
Deadline: Outwith meeting.
Status: Complete.

2021-06-25 Item 6.4 End of Year Performance Report
Assigned to: L Neary/M Neilson
Action: Consider changes to report per minutes.
Deadline: Outwith meeting.
Status: Under review and new reporting would be discussed as part of the Active Governance and Board Assurance Framework.

2021-06-25 Item 7.4 Review of Integrated Risk Management Approach and Risk Management Upate
Assigned to: Lee Neary/Matthew Neilson
Action: Pass on thanks from the Board to Marion Walker.
Deadline: Outwith meeting.
Status: Complete.

2021-06-25 Item People Report 8.2
Assigned to: Jacqui Jones
Action: J Jones to expand report to capture aspiration as well as BAU in future years.
Deadline: Future Meeting.
Status: In progress.

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**30 September 2021**
Title:	**Future Ready Proposal**
Paper Number:	**B/21/44**
Responsible Executive/Non-Executive:	**Lee Neary, SP&ST Director**
Report Author:	**Matthew Neilson, Associate Director Strategy, Performance & Communications**
	(Reviewed by: Lee Neary, SPST Director)

1.   Purpose

The NSS Future Ready proposal is presented to the NSS Board for scrutiny and endorsement.

2.   Recommendation

We ask the Board to formally acknowledge and endorse the NSS Future Ready proposal attached to this paper. Specifically we ask the Board to approve the following:

- Vision, definitions and principles.
- Framework and work streams.
- Governance arrangements, stakeholder groups and communication arrangements.
- Return to office phasing and safe occupancy governance approach.
- Hybrid working protocols.

3.   Discussion

The attached proposal (Appendix A) sets out the vision, principles and definitions NSS will be using for Future Ready and the perspectives that have helped to shape them.

The supporting staff survey (Appendix B) and RSA Future Change Analysis (Appendix C) used to understand these perspectives and inform the development of the proposal are added for reference.

The proposal explores the insights gained from those perspectives and acknowledges the tensions they create, principally as the programme is dealing in multiple types of change of which cultural change is both the most difficult and the one that offers us the most opportunity.

This has enabled us to identify a change framework the programme can use to implement, manage and govern change across the whole NSS system.

Engagement is a critical activity and we have developed a communications approach in line with staff needs. We are also developing 2 key stakeholder groups to ensure SBU

and service considerations are factored into the programme and to enable other organisations who share our sites, facilities and services to have an input.

The programme, though, has to account for our present situation and the paper shows the steps being taken to minimise transmission and to safeguard staff using our premises from the ongoing risk of COVID-19.

Ultimately, the success of the programme rests on the equitable and consistent adoption of hybrid-working across NSS. This has been subject to consideration by a short life working group involving HR and the unions and is outlined in the proposal. A separate paper is available that sets out our approach in detail (Appendix D).

We welcome your input and feedback on all these areas.

4.   Impact Analysis

4.1   Quality/ Patient Care

Consideration will be made by SBUs and their services on how Future Ready can be implemented while still maintaining our high standards of support to front line health and care services to ensure there is no detrimental impact on patient care.

4.2   Equality and Diversity, including health inequalities

The NSS Equality and Diversity Lead is a member of the project team and advises the programme on the steps it needs to take to fully account for the needs and requirements associated with equality and diversity. This has included the following activities:

- Inclusion and assessment of equality and diversity information in the staff survey to ensure the results were fully representative of the organisation.

- An equality impact assessment of the hybrid working protocols.

- A test of change with the Disability Network to understand any specific requirements as we seek to implement hybrid-working arrangements.

5.   Risk Assessment/Management

With the approval of the Future Ready proposal by the NSS Partnership Forum, consideration has been given to programme risks. The following have been identified and agreed with the programme board and will now be developed in line with the NSS integrated risk management approach.

- Policy consequences – there is a risk that existing and new policies may limit the opportunity for Future Ready to be implemented fully.

- Property strategy – there is a risk the programme and the NSS Property Strategy are not aligned, reducing the potential for realising benefits in both activities.

- Pace of change – there is a risk the pace of change sought by employees is greater than that which can be achieved by the programme, affecting employee confidence.

- Programme scope – there is a risk the programme duplicates business as usual activity creating confusion and wasting time and resources.

- Safe occupancy – there is a risk that ineffective controls could lead to safe occupancy levels being compromised within our buildings.

6. Financial Implications
Costs to date are under £50k and have been used to cover the use of the RSA Future Change Model – including facilitation, management and training in the tool by the RSA – and to support tests of change.

Initial assessments suggest Future Ready could create the potential for NSS to reduce costs in areas such as office accommodation, travel and consumables, e.g. print, paper, post. We anticipate this to be a multi-million pound recurring saving.

A full assessment will now commence with the agreement to the hybrid-working protocols by the NSS Partnership Forum.

7. Workforce Implications
The programme has been developed based on the input it has received from staff and we continue to engage staff on a regular basis.

- Over 2,000 staff contributed to the Future Ready staff survey, helping to shape our vision and principles.

- Over 1,000 staff attended a recent Q&A session, helping us to understand their hopes and fears.

- We will be engaging staff on the newly agreed hybrid working arrangements while also conducting polls to heklp SBUs and services forecast and plan for its implementation.

- All staff will need to request a return to the office or hybrid-working arrangements and to undertake a discussion with their team and their manager on how it can be implemented.

Because of the scale and impact of the decision on staff, all critical programme decisions need to be made through the NSS Partnership Forum. It also reports to the Occupational Health and Safety Advisory Committee to ensure it is accounting for all possible health, safety and wellbeing considerations.

8. Route to Meeting
The proposal has been approved by the following groups:
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- Executive Management Team – August 2021
- NSS Partnership Forum – August 2021 (proposal) & September 2021 (hybrid-working protocols)

9.   List of Appendices and/or Background Papers

- Appendix A – NSS Future Ready Proposal
- Appendix B – NSS Staff Survey
- Appendix C – RSA Future Change Analysis
- Appendix D – NSS Hybrid Working Protocols

NSS Future Ready Proposal

Matthew Neilson

Associate Director Strategy, Performance & Communications

23 September 2021

For agreement

We would like to seek your agreement for the following:

- Future Ready vision, definitions, principles.

- Future Ready framework and work streams.

- Governance arrangements, stakeholder groups and communication arrangements.

- Return to office phasing and safe occupancy governance.

- Hybrid working protocols.

Programme development

We have learned a lot from engaging with staff, leaders, unions and our services and are ready to develop the programme to deliver long term and lasting change.

Vision

This is our future ready ambition for NSS.

"NSS is committed to a digital first approach that enables staff, teams and our services to determine how they work, where they work and when to work, to the benefit of the organisation, their customers and local communities and their individual wellbeing"

NHS
National Services Scotland

Definition

NHSScotland provided a high level definition of hybrid working as part of the once for Scotland home working policy consultation.

"Hybrid – where roles and duties have a combination of home and specified locations."

We have developed a deeper definition to help guide teams and managers in NSS.
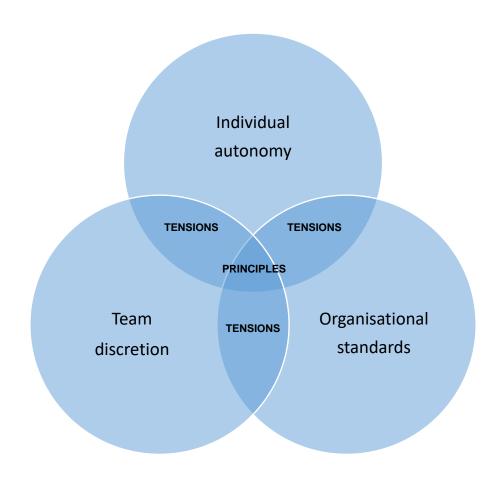
Enabling staff and teams to choose how and where they work so they can deliver what is required in the right place and at the right time.

Perspectives

To bring our ambition to life we have considered change through 3 perspectives.

This has helped us to identify the principles for achieving our vision while also recognising the tensions we may experience as the programmes progresses.

Principles

The following principles have been designed to underpin and help guide the decision-making process and work to take forward actions.

- We trust our staff and teams to make the right choices for how, where and when they work.

- We ensure staff health, safety and wellbeing at work.

- We embrace, encourage and support flexible and hybrid ways of working.

- We work on a digital-first basis, grounded in inclusivity and our values.

- We take decisions that value financial, environmental and social sustainability.

- We focus on quality and continuous improvement, learning from what works.

Tensions

Tensions arise between the needs and expectations of the three perspectives. They are helping us to understand and shape programme risks.

Individuals	Teams	NSS
Mental Health & Wellbeing including Psychological Impact. Staff fatigue and solidarity. Feeling closer to colleagues at same time as feeling more remote. Technology both helping and hindering. Changing expectations of workers and demands on them.	The importance of NSS buildings and physical infrastructure as well as the home working environment. Staff freedom to self-manage contrasted with managers desire for control. Team cohesion increased using MS Teams yet also increases silo working.	Creating space for individual and team flexibility within a broader NSS-wide approach challenges the 'one-size-fits-all' approach to policy. Improved communications yet information overload through multiple channels. Balancing strategic and operational pressures - decision-making speed and quality.

Change framework

We have adapted the RSA Adoption model to create a change framework that suits the specific needs of NSS.

It includes 4 work streams designed to deliver NSS Future Ready.

The approach is aligned with emerging models in other national boards.

Vision
for hybrid working across NSS

4. BEHAVIOURS & VALUES

1. POLICIES & PROCESSES

NSS
Future Ready Action Plan

+ Ambition
+ Definitions
+ Principles
+ Tensions

Model
the cultural shift required

Translate
into your teams context

3. ENGAGEMENT & RELATIONSHIPS

2. PRACTICALITIES & ACTIONS

Embed
into daily practice

Source: RSA Adoption Model

Focus areas

NHS National Services Scotland

The staff survey and RSA future change assessment has enabled us to identify the key themes and focus areas for each of the 3 perspectives.

This is being used to inform the overall work of the programme and each work stream.

For **Individuals**

Insights largely relating to staff and the requirements of their role

Workload + wellbeing
- Workload + patterns
- Work/life
- Health

Physical environment + equipment
- Venues + workspace
- Printing + stationery
- Equipment + tech

Relationships + communication
- Relationships
- Communication
- Networking + social activity

For **Teams**

Insights largely relating to the functioning of teams and services

Services + processes
- Flexibility
- Digitisation
- Process + policy

Collaboration + engagement
- Staff collaboration
- Stakeholders + partners
- User engagement + appointments

Meetings + events
- Face-to-face meetings
- Virtual meetings + events
- Travel

For **NSS**

Insights largely relating to the strategic and cultural operation of the wider business

Management + leadership
- Management
- Leadership
- Presenteeism

Decisions + governance
- Reporting
- Accountability + decisions
- Governance

Recruitment + training
- Recruitment + induction
- Training + development
- Redeployment + capacity

Work streams

An immediate next step is for project teams to be created and terms of reference to be developed and agreed through the programme's governance.

	POLICIES & PROCESSES	PRACTICALITIES & ACTIONS	ENGAGEMENT & RELATIONSHIPS	BEHAVIOURS & VALUES
Lead SBUs	HR	Multi	SPST	HR
Focus areas	Review, update and implement policies and guidance. Refresh existing processes or create new ones. Reconsider recruitment and training.	Review and recreate venues and workspaces. Improve use of equipment and technology. Determine financial and property options.	Ensure staff involvement in programme. Engage stakeholders and partners in our work. Support networking and collaboration.	Support shift in management and leadership approach. Reinforce alignment of NSS values with NHS Scotland. Support staff health and wellbeing.

The requirement to prioritise demand and resource against business demand will be key to delivery.
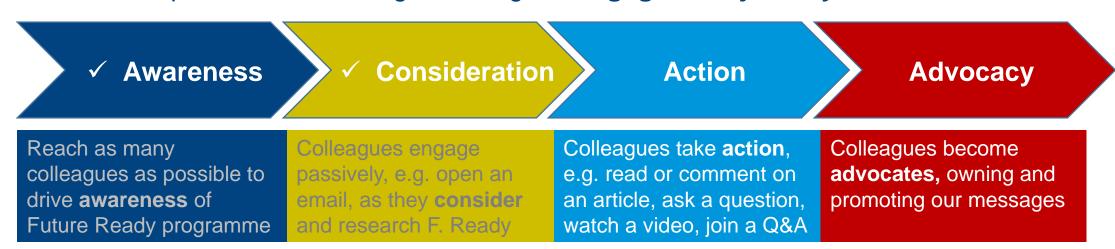
Key enablers

To empower the immediate next steps a number of top level enablers were identified by the SBUs.

	POLICIES & PROCESSES	PRACTICALITIES & ACTIONS	ENGAGEMENT & RELATIONSHIPS	BEHAVIOURS & VALUES
Lead SBUs	HR	Multi	SPST	HR
Key enablers of success	HR resource • Range of HR Subject Matter Experts Policy T&Cs Employee Engagement Employee Relations Recruitment H&S Wellbeing OHS • Systems and process • HR Business Partners Trade Union and Management support via WPTC	Facilities resource FM Team Resource Capital investment: • Ventilation system at Canderside DaS resource SHSC resource: Test of change	Clear and timely decisions to support measuring comms engagement Senior leaders support for the promotion of key messages	Principles of Staff Governance and partnership working OD and L&D Resource Staff, managers and Trade Unions ongoing commitment Leadership – provision of good role models

Communications approach

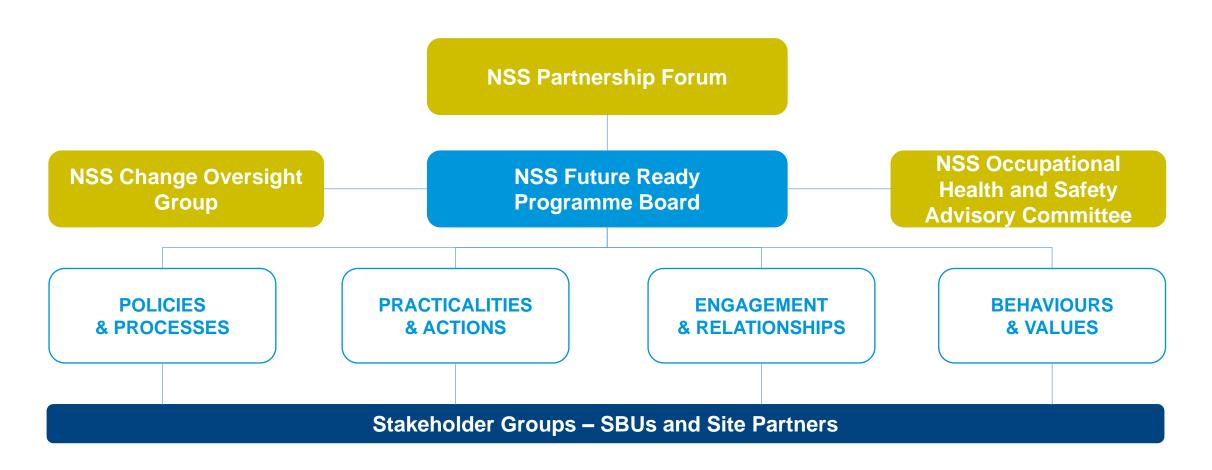We have designed our communications approach based on the needs of stakeholders.

- Communications will **feel more relevant**

- Tailored messaging will help colleagues to **embrace the agreed definition of hybrid**

- We'll seek **input from trade union partners** on how colleagues would like to hear about future updates

- SBUs will have more **ownership** of how local messaging is communicated

- These steps will move colleagues along the **engagement journey**

✓ **Awareness**	✓ **Consideration**	**Action**	**Advocacy**
Reach as many colleagues as possible to drive **awareness** of Future Ready programme	Colleagues engage passively, e.g. open an email, as they **consider** and research F. Ready	Colleagues take **action**, e.g. read or comment on an article, ask a question, watch a video, join a Q&A	Colleagues become **advocates,** owning and promoting our messages

Governance

The programme will be delivered within our existing governance structure and will establish 2 key stakeholder groups to ensure alignment with and support implementation.
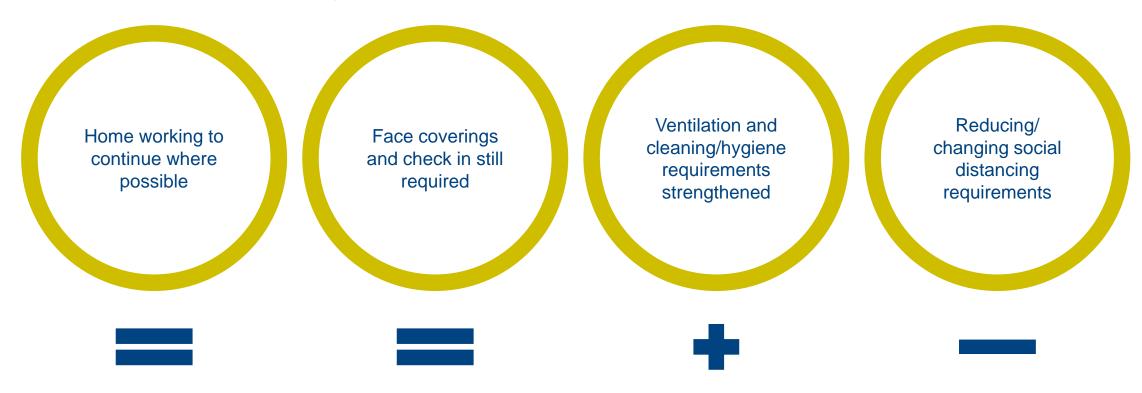
NSS Partnership Forum

NSS Change Oversight Group

NSS Future Ready Programme Board

NSS Occupational Health and Safety Advisory Committee

POLICIES & PROCESSES

PRACTICALITIES & ACTIONS

ENGAGEMENT & RELATIONSHIPS

BEHAVIOURS & VALUES

Stakeholder Groups – SBUs and Site Partners

Short term activity

Activity is already underway through the initial project team to deliver our ambition and will transfer into the new work streams once established.

Beyond Level Zero

NHS National Services Scotland

The announcement by Scottish Government on 3 August 2021 is shaping our immediate approach. There are 4 key considerations.

Home working to continue where possible
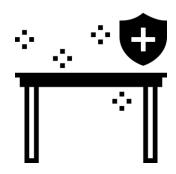
Face coverings and check in still required

Ventilation and cleaning/hygiene requirements strengthened

Reducing/ changing social distancing requirements

=　　　=　　　+　　　—

Organisations are also asked to consider hybrid models of home and office working.

Infection Prevention Control Measures

NHS
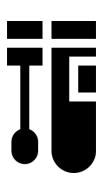National
Services
Scotland

Although restrictions have been removed we will retain a number of control measures to minimise the spread of COVID-19 in our sites.

Face
coverings

Clear desk
policy

Detailed
cleaning

Enhanced
ventilation

Lateral flow
device tests & vaccination

Icons made by Flaticon

Office returns

We have developed a gradual and phased return to the office that can be implemented once Scottish Government allows for it.

	Phase 1	Phase 2	Phase 3	Phase 4
Staff who need to use the office for business and personal needs	In place	→		
Staff who want to return on a permanent basis		TBC	→	
Teams who want to collaborate and network (day sessions)			+1-2 months	→
Staff who have agreed hybrid working arrangements				+1-2 months

Safe occupancy

NHS National Services Scotland

Ensuring safe occupancy levels in each phase is critical for ensuring the health and safety of staff and visitors to our sites.

Site risk assessments updated → Site safe occupancy levels determined → Approved by NSS Future Ready Workspace Group → SBUs manage occupancy levels for their areas → Overall levels reported to OHSAC

Ad hoc visits and visitors for business reasons will still be supported and will continue to be reported in advance to NSS Facilities.

We are in the process of creating new bookable collaboration spaces and will be reviewing meeting room capacity to enable teams to use offices for collaboration and networking.

We will develop, test and implement a solution for managing safe occupancy levels that can be used by all tenants in our shared sites. This is critical for phase 4.

Hybrid working – what is it?

NHS
National
Services
Scotland

"Doing the work required, in the right place at the right time and allowing staff choice around how and when they choose to do so"

Key Principles

Trust

Managing by outcomes

Not about where you go to work but what you do

Collaboration and engagement is key

Will not be suitable for all roles or staff e.g. where the work requires to be done via a presence in the building

Hybrid working – key provisions

Employees will continue to be contractually based at their original building/office location.

Health and wellbeing will be a primary focus and we recognise the challenges employees may face when undertaking hybrid working arrangements, including the impact on mental health, reduced in-person social interactions and isolation.

Employees who undertake hybrid working arrangements must ensure that they are aware of and adhere to all NSS Information Governance policies and processes relating to use and storage of data.

Employees will need to have the right technology, equipment and an available home internet connection which has connectivity sufficient for the employee to carry out their work effectively.

Employees should be able to communicate and collaborate effectively with their teams and manager whilst working remotely.
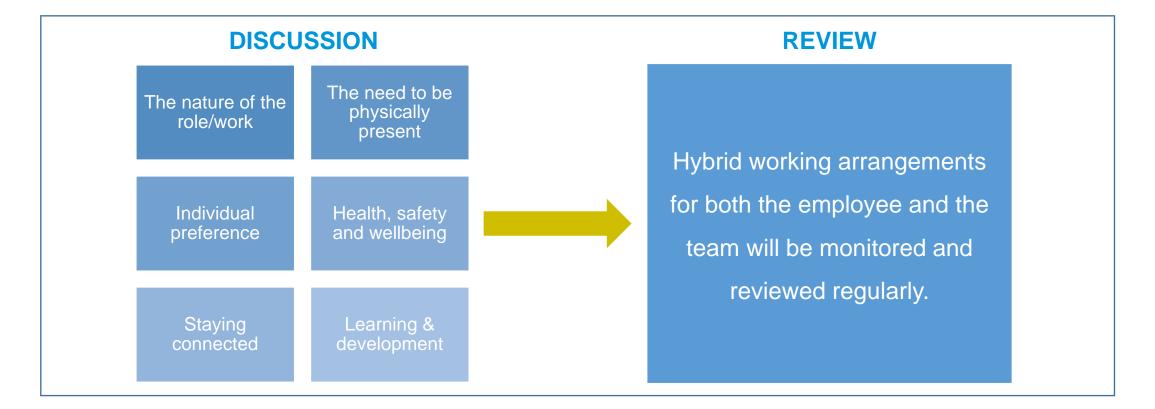
Learning events, training opportunities and bite size self-directed online content will be made available for both employees and managers.

Managers will need to coach, project manage and have digital fluency to facilitate effective collaboration within the team and to understand and evaluate the team's performance.

Hybrid working – process

The manager will work together with the employee and the team to agree hybrid working arrangements that accommodate individual requests, wherever possible, support team collaboration and meet service requirements.
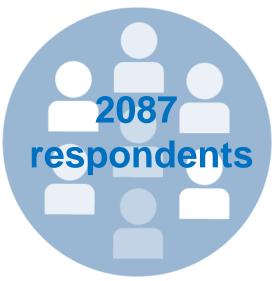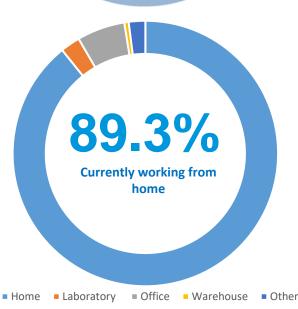
DISCUSSION

The nature of the role/work	The need to be physically present
Individual preference	Health, safety and wellbeing
Staying connected	Learning & development

REVIEW

Hybrid working arrangements for both the employee and the team will be monitored and reviewed regularly.

Appendices for Information

Stage 1. Staff survey results

NHS National Services Scotland

2087 respondents

8.1
Level of satisfaction with working arrangements

93%
Benefit
Benefit
Benefit
Reported benefits of the current arrangement

89.3%
Currently working from home

- Home
- Laboratory
- Office
- Warehouse
- Other

Of those working from home
84.8%
have access to a dedicated workspace
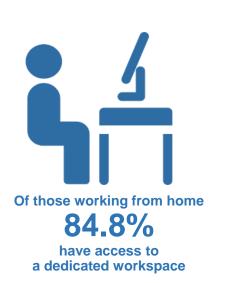
The majority of respondents either wish to
blend working from home & the office (48.9%)
or to
work from home (43.3%)
on a
permanent basis

Stage 2: RSA Results

NHS National Services Scotland

Areas of focus

Three areas of focus emerged, which reflect the perspective of the individual member of staff, the team and SBU, and the wider NSS business.

Each perspective offers a different view on the challenges and opportunities that lie ahead. A core task is to recognise where there is a need for an NSS-wide approach, for team discretion and for individual autonomy – and to reconcile competing tensions between the three.

For **Individuals**

Insights largely relating to staff and the requirements of their role

Workload + wellbeing
- Workload + patterns
- Work/life
- Health

Physical environment + equipment
- Venues + workspace
- Printing + stationery
- Equipment + tech

Relationships + communication
- Relationships
- Communication
- Networking + social activity

For **Teams**

Insights largely relating to the functioning of teams and services

Services + processes
- Flexibility
- Digitisation
- Process + policy

Collaboration + engagement
- Staff collaboration
- Stakeholders + partners
- User engagement + appointments

Meetings + events
- Face-to-face meetings
- Virtual meetings + events
- Travel

For **NSS**

Insights largely relating to the strategic and cultural operation of the wider business

Management + leadership
- Management
- Leadership
- Presenteeism

Decisions + governance
- Reporting
- Accountability + decisions
- Governance

Recruitment + training
- Recruitment + induction
- Training + development
- Redeployment + capacity

Stage 2:RSA shorter-term feedback

NHS National Services Scotland

For **Individuals**

Shorter-term

- Introduce mandatory breaks and a 'right to disconnect' policy to protect hybrid workers from burnout and level up inequalities*.

- Enable people to work from the most appropriate location for their needs and that of their job.

- Speak to partners across the NHS and the wider public sector to identify 'approved working venues' for staff who need a physical 'touchpoint'.

For **Teams**

Shorter-term

- Each team / SBU to define hybrid working for its own purposes – nested within the overarching definition - and capture in a team charter of how it will work effectively.

- Develop an Etiquette for staff around remote working (the nuts and bolts of why, who, how, when etc).

- Develop an Etiquette for staff around in-person working (the nuts and bolts of why, who, how, when, where etc).

For **NSS**

Shorter term

- Support managers to help their staff to work flexibly by establishing a peer network, which should also be charged with capturing and sharing good practice.

- Promote inclusive productivity gains by assessing performance based on outcomes not hours*.

- Define, encourage and amplify critical leadership behaviours modelling desired practice and behaviour.

Stage 2: RSA longer-term feedback

NHS National Services Scotland

For **Individuals**

Longer-term

- Complete a 6-month audit of how offices are being used in practice and quantify potential cost savings.

- Provide an equipment budget to each member of staff to support them to work effectively.

- Determine how to move on from the more formal 'FlexiTime' approach to time management in order to embrace truly flexible working practices.

- Ensure new health and wellbeing policies are inclusive across all work environments and focus on workers not workplaces*.

For **Teams**

Longer-term

- develop a re-induction process for all staff (based on a NSS template) which sets out the new ways of hybrid working and applies them to the teams context.

- Any new policy to have a Hybrid Working Impact analysis to explore how it will be achieved through a hybrid working practice.

- Meeting protocols are digital first, not digital only. Establish guidance on when to meet in person in order to justify in person meetings.

- Clarify where approaches have a core NSS element, where there is scope for team flexibility and experimentation to discover what works for each team's context.

For **NSS**

Longer term

- Undertake an inventory of skills across teams and test out mechanisms for the flexible deployment of staff to respond to changing business needs and pressures. Create a training matrix to determine the skills needed going forward for staff to thrive in a hybrid working culture.

- Ensure effective and consistent wellbeing measurement sustains 'Healthy Hybrid' behaviours and culture*.

- Track and publish data on hybrid workers' pay and progression to prevent digital disadvantage*.

- Establish new mandates on health and wellbeing that are integrated into NSS risk registers (including the risks of not embracing new ways of working) and prioritised at board level.

NSS Future Ready Workplace

Deborah Brown and Bill Dunn
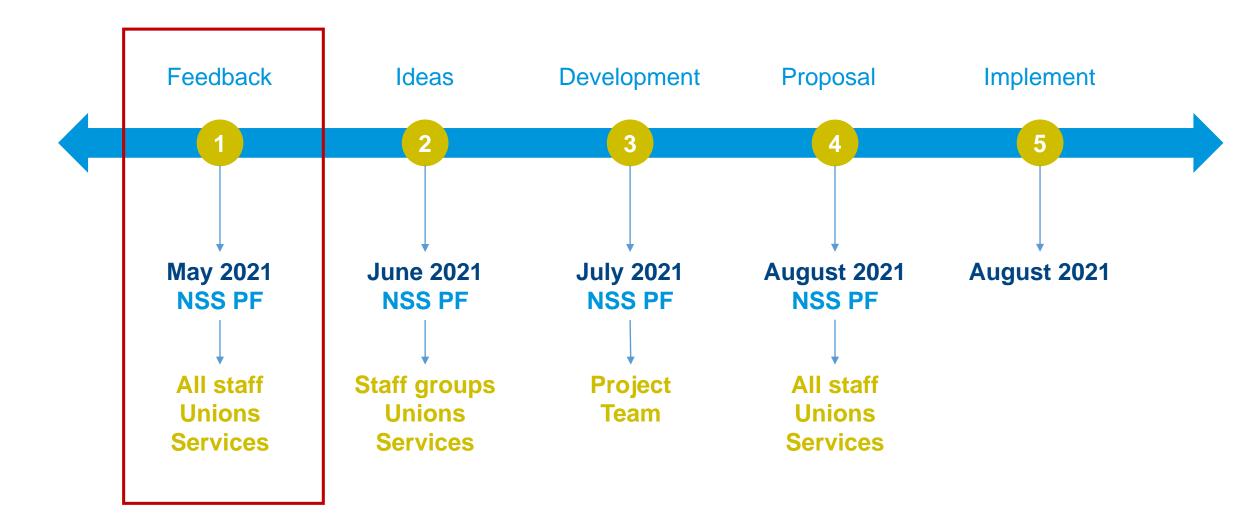
Customer Insights Managers

12 May 2021

Completed activities

- NSS Future Ready workplace programme announced to staff.

- Staff survey achieved 2087 responses.

- Analysis conducted and equality review completed.

- Project scope assessed and project team agreed.

- First RSA training session complete and Planning Leads empowered to run workshops.

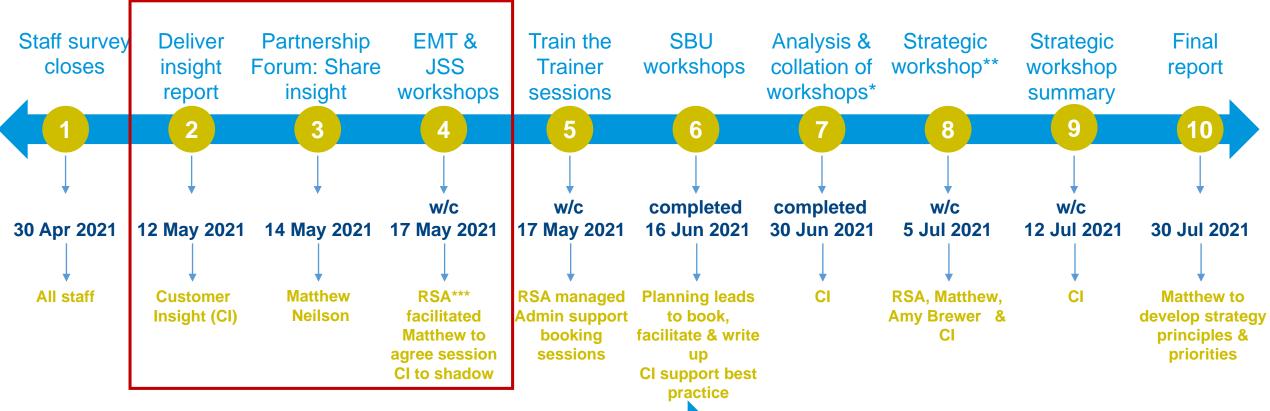- EMT and JSS RSA workshops booked for the 17th and 18th of May 2021.

Timeline

Feedback	Ideas	Development	Proposal	Implement
1	2	3	4	5
May 2021 **NSS PF**	**June 2021** **NSS PF**	**July 2021** **NSS PF**	**August 2021** **NSS PF**	**August 2021**
All staff **Unions** **Services**	**Staff groups** **Unions** **Services**	**Project** **Team**	**All staff** **Unions** **Services**	

NHS National Services Scotland

NSS & RSA Project Plan

1	2	3	4	5	6	7	8	9	10
Staff survey closes	Deliver insight report	Partnership Forum: Share insight	EMT & JSS workshops	Train the Trainer sessions	SBU workshops	Analysis & collation of workshops*	Strategic workshop**	Strategic workshop summary	Final report
30 Apr 2021	12 May 2021	14 May 2021	w/c 17 May 2021	w/c 17 May 2021	completed 16 Jun 2021	completed 30 Jun 2021	w/c 5 Jul 2021	w/c 12 Jul 2021	30 Jul 2021
All staff	Customer Insight (CI)	Matthew Neilson	RSA*** facilitated Matthew to agree session CI to shadow	RSA managed Admin support booking sessions	Planning leads to book, facilitate & write up CI support best practice	CI	RSA, Matthew, Amy Brewer & CI	CI	Matthew to develop strategy principles & priorities

Unions to feedback on JSS report

Amy to manage corporate communications - TBC

Non-office based staff research. Managed by HR single point of contact

*Focus on themes, similarities and differences across the SBUs

** To turn NSS level insight into actionable strategy, priorities and principles as well as to advise/guide on report preparation

***Royal Society for Arts, Manufacturing and Commerce

May key activities

- Share summary research results and commence RSA Future Change assessment with services and unions.

- RSA Workshops across all SBU's, EMT and JSS meeting.

  - Reports back by 16th of June.

- Establish 2 concurrent strands to the project:

  o Short term. Phased return of some staff from July.

  o Mid/Long term. Future workplace changes and quick wins.

Equality assessment

- Responses compared against most recent NSS workforce equality data report.

- In relation to protected characteristics, respondents align with the current workforce equality data with the following observations:

  o Lower disclosures in 2 ethnic groups.

  o Prefer not to say responses much lower.

  o Staff disclosing disabilities was higher.

  o Higher level of gender disclosure rates.

  o Lower rates for disclosing sexual orientation.

Response – 2087

NHS National Services Scotland

1. Which SBU do you work for?

	SBU	Count
●	Central Legal Office	128
●	Clinical Directorate	22
●	Digital and Security	281
●	Finance	55
●	HR and Workforce	125
●	Practitioner and Counter Frau...	454
●	Procurement, Commissioning...	371
●	Scottish National Blood Transf...	269
●	Strategy, Performance and Ser...	382

2. How you would you best describe your role?

💡 Insights

	Role	Count
●	Clinical	125
●	Executive	22
●	Senior Manager	132
●	Manager	491
●	Administrative	1017
●	Manual	26
●	Other	274

SBU	% response all staff
CLO	>90.0%
Clinical	>90.0%
DAS	65.7%
Finance	68.8%
HR	>90.0%
P&CF	>90.0%
PCF	46.1%
SNBTS	29.1%
SPST	57.6%
NSS	57.1%

Response rates by SBU is based staff numbers from HR as at 12th May. This Includes all employees and contingent workers (Agency) but excludes Bank

Present location of respondents

9. Where are you now working?

●	Home	🔆 Insights	1862
●	Laboratory		50
●	Office		122
●	Warehouse		11
●	Other		42

10. Typically how many days a week are you working at this location?

●	1	🔆 Insights	16
●	2		83
●	3		196
●	4		271
●	5		1521

Perception of current work location

Overall, respondents were satisfied with their working arrangements during the pandemic and the majority of respondents noted benefits (92%).

Q13. Overall how satisfied are you with your working arrangements during the pandemic, were 1 is extremely dissatisfied and 10 is completely satisfied

8.1

- All SBUs were reported high levels of satisfaction (>7.4). Finance scored highest and SNBTS scored lowest.

- Younger age groups (16-44) reported slightly lower levels of satisfaction. This group is also less likely to have access to a dedicated work space.

- Respondents with caring responsibilities were more satisfied with working from home during the pandemic, especially those caring for children and husband/wife/ partners.

- Respondents who did not disclose their gender, age or the presence of a mental or physical condition recorded slightly lower levels of satisfaction.

Q13. N=2087

Dedicated work space with table & chair

NHS National Services Scotland

Of those working from home 84.8% have access to a workspace

For staff who answered no to having a dedicated workspace nearly ¾'s are using the dining room/ kitchen table

Location	%
Spare room	5%
Other	5%
Dedicated workspace	5%
Various rooms	6%
Sofa	7%
Bedroom	8%
Living room / Lounge	13%
Dining room / Kitchen	73%

- All SBUs have high levels of access (>70%) to a work space.
- PCF, Clinical and SNBTS respondents are less likely to have access and also had lower levels of satisfaction.
- Men are more likely to have access to a dedicated workspace.
- Respondents who did not disclose their gender or identified as other were less likely to have a dedicated space.
- Younger respondents are less likely to have access to a dedicated workspace and had lower levels of satisfaction.
- Respondents with a condition are more likely to have access to a dedicated workspace.
- Respondents with caring responsibilities are less likely to have access to a dedicated work space, especially those with school aged children or elderly relatives.

Benefits of current work location

93% of respondents listed benefits from their current working location. 86% of these comments related to working from home.

Q15. What benefits do you enjoy as a result of your current work location? (% of respondents)
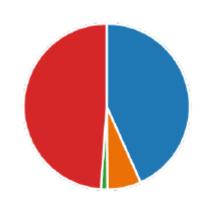

- Prefer working from NSS base — 4%
- Sustainability — 4%
- Enjoy Working from Home — 5%
- Take More Exercise — 6%
- Use of Teams/ Digital Tools — 6%
- Better Health/Less Stress — 11%
- Flexibility — 13%
- Caring/Family Time — 14%
- Better Work/Life Balance — 15%
- Increased Productivity — 19%
- Less Travel — 68%

Future work location preferences

14. In future, would you prefer to:

- work from home — 904
- work at your NSS base site — 136
- work at an NSS site close to y... — 27
- work both from home and an... — 1020

	% response
Work from home	43.3%
Work at NSS base site	6.5%
Work at another NSS site	1.3%
Work from home and NSS site	48.9%

- The majority of respondents either wish to blend working from home and the office or to work from home on a permanent basis.
- This view is shared by all SBUs. SNBTS (17.1), CLO (12.5) and P&CFS (9.0) are more likely to want to return to their NSS base full time. Therefore, all SBUs need to plan for staff returning to their NSS base either full-time or part-time.
- The majority across all age groups would like to remain working from home full time or adopt a hybrid model. A higher proportion of 16-24 (10.7) and 55-64 (9.8) would like to return to working at their NSS base.
- Respondents with a physical or mental health condition favour working from home. Although a significant proportion opted for the hybrid model.
- Respondents with caring commitments as less likely to want to return to full-time office working.
- Respondents with children are more likely to want to retain full or partial working from home arrangements.

Q16. What would you change to improve your future working arrangements?

- 93% of respondents answered this question, showing high levels of engagement.

- The key themes in ranked order are:
    - Location
    - Home working environment
    - Maximising the impact of working in the office
    - Office environment
    - Importance of face to face interaction
    - Working smarter
    - Choice
    - NSS commitment to new ways of working
    - Tactical requirements

N= 1943 responses from 2087

Q16. What would you change to improve your future working arrangements?

NHS National Services Scotland

Theme 1. Location: Feedback fell into 5 categories
The majority of respondents enjoy current working arrangements, favour working from home or a blended approach.

WORKING FROM HOME
"Full time working from home."
"Being allowed to continue to work from home."

LIKE CURRENT ARRANGEMENT/ CHANGE NOTHING
"Nothing, very content with the current set up."

BALANCE BETWEEN WORKING FROM HOME AND OFFICE
"A mix of both home and office would be good."

BACK TO THE OFFICE
"Working back in the office."
"I miss the buzz of office life. I would hate to continue working like this."

WORK FROM OTHER NSS SITES
"It would be nice to have the option to work in an office but it would be nice to be able to do that at the nss site closest to my home rather than the one that is assigned to my job role."

WORK ABROAD/ FURTHER AFIELD
"I think it would give a great deal of life flexibility and improve wellbeing if staff could also request to work from different locations, other than the UK."

Q16. What would you change to improve your future working arrangements?

NHS National Services Scotland

Theme 2. Home working environment: Feedback fell into 3 categories
Long term commitment on ways of working is important to drive individual improvements. Clarify of the equipment available and improved connection to NSS systems (primarily VPN) is important.

INDIVIDUALLY DRIVEN HOME IMPROVEMENTS
"If I knew I was working from home permanently or on a part-time basis I would invest in a desk and chair."
"Invest in a separate working space e.g. garden room."

NSS PROVIDED EQUIPMENT
"Better DSE, would bring my work chair home."
"Get a laptop docking station and x2 screens for working from home."

SYSTEMS
"Better VPN performance."
"So much time is still lost because of the system just running very slowly."
"Fixing the problem with VPN that prevents some modern software form working effectively."

Q16. What would you change to improve your future working arrangements?

Theme 2. Home working environment: Feedback fell into 3 categories

Long term commitment on ways of working respondents would make a wide range of improvements, particularly focusing on their desk space. Perhaps staff need reminded what is available?

INDIVIDUALLY DRIVEN HOME IMPROVEMENTS	NSS PROVIDED EQUIPMENT
If WFH was long term, respondent would personally invest in:	If WFH was long term, respondent would like NSS to provide:

Individually Driven Improvements
(No. of respondents)

Category	No. of respondents
Buy Equipment	24
New home/ extend home / garden office	29
Improve broadband	33
Improve dedicated space	70

Equipment Requested
(No. of respondents)

Category	No. of respondents
Footrest	2
Keyboard	6
Mouse	8
Fold away kit	9
Back support	9
Printer	18
Dongle	19
No specified	26
Headset	27
Docking station	30
Better laptop	30
Phone	41
Monitor/ 2nd monitor	137
Chair	137
Desk / standing desk	155

Approximately 12% of respondents requested equipment

Q16. What would you change to improve your future working arrangements?

NHS National Services Scotland

Theme 3. Maximising the impact of working in the office
To improve the impact of working in the office then there should be purpose and rational for traveling to the office.

DRIVEN BY A BUSINESS NEED
"Work from home going forward, with big meetings taking place in a real time environment, my job is not needed to be in the office everyday."

IMPORTANCE OF FACE TO FACE FOR COLLABORATION/ TEAM WORKING
"It has been a challenge facilitating workshops online - they would be much more productive in person."
"Being able to come into the Gyle/JCC if and when required to collaborate with colleagues."
"For me, the office should become a place where I go to meet with colleagues to engage in collaborative working, not a place I feel that I should be at in order to 'do work'."

PLANNED TEAM DAYS
"Occasional in person team meetings on weekly or fortnightly would be beneficial."
"Regular meet ups with my team in person (maybe once every 3 or 6 months) to foster team-building and get to know the team better."

Q16. What would you change to improve your future working arrangements?

NHS National Services Scotland

Theme 4. Office working environment

Respondents told us that they would like access to NSS sites and their facilities. They also offered suggestions on how to improve the office set up and safety.

ALLOWED ACCESS TO OFFICE/ FACILITIES

"Allowed to work from my agreed NSS base."
"An element of working in the office to allow easier communication and collaboration with colleagues."
"Being able to work from an NSS office part of the week. This would be better for my wellbeing."
"Access to a printer to make reading documents a bit easier. "
"Would greatly benefit from working few days a week from the office, just to interact with others and get access to paperwork I need for some of the work tasks."

SAFE HOT DESKING/DESK BOOKING/ASSIGNED DESKS

"More meeting space to go to meetings face to face if required."
"It would be great to have bookable meeting spaces of different sizes for when they're needed. Bookable individual work spaces would also be great so 'office days' could be an option, depending on the type of work."
"A safe and appropriate working space - whether under DSE or CV19 protocols."
"Continue with an assigned vehicle some of these guys don't wash their hands after being in the toilet never mind protecting from Covid."
"Better layout of seating within the office."

Q16. What would you change to improve your future working arrangements?

NHS National Services Scotland

Theme 5. Importance of Face to Face interaction
Allowing access to an on-site environment is important for mental wellbeing, social connections and networking.

REDUCE ISOLATION / IMPROVED MENTAL HEALTH
"More human connection - WFH is great, but it can also be incredibly isolating."
"Time in the office to work with colleagues face to face to help with feeling isolated…"
"Regular meetings with my team have been so helpful to balance out the isolation of living alone"
"Working from home has a detrimental effect on my mental health."
"No visits from health and well being during the period of the out break. Staff with mental health issues having no contact to speak too during the pandemic"
"I really miss face-face contact & the printer! so ability to do both *(WFH & on-site)* would much improve my mental wellbeing"

SOCIAL INTERACTION/ NETWORKING
"Being able to be with work colleagues for support and friendship."
"I'd like to have the ability to attend the office even just a few days a week mainly it is the social interaction I miss."
"It would be good to spend a little time in the office, just to get a change of company and scenery!"
"If working primarily from home I would still want to come into the office at least once a week to maintain human contact."
"Being able to have informal conversations at a safe distance would lift the spirits as well as providing more opportunity for networking."

Q16. What would you change to improve your future working arrangements?

NHS National Services Scotland

Theme 6. Working Smarter
It is important to improve ways of working on a day to day basis. Staff need help establishing effective ways of working to ensure that they take breaks between calls, manage expectations of availability and work within contracted hours.

BREAKS BETWEEN CALLS / MEETINGS
"Take more breaks between calls."

"Fewer but more focused teams meetings and scheduling that would allow for meetings to run over or take a short break - rather than literally being in meetings back to back. This is not conducive to effective working, eye health or good posture if constantly staring at a screen for several hours at a time."

"The current approach to meetings and back to back Teams calls. This is exhausting and does need to stop."

EXPECTATION OF AVAILABILITY / HOURS
"Being less available outside my core working hours."

"Covid has increase workload to over 100%, return to a new BAU is slowly happening. Need to ensure sufficient down time' through the day and work reasonable hours."

"Less hours - going from 60 to 40 would be nice!"

"Once the response to pandemic abates, would be good to see a return to shorter working hours. As people are WFH, the length of the working day has increased and it would be good to get a better balance back in place."

Q16. What would you change to improve your future working arrangements?

NHS National Services Scotland

Theme 7. Choice
Flexibility and the ability to choose was important. This will have an impact on policy, contracts and facilities management

"Giving staff the option to choose their working location going forward is the most important thing. It would be excellent to put in place a straightforward pathway whereby staff can request to continue working from home indefinitely, or choose to have a balance between WFH and office-based working. I think it would give a great deal of life flexibility and improve wellbeing."

"Current flexibility."

"The ability and freedom to choose where I want to work."

"An empowered choice of the employee regarding working locations and the ability for all meetings to be conducted both virtually and face-to-face - improving accessibility for all."

Q16. What would you change to improve your future working arrangements?

NHS National Services Scotland

Theme 8. NSS commitment to new ways of working
NSS need to commit long term to new ways of working.

"I would like to have my contract changed to show that I am permanently working from home."

"Work from home permanently as we have proved we are able to do so."

"If I am going to continue to have an element wfh in the future I will need to review my home office set up to make more permanent. I am currently working from a folding picnic table."

"Our staff group has not been allowed any working from home time. At least one day a month could be allocated to home working. There needs to be much more equality."

"Make it permanent as it is uncertain at present."

"If home working was confirmed I would personally invest more in the comfort and suitability of my work environment."

Q16. What would you change to improve your future working arrangements?

NHS National Services Scotland

Theme 9: Tactical considerations
Ongoing Communication from the senior team is important. Where NSS policy or training already exists then further communication is required to meet these needs.

SENIOR MANAGEMENT CONNECTION/ CORPORATE COMMUNICATIONS
"Better communication from senior management levels."
"More effective and efficient decision making in collaboration with staff and communicated to all affected parties."
"To receive more communication from SBUs."
"Improve mass communication."

FINANCIAL COMPENSATION
"Contribution to internet cost."
"Get support for energy costs."
"If to keep working from home to create a dedicated 'home office' space; so a budget for that."

TRAINING ON TEAMS
"Training available for new ways of working such as Microsoft Teams."

Q17. Additional comments – Pandemic working

- 82% of respondents answered this question, again showing high levels of engagement.

- Respondents raised all of the key benefits and improvements that were outlined in the previous questions.
  There was also some additional positive and negative themes in the feedback.

- Additional positive themes were:
  - NSS Strategy and performance
  - Infrastructure
  - Supported by Manager
  - Adapted well

- Additional negative themes were:
  - Challenges of remote working
  - Family pressures
  - Workload has increased during the pandemic
  - Work/life balance
  - Limited support

N= 1712 responses from 2087

Q17. Additional comments – Pandemic working

Positive Theme 1: NSS Strategy and performance

Respondents valued the decisions made by NSS in response to the pandemic and felt a sense of team pride and achievement.

NSS STRATEGY/ RESPONSE TO THE PANDEMIC

"I think that NSS have been great in supporting everyone to work from home, providing equipment, allowing home schooling etc."

"The NSS response to enable people to work from home at such short notice was great. It means that I can carry out all elements of my role from home."

"NSS have been exceptional to work for and work with during these hard times, I am very proud to work for the NSS and the people I work with."

"During the pandemic it has been helpful for me to be home to be on hand to help with home schooling but I have also been able to schedule my own day around other commitments like home schooling which I have been able to do with little stress."

"Thank you to NSS for caring about staff and giving us the security as this unsure time :)."

"I thought NSS handled the whole thing very well indeed and have to be commended."

TEAM WORKED WELL / PRIDE

"The support from colleagues has been excellent. It's been a real team effort."

"Pandemic has proven just how innovative we can be as an organisation when we need to be."

"While I already felt a real sense of pride working for the NHS, it's felt like a real honour to be able to play a small part in a big and incredible story of how the whole health and social care sector has risen to this huge challenge. There was a real sense of support and 'all being in it together' during 2020."

Q17. Additional comments – Pandemic working

NHS National Services Scotland

Positive Theme 2: Infrastructure
Respondents felt that our infrastructure adapted well.

"It has been handled very well, got all the equipment we require to work from home."

"Vast improvement in Tech and communications throughout NSS."

"DaS have done amazing things to get us setup with Teams and assist with providing equipment etc to facilitate home working."

DaS were amazing for coping with the volume of people who suddenly needed help to be set up to work from home."

There was a fantastic roll out of 365 by DAS and training offered in the early doors.

"I compliment IT on the speed with which new tech was implemented to support wfh."

"Commendable effort by the infrastructure team to was step up the implement the requirements for all employees to work from home."

Q17. Additional comments – Pandemic working

NHS National Services Scotland

Positive Theme 3: Supported by Managers
Line manager support was highlighted.

"My boss is amazing and has been very flexible around the need to do school drop offs and pick ups ."

"Line Manager has been super supportive throughout it all."

"My line manager has shown so much support to ensure i have the correct equipment to assist me with work, and checks in with me every couple of days to ensure i am coping well. I could not have asked for a better and more caring Line Manager."

"NSS have been so supportive of home working and I feel it has worked incredibly well. Thank you!."

Q17. Additional comments – Pandemic working

NHS National Services Scotland

Positive Theme 4: Adapted well
Respondents have adapted well to new ways of working.

"Surprised at how quickly I adapted and no second nature communicating via a digital camera."

"We have had to adopt to a new way of how we do things and this has been successful."

"It has been a steep learning curve working from home but now that we have great tools like teams and have got used to the new environment it has definitely been beneficial."

"I think everyone adapted remarkably quickly for what we thought was going to be for 12 weeks."

"The pandemic has brought huge change in our working practices, by necessity."

Q17. Additional comments – Pandemic working

NHS
National Services Scotland

Negative theme 1: Challenges of remote working

There are challenges of working remotely. Action is required to drive wider connections across NSS and to improve on-boarding for new staff.

DIFFICULT
"It's been difficult but that's true for everyone."
"The novelty of working from home wore off long ago. I'm finding it increasingly difficult to motivate myself to work at times. "
"As I am single the lockdown loneliness was a daily issue that made working from home very difficult for me."

LOST OF WIDER CONNECTION
"There is a gap in communicating with the wider team."
"My one concern is that we have all been working much more in silos."

ON-BOARDING NEW STAFF
"It's been very difficult training in a new position."
"It has been quite different to train/ help the newer members of the team over Teams. This would be a lot easier in the office."

"It is difficult to understand the organisation as a new employee at the moment. I believe this is because there are less contact points to support an individual integrating into the culture of NSS."

Q17. Additional comments – Pandemic working

NHS National Services Scotland

Negative theme 2: Family impact

Family responsibilities represented a real challenge to staff. Perhaps policies can be reviewed to ensure greater support is available if there are future lockdowns?

"Working with young children at home has been one of the biggest challenges I have ever faced."

"The hardest thing was being expected to care for my toddler 100% of the time whilst also working - it nearly broke me."

"Very stressful trying to home school 2 children and work, significantly negatively affected mental health and family relationships."

"Management claimed to allow flexibility in order to deal with staffs other commitments (e.g. home schooling), but they only paid lip service to this."

"It was exhausting working from home fulltime trying to home school. I would end up working long hours and achieve very little."

"I don't feel that NSS were particularly supportive of those juggling childcare whilst working remotely. SG were far more supportive."

Q17. Additional comments – Pandemic working

Negative theme 3: Increased workload over the pandemic
It is important that SBUs review workloads as we return to BAU.

"This period has been very intense and not sure I have ever worked so hard, trying to help with Covid work and existing project, however whilst hugely tiring also satisfying."

"Working hours have increased which is having an negative impact on mental health."

"Exhausted been working 60 hours per week for a year now."

"Volume of work has meant a much higher workload and longer hours since started working from home."

"Additional ask on staff has been huge, while it can be supported short term can't be supported long term."

"Workload has significantly increased during the pandemic with new and expedited projects, loss of department staff (redeployment to other areas of the organisation) and limitations relating to the infrastructure for remote working. On the last point, this has improved greatly since the start of the pandemic but still has a long way to go to take the organisation away from reliance on paper-based systems."

Q17. Additional comments – Pandemic working

Negative theme 4: Work/ life balance

For some working from home has meant that achieving a satisfactory work / life balance is difficult

DIVIDING OF PERSONAL AND WORK SPACE

"I live in a one bedroom flat so have found it difficult living and working at home during the pandemic in such a small space. I work in the living room at the moment and would much prefer another room to be able to close the door on work at the end of the working day instead of having a work station set up in my living room. I would much prefer a clear work/home divide."

"The office is for work and home is for your free time. Trying to merge the 2 gives no separation and is terrible for your mental health."

"Your workspace being the same as your living space is not healthy long term"

"Have a defined desk space however this is in my personal environment and this is not ideal on a permanent basis."

ALWAYS AVAILABLE

"IT support very limited and poor - generally left to just get on with I difficult to switch off when not working as it's easy to be always available."

"I still struggle to transition from work mode to non-work mode."

"Too much expectation to "always be available" when working from home. Very hard to differentiate work from home life which puts huge strains on professional and personal relationships."

Procedures need to be established & be clear for when people are working from home with regards to be contactable, what is expected of them & what they can expect from their manager/supervisor."

Q17. Additional comments – Pandemic working

NHS
National
Services
Scotland

Negative theme 5: Limited support

Some respondents have found the support offered by their managers and NSS services limited. However, other respondents report the opposite. Perhaps NSS can review training and service to improve the consistency of experience.

LIMITED SUPPORT FROM MANAGEMENT

"Better support from Line Manager required."

"Much more support is needed for the support working staff in clinical roles. We have far too few a pool of staff to allow flexible working. And as a parent too it was an incredibly challenging time. No provision was made for me to be able to work from home. I had to rely heavily on my wife's work being more flexible. "

"I would like more Teams meetings, contact from line manager etc."

LIMITED SUPPORT FROM SERVICES

"IT support very limited and poor - generally left to just get on with it."

"DSE setup is best I can do on my own, could have used some support."

"Disconnect between home working and services normally accessible, led to a feeling of isolation and lack of support in areas that could have made a big impact on my life."

"The experience would have been better if there had been better support from HR and IT. As things stand, the support has been terrible."

Please note that this theme was based on a low proportion of responses. N= <30.

Summary and Recommendations

Summary of results

NHS
National
Services
Scotland

2087 respondents

8.1
Level of satisfaction with working arrangements

93%
Reported benefits of the current arrangement

Benefit
Benefit
Benefit

89.3%
Currently working from home

■ Home ■ Laboratory ■ Office ■ Warehouse ■ Other

Of those working from home
84.8%
have access to
a dedicated workspace

The majority of respondents either wish to
blend working from home & the office (48.9%)
or to
work from home (43.3%)
on a
permanent basis

Recommendations based on feedback

NHS National Services Scotland

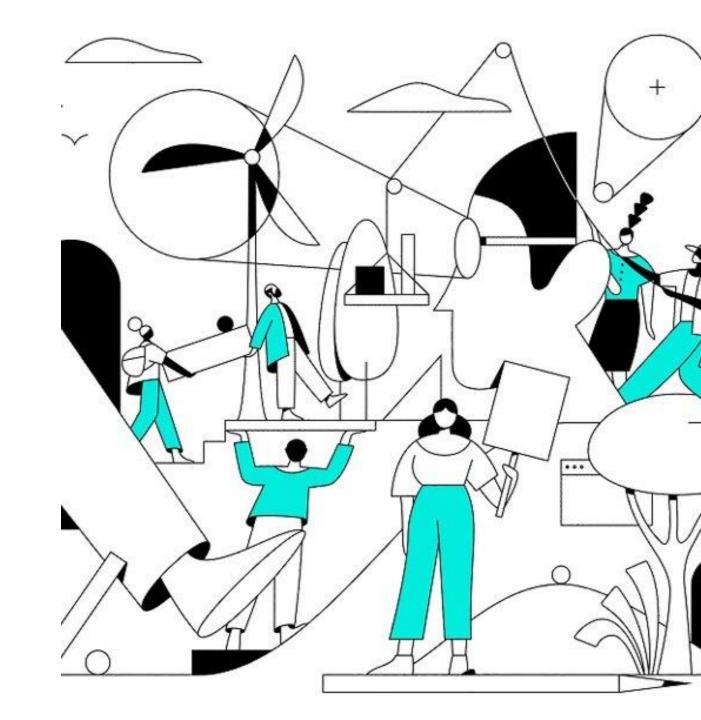| Actions requested…	Impact
NSS should give staff long term commitment on their working arrangements	Enable staff to improve home office set up through personal investment or by requesting additional NSS kit Improve staff satisfaction and wellness
NSS should allow staff to work from home or adopt a hybrid model	Drive staff engagements as feedback is actioned Retain staff
Recognise that certain staff groups are less satisfied with working from home or do not have access to dedicated working spaces. Therefore we should provide access to their NSS base	Improve the mental health, reduce isolation and provide a work/ life division of specific staff groups
Recognise the challenge of caring for children/home schooling during lockdown. Do policies also need to be reviewed?	Improve the mental health and reduce stress amongst staff with caring responsibilities in future lockdowns
Empower SBUs and Managers to offer staff some degree of choice in their working arrangements moving forward	Drive staff retention and engagement
Communicate the perceived benefits of working from home as part of the NSS Great Place to Work campaign	Drive staff retention and engagement
Clarify of the NSS equipment available to those working from home	Improve physical health of 12% of staff who requested additional equipment
Develop policies to drive the impact of office and face to face working. These should encourage staff to come in to the office only for business reasons, collaboration, training, sharing, team working and networking	Maximise this impact of office working Drive staff connection with the wider NSS organisation
Encourage all SBUs to review workload and staffing as we return to BAU	Enable staff to return to working their contracted hours and improve the mental health and work/life balance for some staff
Encourage better diary management and best practice for MS Teams meeting	Enable staff to have breaks between MS Teams meetings to focus on delivery Empower staff to switch off and not feel that they "must always be available
Continue to improve corporate communications and strategies that impact working arrangements	Ensure staff feel part of the wider organisation and feel informed
Review policy on financial compensation for working from home and share findings with staff. Remind staff of working from home government allowance	Drive staff engagement with new ways of working
Increase training on MS Team	Ensure all staff are getting the most out of this tool, maximise collaboration and team working
Review on-boarding process and training for new staff	Maximise the efficiency of this process and support line managers
Review access to support service for staff	To improve staff experience and support wellbeing

RSA

Pandemic Possibilities
Hybrid working

Applying the RSA Future Change Framework to support
NSS's Future Ready programme

Contents

Our work with you

Our work with you

Commit to impact

We are the RSA. The Royal society for arts, manufactures and commerce. We unite people and ideas to address the challenges of our time.

RSA

About **National Services Scotland**

National Services Scotland

provide services and advice to the NHS and wider public sector, offering shared services on a national scale using best-in-class systems and standards. Their aim is to help customers save money and free up resources so they can be re-invested into essential services. NSS also provide consultancy and support to help public bodies join up health and social care.

There are a wide range of service brands within NSS:

- **Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) |** Including national policies, guidance and outbreaks; Infection control

- **Central Legal Office (CLO) |** Providing expert legal advice across many aspects of the law and offering an in-house lawyer service to the public sector.

- **Counter Fraud Services |** Working with NHS Scotland to reduce the risk of fraud and corruption and reducing the cost of incorrect payment exemption claims.

- **Digital and Security |** Operating as a centre of excellence for digital, security, data and technology, collaborating within NHS Scotland and the public sector.

- **Health Facilities Scotland |** Providing operational guidance on a range of healthcare facilities topics.

- **National Procurement and Logistics |** Buying and supplying items to help keep Scotland's hospitals and health centres running. Find out more about National Procurement in the NHS.

- **National Services Division |** Planning, commissioning and coordinating high-quality, person-centred specialist services, networks and screening programmes for the population.

- **Practitioner Services |** Delivering services for practitioners that support primary and community care across Scotland.

- **Programme Management |** Programme management office supporting project delivery and programme assurance

- **Scottish National Blood Transfusion Service |** Ensuring blood, tissues and cells are available when needed for patients across NHS Scotland.

This Project

The purpose of this project is:

- To share the insight from the Future Ready Staff Survey to drive NSS's understanding of our staff's wants and needs

- Utilise the RSA Future Change assessment with the EMT, each SBUs and Unions to create specific strategies and action plans

- Develop NSS proposals and principles to support our staff in the future

To achieve the best results the RSA worked in partnership with the NSS Project Team, the EMT, leads from each of the SBUs and the Joint Shop Stewarts from the Unions to develop staff feedback and insights into actionable plans, strategy and priorities.

This work took place between May and July 2021.

4

RSA

RSA Brief
Informing the Future ready programme

Run workshops

Synthesise insights from sessions with

- Executive management team

- Joint shop stewards

Facilitator sessions

Two workshops to equip and support staff to facilitate and run

workshops with their own teams using the RSA Future Change

Framework methodology (appended)

Consolidation and reporting

Prepare a report summarising the insights gained through this work

and recommended discussion points

Discuss these in a strategic workshop

Finalise report, with actions and a roadmap for change, based on

outcomes of strategic workshop

RSA

1 | Executive Summary

RSA

Introduction

Our initial analysis highlights some of the key challenges and opportunities moving forward which have been brought together under NSS ambitions to support hybrid working moving forward. We have collated these insights from three perspectives:

- the individual,

- the team / business unit, and

- the wider organisation.

We found this helpful because it enables us to identify where ideas and challenges are in alignment and where they cause tensions. These are explored throughout this report. A key principle emerging is the resultant need to balance corporate and team guidelines with team and individual responsibility.

To bring this to life we set out the culture change challenge at the heart of the work – how to use hybrid and flexible working to enable staff and teams to work at their best. We note that it is the actions, behaviours, processes and attitudes that are key to this cultural shift.

In turn, and following work with the Future Ready programme group, we set out a draft ambition and vision for change, underpinned by

a. suggested principles to guide the work

b. some core definitions

c. nine workstreams, with recommended actions

d. some emerging tensions.

An overview of these is provided in the executive summary, and then subsequent sections of the report dig into the research in more detail, taking each perspective in turn.

First, some core reflections.

1. The facilitators excelled themselves and were a pleasure to work with. Their feedback reports were comprehensive and compelling. It is hard to do justice to all their insights in this report and we will append their reports to our final report.

2. A core challenge in taking this work forwards remains that it is easier to identify innovation and practices to amplify; harder to find things we are willing to let go of. However, a number of these areas were identified and it remains important to work on these in order to provide the capacity within the system to adopt the new.

3. We can't know for sure the long-term implications of this period in time nor the changes that are being precipitated. A record such as this is both capturing a point in time but is also, crucially, a staging post against which progress can be gauged. Of course, when caught in the detail of continuously working on these issues and challenges it can be difficult to recognise such progress. It is humbling for us to see the the sheer amount of change your staff have worked with and facilitated.

4. Related to the above, it can be a challenge for staff to think long-term, creatively and ambitiously for the future while facing such immediate and pressing short-term challenges. Many ideas were raised in these sessions although they tended to be shorter-term ambitions, which we usually find is the case. While the immediate work of prioritising actions (particularly those to amplify and let go) necessitates a shorter-term focus, it is important to tie this into the longer-term strategic direction of NSS. We would advocate continuing to explore longer term ambitions with staff and teams.

5. Finally, there is rarely a clear cut position to be found on the kind of issues we have explored; the most obvious is that everyone has a slightly different attitude to risk and therefore will respond differently to the idea of heading back to the office. Recognising this, a core challenge is perhaps to navigate some of the prevailing tensions.
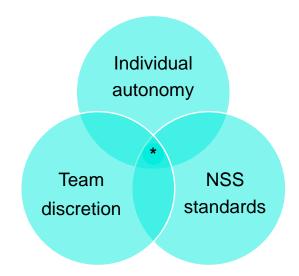
RSA

RSA Adoption model
Culture change programme

Creating change requires work across different levels:

ACTIONS + EVENTS

BEHAVIOURS + RELATIONSHIPS
Citizens, staff, networks

STRUCTURES + PROCESSES
Rules, policy, funding, incentives, power

VALUES + NORMS
Mental models, attitudes, values, beliefs, paradigm, assumptions, social norms

Vision
for hybrid working across NSS

BEHAVIOURS

PROCESSES

Model
the cultural shift required

NSS
Culture change Action Plan
+ Ambitions
+ Definition
+ Principles
+ Tensions

Translate
into your teams context

VALUES

ACTIONS

Embed
into daily practice

8

Source: RSA Adoption Model

Culture change action plan

Ambition*

At the heart of the business, an emerging ambition for hybrid working at NSS

"NSS is committed to a digital first approach that enables staff, teams and our services to determine how they work, where they work and when to work, to the benefit of the organisation, their customers and local communities and their individual wellbeing"

This report explores how to bring this ambition to life, looking at three perspectives on change: that of the individual, the team and the wider NSS organisation:

Individual autonomy

*

Team discretion

NSS standards

Definition*

The necessity for NSS to develop an emerging definition of hybrid working

To put any definition of hybrid working of context it is a useful reminder that it is a means to and end and not an end in itself. Being in service to the ambition of staff and teams enabled to do their best work, hybrid working is a core mechanism through which the NSS ambition will be achieved.

Further exploration of the concept is useful here:

"As the pandemic has progressed and our attitudes towards work have shifted, many homeworkers – employees and employers alike – have wondered whether hybrid working may represent the 'best of both': a goldilocks zone between the wellbeing-enhancing benefits of working from home and a healthier model of productivity grounded in face-to-face collaboration.

Trying to create inclusive productivity gains means aiming for a 'best of both' in two distinct senses. Firstly, and most importantly, it means aiming for productivity that is consistent with healthy behaviour and high wellbeing. Second, it means trying to understand the productivity potential of different work settings and aligning schedules and workflows accordingly.

Pivotal is the insight that wellbeing and productivity – health and economic competitiveness – are two sides of the same coin: you need both in order to flourish. "

RSA (2021) 'Healthy Hybrid: a blueprint for business'

Culture change action plan

Principles*

Sitting at the heart of the business, principles underpin and help guide the decision-making process and work to take forward the actions.

- We embrace, encourage and support flexible and hybrid ways of working

- We ensure staff health, safety and wellbeing at work

- We work on a digital-first basis, grounded in inclusivity and our values

- We take decisions that value financial, environmental and social sustainability

- We focus on quality and continuous improvement, learning from what works

- We trust our staff and teams to make the right choices for how, where and when they work

Individual autonomy

^ * ^

Team discretion   ^   NSS standards

Tensions^

Tensions arise between the needs and expectations of the three perspectives. Some of the tensions we heard about include:

Individuals
- Staff fatigue and solidarity. Feeling closer to colleagues at same time as feeling more remote.
- Technology both helping and hindering
- Changing expectations of workers and demands on them

Team
- The importance of NSS buildings and physical infrastructure as well as the home working environment
- Staff freedom to self-manage contrasted with managers desire for control
- Team cohesion increased using MS Teams yet also increases silo working

NSS
- Creating space for individual and team flexibility within a broader NSS-wide approach challenges the traditional 'one-size-fits-all' approach to policy
- Improved communications yet information overload through multiple channels
- Balancing strategic and operational pressures - decision-making

Areas of focus

Areas of focus

Three areas of focus emerged, which reflect the perspective of the individual member of staff, the team and SBU, and the wider NSS business.

Each perspective offers a different view on the challenges and opportunities that lie ahead. A core task is to recognise where there is a need for an NSS-wide approach, for team discretion and for individual autonomy – and to reconcile competing tensions between the three.

For **Individuals**

Insights largely relating to staff and the requirements of their role

Workload + wellbeing
- Workload + patterns
- Work/life
- Health

Physical environment + equipment
- Venues + workspace
- Printing + stationery
- Equipment + tech

Relationships + communication
- Relationships
- Communication
- Networking + social activity

For **Teams**

Insights largely relating to the functioning of teams and services

Services + processes
- Flexibility
- Digitisation
- Process + policy

Collaboration + engagement
- Staff collaboration
- Stakeholders + partners
- User engagement + appointments

Meetings + events
- Face-to-face meetings
- Virtual meetings + events
- Travel

For **NSS**

Insights largely relating to the strategic and cultural operation of the wider business

Management + leadership
- Management
- Leadership
- Presenteeism

Decisions + governance
- Reporting
- Accountability + decisions
- Governance

Recruitment + training
- Recruitment + induction
- Training + development
- Redeployment + capacity

Insights | an **Individual** perspective

For **Individuals**

Insights largely relating to staff and the requirements of their role

Workload + wellbeing
- Workload + patterns
- Work/life
- Health

Physical environment + equipment
- Venues + workspace
- Printing + stationery
- Equipment + tech

Relationships + communication
- Relationships
- Communication
- Networking + social activity

Summary

Clearly there are a wide variety of individual experiences across the different teams, reflecting the nature of the work and the ability of some teams to switch to remote working, while others have remained working as before. This leads to a wide range of contrasting challenges around delivering good work and the aspirations to adopt some of the emerging practice in the longer-term. We identified three core themes in this area as summarised in the box.

Headline discussion points

o Interesting to note that no paused activities / services / processes etc were identified in terms of workload and wellbeing, although a lot of changes were noted but not mapped to the four headings of the framework

o Tensions exist between people's readiness to work from a shared workspace again and the readiness of such spaces to accommodate new ways of working (eg calls and meetings on Teams)

o The move to online and remote has accelerated the decline of habitual practices such as printing and use of stationery, although there are many reasons why some have struggled to adapt systems and processes to be purely digital

o Relationships have improved in some respects, as it can be easier to get hold of people using Teams, yet in others have got worse, such as the ability to check in on colleague's mental health

Shorter-term **Actions**

- Introduce mandatory breaks and a 'right to disconnect' policy to protect hybrid workers from burnout and level up inequalities*

- Enable people to work from the most appropriate location for their needs and that of their job

- Speak to partners across the NHS and the wider public sector to identify 'approved working venues' for staff who need a physical 'touchpoint'

Recommendations **Individual focus**

Shorter-term

- Introduce mandatory breaks and a 'right to disconnect' policy to protect hybrid workers from burnout and level up inequalities*

- Enable people to work from the most appropriate location for their needs and that of their job

- Speak to partners across the NHS and the wider public sector to identify 'approved working venues' for staff who need a physical 'touchpoint'

Longer-term

- Complete a 6-month audit of how offices are being used in practice and quantify potential cost savings

- Provide an equipment budget to each member of staff to support them to work effectively

- Determine how to move on from the more formal 'FlexiTime' approach to time management in order to embrace truly flexible working practices

- Ensure new health and wellbeing policies are inclusive across all work environments and focus on workers not workplaces*

Insights | a **Teams** perspective

For **Teams**

Insights largely relating to the functioning of teams and services

Services + processes
- Flexibility
- Digitisation
- Process + policy

Collaboration + engagement
- Staff collaboration
- Stakeholders + partners
- User engagement + appointments

Meetings + events
- Face-to-face meetings
- Virtual meetings + events
- Travel

Summary

Teams varied in their ability to pivot to remote working, of course, due to the nature of the roles involved. This has necessitated a close look at the systems and processes that are used and the extent to which they can be redesigned and digitised. There were positive examples shared of people working flexibly across the business in support of teams who were experiencing peaks of work in response to the pandemic. Given that everything has shifted online now, it is clear that teams are thinking about which innovations are worth keeping and amplifying as a significant number were identified in this section, together with many ideas of activity to let go of.

Headline discussion points

o MS Teams is mentioned continuously; paradoxically it appears to both enable collaboration and teamwork across the business (noting the warehouse staff and some others don't have access to it) whilst also reinforcing silos.

o There is a real awareness of the need to redesign and rework systems and policies to recognize the changes taking place; as is usually the case, organizational policy follows practice.

o Collaboration within and outside NSS continues, enabled by Teams and tech. Whilst not ideal, and the challenges around casual encounters and networking shine through, there are some advantages such as time saved reaching someone and the ability to engage with people from any geography.

o Travel came up in all its aspects, from tech as liberating people from commuting and traveling to meetings; as a positive in terms of working towards net zero; the need for lease cars; lack of parking spaces and the like. The opportunities from flexible approaches to working have a clear impact here.

Shorter-term **Actions**

- Each team / SBU to define hybrid working for its own purposes – nested within the overarching definition - and capture in a team charter of how it will work effectively

- Develop an Etiquette for staff around remote working (the nuts and bolts of why, who, how, when etc)

- Develop an Etiquette for staff around in-person working (the nuts and bolts of why, who, how, when, where etc)

Recommendations **Team focus**

Shorter-term

- Each team / SBU to define hybrid working for its own purposes – nested within the overarching definition - and capture in a team charter of how it will work effectively

- Develop an Etiquette for staff around remote working (the nuts and bolts of why, who, how, when etc)

- Develop an Etiquette for staff around in-person working (the nuts and bolts of why, who, how, when, where etc)

Longer-term

- develop a re-induction process for all staff (based on a NSS template) which sets out the new ways of hybrid working and applies them to the teams context.

- Any new policy to have a Hybrid Working Impact analysis to explore how it will be achieved through a hybrid working practice

- Meeting protocols are digital first, not digital only. Establish guidance on when to meet in person in order to justify in person meetings.

- Clarify where approaches have a core NSS element, where there is scope for team flexibility and experimentation to discover what works for each team's context.

Insights | a **NSS** perspective

Summary

Corporately NSS faces challenges similar to most large businesses in the leadership and management response to Covid-19. In particular, traditional management approaches can tend toward command-and-control directives and a culture of presenteeism; managers can draw comfort from being able to see what their staff are doing. On the whole staff seem to have embraced the opportunities and flexibilities that this period has offered in terms of their working practice (as set out in the first section on insights for individuals). The skills and aptitudes needed in a hybrid-working world are likely to be different from management skills of even a decade ago.

For **NSS**

Insights largely relating to the strategic and cultural operation of the wider business

Management + leadership
- Management
- Leadership
- Presenteeism

Decisions + governance
- Reporting
- Accountability + decisions
- Governance

Recruitment + training
- Recruitment + induction
- Training + development
- Redeployment + capacity

Discussion points

o One of the emergent benefits of the pandemic appears to be the extent to which all staff have been able to see the humanity of their colleagues through the window into their worlds. Hanging on to this authentic and personalized approach was seen as vital.

o Challenges exist for managers, such as their ability remotely to track the wellbeing of their staff, to have hard conversations with staff and to work openly and transparently. Governance and accountability remains crucial and keeping a record of decisions made via calls or virtual meetings can require new practice.

o For staff it can be easy to become invisible when everything exists on teams, particularly for staff not working full time hours. Reputation management is a challenge. Training and development can support staff to adapt to these new working requirements, though time is a barrier, and also to position themselves for other work and support other teams.

o There is a recognition that it is hard to on-board and induct new starters, offer mentoring and support and learning opportunities to colleagues, especially early career professionals for whom picking up implicit knowledge from the experience of their more experienced peers is a crucial aspect of personal growth and development. However, there was a general agreement that working remotely offers an opportunity to widen the pool of potential candidates for new roles.

Shorter-term **Actions**

- Support managers to help their staff to work flexibly by establishing a peer network, which should also be charged with capturing and sharing good practice

- Promote inclusive productivity gains by assessing performance based on outcomes not hours*

- Define, encourage and amplify critical leadership behaviours modelling desired practice and behaviour

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Recommendations **NSS**

Shorter term

- Support managers to help their staff to work flexibly by establishing a peer network, which should also be charged with capturing and sharing good practice

- Promote inclusive productivity gains by assessing performance based on outcomes not hours*

- Define, encourage and amplify critical leadership behaviours modelling desired practice and behaviour

Longer term

- Undertake an inventory of skills across teams and test out mechanisms for the flexible deployment of staff to respond to changing business needs and pressures. Create a training matrix to determine the skills needed going forward for staff to thrive in a hybrid working culture

- Ensure effective and consistent wellbeing measurement sustains 'Healthy Hybrid' behaviours and culture*

- Track and publish data on hybrid workers' pay and progression to prevent digital disadvantage*

- Establish new mandates on health and wellbeing that are integrated into NSS risk registers (including the risks of not embracing new ways of working) and prioritised at board level*

NSS Hybrid Working Protocol

1.0 Introduction

NHS National Services Scotland (NHS NSS) is committed to the principles of work-life balance and earlier this year established in partnership the Future Ready Programme Board, to undertake a programme of work that would explore future ways of working for NSS, in light of the changes to working arrangements that have arisen during the Covid-19 pandemic. The pandemic has meant that whilst a significant number of employees have continued to work at NSS locations - because they need to be 'on-site' to undertake their jobs - the majority of employees have had to work at home. As a result of these changes, several benefits of hybrid working have been identified. These include a better work-life balance with more time for family and friends and often higher levels of motivation and improved employee wellbeing. Following a review of the findings and recommendations of the Programme Board, the NSS Partnership Forum have agreed that hybrid working should be implemented in NSS, thereby delivering a flexible approach for employees and the organisation, which is both employee centred and service focused.

The Hybrid Working Protocol below identifies the key principles and criteria that should be taken into consideration when establishing effective hybrid working arrangements across NSS. The protocol has been developed in response to a recent staff survey where the majority of employees expressed a preference to continue with their current working arrangements post-COVID19 on a long-term basis. A key element of the Hybrid Working Protocol is that employees who are able to work from home, will not be expected to go back to work in their normal NSS building/office full time (role dependent), as the focus is now on what the employee can deliver, and not where they deliver it from.

For the purposes of this protocol, the term hybrid working refers to arrangements where employees work in a mixture of both home and office based working environments. NSS defines hybrid working as arrangements that *enable staff and teams, to choose how and where they work so they can deliver what is required in the right place and at the right time*. Hybrid working is one form of flexible working and is intended to complement and enhance the existing flexible working arrangements that operate across NSS.

Eligibility for hybrid working arrangements will be dependent on the requirements of the role. It is recognised that some roles and services may not be suitable for hybrid working because they require the physical presence of employees at an NSS building. In such cases, alternative forms of flexible working may be considered.

Any hybrid working request must be agreed through discussion between the employee and their line manager. Where hybrid working arrangements are agreed, this will not involve a change to existing terms and conditions; employees will continue to be contractually based at their original building locations but will be able to split their time between working from home remotely and working from their contractual NSS building/office base. Currently the working from home element applies only to a UK base.

Hybrid working arrangements will need to be monitored and reviewed regularly between manager, team and individual employees as it is reasonable to expect that these arrangements may need to be adjusted over time to take into account such factors as

service needs/developments and other situations such as changes to personal circumstances.

2.0 Hybrid Working Protocol – Key Principles

2.1 Principles

This protocol is based on the following key principles:

- Trusting employees to make the appropriate choices for how, where and when they work;
- Embracing, encouraging and supporting flexible and hybrid ways of working;
- Ensuring employee health, safety and wellbeing at work, whether working at home or at their normal NSS building/office base;
- Working on a digital-first basis, grounded in inclusivity and NSS values;
- Supporting and facilitating effective collaboration and engagement between managers and teams who are working flexibly through a mixture of remote and normal building/office based working;
- Recognising that physical presence/presenteeism does not equal great performance. Each employee's performance will be assessed on the impact they have and the outcomes they deliver.

2.2 Equality and Inclusion

- NSS is committed to promoting and practising equal opportunities in employment. This includes giving employees the opportunity to work more flexibly wherever practicable and it is recognised that hybrid working arrangements will support this, alongside other already established flexible working options.
- NSS recognises that hybrid working arrangements do not necessarily provide a 'one size fits all' offering for employees and as such careful consideration of equality and inclusion should be given to ensure that all requirements under the Equality Act 2010 are met. NSS will monitor the establishment of hybrid working arrangements across the organisation, including the profile of the workforce in hybrid working arrangements, in relation to the protected characteristics defined in the Act and will identify any potential for indirect discrimination, and that the arrangements are objectively justified.
- The Equality Impact Assessment process will be implemented as the development of the NSS Hybrid Working Protocol progresses and as part of the review period. The impact assessment will be informed by:

  - an evidence based approach
  - existing workforce equality data
  - employee engagement, experience and feedback including survey results

2.3 Eligibility

This protocol applies to all employees of NSS, and bank workers, regardless of hours worked or length of service, as long as the role that is performed includes activities that can be appropriately and effectively carried out from home.

Hybrid working may not be suitable for every employee, role or piece of work. Suitability will be dependent upon the role/work undertaken and will be subject to service requirements.

For example, hybrid working may be possible where:

- The work or part of the work of an employee (for example, administrative tasks, meetings or online training) is not required to be carried out in a NSS building. Where roles require physical presence on site, hybrid working may not be an option. However, it is may still be possible for employees to explore alternative forms of flexible working with their managers.
- The employee is able to communicate and collaborate effectively with their team(s) and manager whilst working remotely

It is important for the manager to explore what works for both the service, SBU and for employees taking into account the type of work required to be undertaken, where and when this work needs to be undertaken along with the support and equipment that employees will need whilst undertaking their roles.

At present this protocol only applies to arrangements that involve a combination of working at home and at an employee's contractual NSS building/office base. However, as these new arrangements become embedded across the organisation it may be possible to explore options for working remotely from other NSS/NHS locations.

3.0 Roles and Responsibilities

There are a range of expectations about the roles and responsibilities of all parties including employees, teams, managers, SBU Directors, HR and Trade Union representatives when it comes to the implementation of the Hybrid Working Protocol, as follows:

SBU Directors should:

- Lead and oversee the delivery and implementation of hybrid Working arrangements across the SBU;
- Ensure that hybrid working arrangements are regularly reviewed by the Senior Management Team.

Managers should:

- Seek to facilitate hybrid working where operationally possible in a flexible and sensitive manner, ensuring employee safety and wellbeing at all times;

- Work with individual employees to explore how hybrid working could work for them and the team based on their preferences, the needs of their role and the needs of the SBU/service;
- Agree with individual employees and the wider team how hybrid working will be implemented and establish local principles/rules for ensuring that these arrangements operate effectively;
- Ensure there is an understanding across the team of the standards of behaviour and performance expected of each employee;
- Have regular and frequent one-to-one and team meetings and ensure that employees are able to communicate and collaborate effectively whilst working remotely;
- Ensure that employees who are working in a hybrid way are treated fairly in relation to performance review, training and development opportunities and other employment arrangements;
- Commit to the Digital First Approach and with the support from DaS ensure all employees have the necessary equipment to work in a hybrid model
- Ensure health and safety aspects of remote working are addressed, including [DSE Assessments](), [Lone Working]() and any supporting actions are identified and implemented;
- Ensure that employees are taking regular breaks away from their workstation and discourage lunch time meetings;
- Monitor wellbeing of employees and regularly check that they feel supported whilst working remotely;
- Conduct regular reviews on the effectiveness of hybrid working arrangements at an individual and team level and in relation to service/SBU need.

Teams should:

- Commit to the Digital First Approach and participate in processes that maintain the flow of communication and support collaboration across the team/SBU;
- Make every effort to keep in touch regularly with team/SBU colleagues with the help of relevant technology and equipment;
- Participate in any review of hybrid working arrangements and contribute to how these can be improved.

Employees should:

- Work with the manager and team colleagues to establish hybrid working arrangements that meet their own needs and those of the team and the service/SBU;
- Ensure continued communication and collaboration with the manager and wider team with the help of relevant technology and equipment;
- Comply with locally agreed team 'rules' for hybrid working such as attending team meetings or lunchtime cover arrangements;
- Adhere to the expected standards of behaviour and performance when working in a hybrid working model;

- Discuss any concerns about hybrid working or working remotely at the earliest opportunity with the manager;
- Ensure that there is a suitable environment within which to work remotely where all necessary equipment can be safely installed to enable the duties of the role to be undertaken;
- Follow all Health and Safety requirements and ensure a safe working environment whilst working from home, including undertaking a DSE Assessment and ensuring any lone working actions are addressed in line with the [NSS Lone Working Procedure](#);
- Take reasonable care of equipment provided by NSS for remote working purposes, highlighting any defects or operational problems through the appropriate channels;
- Be accessible whilst working remotely - this may include sharing calendars or signalling availability on Microsoft Office Teams;
- Ensure adequate carer arrangements are in place whilst working remotely. Employees are responsible for assessing their own carer commitments and ensuring that they are able to fully undertake their duties when at work. Where an employee has temporary carer issues, the NSS Special Leave Policy may be applicable.

HR should:

- Provide consistent advice and guidance to managers and employees on the interpretation and application of the Hybrid Working Protocol;
- Provide advice and guidance to support managers and employees in resolving any queries or problems arising through the introduction of hybrid working arrangements.

Trade Union Representatives should:

- Work in partnership with management to introduce and implement hybrid working arrangements across NSS;
- Support the resolution of queries or problems that may arise in the application of hybrid working arrangements;
- Participate in the review of hybrid working arrangements at both local team, SBU and organisational level.

4.0 Key Provisions

The key provisions that underpin this protocol are:

4.1 Contractual Base

Where hybrid working arrangements are applied, there will be no requirement to change contractual base. Employees will continue to be contractually based at their original building/office location.

4.2 Employee Health and Safety and Wellbeing

Health and wellbeing should be a primary focus when moving to a new hybrid working model. It is important to recognise the challenges employees may face when undertaking hybrid working arrangements, including the impact on mental health, reduced in-person social interactions and isolation. Therefore, it is important for managers to:

- Support employees in their team through holding regular 1-2-1 meetings and remind employees to take regular rest breaks throughout the day;
- Encourage employees to speak up when they are feeling that their working arrangements might be impacting on their health and wellbeing;
- Ensure all applicable HR/workplace policies and procedures continue to be adhered to;
- Ensure safe working measures are in place including a requirement that employees undertake appropriate risk assessments in the home. Employees should have a dedicated work surface with appropriate space, lighting and equipment to enable safe and comfortable working, as well as regularly undertaking a Display Screen Equipment (DSE) Assessment;
- Ensure that any current workplace reasonable adjustments which have been implemented in the employee's NSS building/office environment are replicated or relocated to the home working environment, so far as it is reasonable to do so;
- Advise employees to avoid holding face to face meetings in their own home and not to provide their home addresses to third parties for work purposes;
- Ensure that employees are aware of the availability of training opportunities that may support them in the new working arrangement and assist them in managing work-life balance, referring to existing workforce policies as appropriate;
- Remind employees of the availability of the Occupational Health Service and Employee Assistance Programme should they be in need of their services;
- Ensure that employees are aware of other forms of support that may be available to them if they feel that remote working may be impacting on their health and wellbeing. It should be noted that advice and information on resources available to support emotional and mental wellbeing for both employees and managers is available on the National Wellbeing Hub and on the Occupational Health, Safety & Wellbeing pages on HR Connect.

4.3 Information Governance and Data Protection

Employees who undertake hybrid working arrangements must ensure that they are aware of and adhere to all NSS Information Governance policies and processes relating to use and storage of data. These can be accessed on the Information Governance site on GeNSS and include the NSS Data Protection Policy, NSS Information Security Policy and the NSS Confidentiality Policy.
In case of an adverse event or near miss in relation to an information governance issue while working remotely, the Adverse Event Management reporting procedure should be followed and an Online Incident Reporting Form should be completed.

4.4 Technology and Equipment

For hybrid working to be effective, employees will need to have the right technology, equipment and an available home internet connection which has connectivity sufficient for the employee to carry out their work effectively. Equipment may include laptop, monitor, keyboard, mouse and headset and employees will be responsible for ensuring that they have an appropriate work surface and safe storage for equipment when not in use.

Some employees may require reasonable adjustments to their work station and/or equipment to enable them to work remotely and in such cases, Occupational Health advice should be sought.

It will not be possible to provide two sets of equipment, one for home and one for the office – for example, the employee is expected to transport their laptop between their contractual work location and their home.

- Where employees do not have regular access to an NSS issued laptop, it may be possible to explore other options, such as:
  - Limited use of the employee's personal laptop with appropriate security measures, for example, always have VPN on;
  - Departmental laptop booking systems for employees who do not need to use a laptop on a daily basis

There may be circumstances where it is not possible to gain access to the necessary equipment or systems at home in relation to certain work activities and in such cases the work would need to be undertaken at the appropriate work location for that work activity.

4.5 Employee Engagement and Communications

Employee engagement and communication are fundamental to the effective delivery of a hybrid working model. Employees should be able to communicate and collaborate effectively with their teams and manager whilst working remotely. In particular, the following should be noted:

- Communication in a hybrid environment will need to be planned between managers, employees and teams. Fairness and inclusivity should be key considerations when delivering communications and arranging meetings, making use of available equipment and technology, so that all relevant team members are involved regardless of where they are working.
- Some meetings might take on a hybrid meeting approach and consist of some people in the office and some connecting from home. Managers should ensure equal opportunity of access in these circumstances;
- Consideration should be given to the frequency and timings of online meetings;
- Consideration of safe occupancy levels will be required to enable employees to collaborate and connect with each other in NSS buildings in a safe and compliant manner.

4.6 Learning and Development

Not all employees and managers will be familiar with working and managing a team in a hybrid model, which is why there are a range of learning events, training opportunities and bite size self-directed online content available for both employees and managers to access. These include:

- All employees should continue to undertake the requirements of mandatory for All and Role e-learning.
- For all employees, there will be upcoming events specifically focused on supporting them in adjusting to these new ways of working such as workshops on 'Morale and Motivation' and on 'Change and Uncertainty' that are designed to support employees with the challenges of managing change, dealing with uncertainty and building resilience.
- For managers, the NSS Management Development Framework is currently under review to ensure training for managers is provided on new and enhanced skills and competencies to support them in managing their teams effectively under hybrid working arrangements. The content will include skills development such as coaching, communication and building effective teams in this new way of working. In addition, over the next 6 months, there will be planned events to support managers in managing teams in a hybrid setting, with bite size self-directed online content available from early 2022. Other available resources for managers can be found on the [NSS Management Hub](#) which includes agile drop-in sessions that can be used to reinforce best practice in managing teams.

4.7 Performance Management

Managing performance in a hybrid working model may require new skills for managers such as coaching, project management and digital fluency to facilitate effective collaboration within the team and to understand and evaluate the team's performance. Managers will also need to ensure that performance issues are addressed and seek to recognise great performance amongst employees working remotely. Planned events will support managers in developing their teams and managing performance in a hybrid working model, practising their coaching skills and enhancing their digital skills. The bite size self-directed content available includes the Personal Development Planning and Review module on LearnPro and guidance on the use of TURAS for undertaking objective setting, recording personal development plans and undertaking performance reviews.

4.8 Resolution of outstanding concerns or issues

The hybrid working discussion that takes place between the manager and employee should be collaborative and focused on jointly agreeing a hybrid working arrangement that meets the needs of the employee where operationally possible.

If the employee has any concerns or issues that they don't feel have been satisfactorily resolved in respect of the outcome of the meeting, or if an employee is unhappy about

any aspect of their employment situation, they have an option to raise their concerns in line with the [NHS Scotland Grievance Policy](#).

5.0 Governance

The application of this protocol will be overseen by the NSS Partnership Forum with any queries concerning interpretation raised with the NSS Workforce Policy and Terms and Conditions Group in the first instance.

6.0 Review

A review of the application and impact of this protocol will be undertaken by the NSS Partnership Forum, 6 months from implementation.

NHS National Services Scotland

Meeting: NSS Board Meeting

Meeting date: 30th September 2021

Title: Feedback and Complaints Annual Report
April 2020-March 2021

Paper Number: B/21/59

Responsible Executive/Non-Executive: Lee Neary Director of Strategy Performance
Service Transformation

Report Author: Louise MacLennan Head of Equality and
Engagement

1. Purpose

The NHS Model Complaints Handling Procedure requires all public bodies to submit an annual report to the Scottish Public Services Ombudsman, Scottish Government, Healthcare Improvement Scotland and this requires the Board to review the report in line with this legislative requirement. The report will be published and submitted to the organisations mentioned above on the 30th of September 2021.

2. Recommendation

The Board is asked to approve the report.

3. Discussion

In April 2017 the NHS Model Complaints Handling Procedure was implemented across the NHS in Scotland. The new procedure includes a 2 stage process to ensure that all complaints are handled effectively, consistently and in a timely manner. The procedure is in place across all NSS services. The annual report is a collation of the feedback and complaints data for April 2020- March 2021.

The number of complaints NSS received in 2020-2021 has decreased from the 2019-2020 period (426). In 2020-2021 NSS received a total of 314 complaints which is a decrease from the previous year of 26%. The acknowledgment and handling rates remain consistently high with 98% of less complicated complaints responded within the 5 working day target and 96% of the more complicated complaints responded to with in the 20 working day target. The Scottish Public Services Ombudsman received 3130 complaints

in 2020-21, 3 of those related to NSS services, were investigated and 2 were not upheld and 1 was upheld.

4. Impact Analysis

4.1 Quality/ Patient Care

The feedback and complaints received inform service improvements and customer action plans.

4.2 Equality and Diversity, including health inequalities

The model complaints handling procedure is available to our customers, donors and wider public with various routes for any feedback to be received making the process as accessible as possible. We have a duty to provide information to the right to redress and to seek free and independent advice from the patient advocacy service. We ask complainants to provide us with information on their experience of how we have handled their complaints.

4.3 Other impacts

In relation to the servicenow complaints reporting system the impact of the COVID19 pandemic meant that PCF were not able to go live on the system as planned at the start of Q1. This has impacted on resources in SPST where manual analysis of the SBU data has been necessary.

5. Risk Assessment/Management

There are no risks identified within this annual report.

6. Financial Implications

The model complaints handling procedure is managed within existing resources.

7. Workforce Implications

The staff related complaint numbers are consistently low and the number of compliments received outweighs this number. Staff training has been implemented to drive improvements for handling complaints and feedback received.

8. Route to the Meeting

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

The Board has carried out its duties to involve and engage external stakeholders where appropriate:

- The SBU complaints handlers provide SBU complaints, feedback and compliment data inputting this data onto the NSS Servicenow MCHP platform. PCF has been engaged with separately as they are not yet live on servicenow.
- The NSS Customer Insights team has been engaged to ensure that all data available informs the annual report
- The NSS DaS servicenow team has provided support and training to enable improved reporting from the MCHP platform
- The Chief Executive has been informed of the time constraints and plans for the completion of the report
- The Director of Strategy, Performance and Service Transformation has been informed of the development of the report and action plan for publication on the 30th of September
- The Associate Director of Customer Solutions and Experience has been informed of the content of the report and the plan for publication on the 30th of September
- The Customer Insights Teams has provided data for the content of the report
- The report was presented to the NSS Audit and Risk Committee on 16th September

9   List of appendices

The following appendices are included with this report:

- Appendix 1, NSS Feedback and Complaints Annual Report 2020-21
- Appendix 2, Equality Impact Assessment PDF of MS Form initial assessment
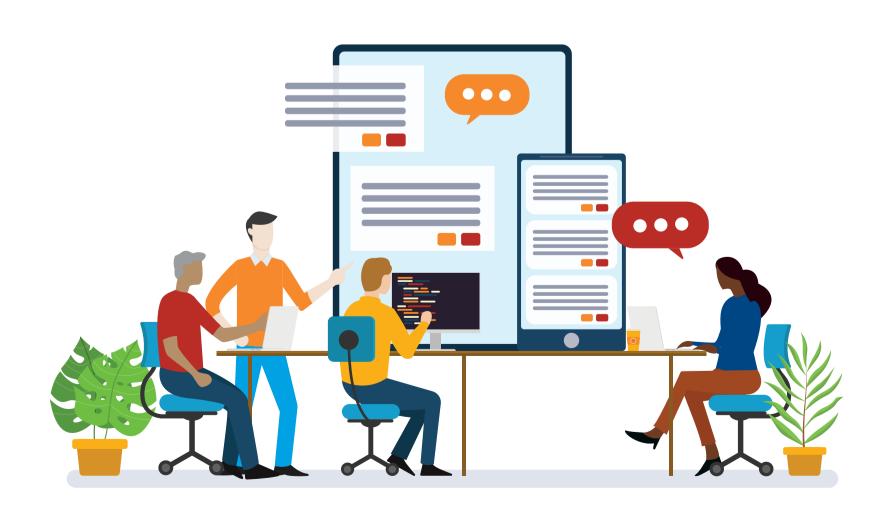
Feedback, Compliments and Complaints Annual Report

April 2020 to March 2021

Contents

1. At A Glance 2020 / 21

98% of the less complex complaints were resolved within the **5** working day target.

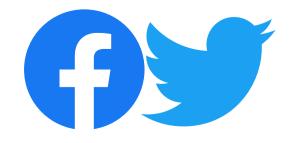**91%** of the complex complaints were resolved within the **20** working day target.

26%

In 2020 / 21 we received **314** complaints, a **26% decrease on 2019 / 20.**

Customer satisfaction scores are on average **77%.** Central Legal Office continues to be industry leaders in customer satisfaction with a score of **98%.**

NSS received positive feedback and compliments about our services throughout 2020 / 21 with 190 positive feedback and compliments.

In 2020 / 21 the Scottish Public Services Ombudsman (SPSO) received 3,130 complaints — out of those **3** related to NSS.

The NSS Twitter account has **13,300** followers and the SNBTS Facebook page has **73,500** followers. Both of these accounts provide information about our services and initiatives.
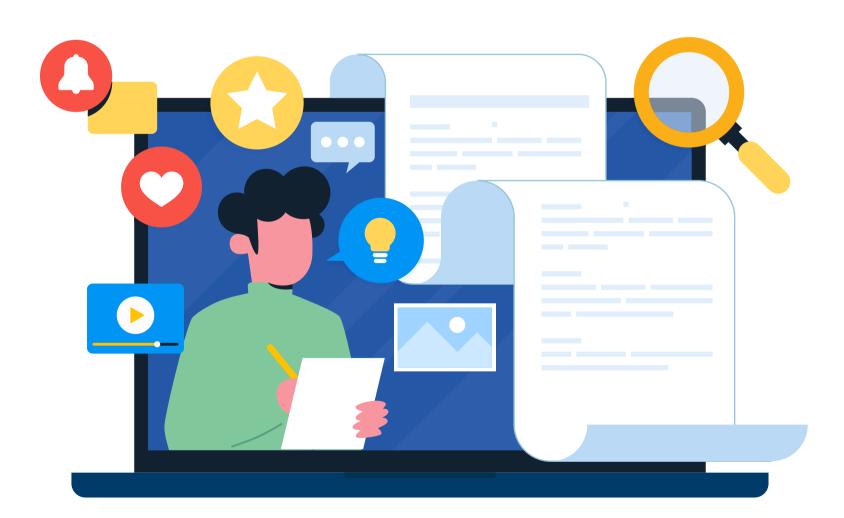
2. Introduction

This report provides the summary of the activity surrounding feedback, comments, concerns and complaints received by NHS National Services Scotland (NSS) in the period from 1 April 2020 to 31 March 2021.

Throughout the year we have used feedback, comments and complaints to improve our services and continue to manage and handle complaints and feedback well within our KPIs.

Feedback and complaints are received directly by the Strategic Business Units (SBUs), directly into the Strategy, Planning and Service Transformation Directorate via the feedback mailbox, the address is clearly displayed on the NSS website. Those submitted via the web are routed to the generic NSS Feedback mailbox. All feedback and complaints are handled in line with the model handling complaints procedure (MCHP).
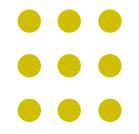
This report will be reviewed by Healthcare Improvement Scotland (HIS) and comments on it will be provided. These comments will be reported on in due course, together with any improvements required.

Empowering people to be at the centre of their care and listening to them, their carers and families is a shared priority for everyone involved in the NHS in Scotland. Feedback, comments, concerns and complaints provide a valued and vital source of information about service delivery and assist in identifying service improvement. This requirement has been embedded in legislation and recognised by HIS along with the SPSO, has required the NHS in Scotland to adopt a model complaints handling procedure to standardise complaints handling across the NHS and to be in line with the rest of the public sector — examples of this can be found within the report.

3. Our services

NSS is a national NHS Board operating right at the heart of NHS Scotland and our role extends across the wider public sector. Through our services we provide invaluable support and advice. Our services include:

COVID-19 response
Manufacturing, sourcing, supply and distribution of key materials for COVID-19 testing, management of blood screening, blood donation, and development of convalescent plasma, supporting the at-pace establishment of the NHS Louisa Jordan Hospital and the implementation of the National Contact Centre (NCC).

Specialist healthcare
Providing specialist clinical services, population screening, national network management services.

National Procurement
Strategic sourcing, commercial services, procurement services, warehouse operations, supply chain, distribution, fleet management and ward product management.

Programme management
Portfolio management, programme and project delivery, programme assurance and programme management office.

Facilities
Capital projects, estate asset management, equipping services, engineering, environment and decontamination, facilities management.

Legal
Litigation, employment, commercial property and commercial contracts.

Digital and Security
Centre of excellence for digital, security, data and technology, delivering trusted and secure digital solutions.

Blood, tissues and cells
Blood tissues and cells, clinical services, research, development and innovation, training, testing, quality assurance and regulatory compliance.

Practitioner services
Pharmacy, medical dental and ophthalmic.

Counter fraud
Fraud prevention, fraud detection, fraud investigation.

4. Encouraging and Gathering Feedback

We engage regularly with the Community Engagement work stream (formerly known as Scottish Health Council) of Healthcare Improvement Scotland to continuously review and update the methods that we use to seek and gather feedback. It is recognised that as a national mostly non-patient facing organisation, the approaches taken may differ from those in a territorial NHS Board and indeed other National Boards in Scotland.

NSS undertakes an annual customer engagement index exercise, which tracks customer satisfaction, customer advocacy and customer effort. This enables us to benchmark our performance against the industry standard. The survey is summarised as part of our planning approach and all parts of the organisation are required to deliver and implement a customer action plan based on the results of their surveys.

The Customer Experience Team has analysed the qualitative feedback received through the annual customer satisfaction survey. Themes from the survey relating to external customer feedback are split into two areas: positive feedback and areas for improvement:

1) We received positive feedback on team behaviours, how supportive we are, the way we respond and our efficient customer focus.

2) Areas that customers have asked us to improve include being more consistent, better clarity regarding roles, offering tailored support, providing more up to date information, communication, simplification and online services.

The following charts detail our customer satisfaction, customer advocacy and customer effort score for 2020 / 21 and how our services have performed against the NSS target.

NSS has exceeded the industry standards for the public sector in all three areas as determined by The Institute of Customer Service in their annual UK Customer Satisfaction Index (UKCSI).

The targets for the Customer Index are Customer Satisfaction 70% Advocacy 0% and the Customer Effort Score 62%.

The Advocacy benchmark is at the 'state of the nation' UK level. This includes sectors like automotive, banks, insurance, leisure, public services, retail, telecommunications, tourism, transport and utilities.

The Customer Satisfaction benchmark is at Public Services (national) level.

Customer satisfaction

Advocacy

	Central Legal Office	Digital and Security	Counter Fraud	Programme Management Services
Advocacy	86	-52	94	91

Customer Effort

	Central Legal Office	Digital and Security	Counter Fraud	Programme Management Services
Customer Effort	98	30	100	100

Customer Engagement Index Metrics are calculated using the following methodology:
Customer satisfaction - The calculation is the number of respondents answering 7 - 10 on the scale to the question 'Overall how satisfied are you with NSS?'. **Advocacy** - The calculation is the number of respondents answering 9 - 10 to the question 'How Likely are you to recommend NSS to a colleague/associate' minus the number respondents answering 1- 5. **Customer Effort Score** - The number of respondents answering 7 - 10 to the question 'How easy is it to do business with NSS?'.

Our strategic business units continue to monitor all feedback and are recording compliments received.
The Central Legal Office (CLO) regularly achieves customer satisfaction scores in the high 90's and in 2020 / 21 achieved 98%. They have developed an engagement approach over a period of time that allows them to capture and act on feedback in a way that is positively received by clients.

Each September CLO issues a client survey to capture feedback and comments, with each return read and reviewed by the CLO Director. If any of the comments contain constructive feedback or concerns that need to be addressed, the Director discusses it with the relevant Head of the Department. A decision is then made about how best to follow up and resolve any concerns – which may involve contacting the person who made the comment. CLO believes it is important to encourage honest feedback and not to make the person who gave it feel uncomfortable. Additionally, the Director also visits clients on a regular basis to discuss any additional feedback and/or points they want to raise.

The themes for positive SNBTS feedback focus on

the good attitude, professionalism and compassionate care and attention given to donors by the donor services teams at the donor sessions.

The themes for PCF focus on

the hard work of teams in the National Distribution Centre and Health Facilities Scotland.

The suggestions provided by blood Donors range from increasing the opportunity to donate and improving associated processes, such as staff communication and the online booking portal.

5. Encouraging and Handling Complaints

We design our responses to complaints to ensure complainants feel that their views are valued and handled appropriately and that we will take on board what they have to say.

This report outlines the complaints received in the following NSS Strategic Business Units and Directorates:

- Scottish National Blood Transfusion Service (SNBTS)
- Procurement, Commissioning and Facilities(PCF)
- Practitioner and Counter Fraud Services(PCFS)
- Central Legal Office (CLO)
- Corporate Services

NSS SBUs have fully implemented the NHS MCHP and will continue to handle complaints in accordance with this guidance. SBUs are fully supported to understand the methods for obtaining and processing feedback in these areas of NSS where no or very few complaints are received, as part of the model complaints handling procedure. Different areas of NSS feature in the quarterly reports and improvement plans, where required.

Three NSS complaints have been referred to the Scottish Public Services Ombudsman (SPSO) in 2020 / 21, one of which was upheld.

In 2020 / 21 NSS received 314 complaints, a 26% decrease on the previous year (426). We resolved 98% of complaints received and the average response time was 9.8 days.
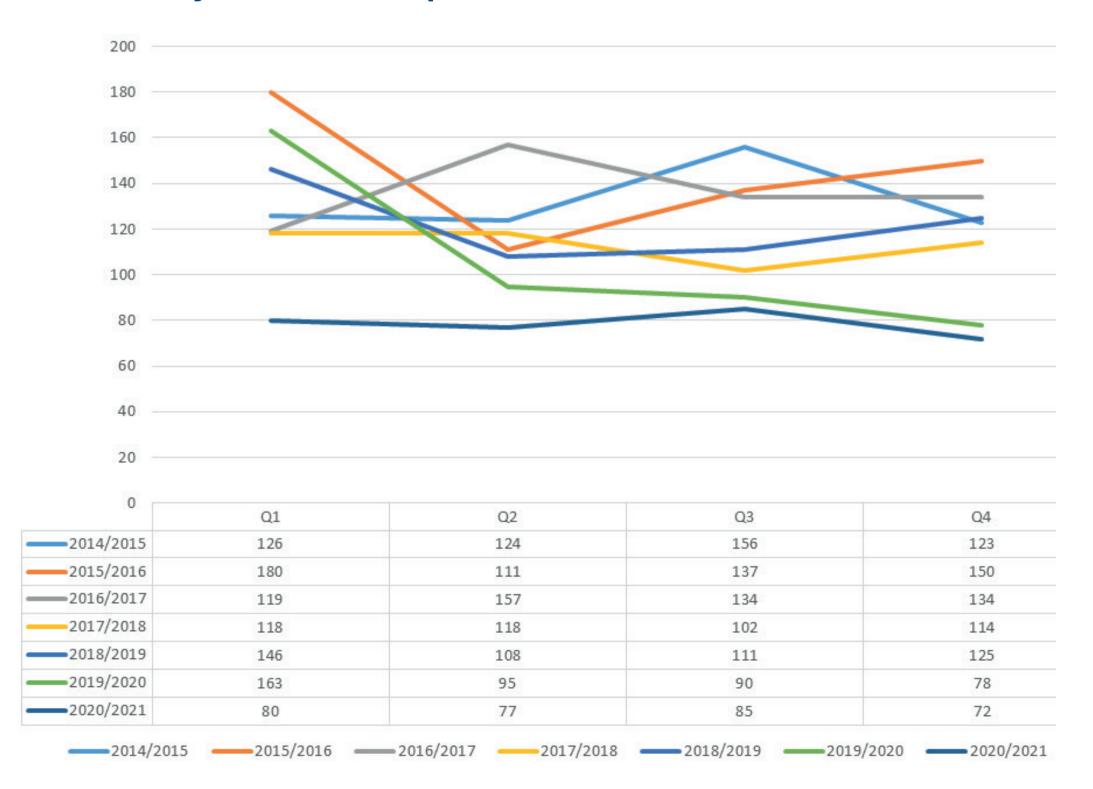
An online platform for handling complaints in ServiceNow was developed in 2019 / 20 and training provided to complaint leads in the NSS SBUs. This portal allows leads to input their data as they receive it. This gives real-time recording for complaints, feedback or concerns and as such there has been a significant improvement in the time taken to respond to these complaints, which may explain the decrease in complaints. Further development of the platform was needed towards the end of 2019 to meet the needs and requirements of Procurement, Commissioning and Facilities (PCF) and in particular the National Distribution Centre (NDC), however unfortunately due to the pandemic this was unable to go live as planned. This remains the position.

Table 1 Quarterly and cumulative totals for 2020 / 21 with a comparator with 2019 / 20

	2020 / 21		2019 / 20	
	Quarterly Total	Cumulative Total	Quarterly Total	Cumulative Total
Q1	80	80	163	163
Q2	77	157	95	258
Q3	85	242	90	348
Q4	72	314	78	426

Figure 1 Quarterly and cumulative totals for 2014 / 15, 2015 / 16, 2016 / 17, 2017 / 18, 2018 / 19 and 2019/ 2020

Quarterly Totals for Complaints Received 2014 - 21

	Q1	Q2	Q3	Q4
2014/2015	126	124	156	123
2015/2016	180	111	137	150
2016/2017	119	157	134	134
2017/2018	118	118	102	114
2018/2019	146	108	111	125
2019/2020	163	95	90	78
2020/2021	80	77	85	72

2014/2015   2015/2016   2016/2017   2017/2018   2018/2019   2019/2020   2020/2021

NSS continues to commit to the requirements set out in the new NHS MCHP. NSS policy is to acknowledge complaints within three working days; resolve less complex complaints within five working days and resolve more complex complaints within the 20 working day timescale.

In 2020 / 21 NSS met all of the KPI requirements set out in the NHS MCHP. On average our response time for less complex complaints was

2.78 working days against a target of five days. For more complex complaints, our average response time was 10.89 working days against a target of 20 days.

Table 2 Handling Complaints – NSS Response times

2020 / 21	Q1 April-June	Q2 July-Sept	Q3 Oct-Dec	Q4 Jan-Mar	2018 / 19 Comparison	2017 / 18 Comparison
Average Response Time against Target Response Time of 5 working days (less complex)	3.25	2.85	2.50	2.50	9.2	3.25
Average Response Time against Target Response Time of 20 working days (more complex)	11.04	10.50	12.50	9.50	10.8	11.04
% responses within target (20 working days)	96%	94%	88%	88%	97%	97%
No. of responses out with target	3	5	10	9	0	0
Quarterly Complaint Totals 2020 / 21	80	77	85	72		

The number of complaints that were out with the target refer to stage 2 more complex complaints.
This can be explained by the complaints handling times being recorded in days and hours and the majority of these were out with target by hours rather than a number of days.

Feedback and Complaints by Service

NSS continues to receive complaints and feedback from complainants that are in relation to other NHS Boards and primary care providers. This has been proactively managed in relation to the new website (as detailed in previous annual reports).
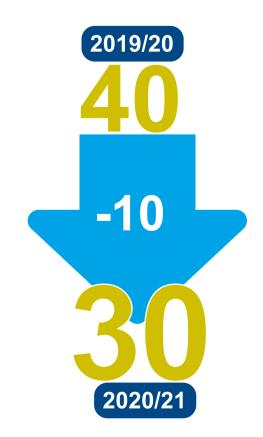
This section looks in more depth at the areas of reported complaints.

Staff Related Complaints

Staff related complaints remain consistently at low levels.

The number of complaints NSS has received from blood donors in relation to staff attitude and behaviours is 30 for 2020 / 21. This is a decrease of 10 from 40 for 2019 / 20.

This is an important area for NSS as it one of our few public facing services with contact with 300,000 donors each year.

2019/20
40
-10
30
2020/21

Scottish National Blood Transfusion Service

As one of our few public facing services, it is important for NSS' and SNBTS's reputation that donors always feel welcomed and valued. SNBTS is in contact with over 300,000 donors each year and the numbers of complaints they receive remains low. **The number of complaints received is down this year,** 30 complaints were received, all relating to staff attitude and behaviours. This is a decrease of 10 from 40 in 2019 / 20.

The table below highlights the categories of complaints received in SNBTS.

Table 3 SNBTS 2019 / 20 and 202 / 21 number of complaints received

Code / Type of Complaint		Q1 2020/ 2021	Q1 2019/ 2020	Q2 2020/ 2021	Q2 2019/ 2020	Q3 2020/ 2021	Q3 2019/ 2020	Q4 2020/ 2021	Q4 2019/ 2020
1	Opportunity to donate	11	24	8	4	9	8	5	8
2	Donor Selection	6	6	0	6	4	7	1	0
3	Opening Hours	-	0	0	6	4	7	1	0
4	Staff Attitude & Behaviour	7	12	5	8	12	10	6	10
5	Waiting Times	-	1	1	7	0	0	0	0
6	Donor Communications	5	2	11	0	2	1	4	1
7	Documents and Records	2	5	2	6	2	2	2	1
8	Health & Safety	2	2	0	0	1	11	1	4
9	Bruising	2	3	4	4	1	4	1	4
10	New Regulatory Change	1	0	0	0	0	0	0	2
11	Special Redesign/ change/ Disruption	0	0	0	0	0	0	0	0
12	Special Needs (DDA)	0	0	0	0	0	0	0	0
13	Vexatious	0	0	0	0	1	0	0	0
14	Voluntary Organiser Attitude & Behaviour	0	0	0	0	0	0	0	0
15	Facilities (incl. Parking)	0	3	0	0	5	2	4	0
16	Legal claim	0	0	0	0	0	0	0	0
17	Appointment Availability	4	0	3	10	3	9	6	14
18	Donor Web Portal	5	0	1	0	3	0	2	1
	Total	45	58	35	51	50	51	33	45
	Yearly Totals 2019 / 20 2020 / 21	205 163							

There has been a specific reduction in complaints relating to opportunity to donate and staff attitude and behaviour. The roll out and continuous reinforcement of values and behaviours training and appointments training is ensuring that we provide the highest level of customer service, demonstrating a friendly environment and stressing the importance of acting in a professional manner at all times. There was in Q2 a slight increase in complaints around donor communications; this was mainly due to the impact of COVID-19 on donor sessions. All changes on session were in line with Scottish Government recommendations and change has been rapid for staff and donors throughout this period. This theme has continued from Q1.

During the pandemic in Q1, we rapidly implemented the use of the Donor Web Portal (DWP) we expected to receive feedback as a result of implementing a new process. We are pleased to see it has remained stable through Q2 and not risen. The introduction of DWP within all community sessions has enabled the donors to book an appointment online by using a donor online account, or by phoning to book an appointment 6 weeks in advance of the session.

Procurement, Commissioning and Facilities

Within PCF, the majority of complaints relate to National Procurement, due to the nature of the logistics part of the business.

Table 4 National Procurement complaints managed by PCF — NDC Complaints

There was a decrease in the number of complaints reported within Q 1 numbers compared to the last quarterly report, and this is a significant decrease based on the same quarter of previous years. These figures have been impacted by the COVID-19 situation, as a lot of the business as usual activity within the Health Boards has been put on hold, with a focus on the procurement and distribution of PPE.

From April – June 2020 – this was a period when the Health Boards were significantly impacted by the clinical demands of COVID-19. As a result, the Health Boards' priorities were focused in other areas and PCF anticipate that this was one of the reasons they experienced less complaints with the priority for Health Boards focussed on the supply and demand for PPE.

We received a lot of positive feedback during this period for Strategic Sourcing and Logistics and all other PCF staff supporting the COVID-19 efforts – providing PPE to GPs, Opticians, Dentists, Pharmacists, Social Care – in significant amounts.

Complaint numbers have continued to fall year on year apart from Q3 in 2019 / 2020 we believe the reason for this is due to closer working relationships and improved communication with the HBs, working closely with the HB local procurement teams.

In Q3, there was a slight increase in the number of complaints reported compared to the previous quarter. These figures are impacted by the COVID-19 situation, as the recipients of our service expanded. Products were not only being distributed to NHSScotland Health Boards but also to Local Authorities, Primary and Social Care. The volume of PPE being issued continued to increase which resulted in additional recruitment within Operations to sustain demand.

There was a slight increase in 2020 / 21 stating Health and Safety as a reason for complaint. These product complaints were a result of Clinical Staff experiencing skin irritation which they are linking to a change in glove brand, however, on investigation this determined that the gloves met specification and as not all staff are affected (An average of 11 million gloves issued per week across Scotland) it has been determined that some staff may have more sensitive skin and due to the prolonged use of gloves and the unprecedented situation this is affecting them more significantly. Health Boards are referring staff to Occupational Health and alternative gloves are being offered to these users as a solution. It was established that the product was not at fault, more the circumstances of prolonged used combined with using hand sanitiser, causing skin irritation . This was the experience in some Health Boards.

Table 5 National Procurement 3rd Party Complaints

Type of Complaint	Q1 19 / 20	Q1 20 / 21	Q2 19 / 20	Q2 20 / 21	Q3 19 / 20	Q3 20 / 21	Q4 19 / 20	Q4 20 / 21
Product Quality	37	20	38	52	42	38	30	38
Service	-	0	-	2	-	0	1	0
Transport Issues	3	0	1	0	1	0	1	0
Late/Wrong/No Delivery	11	3	6	2	15	3	8	2
Supply Issues	2	5	1	0	2	2	2	0
Wrong/Confusing/ Missing Information	1	1	-	1	5	1	8	1
Price	1	0	1	0	-	0	1	0
I.T/Systems	-	0	-	0	-	0	-	0
Product Unsuitably Packed (H&S Issues)	5	8	3	14	15	7	11	16
Other	4	10	18	12	18	22	19	5
Total	64	47	68	83	108	73	81	62
Total annual figure 2020 / 21	265							
Total Annual Figures 2019 / 20	321							

NSS National Procurement monitors complaints closely and where an adverse trend is identified, works with the supplier, and where appropriate the NHS Board, to develop and agree a recovery, corrective action and improvement plan. As part of any containment, corrective or preventative action process, NSS issues a product alert or recall notice to NHS boards.

Practitioner and Counter Fraud Services (PCFS)

PCFS received 16 complaints in 2020 / 21. These related to service delivery and complaints received from patients and practitioners. The themes identified are summarised as follows:

- Delay in getting prior approval decision on dental treatment and length of time taken to get the approval.
- Patients making complaints in relation to patient registration and questions on the form.
- Patients making complaints about being removed from GP practices and/or the GP practice they have been assigned to. Difficulty finding a GP.
- Patient and practitioner complaints that they had been accused of fraud.
- Dentists complaining that their payment had not been paid in a timely manner.

This is a slight increase when comparing to previous years which can be explained by the impact of the pandemic with staff being deployed to roles to support NSS with our response to the pandemic. Patients have found it increasingly challenging to access GP practices and this explains the increase in complaints to PCFS.

Central Legal Office (CLO)

CLO receives very low numbers of complaints, with one received in 2020 / 21. This was dealt with through existing processes that relate to specific legal matters through the Scottish Legal Complaints Commission.

National Contact Centre

National Contact Centre was implemented in June 2020 with a feedback mechanism established in Q3 with 137 complaints received.
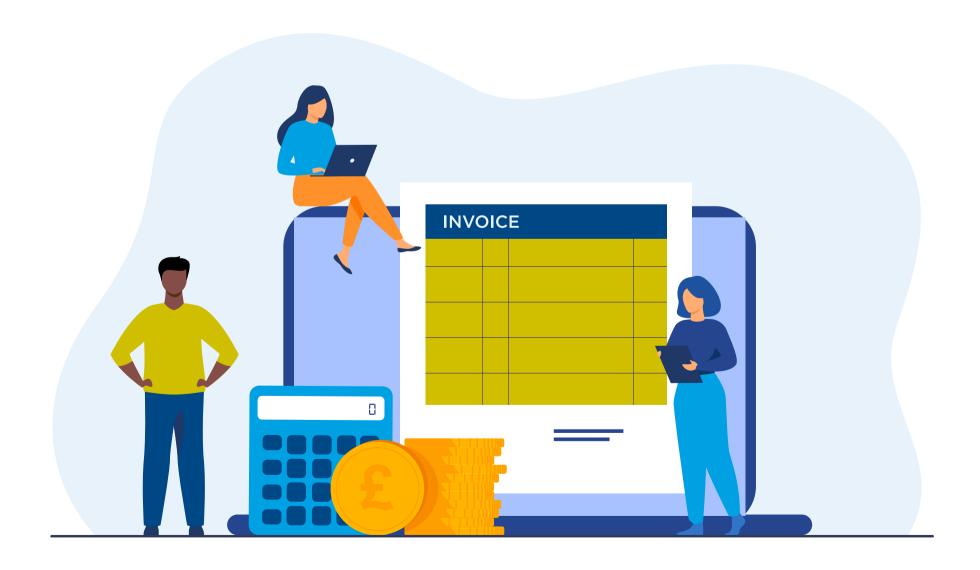
NSS Finance – Case study

In 2019-20 NSS Finance didn't receive any complaints, which is positive news. However with continuous improvement in mind, the Finance team reviewed the existing complaints process to ensure that it was easily accessible, easily understood, and fit for purpose. In 2020-21 the process was relaunched, including:

- Providing training on complaints handling to Heads of Service
- Implementing a ServiceNow portal for feedback and complaints where people can raise their issues in just a few clicks
- Launching an automated customer feedback survey when ServiceNow tickets are closed so they can quickly and easily rate the quality of service they've received

In the few months since the launch, we've received 27 items of feedback, of which seven were complaints. This is a sizeable increase from our previous figures, however is testament to the improvements made in our feedback and complaints process.

Thanks to this increased engagement we now better understand customer frustrations and can make improvements to our wider service. It has also been wonderful to hear positive feedback and thanks from our customers when things have gone well.

As a direct result of feedback received, we've simplified the language on our ServiceNow portal and created a "brilliant basics" guide to providing consistently great customer service to support our staff when interacting with customers. It has only been a few months but we expect to learn more throughout the rest of the year as more people provide their feedback.

6. The Culture including Staff Training and Development

Scottish National Blood Transfusion Service

SNBTS held staff engagement sessions around changes being put in place to ensure careful management of communication to donors. This was critical to ensuring we maintain adequate supply of specific blood groups.

Collection staff in SNBTS also benefitted from Convalescent Plasma training, aiding donor understanding and acceptance of the process to follow.

The NSS Values programme

In 2018, we relaunched the NSS Values and invited everyone to bring fresh commitment and energy to creating a 21st century NSS culture of collaboration, innovation and compassion. This common set of values, endorsed by Staff Governance, helps us all create a better NSS community, whilst honouring the traditions and good work of our Strategic Business Units (SBUs) and Directorates.

The NSS Values are outlined below:

- Committed to each other
- Customer focus
- Integrity
- Openness
- Respect and care
- Excel and improve

NSS is committed to a " once for NSS philosophy" and our staff continue to work within the NSS Values programme.
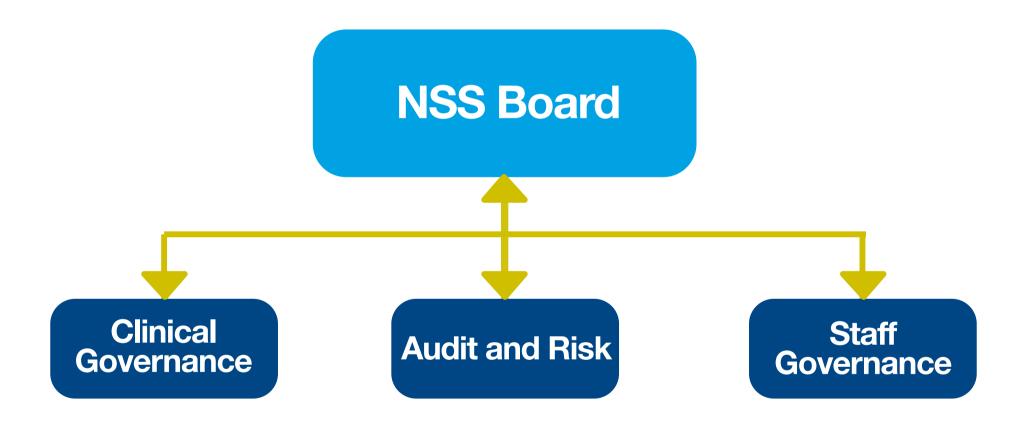
7. Accountability and Governance

The executive lead for feedback and complaints is the Director of Strategy, Planning and Service Transformation, who is supported by the Head of Equality and Engagement. We ensure visibility of feedback and complaints at the highest level in the Board to ensure that performance and risk can be assessed and mitigated.

Since the previous annual report, the governance for complaints has changed in relation to reporting. Clinical complaints are integrated into the NSS clinical governance quarterly reporting. Staff-related complaints are integrated into the people report presented to the Staff Governance Committee. The Executive Management Team receives the performance figures against the MCHP KPIs. The Audit and Risk Committee receives the annual report.

Three specific indicators relating to learning, complaint process experience and staff training were developed in order that learning could be demonstrated and improvements shown. These indicators are qualitative in nature, and may be difficult to benchmark. However, they are fundamental to understanding how an organisation performs in this area.
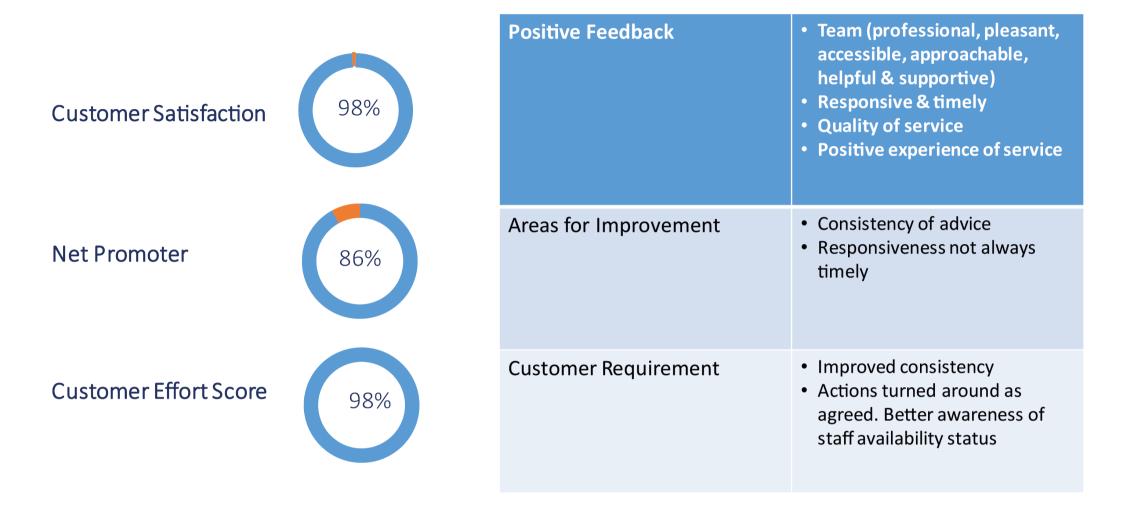
The other indicators developed were quantitative in nature and relate to the number of complaints received, how many are upheld, and how many are dealt with in the stated timescales.

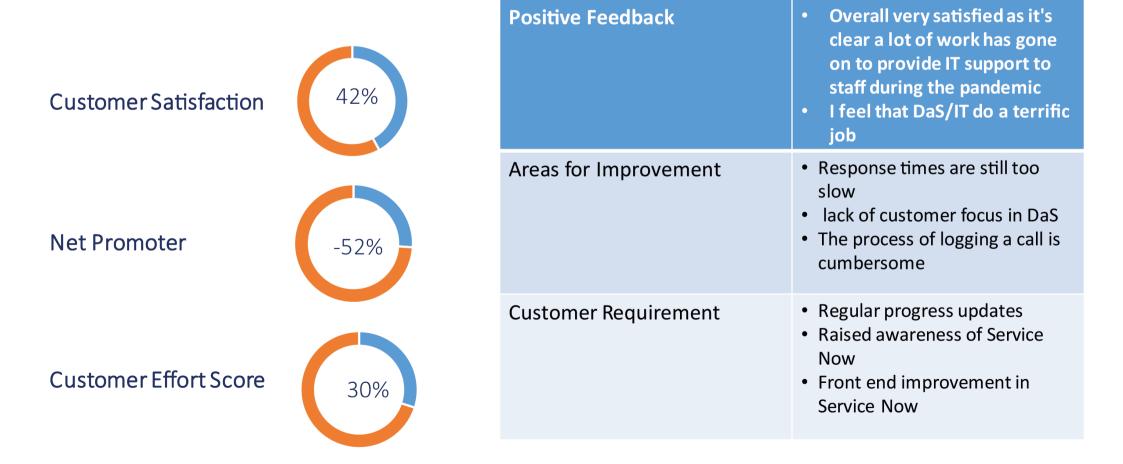**Figure 2 Hierarchy of Governance arrangements in NSS for Feedback and Complaints Reporting:**

NSS Board

Clinical Governance

Audit and Risk

Staff Governance

Appendix: Summary of Customer Feedback and Suggestions

CLO – Customer Feedback and Suggestions

Customer Satisfaction 98%

Net Promoter 86%

Customer Effort Score 98%

Positive Feedback	• Team (professional, pleasant, accessible, approachable, helpful & supportive) • Responsive & timely • Quality of service • Positive experience of service
Areas for Improvement	• Consistency of advice • Responsiveness not always timely
Customer Requirement	• Improved consistency • Actions turned around as agreed. Better awareness of staff availability status

DaS – Customer Feedback and Suggestions

Customer Satisfaction 42%

Net Promoter -52%

Customer Effort Score 30%

Positive Feedback	• Overall very satisfied as it's clear a lot of work has gone on to provide IT support to staff during the pandemic • I feel that DaS/IT do a terrific job
Areas for Improvement	• Response times are still too slow • lack of customer focus in DaS • The process of logging a call is cumbersome
Customer Requirement	• Regular progress updates • Raised awareness of Service Now • Front end improvement in Service Now

Counter Fraud Services – Customer Feedback and Suggestions

Customer Satisfaction   100%

Net Promoter   94%

Customer Effort Score   100%

Positive Feedback	• I like the format of the FLO/CFS meetings through Teams and would be keen for this to continue • The rolling fraud alerts this year have been especially useful. • The service provided is excellent
Areas for Improvement	• Possible electronic links between our staff communication medium and CFS comms.
Customer Requirement	• Support with induction of our new Counter Fraud Champion would help to reinforce the importance of this role at Board level.

Author (s) NSS Customer Insight Team

**Strategy Performance and
Service Transformation**

Email: NSS.Feedback@nhs.scot

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Thursday, 30 September 2021**
Title:	**NSS Research, Development & Innovation (RDI) Strategy**
Paper Number:	**B/21/58**
Responsible Executive/Non-Executive:	**Dr Lorna Ramsay, Executive Lead for RDI**
Report Author:	**David Stirling, Director of Healthcare Science,**
	Brendan Faulds, Innovation Programme Director,
	Kelly McGrogan, Service Manager, Clinical
	Directorate

1. Purpose

To bring the NSS Research Development and Innovation (RDI) Strategy to the NSS Board for approval.

2. Recommendation

The NSS Board is asked to approve the NSS RDI Strategy. It should be noted that a public facing version of the strategy will be developed and published on the NSS website in the next quarter.

3. Discussion

RDI is a key strategic theme for NSS and a cornerstone of Scottish Government's (SG) Remobilise, Recover, Re-Design (3Rs) framework, the Life Sciences Strategy for Scotland and referenced in the recent Programme for Government (PfG).

NSS's RDI heritage, whilst successful, has been historically siloed in its approach, support and delivery. The nature and scope of NSSs research remit is expanding and our role in supporting Health and Social Care innovation is being ratified and formalised. How we ensure appropriate organisational oversight and assurance across our RDI activity needs to adapt accordingly.

Discussion with the Head of Chief Scientist Office (CSO) has identified that most other Boards have an RDI function in place to oversee RDI activity and assurance. It has also highlighted opportunity to improve the awareness and visibility of the nature and breadth of NSSs research and development activity.

NSS has been a key partner in the development and refinement of the Accelerated National Innovation Adoption (ANIA) pathway for health and care in Scotland with SG CSO, the Health and Social Care Innovation Steering Group (ISG) and the new Centre for Sustainable Delivery (CfSD). NSS is engaged as a member of the Scottish Health Industry Partnership (SHIP), has membership of Programme Boards for the Industrial Centre for Artificial Intelligence Research in Digital Diagnostics (iCAIRD) and Precision Medicine Scotland (PMS), and a Memorandum of Understanding with Digital Health and Care Institute (DHI). Engagement with these and other partners has informed the need for and direction of this strategy, including making NSS easier to partner and do business with.

4.   Impact Analysis

4.1   Quality/ Patient Care
Creating a more effective and efficient operating model for NSS RDI services will ultimately support the more rapid translation of research, adoption of new, improved, innovative patient services and improved outcomes.

4.2   Equality and Diversity, including health inequalities
The new RDI Office function will help ensure Equality Impact Assessment and consideration of inequalities is undertaken as part of NSS research, development and innovation projects.

5.   Risk Assessment/Management

A risk management plan will be developed as part of establishing the RDI Office function.

6.   Financial Implications

Improved organisational visibility and governance across RDI activity will support improved RDI-related financial oversight. Service Level Agreements with the CSO and the new CfSD will support a clear, consolidated articulation of the range of NSS services being provided, together with their funding. Ongoing Adoption Project delivery and any further infrastructure costs will be supported by funded commissions or funding bids to SG, CSO and CfSD.

7.   Workforce Implications

It is anticipated that greater certainty around RDI services being provided by teams across NSS and the associated funding will provide the confidence to put some existing positions on a more secure footing.

8.   Route to Meeting

The Board has carried out its duties to involve and engage external stakeholders where appropriate. The Clinical Directorate's Medical Director, Director of Healthcare Science, Innovation Programme Director and Service Manager are engaged on an ongoing basis

across a broad range of external stakeholders and key groups across NHSScotland, government, research organisations, Innovation Centres, industry, academia and beyond.

The NSS Research Steering Group has been engaged in the broadening of the research scope over the past year. The NSS Innovation Network has been involved in shaping NSSs innovation services. The strategy has been discussed at the NSS Clinical Leadership Forum. Discussion has taken place with Directors of SBUs with remit around RDI.

The draft Strategy has been discussed and approved at:
- Clinical Governance and Quality Improvement Group on 11 August 2021
- Executive Management Team on 16 August 2021
- Clinical Governance and Quality Improvement Committee on 1 September 2021
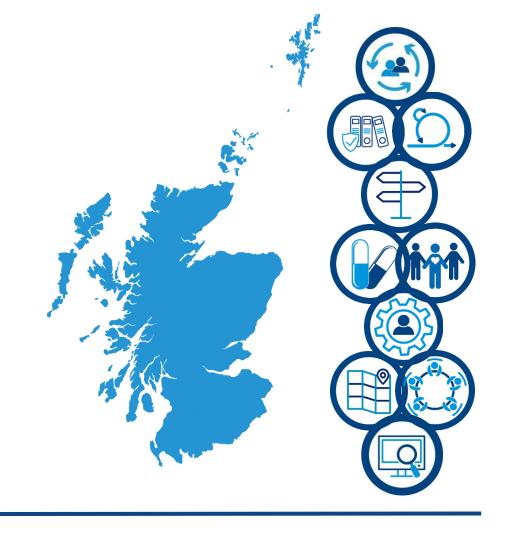- NSS Clinical Leadership Forum on 7 September 2021

9. List of Appendices and/or Background Papers

The following appendices are included with this report:
- Appendix 1, NSS RDI Strategy v1.0

Contents

Introduction and Background

National Context

Research is a core function of Health and Social Care. It is essential for our health and well-being and for the care we receive. Research should improve the evidence base, reduce uncertainties and lead to improvements in care[1].
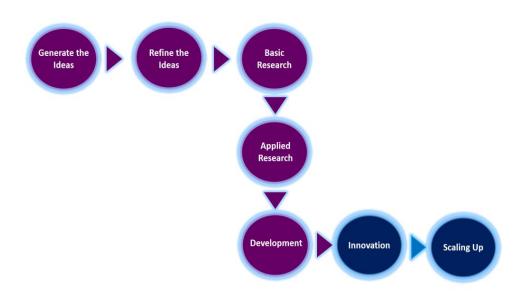
Research is a fundamental prerequisite to innovation and improvement in the Health and Care sector. By developing and testing hypotheses, we challenge accepted wisdom and ideas of 'best practice', and generate the fuel for innovation. For National Services Scotland (NSS) to realise its vision of '**working with others, to enable the transformation of health and care to help improve the health and well-being of the people of Scotland'**, we must have a clear strategy to support our underpinning research activity.

While research is fundamental in directing improvements in service delivery, there are other benefits to organisations with a strong research focus. There is evidence to suggest a strong association between the engagement of individuals and healthcare organisations in research, and improvements in healthcare performance[2]. This evidence suggests the quality of service delivery may be higher in organisations that take part in research, adopt a learning culture and implement research findings[2,3,4]. The mechanisms of this association are still unclear, but go beyond the mechanistic improvement in service resulting from the application of research findings, and almost certainly include the ability of research active organisations to recruit and retain highly engaged staff, and for those staff members to have increased capacity to adopt new ideas and respond to innovations[5,6,7].

Concept Development is a critical component to successful Research, Development and Innovation. This step allows the research to be applied, concepts developed and tested to identify strength, weaknesses, opportunities and threats which will allow an informed decision to be made as to whether there is benefit in moving forward to Product Development.

Where innovation occurs within Health and Social Care, its spread and adoption can be hugely variable. A recent report by the Kings Fund[8] contrasted the rapid adoption of statins, from approval to NHS England, prescribing around 8 billion daily doses each year within a decade, to the persistent struggle to implement basic hygiene protocols such as hand washing in hospitals, 150 years after Joseph Lister published his observations in the Lancet[8]. The Kings Fund report identified one of the key obstacles to wide spread adoption of innovation as the fragmented nature of healthcare delivery (in NHS England). NSS has a key role and responsibility to reduce the impact of such fragmentation, promoting a 'Once for Scotland' approach.

Research, Development, Innovation and widespread adoption not only offer the prospect of improved care; it also offers the opportunity to grow the wealth, and hence improve the health of the Scottish population.

National Context cont'd

Innovation has been identified as a key enabler of healthcare recovery and re-design and there is an aspiration to position Scotland as a global leader in the innovative delivery of health and social care.   As a country, Scotland already has a strong reputation for innovation.   Health and Social Care in Scotland currently has a rich but uncoordinated landscape for innovation, with many players; some duplicating and some being pulled in at the wrong point of the innovation pathway which can slow down momentum. There is not a consistent approach to matching agreed priorities with Research, Development and Innovation activity or to supporting programmes with high transformational potential into national adoption.

In August 2020, a National Innovation Steering Group was established to: **Develop and implement an enhanced system for innovation across Health and Social Care to ensure innovation activity is optimised to play a significant part in Health and Social Care's recovery and renewal, while fully supporting the aims of the National Performance Framework.**

The aims of developing a National Innovation system are as follows:
- providing a **lean innovation pathway / pipeline** eradicating non value added steps and condensing timescales
- encouraging and coordinating programmes to improve innovation **skills and capabilities** across Health and Social Care in Scotland
- expediting **end to end priority led innovation** by connecting innovative solutions to our most challenging problems and enabling / driving service adoption
- robust evaluation to support **decision making** and review of business case to inform procurement
- Publish **clear criteria for adoption** and requirements to demonstrate clinical, patient and economic benefit and regulatory approvals
- harnessing **development and funding** of potential products / services and establishing compelling evidence base which informs a value case
- **failing fast** where solutions have not met expected end points

On 25 August 2021, the NHS Recovery Plan was published which outlines that "*Research, innovation and the redesign of services will be integral to the recovery of NHS services. There are a range of partner organisations that are central to research, innovation and service redesign - these include the new National Centre for Sustainable Delivery,* **NHS National Services Scotland**, *the Digital Health and Care Innovation Centre, Healthcare Improvement Scotland, and the Scottish Health Industry Partnership.*"

Currently the approach to Research, Development and Innovation delivery across NSS is siloed with limited collaboration. The NSS Research, Development and Innovation Office will agree key strategic principles and objectives in relation to Innovation activities that NSS undertake and create a cohesive NSS Innovation service to enable national innovations.

Strategic Alignment - Scotland

Research, Development and Innovation sits in the context of many other NHS and national policies and strategies. The three main areas in which the NSS Research, Development and Innovation Office will align with are:

➢ **Life Sciences Strategy for Scotland (Accelerating Growth and Driving Innovation)**
The vision is to make Scotland the location of choice for Life Sciences businesses, researchers, healthcare professionals and investors while increasing Life Sciences contribution to Scotland's economic growth.

> ➢ *"Scotland has an invaluable resource for the data-driven approach to healthcare of the future, with all patients in NHS Scotland having a unique identifier and electronic health record. Through NHS Research Scotland (NRS) our health service has a single access point for industry, dedicated clinical research facilities and globally competitive approval and start-up times. We also encourage innovators within NHS Scotland to work with industry partners, both through the Health Innovation Partnership (HIP) and also through Scottish Health Innovations Ltd (SHIL) which supports the development, protection and appropriate commercialisation of innovative ideas arising from healthcare professionals. Scotland has a wealth of clinical expertise, a stable population actively engaged in clinical research and a growing registry of patients willing to share e-health records for the development of novel treatments and therapies. As income is a key determinant of health, supporting Research, Development and Innovation activities and their commercialisation has the potential to influence healthy life expectancy and health inequalities in Scotland."*[9]
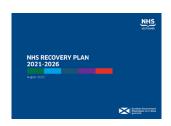
➢ **NHS Recovery Plan**
The 2021-2026 NHS Recovery Plan, published in August 2021 and sets out key headline ambitions and actions to be developed and delivered now and over the next 5 years. *"While it is important to stress that recovery is the immediate task, this Plan is fundamentally about ensuring that the process of recovery also delivers long term sustainability. That is why service innovation and redesign - as well as creating additional capacity – is central to it".*

➢ **Programme for Government**
The 2020 – 2021 Programme for Government set out numerous actions relating to **Promoting Lifelong Health and Wellbeing,** which have been further defined in the above strategies. The 2021-22 Programme for Government: **A Fairer, Greener Scotland** references innovation's role in the response to the pandemic and innovation led recovery including *"to support new opportunities in the use of Artificial Intelligence (AI) we will provide £20 million to develop an AI Hub for Life Science, NHS and Social Care to create AI Innovation and commercialisation capability in Scotland".*

Strategic Alignment - NSS

The NSS Strategy for 2019-2024 says that we will:

"Develop an innovation network with partners, harness our expertise to support innovators and support the scale up of key innovations across Scotland. We will enable stakeholders and partners in Scottish Government, territorial health boards, regions and integration authorities to deliver transformational change."

NSS Objectives which will be achieved through the Research, Development and Innovation Office =

- Improve the way we do things ✓
- Increase our Service Impact ✓
- Customers at the heart ✓

NSS Strategic Business Units are involved in Research, Development and Innovation to varying degrees and in a range of ways. This strategy provides the framework and overarching governance within which business units' own Research, Development and Innovation strategies and activities are set.

Scottish National Blood Transfusion Service (SNBTS): One of the five key enabling themes for the SNBTS Strategy 2021- 2024 is **Research** and the ambition to be a leader in world class research and development, in particular in relation to Tissues, Cells and Advanced Therapies.

Procurement, Commissioning and Facilitates (PCF): Support for the procurement of innovation and facilitating industry access to innovation via the Health Innovation Assessment Portal (HIAP) is a key aspect of current PCF service provision which is supported by a recurring commission from the Scottish Government, Chief Scientist Office – this will be further broadened and enhanced as a result of the implementation of this strategy. The **NHSScotland Assure** Research strategy vision is that NHS Scotland Assure Research, Development and Innovation service will lead on the development and provision of a transparent direction and methodology for research. This will address knowledge gaps and priority needs, whilst achieving maximum impact in confronting issues and managing healthcare built environment risk, both now and in the future.

Digital and Security (DaS): Currently engaging with partners and stakeholders in other organisations involved in health and social care, DaS will further develop fully integrated roadmaps of secure digital solutions and services to support national, regional and local initiatives using a technology approach of: Data driven insights support cloud first, secure, clinically safe and protected solutions.

Strategic Commissioners

The NSS Research, Development and Innovation Office will operate in this area to **Enable, Underpin and Assist** Research, Development and National Innovation.   It will do this via its two strategic commissioners

➢ **Scottish Government Chief Scientist Office (CSO) / Scottish Health Industry Partnership (SHIP)**
- CSO is part of the Scottish Government Health and Social Care Directorate. Their vision is to support and increase the level of high-quality health research conducted in Scotland. This is for the health and financial benefits of our population so that Scotland is recognised globally as a 'come to place' for health science. Their 5 year health research strategy was published in 2015 and anticipated a future where outstanding health science research is embedded within health systems as core business, generating new knowledge based upon a myriad of qualitative and quantitative evidence; a future where clinical information and samples are integrated with informatics of individual genomes and other 'omic' datasets, eHealth records, imaging datasets, and personal health data to enable individualised therapy, and improved patient outcomes; a future where the NHS, patients, universities and business work closely together for mutual benefit.

- SHIP is a government initiative – announced in the 2020 - 2021 Programme for Government and hosted by the Chief Scientist Office of the Health and Social Care Directorate and the Enterprise and Innovation Division of the Economy Directorate, to strengthen Scotland's innovation activities in Health and Social Care in order to solve real problems and improve quality, efficiency and sustainability of healthcare. SHIP will support Scotland's economy through activities that strengthen its life sciences sector, attract investment into Scotland, develop large scale innovation projects and support the growth of robust businesses.

➢ **Centre for Sustainable Delivery (CfSD)**
- Hosted by NHS Golden Jubilee, the new national Centre for Sustainable Delivery will play a vital role in supporting Scotland's national efforts to remobilise, recover and redesign (3Rs) towards a better healthcare system. Building on significant progress and developments that have already been made through redesign and transformation, the CfSD will also support the rapid rollout of new techniques, innovation, and safe, fast and efficient care pathways for Scotland's patients. By working in collaboration NHS Boards, Health and Social Care partners, third sector, patients, academia and industry, CfSD aims to implement best practice through a 'Once for Scotland' approach, aligned with the priorities of the Scottish Government. Working towards becoming a Global Centre of Excellence, CfSD will raise Scotland's profile as a forward thinking innovator of Health and Social Care.

Research, Development and Innovation Vision and Strategic Aims

Vision and Strategic Aims

NHS National Services Scotland

Our Vision is that Research, Development and Innovation will be integral to NSS, enhancing the quality, safety and efficiency of the products and services we provide and leveraging our unique resources and capabilities to enable NHSScotland to maximise its impact on the health and well-being of the people of Scotland.

Strategic Aim 1: Be a recognised centre of research excellence: We will build and extend NSS research and development capability and profile in areas where NSS provides national expertise.

Strategic Aim 2: Enable national transformative change across Health and Social Care in Scotland: We will develop an innovation network with partners, harnessing our expertise to support innovators and supporting the scale up of key innovations across Scotland. We will enable stakeholders and partners in Scottish Government, territorial health boards, regions and integration authorities as outlined in the NSS Strategy.

Strategic Aim 3: Implement service adoption focussed approaches to Research, Development and Innovation: We will ensure that initiatives move through the Research, Development and Innovation processes 'starting with the *end* in mind', as opposed to 'starting with the *next step* in mind', therefore increasing the likelihood of adoption.

Strategic Aim 4: Maximise impact of NSS Research, Development and Innovation: We will maximise the impact of our Research, Development and Innovation activity by ensuring focus on priority areas and delivering outputs that have a positive impact on health and care and support the broader Health and Wealth agenda.

Strategic Aim 5: Build on our Research, Development and Innovation capacity and capability: We will build on the existing Research, Development and Innovation capability and capacity of our workforce, sharing best practice and supporting staff to develop their knowledge, skills and experience.

Research, Development and Innovation Functions and Services

Functions and Services

NSS Research, Development and Innovation comes under two broad functions, each underpinned by five services as described below. These services will be delivered collaboratively by multiple areas of NSS which will support the end to end pathway for Research, Development and Innovation across Health and Social Care in Scotland. A workplan is being developed for the creation of these functions and the delivery of this strategy.

Research and Development Function

Research & Development Delivery: undertake our own Research & Development projects to support the strategic and operational priorities of the organisation (e.g. stem cell technology and expertise in Good Manufacturing Practice (GMP) compliant lab provision)

National Research & Development Consortiums: collaborate as part of national consortiums (e.g. Northern Alliance-Advanced Therapies Treatment Centre (NA-ATTC); Centre for Regenerative Medicine)

National Research & Development Commissioning: commission and work with others to do Research & Development for us in areas of NSS remit to inform current and future guidance and expert advice needs (e.g. NHS Scotland Assure)

National Research & Development Support: support others to do research (e.g. Digital and Security support for Artificial Intelligence, research on national Picture Archiving and Communication System (PACS) radiology images)

Research & Development Oversight: facilitate, oversee and make decisions on research activity in a specific domain under NSS remit (e.g. National Screening Oversight Research and Innovation Group)

Innovation Function

Delivery Focus – National Accelerated Adoption: provide key resources, knowledge & infrastructure to enable and deliver adoption of prioritised national Health and Social Care innovation projects

Enabling Success - Assessing and Supporting Readiness: advise and support early stage innovation projects and formally assess mid to late stage innovations and their Service Adoption Readiness as a critical input to business cases

National Expertise – Innovation Enablement: develop national guidance and provide assurance, advice and compliance support related to Technology, Information, Clinical & Regulatory Governance alongside Procurement and Contracting

Supporting Innovation Infrastructure: provide national hosting and cloud infrastructure for innovation, partnering in Artificial Intelligence (AI) projects and support for adopted solutions
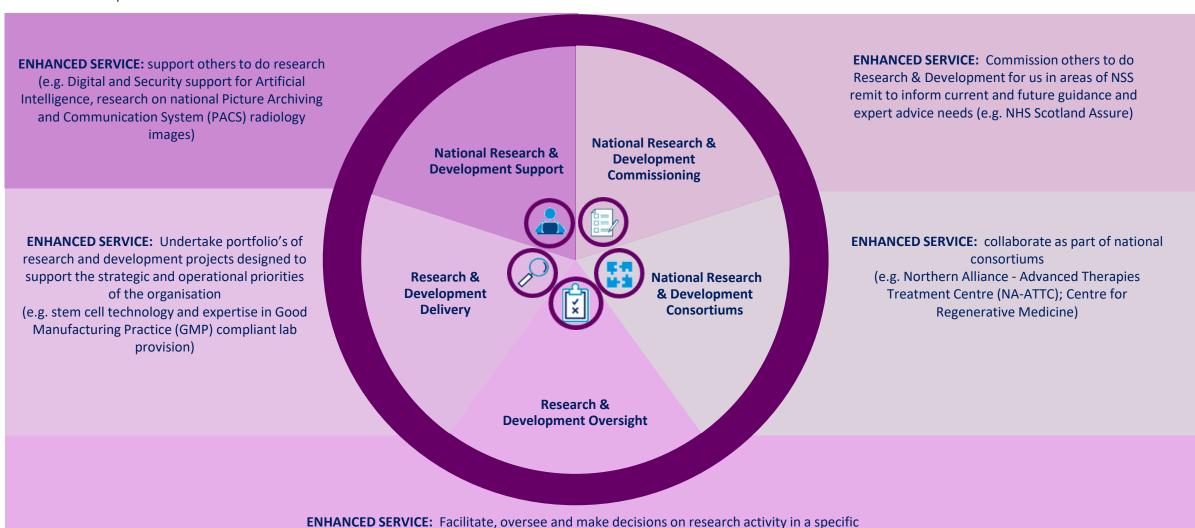
Navigating Access - Delivery Mechanisms: develop, maintain and facilitate the Innovation Navigator and Playbook on behalf of Health and Social Care in Scotland

NSS Research & Development Services

Elements of the these services are already being delivered across NSS, where this is the case, enhancements will be made. The creation of these services will allow the current elements to be coordinated to provide a unified and enhanced service.

ENHANCED SERVICE: support others to do research (e.g. Digital and Security support for Artificial Intelligence, research on national Picture Archiving and Communication System (PACS) radiology images)

ENHANCED SERVICE: Commission others to do Research & Development for us in areas of NSS remit to inform current and future guidance and expert advice needs (e.g. NHS Scotland Assure)

ENHANCED SERVICE: Undertake portfolio's of research and development projects designed to support the strategic and operational priorities of the organisation
(e.g. stem cell technology and expertise in Good Manufacturing Practice (GMP) compliant lab provision)

ENHANCED SERVICE: collaborate as part of national consortiums
(e.g. Northern Alliance - Advanced Therapies Treatment Centre (NA-ATTC); Centre for Regenerative Medicine)

National Research & Development Support

National Research & Development Commissioning

Research & Development Delivery

National Research & Development Consortiums

Research & Development Oversight

ENHANCED SERVICE: Facilitate, oversee and make decisions on research activity in a specific domain under NSS remit (e.g. National Screening Oversight Research and Innovation Group)

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NSS Innovation Services

There are a number of new innovation services to be created through the Research, Development and Innovation Office. Where elements of the these services are already being delivered across NSS, enhancements will be made to provide a unified and enhanced service.

ENHANCED SERVICE: Provide key resources, knowledge & infrastructure to enable and deliver adoption of prioritised national Health and Social Care innovation projects

NEW SERVICE: Advise and support early stage innovation projects and formally assess mid / late stage innovations and their Service Adoption Readiness as a critical input to business cases

NEW SERVICE: Develop, maintain and facilitate the Innovation Navigator and Playbook on behalf of Health and Social Care in Scotland

ENHANCED SERVICE: Develop national guidance and provide assurance, advice and compliance related to Technology, Information, Clinical & Regulatory Governance alongside Procurement and Contracting

ENHANCED SERVICE: provide national hosting and cloud infrastructure for innovation, partnering in Artificial Intelligence (AI) projects and support for adopted solutions

Diagram wheel segments:
- Delivery Focus - National Accelerated Adoption
- Enabling Success - Assessing and Supporting Readiness
- National Expertise - Innovation Enablement
- Supporting Innovation Infrastructure
- Navigating Access - Delivery Mechanisms

NSS Research, Development and Innovation Office

Governance, Principles and Benefits

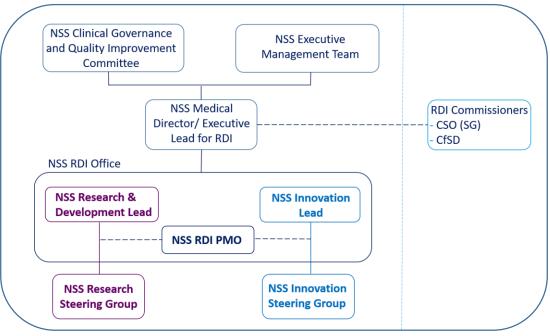# Governance

NHS National Services Scotland

➤ **Internal to NSS**

An **NSS Research, Development and Innovation Office** will be established within the NSS Clinical Directorate and report to the NSS Executive Management Team via the Executive Lead for Research, Development and Innovation / Medical Director. The Research, Development and Innovation Office will be underpinned by a Portfolio Delivery Model and Portfolio Management Office (PMO) to allow NSS to have a shared, clear understanding of Research, Development and Innovation activity across the organisation and associated funding. An annual Research, Development and Innovation governance report will be provided to the NSS Clinical Governance and Quality Improvement Committee.

The current **NSS Research Steering Group** will continue with refreshed strategic level Strategic Business Unit membership to oversee the development of a detailed Action Plan to achieve the strategic objectives of the Research and Development function and will monitor progress. This will be led by the NSS Director of Healthcare Science.

An **NSS Innovation Steering Group** will be established with strategic level membership from Strategic Business Units core to Innovation Delivery. This group will monitor the five Innovation Services, ensuring that services are delivering as detailed within Service Level Agreements (SLA). This will be led by the NSS Innovation Programme Director.

➤ **Scottish Government and other Commissioning Bodies**

The NSS Research, Development and Innovation Office office will be accountable to the SG CSO and the CfSD for delivery against the agreed Service Level Agreements. The NSS Research, Development and Innovation Office will be underpinned by a Portfolio Delivery Model. This model will allow us to work towards a position whereby we agree an annual plan of work provided by NSS covering Business as Usual / core funded activity and work specifically commissioned / separately funded by SG CSO, CfSD and any other commissioning body. This will allow us to have a shared, clear understanding of activity being delivered for CSO and CfSD by NSS. Any additional work requests and / or new work proposals for NSS in the year would be agreed through this route and added to the workplan / SLA as appropriate.

➤ **NHS Boards**

The NSS Research, Development and Innovation Office will establish robust relationships with organisations with subject matter expertise and assessor roles such as the Scottish Health Technologies Group in Healthcare Improvement Scotland and the Public Benefit and Privacy Panel for Health and Social Care supported by Public Health Scotland. Steps will be built to ensure their expertise feed into the Service Adoption Readiness Assessments as appropriate.
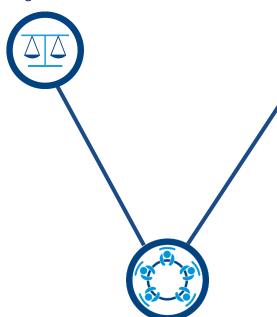
Principles

The NSS Research, Development and Innovation Office will follow a set of principles that will support the achievement of the NSS Research, Development and Innovation Vision.

Align Research, Development and Innovation activities to key NSS objectives or initiatives and strategic themes.

Provide **strategic direction** for Research and Development activities across NSS, through appropriate governance, oversight and alignment

Implement an **Research, Development and Innovation Delivery Model** that supports NSS and Health and Social Care in Scotland

Coordinate stakeholder engagement and management to ensure **consistent messaging** and present a joined up, informed NSS to stakeholders.

Provide **coordination** and ensure a **joined up** approach in relation to Research, Development and Innovation across NSS.

Consolidate management of Innovation commissions and funding across NSS, managing as a consolidated package with **full visibility** and agreement from NSS Medical Director

Provide a focussed understanding of the NSS Innovation portfolios, ensuring an **overview of projects** and their outputs and how they support the Innovation strategic intent.

Provide **horizon scanning** to maintain effective intelligence and visibility of the Research, Development and Innovation landscape and how NSS can add value

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Benefits

Shared, clear understanding of NSS Research, Development and Innovation activity: The NSS Research, Development and Innovation office will allow collaborative working and oversight of Research, Development and Innovation activity across the organisation, therefore allowing:

- Early insight into future change within coordinated internal systems and processes
- Knowledge sharing and pipeline management
- Coordinated resources with "space" to work on Research, Development and Innovation
- Robust Lessons Learned approach to reduce unwarranted variation
- Organisational awareness and transparency
- Clear, fast and agile processes and customer navigation that supports automation and innovation

Visibility of NSS Research, Development and Innovation and in turn of NSSs Research, Development and Innovation profile: Through coordinated and collaborative approaches of the NSS Research, Development and Innovation Office, there will be an increased national understanding and visibility of NSSs role in Research, Development and Innovation and ultimately positioning NSS as a key national partner.

Positive Research, Development and Innovation partner experience: The link between research, development and innovation partners and Health and Care service delivery can be challenging. By NSS working more cohesively around an agreed set of research, development and innovation services we will be easier to work with and will provide a positive experience for those we support and those we partner with.

Increased national adoption of innovative solutions at pace: A Once for Scotland approach with focus on service readiness, will close the current gap between product readiness and service readiness which will support adoption of solutions. With the focus from the outset moving towards 'Service Readiness' rather than 'Product Readiness', scaling projects will be easier and quicker.

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Glossary

Term	Definition	Term	Definition
GMP Compliant Lab	Good Manufacturing Practice Compliant Lab is a system for ensuring that pharmaceutical products are consistently produced and controlled according to quality standards. GMP labs are used for many purposes-supporting translational research projects, participating in clinical trials, ramping up commercialization, etc. Any lab involved in commercializing a product or doing clinical trials must be GMP compliant.	**PBPP**	Public Benefit and Privacy Panel for Health and Social Care has a formal mandate to scrutinise requests to use NHSS-controlled data, and the NHSCR, controlled by the Registrar General, for research, healthcare planning, audit, or other well-defined and bona fide purposes. It is supported by Public Health Scotland.
HIAP	Health Innovation Assessment Portal. NHSScotland single-point resource providing potential suppliers with information and guidance to develop innovations into products and technologies	**PfG**	Programme for Government. The Programme for Government is published every year at the beginning of September and sets out the actions we will take in the coming year and beyond.
iCAIRD	Industry Centre for Artificial Intelligence Research and Development. Matching AI solutions & research with health & social care priorities. It brings together a pan-Scotland collaboration of 15 partners from across industry, the NHS, and academia; including four current actively engaged SMEs.	**PMO**	Portfolio Management Office. Is a centralised organisational units that cater to the demands of various stakeholders by performing specialised tasks
NA-ATTC	Northern Alliance-Advances Therapies Treatment Centre. Their vision is to increase patient access to advanced therapy medicinal products (ATMPs) regionally and nationally by growing a cost-effective clinical delivery pathway which meets the needs of the providers of advanced therapy products.	**SHIP**	Scottish Health Industry Partnership is an initiative hosted by the Chief Scientist Office of the Chief Medical Officer Directorate and the Enterprise and Innovation Division of the Economic Development Directorate. It is aimed towards strengthening Scotland's innovation activities in health and social care in order to solve real problems and improve quality, efficiency and sustainability of healthcare.
NRS	NHS Research Scotland promotes and supports excellence in clinical and translational research in Scotland so that patients can benefit from new and better treatments. This is an Innovate UK funded consortium in which NSS is a partner	**SHTG**	Scottish Health Technologies Group are part of Healthcare Improvement Scotland (HIS) and provide advice to NHSScotland on the use of new and existing health technologies (excluding medicines), likely to have significant implications for people's care
PACS Radiology Images	Picture Archiving and Communication system is a medical imaging technology which provides economical storage, retrieval, management, distribution and presentation of medical images. Electronic images and reports are transmitted digitally via PACS systems. This eliminates the need to manually file, retrieve, or transport film jackets. It allows a healthcare organization to capture, store, view and share all types of images both internally and externally.		

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Thursday, 30 September 2021**
Title:	**National Climate Resilience Summit (1 October 2021) Ambition Statement**
Paper Number:	**B/21/61**
Responsible Executive/Non-Executive:	**Mary Morgan, Chief Executive**
Report Author:	**Mary Morgan, Chief Executive**

1. Purpose

This is presented for approval.

2. Recommendation

The Board are asked to approve commitment to the National Climate Resilience Summit Ambition Statement ahead of the summit to be held on 1st October 2021.

3. Discussion

A leadership event on climate resilience is taking place, virtually, on 1 October 2021 - marking one month to go to the COP26 global climate negotiations in Glasgow. This first National Climate Resilience Summit will bring together thought-leaders and action-takers across the public, private and third sectors. It is a forum for senior leaders in Scotland to meet, discuss and debate how to build momentum and help unlock changes to secure prosperity and wellbeing in a different climate. The event will be informed by the latest science, hear from keynote international actors and highlight practical governance tools.

A number of delegates from NSS, including myself, will attend.

As part of the event, a Summit 'ambition statement' is envisaged to provide each organisation with an opportunity to demonstrate and communicate enhanced ambition and collective leadership on climate resilience through their own networks and channels, in advance of COP26 in Glasgow. Delegates will be invited to endorse the statement during the course of the Summit.

The proposed **National Climate Resilience Summit: ambition statement** is as follows:

Scotland is already experiencing warming, with more extreme weather events and rising sea levels and these changes will continue due to the locked-in effects of global climate change. As a nation we must prepare for these changes in order to protect our places, communities, businesses and nature. This will include understanding climate risk and vulnerabilities, planning and implementing adaptation actions, unlocking finance and supporting transformational change at local, national and international levels. The Climate Change Committee's recent independent Assessment of UK Climate Risk is clear it will be impossible to achieve a just transition to net zero or tackle inequalities

more widely without also addressing climate risks, and that the time for us to build resilience is now.

As delegates to the National Climate Resilience Summit we support collective action to transform Scotland into a climate resilient nation. As part of this journey, we:

1. *support enhanced understanding and action on climate risk and look forward to collaborating across sectors;*
2. *will further embed climate adaptation in our culture, corporate governance and organisational priorities as an immediate priority and throughout 2022 and beyond; and*
3. *express our support for an ambitious global deal at COP26 which addresses adaptation and resilience needs in a fair and just way.*

4. Impact Analysis

4.1 Quality/ Patient Care

N/A

4.2 Equality and Diversity, including health inequalities

N/A

5. Risk Assessment/Management

Risks are considered minimal

6. Financial Implications

Addressing issues of Climate sustainability may also have positive financial benefits

7. Workforce Implications

None

8. Route to Meeting

Not previously discussed

9. List of Appendices and/or Background Papers

None

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Thursday, 30 September 2021**
Title:	**People Report – August 2021**
Paper Number:	**B/21/45a**
Responsible Executive/Non-Executive:	**Jacqui Jones, Director of HR and Workforce Development**
Report Author:	**Jacqui Jones, Director of HR and Workforce Development**
	(Reviewed by: Mary Morgan, Chief Executive)

1.   Purpose

This report is presented to the Board for scrutiny and approval of one item on the provision of Mutual Aid support.

2.   Recommendation

The Board are asked to scrutinise the report and consider and raise any concerns. In addition the Board are asked to approve the provision of Mutual Aid to support to a small number of Boards, if required, by the HR Support Business Unit.

3.   Discussion

Overall NSS remains in a positive position on the range of workforce issues reported to Board and some of these are highlighted below. Any areas requiring improvement continue to be raised with individual Strategic Business Unit Directors, through the Executive Management Team, and the NSS Partnership Forum.

A number of activities have taken place to continue to support the delivery of services as well as add to the improvement of people management practices and employee experience in NSS. These include: -

Covid-19 Response
- **NSS National Contact Centre (NCC)** – OD and Learning and Development (L&D) continue to work closely with the NCC to deliver aspects of the agreed action plan, local L&D management/leadership development and HR policy and absence workshops. It has been agreed with the Director and Senior team for NCC to focus initially on ways of working with the senior team and this can then be rolled out further. Scoping and co-design for this work commenced in August with OD and the senior team.

NCC continue to require volume recruitment for Contact Tracers and Contact Tracing Practitioners into both the Bank and the Core workforce to meet the continued demand across all the NCC services and to replace the ongoing attrition within the NCC. There are a number of areas impacting the attrition rate which are being actively managed, one being establishing assurance of continuation of the fixed term contracts which currently end in March 2022.

- **Mutual Aid to NHS Scotland Territorial Boards** – A number of smaller NHS Scotland Boards are experiencing significant challenges on a range of issues. This includes having the capacity to undertake recruitment for key workforce of which there are shortages. An offer of Mutual Aid has been made by NSS to support the recruitment of key staff. This has been supported by HIS. The work required by a small number of Boards is still being scoped out, and when complete this will determine the resource required to provide mutual aid support. To provide this mutual aid support on recruitment would require HR in NSS to refocus some of the HR workforce onto recruitment which would also result in HR focusing only on exceptions rather than routine work for a period of time. We seek the Board's approval for this.

- **Investigating Managers** – There is a shortage in trained Investigators making themselves available to support case management, which can have a significant impact on the time taken to manage cases, where an investigation is required. The HR Director is taking steps to increase the number of trained investigators as well as Independent Managers and Panel Chairs. EMT are aware of the situation and are supportive of increasing the pool of people to increase capacity.

- **Once for Scotland (OfS) Workforce Policies** – The Programme Board confirmed a resumption from 1 August 2021. The Flexible Work Location Policy consultation received an overwhelming 350+ responses from across NHS Scotland, with the majority of points raised around Terms and Conditions and Tax. It is hoped that the final policy will be signed off by the Scottish Workforce and Staff Governance Committee at the end of September, for a soft launch across all boards early October.

- **Health & Safety Update** – **COVID-19 Building Risk Assessment** – Work has been undertaken to review and update the initial COVID-19 building risk assessments. These are currently being updated to identify further measures such as any personal evacuation plans, first aid and fire requirements and identification of any additional controls required to ensure a safe environment as more staff return to the buildings through personal requests.

- **2021 Annual Flu Programme** – A NHS National Board agreement has been agreed for the 2021 Flu Programme where staff will be able to access an appointment through National Vaccination Centres across Scotland. This allows staff the opportunity to access a location near to their workplace or home allowing greater access and flexibility. Initial communication has been delivered and Flu Programme 2021 on HR Connect has been updated. Further communications will be circulated when more information is available through Public Health Scotland and Scottish Government.

- **COVID-19 Lateral Flow Testing** – The process and programme is centrally co-ordinated through the HR Administration Team. Lateral Flow Testing is offered to all staff who have patient or public facing roles. This is not mandatory and for staff choosing to test, this is performed twice weekly at home. We are also encouraging those staff who are coming into work on a regular basis to undertake Lateral Flow Testing twice a week. Again this is voluntary. Support is ongoing via Occupational Health in the event of positive results in the form of investigation and risk assessment requirements.

- **Wellbeing Update** – Mental Health Workplace Training for Line Mangers has been delivered to approximately 110 line managers across the organisation. New course dates have been identified and communicated. A Wellbeing Framework has been agreed by the EMT and actions identified as part of this framework will be included in the Great Place to Work Plan. Regular reports will be taken to the EMT, NSS Partnership Forum and the Staff Governance Committee under the normal Great Place to Work Plan reporting.

There are a number of issues which we continue to monitor more closely including the number of RIDDORs, appraisal/PDP/objective completion and statutory and mandatory training.

In total, four RIDDORs have now been reported year to date. An update on progress against the actions identified as a result of 11 RIDDORs in 2020/21 will be provided by the two SBU Directors to OHSAC in September. OHSAC had already identified further actions and these are being taken forward by the SBUs supported by HR. Particularly around conversations with staff on behaviours.

Compliance with three year mandatory training and statutory training are both currently above 90%. Two year mandatory training is close to compliance at 85%. Turas compliances are currently showing a slight increase from the previous month's figures. This was expected to increase, from previous trend data, across the first quarter of the new fiscal year. However, there is still work to be done at SBU level to continue to improve Turas compliance. HR continue to support SBUs on improving the position relating to reporting of sickness absence, return to work process for sickness absence, the performance on statutory training and completion of appraisals, PDPs and objectives.

Sickness absence YTD position is at 3.41%. The first quarter of the 2021/22 fiscal year highlights that sickness absence rates are increasing in comparison to the 2020/21 fiscal year, however these have remained steady throughout the second quarter and are still lower than they have been in previous years. We will continue to monitor and identify any special cause variation.

COVID-19 special leave has seen a slight increase across the month of August, particularly with the absence reason COVID-19 positive. The peak of this was at 26 August which saw 15 employees off due to testing positive. There have been a total of 114 employees who have tested positive for COVID-19 since April 2020. There are currently four employees on COVID-19 special leave - two due to testing positive (PCF), one for household related self-isolation (SNBTS) and one due to test & protect isolation (PCF). A new absence reason was introduced in August for Coronavirus - Vaccination Adverse Reaction, there have since been 16 employees off due to this absence reason, all have since returned to work.

4. Impact Analysis

4.1 Quality/ Patient Care

N/A

4.2 Equality and Diversity, including health inequalities

The whole concept of the Staff Governance Standard is about the fair and consistent treatment of staff, how they are managed and they feel they are managed. By ensuring

compliance with the Staff Governance Standard and the application of best employment practice should ensure that NSS is an exemplary employer.

5. Risk Assessment/Management

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

6. Financial Implications

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

7. Workforce Implications

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

8. Route to Meeting

This has been previously considered by the following groups as part of its development.

- EMT on 21 September 2021
- NSS Partnership Forum at the meeting on 23 September 2021

9. List of Appendices and/or Background Papers

The following appendices are included with this report:

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

Jacqui Jones
Director of HR and Workforce Development
10 September 2021

NSS People Report – August 2021

Summary

NHS National Services Scotland

Headcount
The current Headcount for NSS is 3,497 and the total WTE is 3,208.56. Please note the headcount on the dashboard does not include agency/bank staff. There are currently 211 agency staff, majority of which are in PCF & SPST.

Absence
The year to date sickness absence rate for August is 3.41%, which is a slight increase from July (3.38%). Long term absence is at 2.36% and short term absence is 1.05% for the year. Absence cost has seen a reduction of 12% from the previous month (at £289K for August). Anxiety/stress/depression remains the most common reason for absence, making up 40% of the total cost of absence for August. The first quarter of the 2021/22 fiscal year highlights that sickness absence rates are increasing in comparison to the 2020/21 fiscal year, however these have remained steady throughout the second quarter and are still lower than they have been in previous years. We will continue to monitor and identify any special cause variation.

Statutory Training
Compliance with 3 year Mandatory Training and Statutory Training are both above 90%. 2 year mandatory training is close to compliance at 85%.
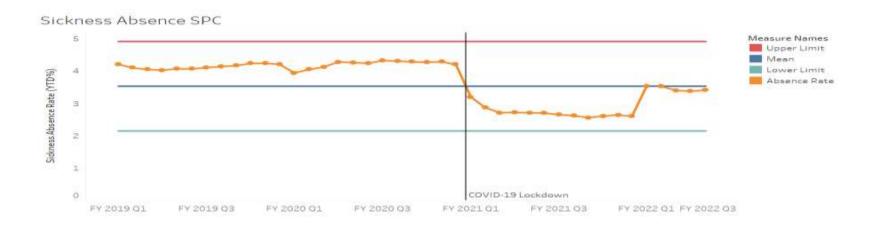
Turas
Turas compliances are currently at 74% for Appraisal, 65% for PDP and 73% for Objective, a slight increase from the previous month's figures. From previous trend data, this was expected to increase across the first quarter of the new fiscal year, however there is still work to be done at SBU level to improve Turas compliance.

COVID-19
As of 6 September, a total of 114 employees have tested positive for COVID-19 since April 2020 with a total of 1,422 special leave requests submitted. 321 have been submitted within this fiscal year. There are currently four employees on COVID-19 related special leave, two are COVID-19 positive, one due to a household member displaying symptoms and one is in test & protect isolation. The cost of COVID-19 special leave in August is £29,978, with a total of 2,063 hours lost.

Statistical Process Control

Sickness Absence SPC

There has been a slight increase in sickness absence between July and August - from 3.38% to 3.41%.

The sickness absence rate is sitting above the Lower Control Limit (LCL), which has been calculated at 2.15%, and just below the mean which has been calculated at 3.53%.

The majority of SBUs are sitting between the LCL and Mean.

CLO, **DaS** and **SNBTS** are sitting above their calculated Mean (which have been calculated at 2.65%, 2% and 3.80% respectively), indicating a higher than average sickness absence rate for these three SBUs for the month of August (CLO – 3.44%, Das – 2.66%, SNBTS – 3.88%). Although higher than average, these SBUs remain below target.

The first half of the 2021/22 fiscal year highlights that sickness absence rates are increasing compared to the previous year, however these remain lower than they have been prior to COVID-19.
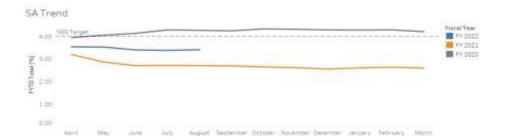
Sickness Absence

NSS year to date sickness absence rate is currently at 3.41%. Based on the previous three years of absence data, it is forecast to finish the year at 2.68%. Year to date, long term sickness is at 2.36% and short term absence is 1.05%.
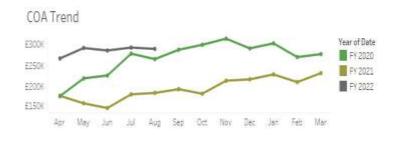
PCF is above target at 5.45% (year end forecast at 5.19%) and are undertaking analysis into the absence data, in particular the absence due to back problems. This would appear to primarily affect warehouse roles. Further analysis will be undertaken to determine if any roles or working conditions can aggravate back problems, with the view to introducing preventative measures.

In **SNBTS** wellbeing groups are being piloted in one of the directorates in order to receive feedback directly from staff around what works well and what support could be improved to aid wellbeing. The HR Business Partner will be developing a proposal for the September Senior Management Team.

Absence will be discussed at the **DaS** Partnership Forum in mid-September, particularly around musculo-skeletal absence. The focus will be on ensuring all staff have completed a DSE assessment and particularly those working at home, over the next few weeks.

August indicates a 12% decrease in cost in comparison to July. When compared to the same period in the previous fiscal year there has been a 66% increase in cost and a 62% increase in hours lost. It should be noted that while this is a large increase, the 2020/21 year saw much lower than average costs compared to previous years, particularly in the first two quarters of the year.

COA Trend

Current month	Current FY	Previous FY	
£288,829	£1,422,885	£853,734	Cost of absence
17,682	85,942	53,127	Hours lost

The most common reasons for absence in August were:

- **Anxiety/Stress/Depression**- a cost of £116k (40% of monthly cost) and 6,500 hours lost (37% of monthly total)
- **Other Musculoskeletal Problems**- £36k (12% of monthly cost) & 2,500 hours lost (14% of monthly total)
- **Injury/Fracture**- £30k (10% of monthly cost) & 1,500 hours lost (9% of monthly total)

The SBUs with the highest cost and number of hours lost are those with the highest proportion of frontline workers - PCF (32.6%) and SNBTS (23.3%) equating to 55.9% of the overall cost of absence for August.

SA Trend

COVID-19 Special Leave

Total Absent Employees

Absence Reason
- Coronavirus
- Coronavirus - Covid P...
- Coronavirus - House...
- Coronavirus - Long C...
- Coronavirus - Quara...
- Coronavirus - Self dis...
- Coronavirus - Test an...
- Coronavirus - Underl...
- Coronavirus – Vaccin...

COVID-19 Absence Reasons

As of 6 September there have been a total of 114 employees who have tested positive for COVID-19. There are currently four employees on Special Leave for Coronavirus :
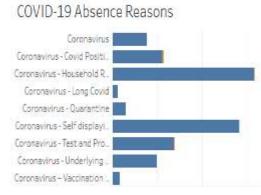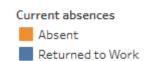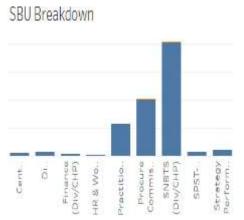- Coronavirus – Household Related – Self- isolating – 1 (SNBTS)
- Coronavirus – Covid Positive – 2 (PCF)
- Coronavirus – Test & Protect Isolation – 1 (PCF)

There has been a total of 1,422 special leave requests (may include multiple requests from the same employee) due to COVID-19, 321 of which have been in the current fiscal year. 39.9% of all absences have been due to household members displaying symptoms and 35.64% have been due to employees self-displaying symptoms. SNBTS and PCF make up 77.08% of all absences. The most common locations for COVID-19 special leave continue to be Canderside (19.27%) and Jack Copland Centre (15.87%).

There have been 12 employees who have had special leave due to Long Covid, all have returned to work. There have been 16 employees on special leave due to the new absence reason Coronavirus - Vaccination Adverse reaction, all have since returned to work.

The cost of COVID-19 special leave in August is £29, 978, with a total of 2,063 hours lost. This is a similar to figure to the month of August in the 2020/21 fiscal year with a cost reduction of £4k, and a decrease of 127 hours. Year to date, there has been an overall reduction of £114k and 8,000 hours when compared to COVID-19 special leave in 2020/21. COVID-19 positive absence was the most common reason for COVID-19 special leave in August, with a total cost of £19k, and a peak of 15 employees off on 26 August.

Current absences
- Absent
- Returned to Work

SBU Breakdown

Case Management

There are a total of 162 employees who have breached a sickness absence trigger, of which 39 (24.07%) have active cases.

There are currently 102 active cases, with 13 cases opened in August (a decrease from 26 in July). This is higher than the previous fiscal year (five cases in August 2020), but this is directly related to a reduction in sickness absence during the pandemic.

The number of managers seeking support and advice on absence management issues remains consistent, and the number of requests for the team to deliver Absence Awareness Sessions is steadily increasing. The feedback from managers attending the sessions is positive.

Case Category Breakdown:

Attendance = 62 (+5)
Capability = 23 (-1)
Conduct = 11 (-)
Dependency = 0 (-2)
Dignity at Work = 2 (-)
Grievance = 5 (+2)

103 employees have hit a **28+ day** trigger in the current month

61 employees have hit a **4+ episode** trigger in the current month

Category Informal/formal

New Cases Trend

Turnover

NSS turnover year to date position of 5.37% in August, with a year end forecast of 12.77%. The turnover figures have been significantly impacted with the introduction of the National Contact Centre (NCC). The areas with the most significant turnover for August (year to date rates) are:

NCC – 10.95%
SNBTS – 5.13%
SPST – 5.53%
Finance – 4.32%

Turnover trend

Turnover SPC

SBU	Leavers in Month	Leavers year to date	SBU	New Starts in Month	New Starts year to date
CLO	0	2	CLO	2	3
Clinical	0	2	Clinical	0	0
DaS	0	9	DaS	3	27
Finance	1	3	Finance	1	3
HR	0	4	HR	1	5
P&CFS	1	14	P&CFS	0	5
PCF	4	19	PCF	6	39
SNBTS	8	46	SNBTS	20	87
NCC	6	32	NCC	14	66
SPST	10	45	SPST	2	65
NSS	**29**	**159**	**NSS**	**35**	**262**

Redeployment

A new dashboard has been launched in relation to Redeployment within the People Dashboards.

Currently there are 24 Active Redeployments within NSS of which 15 staff are in Temporary Work assignments, five are on secondment, three are in trial periods and one is seeking opportunities. An additional 13 staff have been successfully redeployed in the current fiscal year.

Absence rate for the month of August is 4.39% which is all in relation to short term absence. The absence rate for the current fiscal year is 3.24%, of which 1.77% is in relation to long term absence and 1.46% is short term.
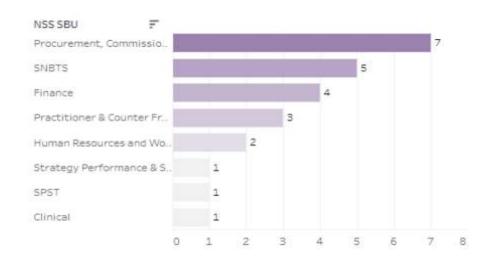
SBU Active Redeployment Breakdown

NSS SBU	
Procurement, Commissio..	7
SNBTS	5
Finance	4
Practitioner & Counter Fr..	3
Human Resources and Wo..	2
Strategy Performance & S..	1
SPST	1
Clinical	1

Redeployment Status

Status	
Active - In Secondment	5
Active - Seeking opportun..	1
Active - Temporary Work..	15
Active - Trial Period	3
Fixed Term Contract Exte..	2
Left Organisation	6
Stage 2 Capability comple..	2
Successfully redeployed	13

SBU Active Redeployment Breakdown Tenure

Chosen Dimension — Tenure of Register: 1 - 2 Years, 3 - 4 Years, 4 Years +, Less than 1 Year

Active - In Secondment
Active - Seeking opportunities
Active - Temporary Work Assignment
Active - Trial Period

Recruitment

There have been **267** jobs advertised year to date (based on a closing date within the current fiscal year), with 46 new jobs posted in August. There has been a total of **600** vacancies – 41.50% of vacancies relate to permanent posts, with 20% staff bank (NCC), 18.5% fixed term and 16.5% fixed term or secondment.

There are currently 35 live adverts, 26 jobs at shortlisting stage and 70 at conditional stage.

Recruitment volume is most significant within NCC with 215 vacancies year to date, followed by SNBTS with 118 vacancies, and DaS with 77. There have been 4,668 applicants within the current fiscal year, 28% of which have been for SNBTS, and 23% for NCC.

85.86% of vacancies are within Administrative Services, 7.64% in Nursing and Midwifery, 2.79% in Support Services and 2.58% in Healthcare. For the 2021/22 fiscal year Time to Hire remains longest for Healthcare Sciences (65.84 days), followed by Nursing and 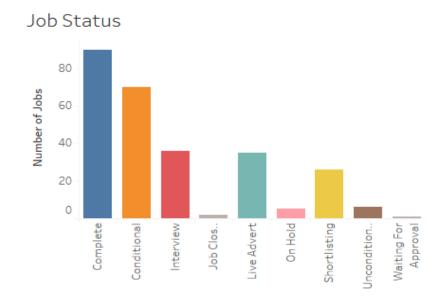Midwifery (60.41 days) and Administrative Services (58.31 days). The time to hire is progressively improving year on year with activity taking on average 10 days less compared to the previous two years.

SBU	Number of Jobs	Number of Vacancies
CLO	3	4
Clinical	3	3
DaS	53	77
Finance	6	8
HR	13	13
P&CF	12	16
PCF	76	99
SNBTS	81	118
NCC	9	215
SPST	11	47

Job Status

Mandatory/Statutory Training

At NSS level, both 3 Year Compliance and Statutory Compliance are on or above the 90% target, 2 Year Compliance is slightly below at 85%.

There are four courses which remain below the 10% threshold:

- NSS Information Governance (85%)

- NSS Health & Safety Induction (89%)

- NSS Counter Fraud Services (90%)

- NSS Risk and Resilience (88%).

Workforce Support

The corporate Workforce Support programme has been refreshed and is continuing to be developed. NSS Managing Your Career has been relaunched with two half-day sessions. A "Resilience and Wellbeing Through Change" workshop will also be offered as a 1.5 hour session with staff. These are the minimum generic offerings and work is ongoing to understand what other support is needed as well as developing an organisational change hub for staff and managers.

Whistleblowing

Whistleblowing course has now launched - see below table for current compliance figures for employees and managers combined. Please note the headcount used is Turas headcount.

Whistleblowing	HC	Complete	Compliance %
Employee	3,432	2,057	60%

Turas Appraisal

Appraisal Compliance — 74%
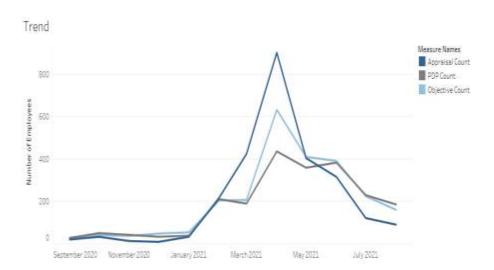
PDP Compliance — 65%

Objective Compliance — 73%

At NSS level there have been minimal changes from July with Appraisal and Objective Compliance both increasing by 1% and PDP Compliance increasing by 2%.

Compliance across SBUs varies and improvement is required across most SBUs and targeted support and interventions by SMT and Heads of Service are in place to improve Turas Compliance over the coming fiscal year.

SBU Appraisal Compliance

SBU	% Appraisal Compl..
Central Legal Office	90%
Clinical	90%
Practitioner & Counter Fra..	85%
Digital and Security	84%
Procure Commission Facili..	76%
HR & Workforce Developm..	72%
Strategy Performance & S..	72%
SNBTS	72%
Finance	66%
SPST-NCTC	51%

SBU PDP Compliance

SBU	% PDP Compliance..
Clinical	100%
Central Legal Office	89%
Digital and Security	83%
Strategy Performance & S..	77%
Procure Commission Facili..	74%
HR & Workforce Developm..	73%
Practitioner & Counter Fra..	70%
Finance	69%
SNBTS	67%
SPST-NCTC	10%

SBU Objective Compliance

SBU	% Objective Compl..
Clinical	100%
Central Legal Office	91%
Digital and Security	87%
Practitioner & Counter Fra..	81%
Procure Commission Facili..	76%
Strategy Performance & S..	76%
Finance	75%
SNBTS	71%
HR & Workforce Developm..	71%
SPST-NCTC	44%

Annual Leave

NHS National Services Scotland

The current position indicates that approximately 39% has been taken to date. This includes any carry over of annual leave from 2020/21 that has been approved. A further 9% of leave has been planned in with a balance of 52% remaining.

Division	Entitlement	Planned	Taken	Remaining	Planned %	Taken %	Remaining %
Central Legal Office	31,649	3,759	11,452	16,438	12%	36%	52%
Clinical	3,455	37	1,567	1,851	1%	45%	54%
Digital and Security	100,175	10,623	32,001	57,551	11%	32%	57%
EESS National Project Team	2,709	502	863	1,344	19%	32%	50%
Finance	18,920	2,700	6,165	10,055	14%	33%	53%
HR & Workforce Development	23,624	3,466	8,245	11,913	15%	35%	50%
Practitioner & Counter Fraud	113,807	16,760	42,067	54,980	15%	37%	48%
Procure Commission Facilities	173,807	11,889	73,349	88,569	7%	42%	51%
SNBTS	198,766	9,514	84,409	104,843	5%	42%	53%
SPST-NCTC	39,827	52	22,153	17,622	0%	56%	44%
Strategy Performance & Service Transformation	60,295	9,021	18,757	32,516	15%	31%	54%
NSS	**767,034**	**68,325**	**301,028**	**397,681**	**9%**	**39%**	**52%**

*Information collated in this exercise is at 6 September 2021 and is a combination from Crown Flexi and eESS/SSTS. This is only an indication of employees of NSS and excludes Bank Staff, contingent workers, honorary contracts and secondees.

Health Safety & Wellbeing

Accident / Incident Management & Reporting

There were no RIDDOR reports submitted to the Health and Safety Executive during August. However, the year to date on RIDDORS submitted is four. A safety gap analysis was completed with each Business Unit Health and Safety Committee and findings have been shared with each Director for review, discussion and identification of supporting actions including delivery timelines and responsible persons. An update by the SBU Directors of PCF and SNBTS on actions taken regarding the number of RIDDORS will be provided to OHSAC in September. Further actions have been identified by OHSAC and these are being taken forward by the SBUs in partnership with HR.

COVID-19 Building Risk Assessment and Future Ready Programme

Work has been undertaken to review and update the initial COVID-19 building risk assessments. These are currently being updated to identify further measures such as any personal evacuation plans, first aid and fire requirements as well as any additional controls required to ensure a safe environment as more staff return to the buildings through personal requests.

2021 Annual Flu Programme

A NHS National Board agreement has been agreed for the 2021 Flu Programme where staff will be able to access an appointment through National Vaccination Centres across Scotland, giving staff the opportunity to access a location near to their workplace or home allowing greater access and flexibility. The initial communication has been delivered and Flu Programme 2021 guidance on HR Connect has been updated. Further communications will be delivered when more information is available through Public Health Scotland and Scottish Government.

Wellbeing Update

Mental Health Workplace Training for Line Mangers has been delivered to approximately 110 line managers across the organisation, new course dates have been identified and communicated. The team continue to update and promote the Wellbeing Hub and HR Connect pages which provides supporting information and guidance for staff and managers on a breadth of wellbeing, health and safety topics. A framework for Wellbeing has been developed and approved by the EMT, with the governance for this sitting under the Great Place to Work Plan. Reports will be taken through EMT, the Partnership Forum and Staff Governance Committee.

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Thursday, 30th September 2021
Title:	**Financial Performance – Month 5**
Paper Number:	**B/21/46**
Responsible Executive/Non-Executive:	**Carolyn Low, Director of Finance**
Report Author:	**Andy McLean, Deputy Director of Finance**
	(Reviewed by: Carolyn Low, Director of Finance)

1.   Purpose

This report is presented for scrutiny relating to annual operating plan and associated financial plan. This report presents NSS's financial performance for the period to 31st August 21 (Month 5).

2.   Recommendation

The Board is asked to note the financial position at Month 5.

3.   Discussion

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

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

4.   Impact Analysis

4.1   Quality/ Patient Care

There is no impact on quality or patient care.

4.2   Equality and Diversity, including health inequalities

There is no impact on equality or diversity.

5.   Risk Assessment/Management

The report highlights the following financial risks:

- Whilst NSS has received its baseline allocation funding from SG as well as 50% C-19 funding, significant levels of funding remain outstanding (£361m [£237m C-19]) – although this is more around timing and is therefore deemed to be low risk.

- Nevertheless, SG has advised there is risk around certain specific allocations, including the 20/21 revenue surplus (£0.75m) and the UK infected blood enquiry within SNBTS (totalling £0.6m).

- Approval of non-critical development bids is on hold until clarity is received from SG in terms of outstanding funding

6.   Financial Implications

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

NSS Targets	Year to Date £000	Forecast Outturn £000	RAG
Revenue Outturn	2,830	320	G
NSS CRES Savings Total	1,643	6,964	G
NSD CRES Savings Total	4,295	10,186	G
Capital Outturn	0	0	G

7.   Workforce Implications

There is no implication on workforce.

8.   Route to Meeting

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

The financial position was discussed with EMT at its meeting on 21st September 21.

9.   List of Appendices and/or Background Papers

The following appendices are included with this report:
Appendix 1 – NSS Financial Performance – Month   5

NSS Financial Performance

August 2021

NHS National Services Scotland – Board Financial Performance – August 2021
Executive Summary

Performance Summary

NSS continues to forecast full achievement of all statutory financial targets for 2021/22.

The current Revenue under spend of £2.8m relates to an underspend within NSD of £2.4m due to a number of services where activity is lower than planned. Other SBU's net underspend of £0.4m.

The NSD underspend will be returned to Boards if it is not utilised in the latter part of the year on recovery.

NSS Targets	Year to Date £m	Forecast Outturn £m	RAG
Revenue Outturn	2.83	0.32	G
NSS CRES Savings Total	1.643	6.964	G
NSD CRES Savings Total	4.295	10.186	G
Capital Outturn	0	0	G

Key Messages

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

Approval of non-critical development bids for 21/22 is still on hold until clarity is received from SG on the return of carry forward funding and funding for critical areas in SNBTS and OFM. NSS Finance has met with SG and confirmation is awaited.

A key focus for NSS is the upcoming planning cycle. The process has been considered by EMT and a refreshed approach with a focus on financial sustainability will be presented at Senior Leaders Forum on the 22nd September.

A full refreshed C-19 forecast will be prepared as part of the Q2 return including the impact of very recent announcements on vaccinations.

Risks and Issues

NSS has received its baseline allocation from SG plus 6 months Covid funding. **Significant levels of funding and income remain outstanding**.

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

SNBTS have also raised a risk around receipt of funding for UK infected blood enquiry (£0.63m in total). See appendix 1

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

Summary

- Covid costs for the first 5 months of the year are £120.6m. This is slightly lower than expected partly due to a reduction in volume over the first 5 months, the impact of lower prices for PPE and a weighting towards year end for potential pandemic stock write offs.

- **A full refreshed forecast will be prepared as part of the Q2 return including the impact of very recent announcements on vaccinations.**

- The Louisa Jordan facility is now closed with post-licence works / repairs being concluded in September. Final valuations will be received over the next month. Costs to the end of August are lower than budget with an overall saving expected once final decommissioning costs are settled.

Covid-19 Expenditure	20/21 £000	21/22 YTD £000	21/22 Forecast £000	Capital £000
Additional PPE	201,372	34,767	150,000	-
Contact Tracing	27,099	9,038	25,921	-
Testing	59,742	23,073	93,196	1,804
Covid-19 Vaccination	16,133	25,384	60,960	-
Flu Vaccination	3,754	(226)	20,733	-
Freight costs / Temporary Staffing	17,743	989	16,241	-
Add'l Equipment and Maintenance	21,199	5,586	9,076	7,194
Other Additional Staff Costs	329	0	0	-
Loss of Income	542	762	1,778	-
Other (inc NHS Louisa Jordan)	69,018	17,460	19,324	-
Offsetting Cost Reductions	(2,170)	0	0	-
Digital & IT costs	3,729	3,769	10,056	-
Total	**418,489**	**120,603**	**407,285**	**8,998**

Test & Protect Update

- The current forecast for Test, Protect and Vaccinate is £200.8m. The TP&V budget continues to evolve as the demand for services increase - all services within NSS are working flat out to capture and report this back to SG. The forecast is being reviewed on a monthly basis so that the Q2 report to SG does not come with any surprises.

- The **Testing BAU project** is progressing, after a slow start the pace of recruitment has improved over the last month, this will reduce the reliance on PgMS resource support and alleviate concerns over the programme running over budget.

- Near patient assays that were approved last month are just starting to arrive at NHS Board Labs and will increase costs significantly in the latter half of 21/22. Labs Winter Flu planning is well underway with a decision on Multiplex (COVID/Flu/RSV) expected before the end of this week, this will have an impact of around £5m on future forecasts if approved.

- **Whole Genome Sequencing** (WGS) was expected to have reached 4000 tests per week by the end of September, this has now been pushed out to end of October.

- **Seasonal flu vaccination** planning is well underway with the first jabs expected on 9th September, the costs of this will ramp up over the next four months along with the **COVID booster programme**. Extensions to the initial COVID programme to include younger age groups and a third dose for those who are immunosuppressed will further increase costs.

Main Movements by SBU

SBUs were reporting an operating surplus of £2.8m

CLO – Surplus of £306k. Predominantly driven by additional income internally from other SBUs above budget £237k as well as current vacancies in pay £133k. The full year position is currently forecast at a surplus of £174k. This reflects excess income to date and the assumption that vacancies will be filled throughout the year.

SNBTS - deficit of (£217k). The main driver of YTD deficit is timing on Medical Costs (£296k). A breakeven forecast is assumed but is reliant on achievement of CRES savings and **also receipt of funding from SG for the UK infected blood Enquiry £636k.**

DaS – Deficit of £250K. Income to the end of August is estimated at £291K lower than budget. Administration issues within Business Intelligence are causing delays in recognition of income. DaS senior team are aware and will update progress at Q2. A break-even position for the full year is forecast. SG programmes are still on target and will be closely monitored with regular feedback provided to SG.

PCF –Surplus of £2.8m. Mainly due to NSD underspent £2.4m due to under activity, OFM £475k underspend due to pay and property costs, Logistics £398k over budget of which £275k relates to pay, £222k underspend in NHS Assure and ARHAI £172k mainly due to recruitment delays. A potential small deficit of £86k is currently forecast.

HR – Surplus of £131k predominantly driven by vacancies in Pay in the HR establishment. Full year position forecast at breakeven and subject to significant COVID / contact tracing funding.
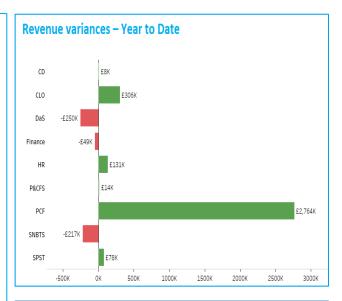
P&CFS– Surplus of £14k, predominantly driven by vacancies £33k which are forecast to be filled as the financial year continues, Non-pay underspend £21k and lower income received in SHSC £28k and CFS £10k.
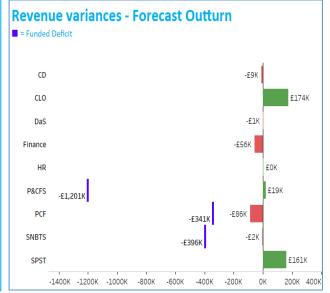
Clinical – Surplus of £8k driven by small underspend on it's main operational budget of £28k and small overspends on its programme budgets of £20k. The full year position for Clinical is currently forecast at a £9k overspend, mostly driven by unidentified savings. Programme budgets in Clinical are expected to be full utilised and breakeven for the year.

Finance – overspend of £49k with a full year forecast position of £56k overspent due to SE Payroll consortium implementation costs.

SPST – Surplus of £78k YTD and £161k forecast full year. Whilst staffing levels are greater than the initial plan (with additional PgMS staff employed via agencies) this cost is being recovered through fee recovery.

3 SBU's have in year budgeted deficits funded from reserves. These are reflected in purple on the graph.

Revenue variances – Year to Date

SBU	YTD variance
CD	£8K
CLO	£306K
DaS	-£250K
Finance	-£49K
HR	£131K
P&CFS	£14K
PCF	£2,764K
SNBTS	-£217K
SPST	£78K

Revenue variances - Forecast Outturn

■ = Funded Deficit

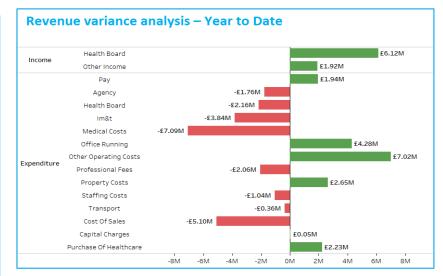| SBU	Forecast variance	Funded Deficit
CD	-£9K	
CLO	£174K	
DaS	-£1K	
Finance	-£56K	
HR	£0K	
P&CFS	£19K	-£1,201K
PCF	-£86K	-£341K
SNBTS	-£2K	-£396K
SPST	£161K	

NHS National Services Scotland – Board Financial Performance – August 2021
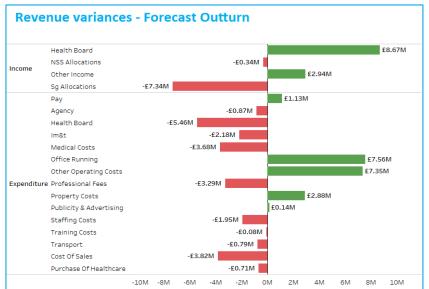## Revenue Analysis

Year to date and Forecast

- The variance across Health Board Income relates to plasma income £5.6m driven by increased pricing.

- Other income includes £720k UK Govt grant funding to improve remote access to GP & Hospital sites through out Scotland (Rural Gigabit Connectivity). Additional fees for CLO £451k and £321k for oxygen concentrator income.

- Total Pay (including agency) is underspent by £0.2m. This includes an overspend on Agency/contractors of £1.7m, but netted against a payroll underspend of £1.9m. Additional overtime and excess costs related to Covid are included mainly in Das, PCF and SPST with allocation and additional income offsetting. (See further analysis on next slide)

- IM&T costs are higher than phased budgets due to additional ATOS core costs. All additional costs are covered by recharges to Boards and Service users.

- Medical costs relate to higher maintenance pass through costs (£3.6m) offset against income above, plus phasing of Test Protect & Vaccinate test kits £3.1m.

- Office Running costs underspend relates to carriage and Logistics for TP&V Testing.

- Property Costs – the positive variance relates to lower than planned Other contractor costs for the vaccination programme and is expected to come back into line.

- Staffing costs relates to face fit testing via ARCO for NHS Scotland and is funded via Covid.

- Cost of Sales relates to product supplied through the NDC and including to vaccination centres.

Revenue variance analysis – Year to Date

Income	Health Board	£6.12M
	Other Income	£1.92M
Expenditure	Pay	£1.94M
	Agency	-£1.76M
	Health Board	-£2.16M
	Im&t	-£3.84M
	Medical Costs	-£7.09M
	Office Running	£4.28M
	Other Operating Costs	£7.02M
	Professional Fees	-£2.06M
	Property Costs	£2.65M
	Staffing Costs	-£1.04M
	Transport	-£0.36M
	Cost Of Sales	-£5.10M
	Capital Charges	£0.05M
	Purchase Of Healthcare	£2.23M

Revenue variances - Forecast Outturn

Income	Health Board	£8.67M
	NSS Allocations	-£0.34M
	Other Income	£2.94M
	Sg Allocations	-£7.34M
Expenditure	Pay	£1.13M
	Agency	-£0.87M
	Health Board	-£5.46M
	Im&t	-£2.18M
	Medical Costs	-£3.68M
	Office Running	£7.56M
	Other Operating Costs	£7.35M
	Professional Fees	-£3.29M
	Property Costs	£2.88M
	Publicity & Advertising	£0.14M
	Staffing Costs	-£1.95M
	Training Costs	-£0.08M
	Transport	-£0.79M
	Cost Of Sales	-£3.82M
	Purchase Of Healthcare	-£0.71M

NHS National Services Scotland – Board
Financial Performance – August 2021
Agency & Contractor Review

NHS
National
Services
Scotland

Summary

NSS is currently employing circa 240 agency and contractor staff on a monthly basis.

Expenditure on Agency and Contractors has increased by 115% over the last 3 years and is currently running at £1.42m per month. A significant driver for the increase has been supporting Covid services with the largest increases seen in DaS, SPST and PCF.

Costs have significantly increased for agency staff, with an overspend of £1.76m for the first 5 months. There has however been a corresponding saving from vacancies of payrolled staff (£2.3m) which has more than offset this increase.

Length of contracts has been analysed from data held by HR. This shows 71 engagements which have been in place for more than a year, but with some being significantly longer, up to a maximum of 6.5 years for one individual.

This review has highlighted some discrepancies in data held in different systems within NSS which will be investigated further. Furthermore, the disparate nature of the data sets means this work has been labour intensive and not easy to make routine
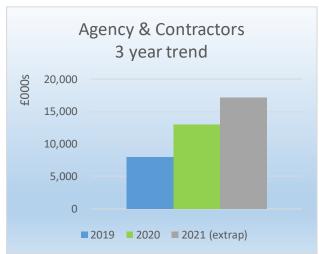
SBU	YTD Bud	YTD Act	YTD Var
Blood, Tissues And Cells	£ 17,588,665	£ 17,357,703	230,962
Central Legal Office	£ 3,583,082	£ 3,450,277	132,805
Clinical Directorate	£ 704,845	£ 700,435	4,410
Finance	£ 1,681,661	£ 1,696,889	-15,228
Hr	£ 2,057,408	£ 1,990,773	66,636
It	£ 13,156,042	£ 13,154,686	1,356
P&cfs	£ 7,766,534	£ 7,604,086	162,448
Proc Comm And Fac	£ 17,028,947	£ 16,879,394	149,553
Reserves	£ 429,423	£ 332,150	97,274
Strategy Perform Serv Trans	£ 14,406,477	£ 14,961,601	-555,124
Grand Total	**£ 78,403,085**	**£ 78,127,994**	**£ 275,091**

Contracts > year	1-2 yrs	3-4 yrs	5 yrs +
DaS	12.0	3.0	4.0
PCF	20.0	9.0	
SPST	12.0		
Finance	5.0	1.0	
Clinical		1.0	
P&CFS	2.0		
SNBTS		2.0	
	51.0	**16.0**	**4.0**

	YTD Bud	YTD Act	YTD Var
Agency	5,359,326	7,120,285	-1,760,959
Pay	72,331,586	70,006,563	2,325,023
Secondee Costs	712,173	1,001,146	-288,973
Grand Total	**78,403,085**	**78,127,994**	**275,091**

NHS National Services Scotland – Board Financial Performance – August 2021
Agency & Contractor Review

Agency & Contractors 21/22 by Supplier and SBU

HAYS ACCOUNTANCY AND FINANCE 1.7 wte
FRUITION PARTNERS UK LIMITED 3.0 wte
ASA INTERNATIONAL 10.6 wte
BRIGHTWORK 27.22 wte
LORIEN RESOURCING 13.67 wte
PERTEMPS 23.75 wte
MORGAN PHILIPS GROUP 11.9 wte
VENESKY-BROWN 31.7 wte
BLUE ARROW LTD 75.0 wte
£000s
HARVEY NASH LTD 28.5 wte

Legend: It | SPST | PCF | Finance | P&CFS | Hr
Axis: 400 | 800 | 1,200 | 1,600

Agency & Contractors 3 year trend

£000s
20,000
15,000
10,000
5,000
0

Legend: 2019 | 2020 | 2021 (extrap)

Agency & Contractors Budget and Actual £

Hr
P&CFS
Finance
PCF
SPST
It

-£000s | 1,000 | 2,000 | 3,000 | 4,000

Legend: Budget | Actual

CRES Savings - Achieved vs Planned
--- = YTD Target CRES

CRES Savings - Value and % of budgeted savings identified

NSD annual savings target is £10,186k with £4,295k achieved year to date. A detailed review has provided assurance that targets will be met this year for NSD with a higher risk into future years due to less scope on contract renegotiations.

SBU CRES Target is £6.9m, Achieved to date is £1,643k. Currently £2.9m of the CRES Target is still to be identified.

SBUs continue to have difficulty in delivering planned CRES initiatives on a recurring basis due to Covid-19. **For the majority this is compensated by non recurring savings and therefore overall CRES targets will be achieved**. Budgets have been reduced by 5% recurrently at the start of the year.

NHS National Services Scotland – Board
Financial Performance – August 2021
Services delivered on behalf of NHS Scotland

Year to date

- NSS manages services on behalf of NHS Scotland with a full year budget of £828m.

- eHealth SLA, PACS, GPIT, CHI, ATOS, O365, Scotcap, MESH, Rebates and SIBBS are all delivering within plan or small underspends.

- Logistics is reporting a deficit position of £399k arising from unbudgeted professional fees and increased insurance costs.

Services delivered on behalf of Scotland - YTD Position

NDC
Spend: 118,213,171
Variance: -398,645

O365
Spend:

SIBBS
Spend:

ATOS

Rebates
Spend: 42,083,333
Variance: 0

eHealth

NSD
Spend: 110,944,777
Variance: 2,713,153

NSD

- A decision on the application to carry forward funding of £4m from 2020/21 is still awaited.

- NSD are reporting an underspend of £2.4m at Month 5 with an expected breakeven position forecast for year end subject to an alignment of risk share allocation to forecast spend.

- Monthly activity received to date shows that, for a number of specialist services, activity is still lower than planned/usual BAU levels. However, activity levels are rising, and the activity for many services is hovering just below usual levels (i.e. transplant services)

- Screening activity is also fluctuating. HPV screening is still not up to full speed and NSD have asked SG to reduce the anticipated top-slice by £701k (reducing the funding to last year's level).

- It is now clear that the risk share scheme will be significantly under spent. We still anticipate a £1m pressure on the Recombinant budget, and Car-T Cell Therapy will be over spent (due to the new product coming on line) but this will be more than offset by the very low levels of Out of Area referrals (including Gender Reassignment patients). At this stage, it is impossible to say how much Ultra Orphan Drugs will cost, as the final outturn will be very much dependant on the number of babies that will be born with SMA2, between now and the year end.

- NSD expect to achieve CRES equating to over 5% of baseline. However, CRES is likely to drop to around 4% in 22/23, and drop further in future years. New contracts for recombinant products are unlikely to deliver the same scale of savings as seen in recent years. NSD will be working with all the services to identify continued ongoing CRES.

- The underlying assumptions around the wider NSD financial position in 21/22 will be updated in-line with emerging Health Board plans with any deviation reported timeously and formally to SG via CFN and NSS FPR.

NHS National Services Scotland – Board
Financial Performance – August 2021
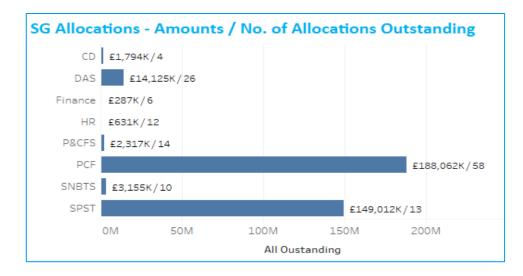## Scottish Government Funding Allocation Tracker

Received

Baseline funding of £343m has been received to date, additional allocations of £235m, which includes Covid allocations of £156m.

Outstanding

£361m remains outstanding (108 individual allocations), including £237m related to Covid spend.

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

SG Allocations - Amounts / No. of Allocations Outstanding

Category	Amount / No.
CD	£1,794K / 4
DAS	£14,125K / 26
Finance	£287K / 6
HR	£631K / 12
P&CFS	£2,317K / 14
PCF	£188,062K / 58
SNBTS	£3,155K / 10
SPST	£149,012K / 13

All Oustanding

Business Controllers have categorised the risk of receipt of outstanding allocations with concern raised over 28 allocations totalling £26.9m.

These were discussed as part of the SG review in August.

Confirmation of allocation is expected in September.

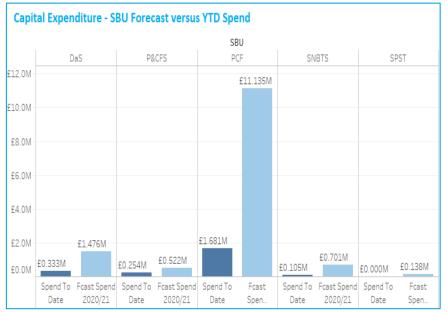| SBU	Green	Amber	Red	Total
SNBTS	2,079	426	650	3,155
PCF	175,017	13,045		188,062
Reserves	250	1,500		1,750
DaS	13,850	275		14,125
P&CFS	1,166	1,151		2,317
SPST	138,875	9,887		148,762
Finance	287			287
HR	631			631
Clinical				
	333,949	26,284	650	360,883

Year to date

Budget comprising NSS allocation of £2.927m of which £1.6m has been allocated to recurring requirements / projects. Critical developments have now been approved reducing the remaining available capital funding from £1.281m to **£0.766m**

Following recent UK Government funding announcements, additional capital funding is available in year. NSS are working with SG to determine equipment and backlog maintenance priorities to reduce immediate and future pressures.

SG additional capital comprises - £1.2m CHI, Breast Screening £135k, £27k Radiology, Covid – Testing £1.8m & Warehousing £7.2m

Capital Expenditure - SBU Forecast versus YTD Spend

NSS CAPITAL DEVELOPMENT FUNDING		Budget	FY
Opening position	Opening AOP	2,927	2,927
	20/21 slippage allocation	641	641
	Opening position total	**3,568**	**3,568**
Critical projects approved	nDCVP	-401	-401
	SNBTS Equipment Rolling Replacement	-315	-315
	SNBTS Fleet Modernisation	-300	-300
	Breast Screen Unit	-630	-630
	Slippage - required		
	Warehouse Management System	-91	-91
	nDCVP	-121	-121
	Radiology	-111	-111
	Fleet Replacement	-86	-86
	CHI	-211	-211
	Cyber Security	-21	-21
	Committed	**-2,287**	**-2,287**
Available for Developments		**1,281**	**1,281**

SG CAPITAL DEVELOPMENT FUNDING		Budget	FY
Opening position	CHI	1,244	1,244
Additional to be approved	Radiology	27	27
	Breast Screen Unit - additional	135	135
	NSD Capital Funding	800	800
	Covid - Testing	1,804	1,804
	Covid - Equip & Maint	7,194	7,194
Total SG Funding		**11,204**	**11,204**

NHS National Services Scotland – Board
Financial Performance – August 2021
Approval of Critical Developments

Approval of developments is on hold until carry forward funding has been confirmed by SG. Confirmation is expected within the next month and if received in full will give a 6 month window to undertake any developments.

Development requests awaiting approval total £7.3m revenue and £1.1m capital.

Critical Projects

Certain SBU's have indicated critical projects where a decision cannot wait. These have been considered by the Director of Finance and approved in line with SFI's. Funding will be released from Reserves to fund these projects, other than the CLO Case Management system, which will be self funded by the SBU from its fee income.

In line with commitments made to ARC, additional resources to support the work required to implement the recommendations from the Deloitte report into Primary Care payments will be a priority for any future investment.

Lead SBU	Name of Intiative/Service	21/22 Rev	21/22 Cap	Rev FY22/23	Rev FY23/24	Comments
SNBTS	eValidation	42,000	80,000	42,000	42,000	Approved subject to clarification of productivity gains
SNBTS	Temperature Mapping	113,088	85,000	113,088	113,088	Approved subject to clarification of cost avoidance
PCF	NHSS Sustainability and climate change	170,000	-	170,000	170,000	Approved subject to clarification of wider SG ask and funding
PCF	New OPS FM System	30,000	350,000	30,000	30,000	Approved
PCF	Additional Role in OFM (redeployee)	50,000		50,000	50,000	Approved
HR	PS&E Review	34,000		247,000	137,000	Approved
P&CFS	Deloittes - Primary Care payments review	119,700				Approved
CLO	Cloud Based Case Management System	150,920	-	384,064	90,552	Approved
		709,708	515,000	1,036,152	632,640	

NHS National Services Scotland – Board
Appendix 1
UK Infected Blood Inquiry - SBAR

Author of Paper	D Dyer, Finance Business Controller, SNBTS
Situation	NSS has been funding the UK Infected Blood Inquiry since it started in July 2018 from reserves. Funding for IBI is now a high risk for NSS. Costs funded for financial year 2018/19, 2019/20 and 2020/21 are £95k, £291k & £391k
Background	The UK Infected Blood Inquiry (IBI) was initiated in July 2018 to examine the circumstances in which men, women and children treated by National Health Services in the United Kingdom were given infected blood and blood products, in particular since 1970. The Inquiry has now reached a critical stage where it is taking statements (termed Rule 9 requests) from SNBTS and from former employees alongside accessing a large number of SNBTS archive documents, in preparation for Blood Service Hearings in November and December. Whilst core work is being absorbed by SNBTS staff there is a continuing need for a coordinator and for intensive input from Central Legal Office and Counsel in this financial year. IBI have not yet published a timetable for next year, but there may well be further potential witness statements and/or hearings around issues that they have not yet touched upon (such as variant CJD and current challenges), an ongoing requirement to respond to criticisms from other witnesses (and the Inquiry itself) and the preparation of closing submissions.
Assessment	SNBTS Director and Medical Director have had discussions with SG regarding funding for the IBI, from beginning of the inquiry and more recently. SG have not provided any funding to date. The forecast for FY2021-22 and 2022-23 are below. (see table below)
Recommendations	EMT to note the risk to NSS financial position in 21/22 and 22/23 should funding not be provided by Scottish Government. SNBTS will continue to focus on the operational needs of the Inquiry and meeting the objectives set by the Inquiry panel.

	FY21-22 YTD Spend	FY21-22 Forecast	FY22-23 Forecast
Pay Costs	37,798	76,749	74,543
Document Retrieval	7,500	22,500	-
CLO fees	117,537	282,089	282,089
QC fees	84,212	255,000	255,000
Total	**247,047**	**636,338**	**611,632**

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**30 September 2021**
Title:	**Q1 Remobilisation Plan Performance Report**
Paper Number:	**B/21/60**
Responsible Executive/Non-Executive:	**Lee Neary, Director, SP&ST**
Report Author:	**Angela Wilson-Coutts, Head of Planning and Performance**

1.   Purpose

The paper shows Q1 performance against the FY22 NSS Remobilisation Plan (RMP) and is presented to the NSS Board for scrutiny and approval.

2.   Recommendation

It is recommended that the Board reviews the attached RMP Performance Report for Q1 and scrutinises its contents.

Any concerns regarding the information contained within the report should be raised for discussion.

3.   Discussion

NSS currently has 71 remobilisation measures that are reported quarterly using the following measurements:

Status	Definition
Blue	Exceeded target
Green	Met target/on track to meet target
Amber	Within 10% of meeting target
Red	Beyond 10% of meeting target

SBU performance for Q1 is illustrated in the following graph:

Performance in Q1 has been positive with 85% of measures reporting as on track (green) or exceeding expectation (blue). Highlights from the quarter include the following:

In Q1, we completed four measures:

- We successfully launched the Community Benefit Marketplace, which aims to build sustainability into the procurement process. This measure is linked to another PCF KPI that aims to provide 20 community benefits by March 22. At the end of Q1, this measure is on track with five benefits currently registered.
- We successfully delivered on three vaccination measures. 96% of priority cohorts received their first vaccination by May 2021 and 98% received their second dose by August 2021, both against a target of 80%. We also reached agreement on timelines for vaccinating the remaining cohorts.

We reported all four Testing measures as exceeding expectation:

- We deployed 100% of requests for mobile testing units.
- We established a network of sampling sites across Scotland.
- We agreed 100% of timeframes with Scottish Government for the deployment of the Testing Expansion Plan.
- We established 8 regional test centres, 53 local test centres and 55 mobile testing units (MTUs) within agreed timeframes.

Ten measures are reported as amber, including 3 in SPST, 4 in DaS, 1 in PCF and 2 in the Clinical Directorate. Work is ongoing to address issues and an updated position will be available in early October following the end of Q2.

One measure is reporting red:

- There is a risk that we will not deliver the South East Payroll implementation roadmap this financial year. There has been limited engagement from our health board partners and we have escalated the issue via our Scottish Government sponsor. To address concerns raised locally, a report will be presented to the region's Directors of Finance at the end of September.

4. Impact Analysis

4.1 Quality/ Patient Care

There are a number of measures that relate to patient care in the RMP and are being delivered through the Clinical Directorate, SNBTS and the National Screening Division. One measure is reporting amber; the adoption of SCOTCAP and Cytosponge have not reached anticipated levels. It should be noted that when this measure was agreed, the Centre for Sustainable Development (CfSD) was not yet fully implemented. Since its launch, CfSD has assumed accountability for the establishment of services relating to SCOTCAP and Cytosponge. Discussions are ongoing about transferring this measure to CfSD.

4.2 Equality and Diversity, including health inequalities

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

5. Risk Assessment/Management

Risks relating to the delivery of the plan are captured within the full RMP and are managed in line with the Integrated Risk Management Approach.

6. Financial Implications

Financial considerations are accounted for in the Finance Report.

7. Workforce Implications

Workforce considerations are accounted for in the People Report.

8. Route to Meeting

The Executive Management Team (EMT) reviewed the Q1 performance at their meeting on 16 August 2021.

9. List of Appendices and/or Background Papers

- N/A

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**30 September 2021**
Title:	**Risk and Issues Report**
Paper Number:	**B/21/47**
Responsible Executive/Non-Executive:	**Lee Neary, SP&ST Director**
Report Author:	**Angela Wilson-Coutts, Head of Planning and Performance**

1. Purpose

The paper is presented to the NSS Board for scrutiny and agreement.

2. Recommendation

We ask the Board to consider the contents of this report, the management of the risks contained therein and to highlight any areas of concern.

Recommendations and/or amendments put forward by the Board as a result of this review will be taken forward and actioned to enhance assurance.

Additionally, we ask the Board to consider and confirm decisions in relation to strategic risks.

- Does the Board wish to adopt the new proposed strategic risks?
- Does the board wish to continue their oversight of the existing strategic risks?

3. Discussion

This report considers the overall corporate NSS risk profile and pays particular attention to all corporate red risks, strategic risks, issues and the risk management approach.

Risk Profile

The risk profile for NSS at 1 September 2021 is below.

			Likelihood					Total
			Rare	**Unlikely**	**Possible**	**Likely**	**Almost Certain**	
		Score	1	2	3	4	5	
Impact	**Catastrophic**	5	2	9	2			13
	Major	4	1	5	9			15
	Moderate	3	1	4	14	1		20
	Minor	2		3				3
	Negligible	1			1			1
	Total		4	21	26	1	0	52

At 1 September 2021, NSS has 52 corporate risks and 1 issue. There has been no movement in our overall risk position since the last reporting period. Details of all corporate NSS risks can be found in Appendix A and further information can be made available on request.

The breakdown of risks by RAG status is in the table below:

Position on 1 September 2021	RED	AMBER	GREEN	TOTAL
Open risks	2	33	17	**52**
New risks in reporting period	0	0	0	**0**
Open Issues	0	1	0	**1**

Red Risks

Two corporate NSS red risks are being managed by the organisation.

1. **6282 Devices with Win10 v1709 Builds**

   Risk 6282 relates to devices with Windows 10 that are no longer receiving Microsoft security updates and increase NSS exposure to cyber-attacks. Originally the risk focused on v1709 builds. Further analysis showed issues with other Windows 10 builds and these have been added to the risk. The main mitigation activity is to upgrade devices to the latest version of Windows 10. There are 380 Windows 10 devices still to be updated, with 75% of devices updated so far. The proximity date of 31 August 2021 was reviewed and due to the increase in devices and the remaining

number of devices still to be upgraded, this has been extended until 31 December 2021.

2. **6121 Unstructured and Unclassified Data**

Risk 6121 relates to the volume of unstructured and unclassified data held on the corporate storage areas, including the Microsoft shared server environment, and seeks to ensure NSS is compliant with governance and security legislation. Work is ongoing with a third party supplier to scope the extent of the issue. We are engaging with SBUs to collate action plans to cleanse local data by the end of October, prior to an all NHSScotland audit by the Information Commissioners Office (ICO) in Q4. It should be noted that the ICO audit is not specific to NSS. A records management plan is due for submission to the keeper in 2022 and work on this plan is already underway. There will be a session on this area with the Executive Management Team on 4 October. This will be led by the NSS Head of Data Protection and Data Protection Officer and the Deputy Senior Information Risk Owner. The Central Legal Office will also share approaches they are taking to address this risk. This risk is being managed by DaS in conjunction with the Executive Lead for Risk and Resilience. The proximity date for mitigation of this risk is 31 December 2021.

Full details of corporate NSS red risks are contained in Appendix B.

Issues

There is one priority 3 issue in NSS and it is being managed by Practitioner & Counter Fraud Services (PCFS).

6231 Evadis/PHS SLA

This was raised in December 2020 by PCFS and is unchanged since the last reporting period. PCFS is working with Shared Services to analyse the errors being experienced in relation to incorrect data provided by Evadis. They are also reviewing the KPIs in relation to PHS. The issue was last updated on 1 July 2021 and 2 mitigating actions are due for completion at the end of September. The issue owner is aware and is managing the issue. Further details are available in Appendix C.

Strategic Risks

Strategic risks have been defined by NSS as those that if crystallised would impact the long-term vision and success of NSS. These risks are owned by the Board and as new risks emerge the Board Members have the opportunity to discuss these risks at the Committee meetings within their area of responsibility and decide whether they should be flagged as strategic for their ongoing consideration.

As our strategic risks can be Red, Amber or Green this allows the Committees the opportunity to focus on all strategic risks, and not just the Red and new Amber risks.

Presently, five strategic risks are reported to the Board and details on the management and performance of those risks can be found in Appendix D.

- 5671 nDCVP Programme (Amber 9)

- 5636 PGMS Service Delivery (Amber 9)
- 5114 UK Infected Blood (Langstaff) Inquiry (Green 8)
- 5800 Primary and Community Care Strategic Theme (Green 6)
- 5523 National Security Operations Centre (Green 5)

A review of our strategic risks was undertaken by the Executive Management Team on 14 June 2021. They identified a number of areas that required particular attention. Risks owners were identified and the risks have been developed accordingly. Additionally, the development day allowed the Board to determine the organisation's strategic focus for the next 3 years and to consider potential risks associated with these priorities. The new proposed strategic risks have been reviewed in light of this input.

Six risks have been identified for the Board's consideration as strategic risks.

- Workforce

- Financial Sustainability

- Coronavirus

- Public Inquiries and Scrutiny

- Property and Estates

- Digital Demand

Risk jotters, which provide additional information on controls and indicators, have been prepared to support the Board with its decision and they can be found in Appendix E.

4.   Impact Analysis

4.1   Quality/ Patient Care
Clinical risks are considered by the Clinical Governance Committee. There are nine clinical primary category risks in this report and ten clinical secondary risks. None of the clinical risks within this report are categorised as red risks and none are new in the reporting period.

4.2   Equality and Diversity, including health inequalities
All projects and services associated with the risks covered by this paper are required to carry out an equality impact assessment.

5.   Risk Assessment/Management
Risks are managed in line with the Integrated Risk Management Approach (IRMA). SBU Directors engage with Risk Owners and Risk Champions monthly to review risk ratings and action plans and to ensure risks are being managed effectively.

Corporate risks and issues are reviewed monthly by the EMT with additional information being provided as requested.

Corporate red and new amber risks are considered quarterly as follows:
- Business risks – Finance, Procurement and Performance Committee

- Staff risks – Staff Governance Committee
- Clinical Risks – Clinical Governance Committee
- Reputational Risks and Information Governance Risks – Audit and Risk Committee

The Risk and Resilience Group is being replaced from October with a Planning, Risk and Resilience Group following agreement from the Senior Planning Group. This is in line with the implementation of the Board Assurance Framework and the development of an integrated approach.

6.   Financial Implications
Both red risks reported in this paper (6282 Devices with Win10 v1709 Builds and 6121 Unstructured and Unclassified Data) are classified as business risks with a potential financial impact of greater than £1million. Details of the actions to address this risk are contained at Appendix B.

7.   Workforce Implications
Staff risks are considered by the Staff Governance Committee. There are five staff primary risks in this report and six staff secondary category risks.

8.   Route to Meeting
The following governance groups have reviewed corporate NSS Risks.
.
- Executive Management Team – 21 September 2021
- Finance Procurement and Performance Committee – 25 August 2021
- Staff Governance Committee – 31 August 2021
- Clinical Governance Committee – 1 September 2021
- Audit and Risk Committee - 21 September 2021

9.   List of Appendices and/or Background Papers

- Appendix A – NSS Corporate Risk Report (September 2021)
- Appendix B – All Corporate NSS Red Risks
- Appendix C – Corporate NSS Issues
- Appendix D – NSS Strategic Risks
- Appendix E – Proposed NSS Strategic Risks

Appendix A – NSS Corporate Risk Report (September 2021)

ID	Title	Combined Score	SBU	Primary Category	Date Raised	Proximity Date
6282	Devices with Win10 v1709 Builds	15	DaS	Business	10/02/2021	30/11/2021
6121	Unstructured & Unclassified Data	15	NSS	Business	09/09/2020	31/12/2021
6452	Performance Management of our People	12	NSS	Staff	15/07/2021	31/03/2022
6402	Service Audit	12	PCFS	Reputational	16/06/2021	31/03/2022
6249	P&CFS Bespoke System - Oracle 12C & Windows 7/XP	12	PCFS	Business	13/01/2021	31/03/2022
6205	Financial Sustainability in the medium - long term	12	NSS	Business	27/11/2020	30/06/2021
6170	ServiceNow - Team Capacity	12	DaS	Reputational	04/11/2020	30/06/2021
5881	Coronavirus	12	NSS	Business	05/03/2020	30/09/2021
5707	Scottish Child Public Health and Wellbeing System Capability	12	DaS	Reputational	17/10/2019	01/11/2022
5091	Stanford - Network Infrastructure	12	DaS	Business	21/06/2018	30/11/2021
4577	IG legislation breach	12	NSS	Business	25/05/2017	29/10/2021
4065	Lack of Application DR	12	DaS	Business	15/02/2016	31/12/2021
6247	Continued Use of Windows7	10	DaS	Business	05/01/2021	30/11/2021
6171	ServiceNow - Platform Resilience and Service Dependency	10	DaS	Clinical	04/11/2020	30/06/2021
6087	Covid 19 Impact on DaS	10	DaS	Reputational	06/08/2020	30/04/2021
6076	Overarching Risk For Pacs Programme	10	DaS	Reputational	27/07/2020	30/06/2021

6075	o365 Overarching Risk	10	DaS	Reputational	24/07/2020	30/06/2021
6072	Overarching risk for Chi/Child Health	10	DaS	Reputational	24/07/2020	30/06/2021
6071	GPIT Overarching Risk	10	DaS	Reputational	23/07/2020	30/06/2021
6004	Advance Payments for PPE Stock	10	NSS	Business	25/05/2020	30/06/2021
5755	Legacy Security Protocols still Active within NSS Domain	10	DaS	Business	20/11/2019	30/11/2021
6473	Blood Supply resilience	9	SNBTS	Clinical	28/07/2021	01/03/2022
6299	Migration to Windows Defender	9	DaS	Business	23/02/2021	30/11/2021
6292	Whistleblowing Policy	9	CD	Reputational	16/02/2021	30/09/2021
6256	Pandemic Stock Shelf Life	9	PCF	Reputational	22/01/2021	28/10/2021
6199	PHS Expectations	9	SP&ST	Reputational	20/11/2020	30/09/2021
6117	Completion of Information Governance adverse events	9	NSS	Business	08/09/2020	30/09/2021
5704	CHI & GPPRS Capability	9	DaS	Reputational	16/10/2019	01/11/2022
5671	nDCVP Programme	9	PCFS	Business	12/09/2019	30/09/2022
5636	PGMS Service Delivery	9	SP&ST	Business	05/09/2019	30/09/2021
5361	Reduction of baseline funding	9	SNBTS	Clinical	14/01/2019	31/12/2021
5360	EU Exit - SNBTS	9	SNBTS	Clinical	14/01/2019	31/03/2022
5274	Tissue Trace 2 Operating System	9	DaS	Business	07/11/2018	31/08/2021
5275	Tissue Trace 2 - Security Risk	9	DaS	Business	07/11/2018	30/11/2021
3601	Climate Change Act duties compliance	9	PCF	Business	21/10/2014	30/11/2021

6143	Mesh Removal	8	PCF	Reputational	12/10/2020	30/09/2021
5887	COVID-19 SNBTS Staff	8	SNBTS	Staff	10/03/2020	30/11/2021
5521	Networking & Information Systems Directive	8	DaS	Reputational	31/05/2019	30/04/2021
5507	Delay in GP IT Deployment Due to NHS Board Funding Issues	8	DaS	Reputational	24/05/2019	31/12/2021
5114	Infected Blood Inquiry - NSS	8	SNBTS	Reputational	17/07/2018	31/03/2022
5800	Primary and Community Care Strategic Theme	6	NSS	Reputational	17/12/2019	31/03/2022
4757	Aging Network Equipment	6	DaS	Reputational	02/10/2017	30/11/2021
4441	Health & Safety Compliance	6	PCF	Business	18/01/2017	31/10/2021
3236	eProgesa unavailable for protracted period.	6	SNBTS	Business	30/09/2013	30/11/2021
5888	Print to Post System Security	5	PCF	Clinical	11/03/2020	31/12/2021
5523	National Security Operations Centre	5	DaS	Reputational	31/05/2019	31/03/2022
6280	SQL Cluster Support	4	DaS	Business	10/02/2021	30/11/2021
6200	Shared Services Resource and Demand	4	SP&ST	Business	20/11/2020	01/10/2021
6082	Remote Working	4	NSS	Staff	29/07/2020	29/10/2021
5164	Non UK EU Workforce	4	HR	Staff	28/08/2018	30/09/2021
6279	Risk to Backups	3	DaS	Business	10/02/2021	31/12/2021
5893	Covid-19 (NP) - Product Supply	3	PCF	Business	16/03/2020	15/09/2021

Appendix B – All Corporate NSS Red Risks

Business (Red/High)

ID	Date Raised	SBU	Title	Risk Description	Proximity Date	Last Update	Risk Rating	Residual RAG	Secondary Category	Financial Impact
6282	10/02/2021	DaS	Devices with Win10 v1709 Builds	Devices with Win10 v1709 Builds are no longer receiving Microsoft Security Updates which increases our exposure to Cyber Attacks until upgrade to latest version is completed	31/12/2021 (NB this has been updated from 30/08/2021)	31/08/2021	15	5	Reputational	N/A
6121	09/09/2020	NSS	Unstructured & Unclassified Data	There is a risk that due to the amount of unstructured and unclassified data held on the corporate storage areas, including Microsoft shared server environment, NSS will become non-compliant with governance and security legislation.	31/12/2021	08/09/2021	15	8	Reputational	>£1,000K

Appendix C – Corporate NSS Issues

ID	Date Raised	SBU	Title	Issue Description	Last Updated	Impact	Primary Category
6231	14/12/2020	PCFS	Evadis/PHS SLA	Incorrect information provided by Evadis Team for Pharmacy First items could potentially lead to items being wrongly rejected for payment by the system. This will be highly visible to contractors due to the reporting of rejected items in place.	01/07/2021	3	Business

Appendix D – NSS Strategic Risks

5671 nDCVP Programme

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
12/09/2019	PCFS	There is a risk that New DCVP (Data Capture Validation and Pricing) will not be delivered to agreed costs and timescales.	Business - financial - loss of £1.8m of current investment in the programme and projected loss of £75K per month of expected benefits. Reputational - damage to reputation with stakeholders.	kennedy nelson	3	3	9	6	Reduction	Business	Reputational

ID	Action Created Date	Action Plan	Updated On	Update Description
5671	12/09/2019	Papers being reviewed at October Programme Board.	29/11/2019	Atos/Sopra Sopra have indicated that an assessment of the final specifications agreed in December 2019 vs those used to estimate the fixed fee, fixed time agreement will be undertaken, and that this may result in a Change Notice being issued to NSS. There is therefore a risk that Atos/Sopra will advise an increase in cost and/or schedule to the current CCN. NSS stance is that the scope detailed within the current CCN will not have changed significantly enough to warrant this, particularly as some scope has been removed. However, given this recent exception report it would not be unsurprising to receive a revised fixed price estimate. Programme governance revamped with the establishment of internal and external programme boards now in place supported by an experienced senior programme manager.

5636 PGMS Service Delivery

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
05/09/2019	SP&ST	There is a risk that PgMS cannot meet the surge in demand from Scottish Government, Health Boards and National Health Portfolio Delivery in response to the Remobilisation, Recover and Redesign of health services. PgMS operate a fully cost recoverable service therefore any unforeseen reduction in demand could also result in an adverse financial impact.	The impact of this risk is that inability to meet demand could impact the reputation and strategic partnerships NSS / PgMS have with their customer base. A rapid decrease in demand could result in NSS being required to fund any short fall in respect of a break even trading position.	colette mackenzie	3	3	9	6	Reduction	Business	Staff

ID	Action Created Date	Action Plan	Updated On	Update Description
5636	30/10/2020	PgMS ongoing recruitment campaigns continue to onboarded staff in response to national demand pressures. Increased draw down from agency is providing an additional layer of flexibility to meet rapid deployment where required.	08/06/2021	A significant number of staff across all cohorts are being onboarded throughout FY22 Q1. Demand levels remain high and the demand dashboard is reporting to the PMG / COG monthly.
			12/04/2021	Recruitment campaigns in progress for all staff cohorts.
			29/01/2021	Q4 recruitment campaign planned for all cohorts.

			02/12/2020	Staff now onboard and deployed. Additional demand in Test, Trace and Vaccinate programmes will be met by agency whilst the next recruitment campaign is planned for January 21.
5636	12/12/2019	Continual review the PgMS cost recovery business model that supports how services are allocated to meet customer demand. This is managed by the AD and OMG on a weekly basis to ensure full optimisation of resource allocation against the demand pipeline.	08/06/2021	Ongoing monthly monitoring of cost recovery against financial targets and EoY forecast.
			12/04/2021	Customer demand continues to increase at the start of FY22 Q1. FY21 EoY position delivered RAM FY23 target. Cost recovery model refined and work underway with Finance Service Transformation Lead to ensure robustness of FY22 model.
			02/12/2020	Resource and demand pipeline continue to be managed on a daily basis. ServiceNow deployed for time recording and tracking utilisation across all engagements. Improved MI on cost recovery expected in Q4 that will inform financial modelling and provide baseline data for NSS day rate refresh.
			01/09/2020	Financial business modelling undertaken with Business Controller to ensure actual utilisation vs forecast and freeze to NSS day rate remain fit for purpose.
			01/09/2020	Resource and demand pipeline are reviewed daily. Increased use of agency to meet urgent resource requests in response to Covid Response and Recovery Plans. Approximately running with 20-25% agency utilisation which also ensures headcount can be reduced at short notice if required to reduce any financial risk in respect to any reduction in demand.
			12/12/2019	Demand for PgMS services is currently outstripping supply with Health. Further service opportunities have also been highlighted outside Health including LA and Criminal Justice. These opportunities are currently not being pursued but to the high level of health demand for PgMS services. This provides assurance that demand outwith health for highly skilled professional PPM services is sought after and would be easily accessible if a large number of resources were no longer required in the current portfolios.

5114 UK Infected Blood (Langstaff) Inquiry

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
17/07/2018	SNBTS	There is a risk the Infected Blood Inquiry may lead to additional cost and adverse reputational impact for SNBTS/NSS.	Reputation -There is a risk of National media interest with the potential for adverse publicity, with associated loss of public confidence in the blood service and a risk of adverse effect on staff morale. Business - There is a risk of additional cost to NSS (£100k - £250k per annum). There is a risk that SNBTS will not be able to achieve its CRES relating to sample archive destruction (£40k per annum) Staff Limited, although current and previous employees may be called to submit or give evidence to the Inquiry. Clinical -Limited ¿ patient impact is time limited.	craig spalding	4	2	8	8	Prevention	Reputational	Business

| 17/07/2018 | SNBTS | There is a risk the Infected Blood Inquiry may lead to additional cost and adverse reputational impact for SNBTS/NSS. | Reputation -There is a risk of National media interest with the potential for adverse publicity, with associated loss of public confidence in the blood service and a risk of adverse effect on staff morale. Business - There is a risk of additional cost to NSS (£100k - £250k per annum).   There is a risk that SNBTS will not be able to achieve its CRES relating to sample archive destruction (£40k per annum) Staff Limited, although current and previous employees may be called to submit or give evidence to the Inquiry. Clinical -Limited ¿ patient impact is time limited. | craig spalding | 4 | 2 | 8 | 8 | Prevention | Reputational | Projects |

ID	Action Created Date	Action Plan		Updated On	Update Description
5114	17/07/2018	Engage CLO		17/03/2021	To date the costs have been recovered so have reduced the likelihood to 2 therefore overall score to 8 green. Will review in 6 months
				27/11/2020	Weekly dialogue between CLO and SNBTS Director and Medical Director is ongoing
				20/04/2020	Engagement on track
				28/08/2019	Progressing on track

17/01/2019	Relationship build and open communication channels with Inquiry Legal Team working well and to mutual benefit
25/09/2018	CLO (Susan Murray) engaged. Counsel (Simon Bowie) appointed and will be present at preliminary hearings

5800 Primary and Community Care Strategic Theme

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
17/12/2019	NSS	There is a risk that NSS fail to deliver the strategic intent of the Primary and Community Care theme due to lack of join up and\or engagement with key stakeholders, internally and externally.	The impact is that NSS would reduce our positive reputation and standing in Primary Care and possibly lead in time to reduced trust and commissions. This would limit our ability to positively impact care. Any high profile failure could result in regional media and wider adverse publicity. This could further erode our reputation with local Stakeholders, including the national Boards' collaborative. Financially, we could see an overspend of <15% of allocated budget / commissions with SG pressing for NSS to underpin the overspend if between £100k-£250k. Without committing appropriate resources we could experience project delays 5%-20%. This could impact on some ODP targets not being met.	linda kerr	3	2	6	6	Prevention	Reputational	Business

5523 National Security Operations Centre

Date Raised	SBU	Risk Description	Impact Description	Owner	Impact	Likelihood	Combined Score	Residual RAG	Mitigation Strategy	Primary Category	Secondary Category
31/05/2019	DaS	There is a risk that there will not be sufficient funding for a National health Security Operations Centre (SOC) as recommended by SG and Gartner review	There will be no national dashboard managing vulnerabilities and incidents making it likely of a potential security breach or incident	scott barnett	5	1	5	5	Prevention	Reputational	Business
31/05/2019	DaS	There is a risk that there will not be sufficient funding for a National health Security Operations Centre (SOC) as recommended by SG and Gartner review	There will be no national dashboard managing vulnerabilities and incidents making it likely of a potential security breach or incident	scott barnett	5	1	5	5	Prevention	Reputational	Projects

ID	Action Created Date	Action Plan	Updated On	Update Description
5523	31/05/2019	Working on a proposal with costings for National SOC for health. It is possible that we may have funding for year 1 and year 2 through Atos extension opportunity -to be confirmed by contract board	12/04/2021	SG is promoting and NSS is funding the effort and a phase approach to rollout being planned with the health Boards. A 3 years fully funded programme is in place. The risk will remain until the rollout plan with the Boards is fully signed up .
			16/02/2021	A 6 year fully SG funded business case is with Chief Executives and Digital Health and Care Technology Enablement Board for approval. This details an NSS provided Cyber Security Centre of Excellence (CCoE) which will include at its heart a national security operations centre. As part of the CCoE, appropriate governance and management reporting as well as operational KRIs and KPIs will be stablished and real time information will be made available to decision makers to identify, detect, protect and respond to cyber attacks on our national systems.
			01/09/2020	Head of IS now recruited and business case will be pushed forward
			05/06/2020	the SOC is part of a 3 year SG funded programme and is midway through. This risk was raised a long time ago prior to the programme that is underway and hence why the risk should be downgraded. Eilidh will be reviewing this again in the next month as part of the ISG team risk review and will monitor as appropriate.

			04/06/2020	SOC: working to onboard NCSC's vulnerability disclosure programme. Target model work with Capgemini complete and business case being developed	
			01/05/2020	CapGemini engaged and on site preparing a SOC Target Operating Model (TOM) SIEM POC commercial proposal received via Softcat progressing PO NCC Group to provide an on-call rapid incident response capability PO raised and commercials progressed via G Cloud	
5523	31/05/2019	Working on a proposal with costings for National SOC for health. It is possible that we may have funding for year 1 and year 2 through Atos extension opportunity -to be confirmed by contract board	23/03/2020	Update 23/03/20 - Tender awarded to CapGemimi to complete design work around SOC. Design expected to be completed early April which should feed into proposal for National Service	
			10/01/2020	Include review of backups regime monitoring and ref to Information Security Framework	
			06/01/2020	SIEM POC progressing with supplier (currently setting up Softcat on boarding) Requirements for national CSCO business case drafted and submitted through procurement Other CSOC services continue to be developed including ATP and security scanning service	
			26/11/2019	Proposal received, working with procurement to progress	
			30/10/2019	No further update at this time.	
			26/09/2019	We are awaiting a proposal from a supplier to implement a small POC of a SIEM service to support the development of the CSOC. Funding is likely to still be a constraining factor on the scale and extent of services that can be provided. I need to seek an update on the status of the Atos contract funding.	
			26/08/2019	Atos contract has been extended and are exploring options to utilise spare capacity/ funding and how much is available for cyber initiatives. There are other delays, however, regarding funding from SG perspective and significant pressure on HBs. This is a threat to realising the national Health SOC which depends on health boards receiving funding to implement local SOC technologies.	
			12/08/2019	Aug !9 work ongoing further update to be obtained prior to next eHealth meeting	

				22/07/2019	27/June 2019 Further SG meetings held around this initiative. SG received info from Gartner that mirrored our proposals.27th May 2019: Proposal developed around National SOC. Proposal costings have been benchmarked. Work is continuing with various suppliers over options
				31/05/2019	27th May 2019: Proposal developed around National SOC. Proposal costings have been benchmarked. Work is continuing with various suppliers over options

Appendix E – NSS Proposed Strategic Risks

NSS Risk Jotter – Skills Gap
Risk Owner: Jacqui Jones, Director of HR

Risk Description:	Proximity Date:
There is a risk that there are unidentified skills gaps in the organisation and the workforce planning processes are not robust enough to identify these gaps. Failure to address this could impact service delivery and meeting our strategic objectives.	31/03/2022

Impact Description:		Impact (1-5)	Likelihood (1-5)	RAG (I x L)
Clinical	Clinical workforce not working to current best practice which could have a detrimental impact on patient/service user health outcomes. This could also result in the breach of clinical governance standards.			
Business	The effectiveness of services delivered could be reduced meaning that NSS is unable to meet strategic objectives and stakeholder expectation. Failure to deliver services/strategic objectives could lead to increased scrutiny and legal challenge. Potential increased costs in relation to recruiting in additional staff to address skills gaps.	3	4	12
Staff	Disengaged workforce resulting in detrimental impact on staff wellbeing. Potential impact on staff attrition in sickness absence and presenteeism. Increase in staff turnover. Staff are disenfranchised of opportunities in relation to new ways of working resulting in requirement to recruit new skill sets into the organisation. Increase in capability cases.	3	3	9
Reputation	Failure to deliver services and strategic objectives could negatively impact on NSSs credibility with stakeholders and the public. NSS not seen as an employer of choice.			

Primary Category:	Residual Risk for Primary:	Secondary Category:	Mitigating Strategy:

Clinical		Impact (1-5)	2	Clinical		Acceptance	
Business	X	Likelihood (1-5)	2	Business		Contingency	
Staff		RAG (I x L)	**4**	Staff	X	Prevention (<likelihood)	X
Reputation				Reputation		Reduction (<impact)	
						Transference	

Strategic Objective:							
Customers at the heart		Improving how we do things	X	Increasing our service impact		Great place to work	

Controls:	
1	SBU Senior Management Teams
2	Executive Management Team
3	Partnership Forum
4	Staff Governance Committee
5	Board

Actions:	
1	Robust workforce planning utilising 6 step methodology including regular reviews of plans and owned by SBU Directors
2	Enhance Performance Reporting in relation to Learning and Development and to understand the make up of our workforce based on the skills.
3	Clear guidance, process maps and toolkits on Workforce Planning are updated and readily accessible via HR Connect.
4	Skills gap analysis framework to be introduced across NSS
5	Skills assessment framework to be developed

Indicators:	
1	Service performance levels
2	Staff turnover
3	WTE figures

4	Staff governance standards (e.g. iMatter)
5	Learning & Development performance reporting

NSS Risk Jotter – Financial Sustainability in the medium-long term
Risk Owner: Andrew McLean, Deputy Director of Finance

Risk Description:	Proximity Date:
NSS is unable to deliver financially sustainable services in the longer term due to an increased cost base, reduced funding in-line with economic position and cessation of COVID19 funding post 2021-22 financial year	30/06/2021

Impact Description:		Impact (1-5)	Likelihood (1-5)	RAG (I x L)
Clinical				
Business	Business – unable to meet financial targets.	4	3	12
Staff				
Reputation	Damage to reputation if unable to continue to deliver services.	3	3	9

Primary Category:		Residual Risk for Primary:		Secondary Category:		Mitigating Strategy:	
Clinical		Impact (1-5)	4	Clinical		Acceptance	
Business	X	Likelihood (1-5)	2	Business		Contingency	
Staff		RAG (I x L)	8	Staff		Prevention (<likelihood)	
Reputation				Reputation	X	Reduction (<impact)	X
						Transference	

Strategic Objective:							
Customers at the heart		Improving how we do things		Increasing our service impact	X	Great place to work	

Controls:	
1	SBU Senior Management Teams
2	Executive Management Team
3	Change Oversight Group (Service Transformation)
4	Board and Finance, Performance & Procurement Committee

5	External Audit

Actions:	
1	Planning for 2022 onwards will have a focus on financial sustainability through service transformation,
2	The financial budget has been agreed and uploaded for 2021/22
3	Financial AOP submitted to SG on 26th Feb with a balanced plan for 21/22
4	Drive sustainability across NSS in the longer term, including a focus on new ways of working; transformed services; and 'One NSS'

Indicators:	
1	Service financial performance (e.g. budget, costs, CRES)
2	NSS financial performance (e.g. budget, income, capital)
3	Allocations (e.g. programme funding)

NSS Risk Jotter – Coronavirus
Risk Owner: Lee Neary, Director of SPST

Risk Description:	Proximity Date:
There is a risk that the COVID-19 outbreak could have an impact on resourcing across NSS, potentially increasing workload pressures on staff and limiting our ability to deliver a full range of services - particularly within areas where most support is being provided to help manage the outbreak in Scotland.	30/09/2021

Impact Description:		Impact (1-5)	Likelihood (1-5)	RAG (I x L)
Clinical	Potential reduction in subject matter experts to provide appropriate clinical advice and guidance to support health and care colleagues, Scottish Government and the 4 nations.			
Business	Competition for resources - people, budget and time - to maintain service delivery levels in line with contracts, service level agreements, memorandums of understanding etc.	4	3	12
Staff	Increased workload pressures - volume and hours worked - for staff. Potential for a future staff illness if COVID-19 becomes widespread within Scotland.	3	3	9
Reputation	Potential negative impact on our reputation and drop in trust and confidence in our services if we fail to respond appropriately.			

Primary Category:		Residual Risk for Primary:		Secondary Category:		Mitigating Strategy:	
Clinical		Impact (1-5)	3	Clinical		Acceptance	
Business	X	Likelihood (1-5)	3	Business		Contingency	X
Staff		RAG (I x L)	9	Staff	X	Prevention (<likelihood)	
Reputation				Reputation		Reduction (<impact)	
						Transference	

Strategic Objective:							
Customers at the heart		Improving how we do things		Increasing our service impact	X	Great place to work	

Controls:	
1	SBU Senior Management Teams (daily/weekly/monthly review)
2	Executive Management Team (quarterly review)
3	Finance, Performance and Procurement Committee (quarterly review)
4	Board (quarterly review)
5	Scottish Government Sponsor (quarterly review)

Actions:	
1	Review position at every informal and formal EMT meeting.
2	Assess NSS position weekly at NSS corporate huddle.
3	Deliver Remobilisation Plan 4 update and winter planning checklist.
4	Implement new service BAU performance report.
5	Report Q2 RMP performance to EMT (10/10), SG (12/11) and FPPC (18/11).
6	Report Q3 RMP performance to EMT (17/01), SG (03/02) and FPPC (02/02).

Indicators:	
1	RMP performance
2	RMP updates delivered and agreed within timescales
3	Completion of RMP performance actions from EMT
4	Service BAU performance

NSS Risk Jotter – Level of Scrutiny and Litigation
Risk Owner: Norma Shippin, CLO Director

Risk Description:	Proximity Date:
There is a risk the level of scrutiny required of SBUs could affect NSS's ability to fulfil its strategic objectives due to an increase in the workload of a number of teams in NSS, including CLO, SNBTS, HFS, ARHAI and NSD, who will need to comply with the legal requirements of inquiries.	31/03/2025

Impact Description:		Impact (1-5)	Likelihood (1-5)	RAG (I x L)
Clinical				
Business	Teams are stretched by the requirements placed on them by independent inquiries and scrutiny. As a result, they find it difficult to deliver on their objectives and/or inquiry commitments effectively. Litigation arising from inquiries could lead to financial costs to NSS.	3	5	15
Staff	Negative outcomes and increased workloads from such inquiries could have an impact on staff morale.	3	3	9
Reputation	Failure to deliver for an inquiry could be seen as non-compliance with that inquiry. Failure to deliver on BAU activities because of increased workload could damage NSS's reputation with stakeholders and the public.	3	3	9

Primary Category:		Residual Risk for Primary:		Secondary Category:		Mitigating Strategy:	
Clinical		Impact (1-5)	2	Clinical		Acceptance	
Business	X	Likelihood (1-5)	3	Business		Contingency	X
Staff		RAG (I x L)	6	Staff	X	Prevention (<likelihood)	
Reputation				Reputation		Reduction (<impact)	
						Transference	

Strategic Objective:						
Customers at the heart		Improving how we do things	X	Increasing our service impact	Great place to work	

Controls:	
1	SBU Senior Management Teams (oversight of operational performance).
2	Executive Management Team (oversight of corporate risks and performance).
3	NSS Finance, Performance and Procurement Committee (oversight of business risks).
4	NSS Board (oversight of strategic risks).
5	Public Inquiries (timely production of statements, documents and other items).

Actions:	
1	Establish corporate resource to manage and support inquiry activity.
2	Increase SBU operational capacity to support the delivery of service.
3	Prepare decision-making and actions timeline before inquiry commences.
4	Review resilience plans to account for inquiry needs.
5	Assess potential for funding with SG to cover additional resource requirements.

Indicators:	
1	Service performance levels (e.g. maintain existing levels).
2	Resource requirements to support inquiries (e.g. WTE, hours, cost, backfill).
3	Volume and sentiment of media and external scrutiny (e.g. social media).
4	Inquiry response (e.g. meeting internal/external timelines, quality).
5	Staff morale (e.g. employee engagement index – iMatter).

NSS Risk Jotter – Properties and Estate
Risk Owner: Gordon James, PCF Director

Risk Description:	Proximity Date:
There is a risk that NSS estate does not meet the strategic and operational requirements of the service resulting in a reduction in efficiency and associated property costs.	31/08/2022

Impact Description:		Impact (1-5)	Likelihood (1-5)	RAG (I x L)
Clinical				
Business	Disruption to service delivery. Current funding spent on maintaining current NSS properties in good state of repair with lower occupancy rates. Future workforce working to a hybrid model of home/office working leaving large properties underutilised during the remainder of the lease periods. Need to meet climate change targets.	4	3	12
Staff	Sites are not able to meet hybrid-working requirements. Disruption resulting from change to base locations should staff need to relocate to new sites. Ongoing concerns about travel and parking to existing and new sites.	3	3	9
Reputation				

Primary Category:		Residual Risk for Primary:		Secondary Category:		Mitigating Strategy:	
Clinical		Impact (1-5)	2	Clinical		Acceptance	
Business	X	Likelihood (1-5)	3	Business		Contingency	
Staff		RAG (I x L)	6	Staff	X	Prevention (<likelihood)	X
Reputation				Reputation		Reduction (<impact)	
						Transference	

Strategic Objective:							
Customers at the heart		Improving how we do things		Increasing our service impact		Great place to work	X

Controls:	
1	Future Ready Programme (requirements).
2	NSS Financial guidance and Accounting Standards (policy).
3	NSS Property and Asset Management Strategy (direction).
4	NSS Property and Asset Board (oversight).
5	EMT/COG/PF/Board (oversight).

Actions:	
1	Review NSS property strategy with EMT, Board and NSS Partnership Forum.
2	Develop strategy and business case for each NSS property.
3	Review and agree future requirements for each property before the end of the lease period.
4	Consider alternative availability and potential public sector partners with SG.
5	Agree hand back and disinvest approach (if approved) with building partners.

Indicators:	
1	Service performance levels (e.g. maintain existing levels).
2	Delivery of NSS Property and Asset Management Strategy (e.g. timelines, cost).
3	Estate and Property costs (e.g. reduction over time).

4	Sustainability impact (e.g. energy, waste).
5	Staff governance (e.g. continuous improvement & safe working standard – iMatter).

NSS Risk Jotter – Digital Demand
Risk Owner: Deryck Mitchelson, DAS Director

Risk Description:	Proximity Date:
There is a risk that NSS is unable to meet demand for digital development and implementation due to DaS having insufficient resources in key areas (i.e. Service Now) which is leading to an inability to manage the increasing requests it is receiving. This is due to rapid timescales, the fragmented nature of the requests and the continuing support required for both existing and new services is creating an unsustainable position for our existing workforce.	31/03/2023

Impact Description:		Impact (1-5)	Likelihood (1-5)	RAG (I x L)
Clinical	Clinical systems could be compromised if business as usual support is redirected to new development activity, potentially reducing our ability to manage incidents quickly and effectively and within agreed timescales.	3	3	9
Business	Digital teams are unable to deliver new developments to agreed timescales and/or quality standards if requests are not prioritised or additional resource is not available. Existing commitments or requirements are paused indefinitely to focus on new developments, affecting service improvements and leading to trust and confidence issues in DAS services that could result in SBUs recruiting their own technical teams at additional cost to the organisation and increasing the possibility for inconsistent technical approaches and standards across the organisation.	3	5	15
Staff	Reliance on a limited number of people with highly sought after specialist technical skills, e.g. Service Now, could lead to work overload and impact performance and personal wellbeing. Challenges in finding additional sources of resource, e.g. recruitment, private supplier, due to availability or cost increases pressures on already stretched resources.	3	4	12
Reputation		3	3	9

	5	Not being able to meet demand or failing to maintain existing service standards and levels could reflect poorly on NSS and DAS and result in scrutiny or removal of responsibilities.			

Primary Category:		Residual Risk for Primary:		Secondary Category:		Mitigating Strategy:	
Clinical		Impact (1-5)	2	Clinical		Acceptance	
Business	X	Likelihood (1-5)	3	Business		Contingency	X
Staff		RAG (I x L)	6	Staff	X	Prevention (<likelihood)	
Reputation				Reputation		Reduction (<impact)	
						Transference	
Strategic Objective:							
Customers at the heart		Improving how we do things	X	Increasing our service impact		Great place to work	

Controls:	
1	SBU Senior Management Teams (oversight of digital delivery with DAS business partners).
2	Executive Management Team (oversight of digital performance).
3	NSS Board (oversight of strategic risks).
4	Stakeholder programme boards (oversight of programme performance).
5	

Actions:	
1	Discussing additional funding to be provided by SG to ease the pressure
2	Working to channel demand through the appropriate channels giving the ability to forward plan.
3	
4	
5	

Indicators:	
1	Service performance levels (e.g. existing systems and incident management).
2	Management of resources (e.g. specialist roles, recruitment, costs).
3	Programme performance and risks (e.g. milestones, budget, resources).
4	
5	

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NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Thursday, 30 September 2021**
Title:	**NSS/PHS Shared Services Review Report**
Paper Number:	**B/21/48**

Responsible Executive/Non-Executive:	**Lee Neary, Director SPST**
Report Author:	**NSS/PHS Shared Services Review Group**
	[Reviewed by **(SBU Director)** if not Responsible Executive]

1. Purpose

To inform the Board of the outcome of the recent NSS and Public Health Scotland (PHS) Shared Services Agreement Review

2. Recommendation

It is recommended that the Board endorse the report with recommendations and note the additional points made in this paper.

3. Discussion

Background and Context

In May 2020, both PHS and NSS signed a Service Level Agreement (SLA) for the provision of shared services, currently at a cost to PHS of £8.4m per year. After having this in place for one year, it was agreed that May 2021 was an appropriate time to reflect by undertaking a review of the shared service arrangement. This review was collaborative and managed by a small team, led by the NSS Shared Service Manager and PHS Change Support Organisational Lead.

The report, including the recommendations, has been shared with the NSS Executive Management Team (EMT) and the PHS Senior Leadership Team (SLT). These recommendations are to be jointly agreed by both senior teams, to ensure commitment that these are the right things to focus on in the year ahead. It is worth noting that some of these recommendations are already being progressed.

This review was a positive collaborative effort among the staff involved, to achieve a shared understanding of what has worked well throughout the year, what we can learn from it and potential areas for improvement. In addition, each organisation has key points from their own perspective that they will wish to emphasise and the report should be read with this in mind. This was not an independent review.

The severe impact of COVID-19 should also be considered when reading this. Since April 2020 both organisations 'core business' have been heavily disrupted by the COVID-19

response and created challenges in relation to demand, resource and prioritisation. This resulted in all services having to adapt, innovate at pace and increase the flexibility of their offering. We are now seeing how this disruption has had a major impact on the fundamental pieces of work required by PHS in forming a new organisation alongside the challenges for NSS in scaling up the corporate shared services delivery for the first time.

Recommendations

In addition to the recommendations made in the report, further discussion with both senior teams identified a need and want to focus on the following as priority areas:

- PHS would like to review their services with NSS Digital and Security (DaS) to gain a better understanding of the service offering and how this works with the delivery of their Digital Strategy

- Concerns were expressed from both PHS and NSS on the contents of the current agreement, specifically on the amount of unplanned work or senior professional and clinical support provided by NSS which has been carried out in good faith but not accurately captured or charged for. PHS would also like to gain a better understanding of costs associated with the service model and have proposed a 'value for money' (VFM) review. It would be beneficial for NSS to have visibility of this review.

- PHS are seeking to work with NSS HR and Finance to understand and improve end to end processes to enable PHS to become a more flexible workforce

- NSS are seeking to better understand and review the PHS provision of data services specifically with pharmacy services to P&CFS.

- Make a move from a customer/provider relationship to a partnership approach ensuring both organisations are aligned in terms of strategic direction. This should involve regular conversations between both senior teams, sharing strategies and plans where these may have an impact on the other organisation.

4.   Impact Analysis

4.1   Quality/ Patient Care
N/A

4.2   Equality and Diversity, including health inequalities
There are no unintended negative impacts on equality and inclusion related to this paper. Projects or actions from the review recommendations will be assessed for equality impact at planning stage.

5.   Risk Assessment/Management
All risks are being monitored and managed in line with IRMA
- Risk 1699: PHS Expectations
- Risk 5390: PHI Moving – Impact on P&CFS
- Risk 6520: Multiple agreements in place with PHS

6. Financial Implications

There are no direct financial implications associated with this paper.

There is an indirect financial risk to NSS should Public Health Scotland wish to exit the agreement at the end of the current contract.

7. Workforce Implications

There are no direct workforce implications associated with this paper.

8. Route to Meeting

This report has been previously considered by the NSS Executive Management Team (EMT) where members supported or challenged the content. This feedback informed the development of the final report. It was presented and discussed at the NSS EMT meeting on Monday 16th August 2021.

The report followed the same process within PHS and it was presented to the PHS Senior Leadership Team, their Finance Audit and Risk Committee (FARC) on 25th August 2021 and to the PHS Board on Wednesday 8th September 2021.

9. List of Appendices and/or Background Papers

The following report is included with this paper:

- PHSNSS_Shared Service_One Year Review_1.2_20210908 with Appendices

PHS/NSS Shared Service

One year review report

Publication date: 08 September 2021

Contents

Executive Summary

Background and Context

In May 2020, both Public Health Scotland (PHS) and National Services Scotland (NSS) Chief Executives signed a £8.4m Service Level Agreement (SLA) for the provision of shared services.

Throughout the year, both organisations have responded to COVID-19 in addition to providing these shared services. The impact was significant and created challenges in relation to demand, resource and prioritisation. The pandemic created some forced and immediate changes to how people did their jobs, but also the kind of support they required. This resulted in services having to adapt, innovate at pace and increase the flexibility of their offering.

As this SLA has been in place for a year, it is an appropriate time to reflect by undertaking a review of the shared service arrangement.

Review

This review aims to pull together information from existing sources along with specially commissioned interviews to build a full picture of the delivery of year one. The existing resources include; KPI performance data and insights from customer satisfaction surveys. The findings of this review are based on people's perceptions of the services they provide or receive and how they have been experienced.

Key Findings

- Good relationships and the ability to have open and honest conversations are at the heart of everything that is working well in some services and could be improved in others.

- Staff in both NSS and PHS require a more in-depth understanding of the services they should expect to receive/provide, including clarity on roles and responsibilities

- Approach and deployment of KPIs across all services could be more consistent. This includes getting the right measures in place, ensuring a common understanding across services.

- There is a gap in the governance at the level below the PHS SLT, which ensures that PHS and NSS plan and deliver together, at a strategic level. (expand)

Key Recommendations

Based on the analysis of the review findings, the following recommendations have been suggested by the review team to improve delivery and performance for the second year of the shared service arrangement.

1. Develop and communicate the vision for shared services

2. Refine and agree clear KPIs and service descriptors in SLA

3. Develop an NSS / PHS Partnership Charter to address values, behaviours and ways of working

4. Establish a robust governance structure

5. Map interdependencies across services showing workflow, pain points and demand

6. Support staff to understand their responsibilities in engaging with the service model, systems and processes

7. Undertake a rapid review of HR and Finance data/systems to identify current issues and risks, to ensure effective management of staff and financial resources. Develop an action plan to address these.

1. Purpose of the review

The shared service arrangement has now been in place for one year. Now is an appropriate time to reflect and review the service provision to date, including people's experience, the Service Level Agreement and how both organisations have worked together.

This review is intended to benchmark performance in the first year and reflect on ways of working so we can understand how the NSS and PHS services have been experienced so far. This will help us to learn and make improvements going into the second year of this arrangement and beyond.

1.1 Objectives

The objectives of this review are to:

1. Undertake a performance review of the May 2020 SLA document, including; what went well, what could be improved, including lessons learned.

2. Undertake a performance review of the NSS/PHS Customer Charter which sets out the agreed principles of how services will be delivered

3. Review the current governance arrangements and ways of working as part of the SLA

4. Identify opportunities to add value to the shared service arrangement, based on user feedback

5. Make joint recommendations to improve going into year two.

2. Background and context

In May 2020, both Public Health Scotland (PHS) and National Services Scotland (NSS) Chief Executives signed a £8.4m Service Level Agreement (Appendix 1) for the provision of shared services.

By entering into this partnership, both organisations have been able to access a range of services, support and expert advice from 1st April 2020. From the initial shared services proposal, the following were stated as benefits to this agreement:

- Commissioning corporate services from NSS as a shared service from the outset will allow PHS to focus its efforts on achieving Scotland's public health ambitions and help ensure PHS budgetary imperatives can be met

- The majority of PHS staff transferred from NSS therefore have been using the service delivery model. This provides instant peer-to-peer support for staff new to this way of working

- Corporate services are core business for NSS therefore access to guidance and expertise in each area is readily available for PHS staff

- NSS is an organisation that is always striving to improve the way things are done. This means services will always be evolving and based on PHS needs

- NSS has a strong track record of delivery in these areas and can implement new services at pace and scale based around new technologies, value for money and support multi-agency working

- NSS remains committed to the "Once for Scotland" approach and to increasing the scope and scale of corporate shared services delivery across the Scottish public sector

- This agreement formalised vital working arrangements that were in place between colleagues in PHS and NSS for the provision of data services and clinical expertise.

2.1   SLA and Customer Charter

The Service Level Agreement (Appendix 1) and the Customer Charter (Appendix 2) were key documents established as part of the programme leading up to PHS day one. The SLA formally details the service offering, KPIs and service standards, roles and responsibilities and information on management of the agreement. The Customer Charter contains an agreed set of principles outlining the standards to be upheld when dealing with customers and used to improve the customer experience.

2.2   Roles and responsibilities

Overall accountability for the SLA sits with the Chief Executives of both NSS and PHS.

The PHS Director of Strategy, Governance and Performance meets regularly with the NSS Shared Services Manager and NSS Head of Customer Experience to discuss priorities, challenges or escalation and forward planning. They are responsible for overseeing the management of the SLA, which includes performance reporting, agreement review and identifying gaps/opportunities for new services.

2.3   Global pandemic and implications

This was a challenging year due to the major disruption and surge capacity needed for the response to COVID-19 for both organisations, NSS scaling up corporate shared services delivery for the first time alongside PHS establishing itself as a new organisation and can only be described as a perfect storm. The impact this had on all services that fall into this arrangement was significant and created shared challenges around delivery, demand, resource and prioritisation. This continues to range from understanding budgets, moving staff into priority services then understanding how to resource services / projects that have been put 'on hold' resulting in unprecedented levels of recruitment in both NSS and PHS, ensuring staff are supported remotely as well as safe in the work environment and dealing with the pressures of supplying real-time data.

Some other examples of the impact on delivery are outlined in the SLA Annual Report (Appendix 3) covering five of the corporate services provided by NSS.   It should also be noted that staff were affected in different ways due to the pandemic, and consideration should be given to the varied ability that staff had to operate in these extremely difficult times.

3. Review Process

This review aims to pull together metrics from a number of sources to provide a comprehensive overview of this first year and create a base for the continuous improvement of the arrangement and services.

The sources we have drawn on include regular quarterly KPI reviews (as agreed in the SLA), insights from customer satisfaction surveys, and feedback gathered from the 73 interviews conducted as part of this review.

3.1 Quarterly KPI reports

An annual report for 2020/21 has been developed (Appendix 3) which presents the aggregated data from the regular SLA quarterly reports that have been presented to PHS' Senior Leadership Team and NSS Executive Management Team throughout the year.

This report details KPI performance of the SLA in relation to five of the corporate shared services (Digital & Security, People Services, Finance, Procurement and Operational Facilities Management) provided by NSS to PHS. NSS Clinical Services and services provided by PHS to NSS (i.e. data, analytical and statistical support) have not been reviewed. Understanding and articulating these service requirements was difficult prior to this arrangement being in place, which prevented sufficient KPIs being agreed in time for the SLA publication. These should be agreed and measured in 2021/22 following the SLA review and KPI refinement exercise that is currently underway. Also not covered is the clinical /professional support on infection prevention and control and Director of Nursing support from NSS to PHS as these are subject to separate MOU arrangements.

This annual report has been developed to help inform this review, and to benchmark performance for the first year of the services mentioned above. It was undertaken by colleagues in NSS and has been peer reviewed by service leads in PHS.

3.2 Customer satisfaction surveys

Between December 2020 and March 2021, customer satisfaction surveys were available to PHS staff via the Need to Know to understand satisfaction levels for the following NSS shared services; Finance, People Services and Digital and Security only.

This exercise was used to benchmark industry standard customer engagement scores for Customer Satisfaction, Net Promotor Score (NPS) [i] and Customer Effort. Additionally, it helped these services understand what was working well, challenges, areas for improvement and learning in both organisations

It is worth noting that the results presented are based on a small number of respondents (104) within PHS, and therefore are not a statistically valid sample of the total population size (approx. 1100), given we would usually aim for a 30% response rate. Nevertheless, the feedback provides some insight into staff views warranting further exploration. There are already plans to improve the future response rate and encourage more staff to share their experiences of the services.

The report (Appendix 4) provides an overview of the responses. As the response rates fell short of the 30%, further exploration of the emerging themes was required to support the development of robust service improvement plans.

The findings from this work have been included as part of the analysis of this review. Although it does not cover satisfaction scores for Procurement, Operational Facilities Management, Clinical or the services that PHS provide for NSS, it is considered to offer some insight into the challenges and benefits of the current service provision.

3.3 Interviews

From the review work undertaken to date, both qualitative and quantitative data has been provided on NSS and PHS shared services. However, due to the low survey response rates and limited to three NSS services, the qualitative information from these was not robust enough to draw conclusions on the effectiveness of the full shared service arrangement, so

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[i] NPS is a customer loyalty and satisfaction measurement, asking customers 'how likely they are to recommend your product or service to others' on a scale of 0-10. Respondents who score 0-6 are categorised as detractors (more likely to badmouth your service), 7-8 scores are passives (not counted) and 9-10 are likely to actively promote your service.

The NPS is calculated by deducting the percentage of detractors from the percentage of promoters. An NPS of at least 0 = good, 20 or above is favourable, 50+ = excellent, 80+ = world class. 0 or less indicates that there are significantly more detractors than promoters.

NPS is a system to drive significant improvement over time in products, services and customer experience, helping to uncover what's working well and areas for improvement. It should be used with supporting qualitative feedback to explain the ratings so real time issues can be addressed and root causes identified.

further interviews were undertaken to explore ways of working and understand how it feels to deliver and receive the services.

The services are costed and delivered using a tiered engagement model which is based on a 'best in class' delivery model for shared services. Staff were invited to be interviewed ensuring a spread across all of the four tiers of this model both from a provider and customer perspective.

4. Findings and insights

This section summarises the analysis of both quantitative and qualitative feedback on the first year service delivery. It includes an SLA KPI report (Appendix 3), insights from the customer satisfaction surveys (Appendix 4), and incorporates feedback gathered from interviews conducted as part of this review.

The findings are presented in the following categories:

- Average SLA KPI performance for year one

- Service specific performance (including successes and shared challenges/improvements)

- Customer charter

- Governance

4.1 Average SLA KPI performance for year one

In total there were 123 KPIs agreed within the SLA across five of the services provided by NSS to PHS. Of these, the table below shows the percentages which met the target, did not meet the target or were not reported[ii].

[ii] For the purposes of this report, all of the KPIs have been categorised into three groups to show progress made:
- **Met target** – these are shown in green, ≥90% complete
- **Did not meet target** – these are show in red, missed target by ≥10%

Met target	Did not meet target	Not reported
42.2%	17.8%	40%

These figures are representative of the extremely turbulent year in which this arrangement became operational. Summarising the SLA KPI report in (Appendix 3), it was evident that each service went beyond what was articulated as successful performance in the SLA.

The immediate priorities for these services were to undertake essential activities to provide shared services to PHS for day one. This included, but was not limited to, ensuring all staff were paid correctly and on time, ensuring all staff had the equipment to do their job, providing staff with a safe working environment, access to essential systems and supporting staff in using the new service model. Following this, there was focus on embedding and maturing the offer to provide higher quality, effective and efficient services through collaborative working with PHS. A significant amount was achieved in year one.

However, the amount of KPIs that did not meet target show that improvements can be made in some service fundamentals and highlights that more can be done to see a measurable increase in the customer engagement scores. The details of these are discussed in Section 4.2 onwards and in Appendix 3.

40% of the 123 KPIs included in this were not reported on as it was apparent that some could not be measured regularly, were redundant (i.e. due to automation), were not representative of service delivery or the service was not used during the year. The following graph shows the KPI achievement breakdown for each of these services where the amount of grey indicators become clearer. Both NSS and PHS should work to reduce this for the second year.

- **Not reported** – these are show in grey, service not used in year or KPI not measured

KPI Performance (%)

Additionally, as mentioned in Section 3.1, there remains a large part of the SLA where no performance was reported at all over the year, as there are no KPIs for the PHS services to NSS. This has understandably resulted in this reporting being skewed towards PHS as the sole customer in the arrangement. This is a shared challenge for the second year where both organisations should be clear on their role and responsibilities as both service provider and customer and recognised in the two-way SLA management.

4.2 Digital and Security (DaS)

Key Performance Indicators and Service Standards

The KPIs identified by DaS aim to evidence the services they provide as supportive, enabling staff to be effective in their roles, collaborative and innovative and to support PHS key strategic programmes.

	Target	Actual
Incidents resolved within agreed priority timelines	90%	93%
Business systems are available within agreed priority timelines	95%	99.9%
Customer Satisfaction Score (CSAT)	70%	42%
Net Promotor Score (NPS)	0	-52
How Easy Is It To Work With Us (Effort)	62%	31%

While the average for the year met the target, incident resolution rates fluctuated, identifying delays or breaches. This was evident where large scale digital changes were implemented

and demand increased, such as when PHS moved to O365. Other examples can be seen in Appendix 3.

In addition to incident resolution, 93% of general service users rated their experience as 'Satisfactory' to 'Excellent' commenting on speed and efficiency of response and resolution as well as customer service. Of the 7% rated as 'Poor', staff had reported calls/tickets were taking too long or not being assigned. DaS have since introduced improvements where unassigned calls and escalated calls are triaged to the DaS resolver teams. It has also been reported that a number of calls have been closed without checking if they have been resolved resulting in staff opening new calls. Therefore further investigation and improvements are expected to user portals and back end processes.

The targets were not met for the three key customer engagement indicators measured as part of an annual survey. DaS have formed a group, working with the NSS Customer Relationship Manager to analyse this survey feedback and develop a service improvement plan. This group will ensure that PHS is involved in any potential changes.

Successes

It is evident that the DaS team have dealt with a significant amount of pressure on resources over the last year. They contributed to the COVID-19 response in PHS through new digital solutions and extended support as well as supporting all staff in working remotely across both NSS and PHS.

Core business and service improvement

To support remote working and collaboration, Microsoft Teams was deployed at pace across NHS Scotland. Led by DaS, it required real collaboration between services and allowed staff in PHS and NSS to continue the important role they had in responding to the COVID-19 pandemic.

In addition to dealing with incidents and requests daily, 11 PHS systems were retired with agreement from the PHS business leads, including removal of servers.

COVID-19 Response

At the start of the pandemic, DaS put an interim informal arrangement in place for extended IT support for COVID-19 response on a best effort basis. This extended support included

desktop, server, network, national integration hub, ECOSS Laboratory data systems, Seer data platform and specific support for the Surveillance reporting scripts process.

They supported the setup of the National Contact Centre, Microsoft 365 Mail migration, Microsoft Intune for device management and Windows Virtual Desktop. Staff were also provided with hardware and software to enable home working within extremely tight timescales. The team, alongside colleagues in HR and Finance, onboarded large numbers of contact tracers, including PHS deployees, to support Test and Protect. The COVID-19 emergency response teams were supported with the setup of new data linkages and reporting systems, 7 days per week. Furthermore:

- a COVID-19 Case Management System was developed at pace and rolled out to support Test and Protect activity and official reporting

- a COVID-19 Outbreak system to support outbreak management in NHS boards was developed and rolled out

PHS Data Systems

In December 2020, the Drug and Alcohol Information System (DAISY) was launched following intense, complex development and security compliance work. This was followed by further work to roll-out to additional settings and continual development.

PHS Data Modernisation

There were a number of improvements made to systems as part of the modernisation agenda to improve security, resilience and performance, including; Oracle APEX, PHS and ISD website, PIPeR data system, upgrade of Scottish Health Protection Information Resource to Umbraco and automation of Scottish Bowel Screening System.

Shared challenges and improvements

A challenge remains around restricted capacity within DaS teams such as Business Intelligence, ServiceNow, Information Governance, security and Clinical informatics due to an overwhelming focus and demand for COVID-9 emergency response. Resources had to be prioritised and redirected which restricted capacity in these teams specifically. This challenge continues due to ongoing difficulties in recruiting additional staff. PHS reported that during the year this has resulted in a number of initiatives not meeting expectations

suggesting some ability to flex resources in response to the changing landscape would be beneficial. Some DaS teams working weekdays, have also been working evenings and weekends on a rota and overtime basis and continue to do so with a shared understanding of these pressures and demand.

Interviews indicated that the move to the new service delivery model for IT was the most significant change for PHS staff. There has also been feedback around the difficulty in understanding the prioritisation system, overuse of technical jargon and there remains a strong appetite from staff to have the option to speak to someone.

It has been suggested that there has been limited collaboration in joint prioritisation of backlog with lack of clarity on dedicated capacity with critical resources often diverted to other 'higher priority' work with no or very little discussion/ warning. This reinforces the need for PHS to accelerate work on becoming an 'intelligent customer' through the implementation of the PHS Digital Strategy. Furthermore, there should be focus on planning and resource now that a large amount of non-COVID high priority projects, which have been on hold by PHS, are now starting to pick up with business teams.

There have been a few unfortunate major incidents which impacted core IT services for all NSS and PHS staff. This did impact some critical services due to the tight turnaround for PHS reporting for COVID-19. Fortunately NSS organisations such as blood transfusion and national procurement, who have formal arrangements for extended support reported this issue and immediate action was taken to resolve. Root cause analysis and recommendations are being implemented. These issues highlighted that PHS did not have formal arrangements in place or critical functions identified in Business Continuity plans which is now being progressed by PHS. However requirements to allow a sustainable support model for PHS COVID response and National Contact Centre in line with business continuity is required.

Additional essential work was required to protect the security perimeter when NSS became aware of cyberattacks on health service organisations. Due to 7 day PHS services, there have been challenges for PHS in agreeing to essential maintenance windows to infrastructure with possible interruption of services that needs to take place to keep things operational.

There continues to be many successes and challenges however it has been said that there does not seem to be a shared overall vision for Digital and Security. Specific roles and

responsibilities in both organisations, particularly around co-ordinating and prioritising demand has not been clear and has resulted in the lack of feeling of a partnership approach. It is envisaged that these will be discussed and clarified as the new PHS Digital Strategy is implemented.

4.3 People Services

Similarly to the DaS team, HR have also been faced with unprecedented demand on their team, particularly around recruitment, induction, onboarding and terms and conditions this year. This included the initial, high priority HR arrangements for staff to form the new organisation as well as bringing in new staff urgently to support the COVID-19 response.

Key Performance Indicators and Service Standards

The table below shows performance against the key SLA indicators.

	Target	Actual
HR Portal available 24/7	98%	100%
Acknowledgement of 'call' received within 1 day	100%	100%
Resolution of queries received for Tier 1 support within 3 days	100%	80.6%
Acknowledgement of Tier 2 query within 1 day	100%	100%
Resolution of queries requiring Tier 2 support (dependent on complexity) within 5 days	100%	69.5%
Respond to Freedom of Information requests within timelines	100%	100%
Respond to Subject Access Requests within timelines	100%	100%
Evaluation of new posts	20 days	97.2%
Re-evaluation and re-grading of posts	25 days	100%
Post Update Panels (15 days single – 20 days generic)	15 / 20 days	9 days
Case escalation to HR Case Management Advisor after initial triage – contact made within 3 days of request	100%	87%
Internal training programmes receive 3 or above rating for achieving objectives	3	4.29
Customer Satisfaction Score (CSAT)	53%	8%
Net Promotor Score (NPS)	-28	-88
How Easy Is It To Work With Us (Effort)	53%	4%

There was a delay with resolution rates, specifically in August and September, for Tier 1 support. These are queries categorised as simple process based transactions. This delay occurred as a result of individuals requiring additional support with systems during the O365 migration period, with 1054 total calls raised from PHS in Q4.

With regards to the Tier 2 support and escalation to case management advisors, analysis identified that in some cases, contact for support was made locally / directly with an individual rather than being logged as a request through the HR Connect portal. This made performance in these areas difficult to report. Work continues to encourage PHS staff to use the service model and have started to see a rise in the number of requests coming through.

The customer experience scores are low for this service, feedback has suggested that specific areas for improvement are around lack of clarity and disjointedness of systems, the need to work more closely with other services, staff being unsure at times how and where to find guidance and the length of time it currently takes to approve vacancies.

Successes

A number of engagement sessions were facilitated to help staff better understand systems, processes and expectations and feedback suggests that these were very well received.

An accelerated recruitment process was implemented as a result of the Scottish Government DL (2020) 10, to support NHS Boards in recruiting returners, students and new staff to support efforts against COVID-19 in the most effective way. Significant support was given to PHS for ongoing recruitment activities.

A workforce support programme was developed and delivered to support staff in the transition to their new organisation which included a blended learning approach. Over the year, the team worked in collaboration with PHS colleagues and external consultants to scope, design and develop and commission a bespoke leadership programme for PHS senior managers for over ninety managers with three cohorts and every participant attending three modules successfully launched commenced in March 2021.

The Healthy Working Lives service supported PHS with policy development, collaboration on a Health, Safety and Wellbeing transition and operation plan, risk profile reviews, a safety gap analysis session with the Health Safety and Wellbeing Committee and contributed to the review of work instructions (DSE, Lone Working, Stress and Mental Health, First Aid and Fire Safety). The team are represented at the PHS Wellbeing Co-ordination Group.

A Head of HR role commenced in January to support the overall delivery and future planning of People Services to PHS. Significant improvements in collaborative working were reported when that role was completely aligned to PHS in terms of understanding the business and

priorities. Feedback suggested that there was wider understanding of the HR service when that role was clearly visible in all of the Directorates.

Shared challenges and improvements

There is a need to improve links between portals and systems in order to record and provide accurate information and data. Some aspects of SSTS, eESS and Crown appear to be duplication and where there is good reason for this people are largely unaware of it. The recent engagement sessions have proved to be one successful method of tackling this. HR Connect appears to sit out with Service Now, despite some issues being closely linked to Finance or DaS, which creates another challenge for staff trying to find guidance or information and makes services feel disjointed.

There were challenges around the availability and timeliness of workforce data stemming from delays confirming staffing structures. This had a knock-on effect on Finance and DaS in terms of systems, dashboard developments and accurate reporting. Temporary manual workarounds were put in place but reportedly caused some frustration.

Despite the accelerated recruitment process being introduced, some PHS staff mentioned they had to fill the gap between the need for staff arising and HR / recruitment systems kicking into place during the early COVID-19 response.

Resolution rates in terms of calls via HR Connect and Service Now did not always meet the SLA target throughout the year impacting on the average, However, as these are monitored monthly, any issues causing delays to resolution rates were investigated and dealt with at the time with an improvement target for the following month.

4.4 Finance

Effective financial management makes an important contribution to the delivery of PHS goals and to the success of the organisation. With this in mind, the first year focused on a robust financial set up ensuring staff are paid correctly and on time, understanding budgets and priorities and financial planning/reporting.

Key Performance Indicators and Service Standards

The table below shows performance against the key indicators.

	Target	Actual
Percentage of payments made within payment terms	80%	88%
Percentage of payments made within 30 days of invoice date (by volume)	85%	72.8%
Average response time for master file set up/amendment (1 day)	100%	100%
Number of days to reconcile AP to GL after the end of the month (10 days)	100%	100%
Average time to generate and dispatch invoice from request (2 days)	100%	99.3%
Average age of debt (45 days)	45	57
Average response time to customers (1 day)	100%	89%
Average time for customer master file set up/amendment (2 days)	100%	100%
Number of days to reconcile SL to GL after the end of the month (5 days)	100%	100%
Percentage of cash matched within 30 days of receipt	95%	100%
Invoices received in mail to registration (within 24 hours)	100%	100%
CHAPS and foreign payment requests processed on day of receipt	100%	69%
Capital charges processed by last working day of the month	100%	100%
Balance sheet reconciled by 15th of the month	100%	91%
VAT returns processed by 15th of the month`	100%	80%
All monthly paid employees paid on last Thursday of every month	100%	100%
Monthly PAYE and NIC paid to HMRC on 14th of every month	100%	100%

Pension paid to SPPA on 19th of every month	100%	100%
Monthly payroll output produced on Monday prior to pay day	100%	100%
Paper expense claims received at least 2 weeks before pay day processed	100%	100%
Monthly new starts received by cut-off date, processed in that month's payroll	100%	100%
Payroll interfaces updated day before weekly/monthly pay date	100%	100%
Customer Satisfaction Score (CSAT)	70%	6%
Net Promotor Score (NPS)	0	-94
How Easy Is It To Work With Us (Effort)	62%	6%

The majority of payments that breached their target were issues with receipting on PECOS by those who raise Purchase Orders. Proactive engagement was undertaken by the Finance team and the PHS Business Co-ordination Group to encourage faster receipting and facilitate quicker payment. This is regularly monitored and the team have been looking at process improvements to improve this rate.

The increase in the average age of debt was largely due to the Travax system (where invoices are low value but numerous) as customers requested payment holiday breaks as no one is currently travelling. The Credit Controller has been in discussion with the Travax team to resolve the situation.

The customer engagement survey was circulated to staff in November 2020 and following feedback, changes were made to the service. This includes multiple engagement sessions and videos on processes and corporate systems and some new staff appointments to the team. Although customer survey results were low, Finance want to continue to support PHS staff on all aspects of finance and feedback will contribute to a service improvement plan. Finance have subsequently implemented a live feedback survey for ServiceNow calls, and the average rating from launch to end of Q4 was 4.29 (out of 5), which translates to 92.11% customer satisfaction.

Successes

The team welcomed a Business Controller and a Business Partner, aligned to PHS, who have proved to be invaluable over the latter part of the year. Feedback stated they have

been working proactively across the PHS Directorates, actively supporting staff with Finance, attending management meetings and always looking for ways to improve. When these key roles and responsibilities were defined, the ability to have open and honest conversations on what is achievable and realistic improved. Despite challenging circumstances this seems to have been key in ensuring a common understanding on what is possible around Finance service delivery.

Major successes include:

- PHS closing the 20/21 fiscal year having met all of its statutory requirements, demonstrating great level of control and interaction between PHS and Finance.
- The translation of the overall PHS opening financial budget to Directorate and Service level budgets.
- The completion of three-year financial plan with Board sign-off on 1st of April.
- Supporting the PHS COVID response (circa £11m of additional budget)

Shared challenges and improvements

Staff found the restructuring of finance support difficult to get used to and there remains a lack of awareness and/or understanding by staff as to why the type of support offered changed. The recent turnover in Finance staff meant lost knowledge which takes time to develop again however is improving significantly through the formation of good relationships.

Similar to People Services and DaS, staff also experience challenges to accessing guidance and information through Service Now and the use of Finance jargon.

Other challenges and improvements are presented in the KPI narrative. Significant work is underway in partnership to improve processes and customer satisfaction results.

4.5 Procurement

Throughout the year, the team provided Procurement Services that operate under the priorities for public procurement with a focus on savings, regulatory compliance and sustainable procurement

Key Performance Indicators and Service Standards

The table below shows performance against the key indicators.

	Target	Actual
Financial - Delivery of PHS Savings Targets	0	0[iii]
Compliance and Governance - % contracted spend on Public Contract Scotland contract register	+80%	94%
% of regulated procurements (i.e., >£50k) with sustainable outcomes delivered.	100%	100%
Ethical and Sustainability - Fair Work First - % of regulated procurements with FWF criteria	100%	100%
Customer Satisfaction Score (CSAT)	0	0[iv]
Net Promotor Score (NPS)	0	0[v]
How Easy Is It To Work With Us (Effort)	0	0[vi]

No savings targets were set with/by PHS at the beginning of the agreement therefore this could not be reported this year.

Successes

An overview of the procurement processes in place within PHS was presented and well received by the senior team. This aims to ensure compliance with public procurement regulations, internal governance procedures and to ensure value for money.

[iii] no savings targets were agreed in 2020

[iv], survey specifically for Procurement was not carried out this year due to Covid-19. Qualitative service feedback only

[v] survey specifically for Procurement was not carried out this year due to Covid-19. Qualitative service feedback only

[vi] survey specifically for Procurement was not carried out this year due to Covid-19. Qualitative service feedback only

PHS has published a strategy that sets out the strategic direction for all of procurement activity for the next three years, and helps to demonstrate PHS fulfils its statutory duties for regulated procurements.

Additionally, throughout the year:

- the team achieved accreditation for PHS as a Real Living Wage organisation

- a contract was put in place to provide PHS staff access to the Cycle to Work scheme promoting active travel

- the team ensured paper for the PHS Baby Box is only sourced from FSC/PEFC certified suppliers

Overall, feedback was very positive about the service they received, including the PECOS system which staff are used to.

Shared challenges and improvements

When developing the SLA, the team found it was difficult to scope the service properly due to a lack of clarity over the expected service requirements from PHS. It was therefore initially completed based on experience of what is required of a procurement function as a shared service rather than having a client specific tailored scope.

This lack of clarity meant that it was difficult to undertake a customer satisfaction survey for Procurement as service users were limited. However, staff have the ability to feedback on the service received via an online survey linked in all email correspondence. Work is in progress to enable this feedback process to be moved to Service Now. Feedback on services is also received as part of the routine management of the shared services agreement.

4.6 Operational Facilities Management (Ops FM)

Ops FM saw buildings and services largely affected by the government lockdown throughout 2020. Any construction related work; visitors and contractors to site were prohibited or greatly reduced as well as dramatic decrease in the number of staff using our buildings.

Key Performance Indicators and Service Standards

The table below shows performance against the key indicators.

	Target	Actual
Work Requests completed on time within agreed priority timescales	96%	81%[vii]
Planned Preventative Maintenance (PPM) schedule in place and delivered to plan	95%	*95%
Cleaning carried out to national cleaning standards	94%	95.5%
Management of works contractors that NSS has responsibility for to ensure successful delivery to time, cost and quality as agreed with customer	100%	100%
Fire risk assessment (FRA) completed to plan	100%	81.2%
Customer Satisfaction Score (CSAT)	0	0[viii]
Net Promotor Score (NPS)	0	0[ix]
How Easy Is It To Work With Us (Effort)	0	0[x]

A consequence of creating and maintaining a safe working environment to support the delivery of key services during the COVID-19 pandemic was that work requests and fire risk assessments were unable to be delivered as planned in entirety in Q1 and Q2.

COVID-19 restrictions created a delay in the annual fire FRA which was complete later than planned in May 2020. As there were no significant structural changes, or changes in use of the premises, the Fire Manager was satisfied with the procedures in place and the position of

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[vii] Performance for Meridian Court and Gyle Square as systems are currently not set up to isolate between organisations
[viii] survey specifically for Ops FM was not carried out this year due to Covid-19. Qualitative service feedback only
[ix] survey specifically for Ops FM was not carried out this year due to Covid-19. Qualitative service feedback only
[x] survey specifically for Ops FM was not carried out this year due to Covid-19. Qualitative service feedback only

NSS in relation to compliance to current fire safety requirements. Although the FRA was complete, the 'missed target' around this KPI was due to this delay.

Successes

Ops FM were key to ensuring our working environment has been safe for those PHS staff, specifically in Clinical and Protecting Health, who have to be in the buildings. Although the office portfolio was under-utilised, workload increased due to a regulatory requirement to deliver planned preventive maintenance (irrespective of utilisation) alongside changes as per COVID-19 advice.

Although construction works were suspended earlier in the year, the redecoration of the PHS suites was completed. This meant that all contracts were delivered to schedule and exceeded across this year (based on additional requirements from COVID-19).

Shared challenges and improvements

The customer engagement indicators were not benchmarked this year as planned due to COVID-19 and the minimal use of buildings therefore difficult to gather a representative response. As the NSS Future Ready programme looks at how the office space will be used going forward, there is an opportunity to gather feedback from staff who have been using the buildings with the new procedures in place.

4.7 Clinical Services

In this section of the SLA, there were no formal KPIs when the SLA was agreed. For the purposes of this review, interviews were held with individuals involved in delivering and receiving these services to understand how they are operating.

Successes

For the Clinical support to SPIRE team, a GP Advisory Service was provided by NSS. Feedback stated that during the first half of the year, more than the agreed 0.2 WTE was utilised as part of the primary care cell, in providing wider primary care expertise, advice on GP data and aspects of information governance. This was alongside the provision of clinical leadership and expertise of the Associate Medical Director and Scottish Clinical Leadership Fellow, fulltime, to the end of July 2020 and a dental advisor half time throughout the year. However, there was a period in the second half of the year when there was reduced input which went some way to balancing out the support provided over the year. This arrangement is not continuing into 21/22.

The Antimicrobial Resistance Healthcare Associated Infection (ARHAI) pharmacist advice, guidance and input to programmed, planned activity and support for incidents, outbreaks and emergencies in Clinical and Protecting Health was large and provided in year. It was reported that the pharmacist has been an essential member of the multidisciplinary clinical team providing advice, expertise and clinical safety to the national Flu Vaccination and Covid Vaccination (FVCV) Programme.

The administration of Scottish Online Appraisal Resource (SOAR) for clinical staff was provided at no cost to Public Health Scotland.

Shared challenges and improvements

Work should be undertaken to identify KPIs for the delivery of this service to assist in measuring benefits and value.

4.8 Data and Analytical Services

There was no service description and KPIs agreed for these services before the SLA was finalised therefore no quantitative data is available on performance or value. Instead, this was noted in the SLA as a transfer of resource.

We were unable to get feedback on the following services in the timeframe of the review: Knowledge Services and analytical and data support to Screening Services and National Planning.

Successes

From a Practitioner and Counter Fraud Service (P&CFS) point of view, long-standing relationships across this service, communication and working arrangements on an individual-to-individual basis was reported as very good. Customer and provider feel like they are part of one organisation and there is a mutual respect and understanding.

Shared challenges and improvements

Challenges were reported at a strategic level by NSS staff in P&CFS who receive data services from PHS. With pressures of the pandemic there is a view that services such as medicine pricing and the calculation of GP contract payments are not viewed as critical and therefore a lower priority for PHS. This caused delays and errors. More clarity is required on the scope of this part of the SLA and it is suggested that specific KPIs be added for accountability.

Feedback from the Antimicrobial Resistance Healthcare Associated Infection (ARHAI) team in NSS suggested that there were blurred lines between both organisations in terms of an agreement to continue to publish on the HPS website and use the HPS brand for the first part of the response. This was mitigated by NSS ARHAI continuing to publish COVID related HAI data on the HPS, and thereafter PHS, website. However, access to the specialist statistical support (which is subject to a £40K contract with PHS) to meet the needs of ARHAI during the response from PHS was challenging as a result of other PHS competing priorities for this resource.

PHS plan to consider the provision of KPIs for the Data Management services that PHS provides to NSS and will take forward discussions with colleagues within P&CFS to agree an appropriate KPI(s).

Further feedback in this area suggests that it would be useful to see PHS provide a clear commitment to the eVADIS team development. There is a team in place but the needs from that team may need reviewed as new DCVP implementation nears.

4.9 Customer Charter

The Customer Charter was developed by NSS at the beginning of the shared services arrangement to define, with PHS, a set of agreed principles that NSS services would work to. This also helps to establish working relationships by outlining expectations from the beginning. The charter can be found in Appendix 2.

As the year progressed, it became evident that collaboration and the idea of service or process co-design were important to PHS when receiving services from NSS and vice versa. Staff in both organisations fed-back that they felt a partnership approach would be more beneficial to relationships and service delivery. This has been a major piece of learning in terms of relationships and how the organisations work together going forward.

This approach, however, should be carefully balanced with the agreed SLA whereby PHS and NSS seek to monitor performance, benefits and value for money.

Additionally there are many challenges, some mentioned in this report, which could be lessened by having that mutual understanding of what both organisations require in terms of the relationship and support in achieving strategic objectives.

Examples include working together to influence development of national systems and solutions that have been reported as inefficient and unintuitive, staff proactively collaborating across the organisations rather than for NSS or for PHS, understanding PHS as a separate organisation with different needs etc.

This feedback suggests that a partnership charter, with agreed expectations from both organisations would be a step towards progressing and addressing some issues around ways of working.

4.10 Governance

There is no formal governance in place for this shared services arrangement. The NSS Shared Services Manager and the PHS Director of Strategy, Governance and Performance meet fortnightly to discuss any issues or concerns across the services which are then escalated as appropriate. To formalised the governance, Terms of Reference were drafted (Appendix 5) for a joint 'Shared Services Planning Group' which would be the key governance group overseeing the full SLA and service delivery in terms of planning. This has not yet been established as both organisations were, at the time, too heavily involved in the COVID-19 response and PHS were still establishing internal governance. This group should be established as a priority to agree on and enable a shared vision and objectives.

Any issues are reported via the service portals or escalated via Business Partners and the Shared Services Manager. Business Partners and the NSS Shared Services team meet bi-weekly to discuss anything that may have an impact across the services. In PHS, the Business Coordination Group oversee operational issues.

To move from reactive service provision, there is a gap in planning and strategic alignment from a governance perspective, specifically below the two senior leadership teams.

The diagram below shows the current governance arrangements with the suggested joint 'Shared Services Planning Group'.

Additional Service Management groups, PHS governance groups etc…..

5. Key themes and summary

Although the first year presented significant challenges, it is clear that both organisations have worked well together in embedding this arrangement and committed to working together to co-create an improved shared services solution going forward. This review has shown the arrangement to be worthwhile for both organisations.

5.1 Service Performance and Value

This review has shown that there is a discrepancy between a largely positive position in NSS services KPIs performance including significant additional support beyond what was agreed in the SLA and the negative customer feedback scores. There could be many reasons for this however something that should be explored into year two. In addition:

- Low levels of awareness on some service offerings in both organisations was identified as being an area for future focus

- Highlighted poor service descriptors and lack of KPIs for services provided by PHS to NSS therefore unable to provide any clear evidence on performance

- Reporting is currently 'one way' and needs to be two-way in year two

5.2 Communication

There are some channels of communication which are working well, such as where lead roles are clearly defined (e.g. Business Partners) and where there are strong, existing relationships. However, both NSS and PHS staff feel that this is an area which could be improved upon. This is both at operational and strategic level. There are calls for a defined feedback loop and an increase in transparency and accountability.

Therefore, it is clear that good relationships are at the heart of everything that is working well across the shared service provision. The ability to have open and honest conversation on what is achievable and realistic, despite challenging circumstances seems to be the key to ensuring a common understanding on what is possible. It also helps to manage expectations and reduce friction.

In most services, these relationships seem to be at a very early stage of maturity and there is clear appetite to develop these. It is evident that continuing to develop stronger relationships, based on trust, transparency and shared understanding will be key to the success of shared service provision.

- Formal work with the 'Customer Charter' was de-prioritised due to resource issues and should be picked up in year two to support management of expectations in service delivery and roles/responsibilities. There is an opportunity to address issues around values and behaviours mentioned in this review by developing a joint Partnership Charter.

5.3 Governance and Planning

There is a call for some services to have a better understand the business of PHS and NSS, in order to provide more tailored support rather than a one size fits all approach. However, where there is an opportunity for mutual benefit, both organisations could include each other as partners in strategic developments and planning stages.

- For various reasons the Shared Services governance was not formalised this year. Informal arrangements have been in place to ensure key issues / concerns are addressed or appropriately escalated. This should be formalised particularly to facilitate future joint planning and prioritisation

- Mechanisms for two-way feedback throughout the year so that any issues can be addressed earlier.

5.4 opportunities to co-design some services were clearly identified as areas where value can be added PHS' role as a service provider needs to be better recognised in the two-way SLA recognition and management. Service Delivery Model Support

There is frustration in relation to the number of systems which staff need to use on a regular basis and there is a perception that some systems perform the same functions. There were requests for more guidance on what each of the systems are for and how to navigate them,

particularly for new members of staff and new managers. Additionally, frustration was expressed as some systems do not communicate with each other, which causes duplication of effort and cost in staff time and productivity.

Feedback also suggests that people are in agreement with the self-service approach, but would prefer to have additional support for new staff and new managers. They require clear guidance on where to go for self-help information, with much of the information seemingly difficult to find.

6. Recommendations

Based on the review findings, this section summarises the issues, associated risk and presents **recommendations for a joint NSS/PHS management response.**

Issue	Risk	Recommendation(s)	Joint Management Response	Timescales
Lack of understanding of the shared services arrangement, full service offering and how to access them Additional agreements are not part of this arrangement	There is a risk that staff will disengage and services on offer may not be fully utilised therefore impacting on value for money There is a risk that expectations are not aligned with agreed delivery model There is a risk with more work is going on than is recorded	Develop a joint communications plan including the vision for shared services Ensure all additional SLAs between NSS and PHS are included in the single shared services document	Are you happy to work together to develop this vision and agree a comms plan?	

Inconsistency of KPI's across all services, and inconsistency of reporting accurate service performance Lack of KPIs for PHS services to NSS	There is a risk that benefits to the arrangement will not be evidenced without value, performance and benchmarking data. There is a risk that services may be deprioritised if not held to account on performance There is a risk to the arrangement as results don't match experience	Refine and agree KPIs and service standards for all services for the year 21/22 and reporting plan/timetable Develop service descriptions and KPIs for PHS services to NSS	Do you agree to a refresh and strengthening of the SLA – KPIs and service descriptors? Are you content for the NSS Shared Services team and Public Health Scotland Strategy, Planning and Change teams to lead this together?	
Due to COVID-19, work to develop the NSS/PHS partnership charter was deprioritised.	There is a risk that not having, and signing up to, an agreed way of working together will have a detrimental impact on relationships and service delivery	Develop an NSS / PHS Partnership Charter setting out our shared vision for shared services, key principles for both organisation to work to, which align with each organisations values		

| Lack of robust governance arrangements at strategic level | There is a risk that without a clear, joint governance structure, organisations have no mechanism for accountability, ability to set and communicate clear direction and strengthen stakeholder confidence | Establish a robust governance structure in both organisations to improve accountability and strategic direction from individual services to senior management teams. Formally, establish the Shared Services Planning group. | Do you agree to put forward representatives to be part of the NSS/PHS Shared Services Planning Group? (Terms of Reference in Appendix)

Do you accept the proposal to implement regular meetings (frequency TBA) to develop and oversee the Shared Services vision at a strategic level? | |
|---|---|---|---|---|
| Disjointed systems and processes | There is a risk to cost efficiencies, value for money and staff productivity due to the duplication of effort caused by the number of systems and processes within and across services that are not linked | Interdependencies across services are mapped out, showing workflow, pain points and demand to ensure an improved staff experience | Do you accept this as a piece of work? Priority areas/processes can be identified. Who? | |

Staff ability to engage with significant change to services at the same time as responding to the global pandemic. Difficulties in engaging with the new service delivery model	There is a risk that service delivery and staff experience is negatively impacted by staff not following the agreed service model	Ensure appropriate support, training and guidance is available for all to educate themselves in the service delivery model Support staff to understand their responsibilities in engaging with the service model, systems and processes necessary to undertake their role, and work in line with the organisational values.		
We do not have an accurate picture of our financial and staff resources, affecting our ability to deliver.	As a result of not having accurate and timely HR and Finance data, there is a risk that we cannot effectively manage our staff and financial resources effectively, or make decisions which are based on sound data.	Carry out a rapid review of HR & Finance data/systems to ensure current issues and risks are addressed, and staff are enabled to deliver effectively.	Do you accept this recommendation as a short-term priority action?	

7. Appendices

All appendixes are presented as standalone documents, and are appropriately titled with the appendix numbers.

Appendix 1 - 2020-05-19 NSS PHS Shared Service SLA Clean Signed (1)

Appendix 2 - 2020-03-12 NSS Customer Charter v 0.2

Appendix 3 - 2021-06-15 Performance against service level agreement V1.1

Appendix 4 - Summary of Shared Service Feedback from PHS v0.4 (1)

Appendix 5 - 21-03-18 Public Health Scotland Shared Service Delivery Group TOR v0.3

**SERVICE LEVEL AGREEMENT FOR THE PROVISION OF SERVICES BETWEEN NSS
AND PUBLIC HEALTH SCOTLAND**

File Ref: XSPST/1 MP/LW

NHS
National
Services
Scotland

INDEX

This Service Level Agreement is between:

1.   **PUBLIC HEALTH SCOTLAND**, a Special Health Board constituted under The Public Health Scotland Order 2019 (SI 2019 No.336) pursuant to Section 2(1)(b) of the National Health Service Scotland Act 1978 and having its headquarters at Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB (who and whose statutory successors and assignees are hereinafter referred to as **"Public Health Scotland"**); and

2.   **THE COMMON SERVICES AGENCY FOR THE SCOTTISH HEALTH SERVICE**, most commonly known as National Services Scotland, a statutory body constituted pursuant to the National Health Service (Scotland) Act 1978 (as amended) and having its headquarters at Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB**[**, acting through its strategic business unit (who and whose statutory successors and assignees are hereinafter referred to as the **"NSS"**),

each a "**party**" and together the "**parties**".

RECITALS

(A)   Public Health Scotland wishes NSS to supply the NSS Services (as defined below) and NSS is willing to supply the NSS Services to Public Health Scotland on the terms of this Agreement.

(B)   NSS wishes Public Health Scotland to supply Public Health Scotland Services (as defined below) and Public Health Scotland is willing to supply Public Health Scotland Services to NSS on the terms of this Agreement.

It is agreed as follows:

1.   DEFINITIONS AND INTERPRETATION

1.1   In this Agreement, unless the context requires otherwise, the following words and phrases have the meanings set opposite them:

"Agreed Purpose"	the provision by: (a) NSS of the NSS Services; or (b) Public Health Scotland of Public Health Scotland Services, as appropriate;

"Agreement"	this service level agreement for the provision of services between NSS and Public Health Scotland;
"Authorised Officers"	the individuals identified in Clause 9;
"Collected Personal Data"	means any and all Personal Data collected by a party in connection with the Agreed Purpose relevant to that party (other than the Shared Personal Data), and which may comprise the same categories of information in respect of the same categories of Data Subject as is relevant to Shared Personal Data;
"Confidential Information"	has the meaning ascribed to it in Clause 6.1;
"Controller"	shall have the meaning given in the GDPR;
"Data Exporter"	has the meaning ascribed to it in Clause 7.5;
"Data Loss Event"	any event that results, or may result, in unauthorised access to Personal Data held by a party or any sub-processor under or in connection with the provision of Services by that party under or in connection with this Agreement, and/or actual or potential loss and/or destruction and/or corruption of Personal Data in breach of this Agreement, including but not limited to any Personal Data Breach;
"Data Protection Legislation"	(i) the GDPR and any applicable national implementing laws, as amended from time to time; (ii) the DPA 2018 to the extent that it relates to the Processing of Personal Data and privacy; and (iii) any other law in force from time to time with regards to the Processing of Personal Data and privacy, which may apply to either party in respect of its activities under this Agreement;
"Data Protection Officer"	shall have the meaning given in the GDPR;
"Data Subject"	shall have the meaning given in the GDPR;
"Data Subject Request"	a request made by, or on behalf of, a Data Subject in accordance with access and other rights granted to the Data Subject pursuant to the Data Protection Legislation in respect of their Personal Data;

"Discloser"	has the meaning ascribed to it in Clause 6.2;
"Dispute"	has the meaning ascribed to it in Clause 5.1;
"DPA 2018"	the Data Protection Act 2018;
"Effective Date"	**28 February 2020**, notwithstanding the date or dates of execution of this Agreement;
"GDPR"	the General Data Protection Regulation (Regulation (EU) 2016/679);
"Information Commissioner's Office"	the United Kingdom's Supervisory Authority;
"Joint Controller"	shall have the meaning given in Article 26 of the GDPR;
"National Agreement"	means the national workforce and HR shared services data sharing agreement entered into or to be entered into between the parties regarding data sharing;
"NSS Fees"	the fees payable by Public Health Scotland to NSS in respect of the NSS Services;
"NSS Services"	has the meaning ascribed to it in Clause 3.1;
"Personal Data"	shall have the meaning given in the GDPR;
"Personal Data Breach"	shall have the meaning given in the GDPR;
"Processing"	shall have the meaning given in the GDPR, and the terms "Process" and "Processed" shall be construed accordingly;
"Processor"	shall have the meaning given in the GDPR;
"Public Health Scotland Fees"	the fees payable by NSS to Public Health Scotland in respect of Public Health Scotland Services;
"Public Health Scotland Services"	has the meaning ascribed to it in Clause 3.2;
"Recipient"	has the meaning ascribed to it in Clause 6.2;

"Representatives"	has the meaning ascribed to it in Clause 4.1, and **"Representative"** shall be construed accordingly;
"Review Meeting"	has the meaning ascribed to it in Clause 4.2;
"Schedule"	the schedule in **[4]** parts annexed hereto;
"Services"	both Public Health Scotland Services and the NSS Services;
"Shared Personal Data"	the Personal Data shared by one party with the other party to enable that other party to provide the relevant elements of the Services in connection with and pursuant this Agreement, and which may comprise the following categories of information relevant to patients and/or employees: a) name; b) address; c) telephone number; d) email address; e) date of birth; f) CHI number; g) next of kin information; h) physical and mental health, care and treatment information as may be comprised in patient health records; and i) **NI number**; and j) such other data as is relevant for provision of the Services.
"Supervisory Authority"	shall have the meaning given in the GDPR.

1.2   In this Agreement:

1.2.1   the Schedule is incorporated into and forms part of this Agreement;

1.2.2   any reference to a Clause or the Schedule is, except where expressly stated to the contrary, reference to the relevant Clause of or the Schedule to this Agreement; and

1.2.3   a reference to any statute, statutory instrument, order, regulation or other similar instrument (including any EU order, regulation or instrument) will be construed as including references to any statutory modification, consideration or re-enactment of that provision (whether before, on or after the date of this Agreement) for the time being in force, including all instruments, orders or regulations then in force and made under or deriving validity from that legislation.

1.3   This Agreement shall be constituted as a National Health Service Contract in terms of Section 17A of the National Health Service (Scotland) Act 1978 and Section 9 of the National Health Service Act 2006 and, accordingly, shall not be regarded for any purpose as giving rise to contractual rights and/or liabilities.

2.   COMMENCEMENT AND DURATION

This Agreement is effective from the Effective Date and shall terminate on 01 April 2023 unless extended by written agreement between the Parties.

3.   SCOPE OF THE AGREEMENT

3.1   NSS agrees to provide the services detailed in Schedule Part 1 of this Agreement (the **"NSS Services"**) to Public Health Scotland.

3.2   Public Health Scotland agrees to provide the services detailed in Schedule Part 2 of this Agreement (**"Public Health Scotland Services"**) to NSS.

3.3   The parties acknowledge and agree this Agreement has been prepared to cover the normal working arrangements between the Public Health Scotland and NSS and that it is not intended to cover all possible eventualities. In the event of unforeseen circumstances occurring which materially affect either party, the parties will work together to reach a resolution.

3.4   The parties agree to adopt the following principles in connection with the provision and receipt of the Services:

3.4.1   To work openly and honestly throughout the duration of this Agreement;

3.4.2   To ensure that the Services are being provided and used in compliance with all relevant legislation, regulations and accreditation requirements

including without limitation any and all legislation, regulations and accreditation requirements detailed in the Schedule;

3.4.3   To collaborate and co-operate on the delivery of the Services to ensure that both parties' business requirements are met;

3.4.4   To engage in constructive dialogue and feedback to measure the Services both qualitatively and quantitatively. The results will be shared to create a basis for continuous improvement of the Services;

3.4.5   To be accountable to each other for performance of respective roles and responsibilities as detailed in the various Schedule Parts;

3.4.6   To involve the key personnel listed in Schedule Part 3, as the same may be updated from time to time, in connection with the provision of the Services; and

3.4.7   To review this Agreement to ensure it remains fit for purpose and discuss any proposed changes, acting reasonably.

3.5   NSS agrees to provide a least six (6) months' written notice of any material change to the supply or specification of any part or parts of the NSS Services, including the termination of any part or parts of the NSS Services currently provided to Public Health Scotland.

3.6   Public Health Scotland agrees to provide a least six (6) months' written notice of any material change to the supply or specification of any part or parts of Public Health Scotland Services, including the termination of any part or parts of Public Health Scotland Services currently provided to NSS.

4.   PERFORMANCE MANAGEMENT

4.1   Each party nominates the following named individual to act as point of contact for the management of this Agreement:

NSS:
Head of Customer Experience
janis.heaney@nhs.net

Public Health Scotland:
Head of Strategy Governance and Performance
vicki.bibby@nhs.net,

(together the **"Representatives"**).

4.2   The parties shall meet at least annually by teleconference to review performance of the Services and to consider whether the parties have adhered to the principles detailed in Clause 3.4 (each a **"Review Meeting"**). The date and time of each Review Meeting shall be agreed between the Representatives in writing at the start of each financial year.

4.3   A written record of each Review Meeting shall be prepared and circulated by the NSS Representative within two (2) weeks after the occurrence of a Review Meeting. The parties shall thereafter agree the final version of the written record within four (4) weeks after the date on which it was first circulated by the NSS Representative.

4.4   At least five (5) working days in advance of a Review Meeting, the NSS Representative shall collate and distribute the agreed written record of the last Review Meeting, together with all papers and agendas relevant to the forthcoming Review Meeting.

4.5   Where performance of the Services and/or any other obligation under this Agreement falls below the expected service requirements, or below the standard that could be reasonably expected from either party, then a corrective action plan shall be agreed by the parties, setting out the improvement in performance that should be achieved by the relevant party prior to the next Review Meeting.

5.   DISPUTE

5.1   Where a dispute arises between the parties out of or in connection with this Agreement (a **"Dispute"**) the parties agree that resolution shall first be sought by discussion and negotiation between the Representatives.

5.2   Where the Representatives fail to resolve any Dispute within five (5) working days of the Dispute being notified to them, the parties agree that the Dispute shall then be escalated to each party's Authorised Officer.

5.3   Where the Authorised Officers are unable to resolve the Dispute within thirty (30) working days of the Dispute being notified to them, the parties agree that the Dispute

shall then be referred to NSS' Director of Strategy, Performance and Service Transformation and Public Health Scotland's General Manager or equivalent. Thereafter, matters shall be referred to the parties' Chief Executives for resolution.

6.   CONFIDENTIALITY

6.1   In this Agreement, **"Confidential Information"** means:

   6.1.1   all information the disclosure of which would or would be likely to prejudice substantially the commercial interests of any person (including but not limited to Public Health Scotland and/or NSS); and

   6.1.2   all information relating to the identity, condition or medical history of any person or other personal information where disclosure is prohibited in terms of the Data Protection Legislation.

6.2   Subject to Clause 7 below, where any Confidential Information is disclosed by one party (the **"Discloser"**) to the other party (the **"Recipient"**), the Recipient undertakes to keep secret and strictly confidential and shall not disclose any Confidential Information to any third party, without the Discloser's prior written consent provided that the Recipient shall not be prevented from using any general knowledge, experience or skills which were in its possession prior to the commencement of the Agreement.

6.3   The obligation to maintain the confidentiality of, and the prohibitions and restrictions on use of, the Confidential Information shall not apply to any information:

   6.3.1   which is in or comes into the public domain other than by breach of this Agreement or other act or omissions of the Recipient;

   6.3.2   which is obtained by the Recipient from a third party who lawfully acquired or developed the information and who is under no obligation of confidence in relation to its disclosure;

   6.3.3   which the Discloser confirms in writing is not required to be treated as Confidential Information; or

6.3.4   which is required to be disclosed by judicial, administrative, governmental or regulatory process in connection with any action, suit, proceedings or claim or otherwise by applicable law.

6.4   Nothing contained in this Clause 6 shall prevent either party from disclosing any Confidential Information where such disclosure is required by virtue of a party's status as a NHS entity to a department, office or agency of Her Majesty's Government or to any other NHS entity nor (to the extent disclosure is required) to any consultant, contractor or other person engaged by a party in connection with this Agreement provided that the disclosing party shall have obtained from such consultant, contractor or other person to whom Confidential Information is so disclosed, a confidentiality undertaking substantially on the same terms as contained in this Clause 6.

6.5   No term of this Agreement, whether express or implied, shall preclude either party from making public under the Freedom of Information (Scotland) Act 2002, the Freedom of Information Act 2000 and/or any codes applicable from time to time relating to access to public authorities' information, details of all matters relating to this Agreement, unless: (i) such details constitute a trade secret; (ii) the disclosure of such details would or would be likely to prejudice substantially the commercial interests of any person (including but not limited to either or both of the parties) and the amount of any payments of any type made by either party under this Agreement; or (iii) such details fall within any other available exemption, provided always that application of any such exemption referred to at (i), (ii) or (iii) above shall be at the sole discretion of the disclosing party. The disclosing party will take all reasonable steps to provide the other party with notice of such intended disclosures prior to making such information public. Both parties will facilitate each other's compliance with its obligations under these provisions.

7.   DATA PROTECTION

7.1   To the extent that data protection issues are not addressed in the National Agreement, the further provisions of this Clause 7 shall apply, otherwise the National Agreement shall apply.

7.2   In order to enable:

7.2.1   NSS to perform the NSS Services; and

7.2.2   Public Health Scotland to perform Public Health Scotland Services,

each party shall disclose Shared Personal Data to the other party for the Agreed
Purpose.

7.3   The parties acknowledge that the factual arrangements between them dictate the role
of each party in respect of the Data Protection Legislation. Each party agrees that,
where for the purposes of the Data Protection Legislation:

7.3.1   Public Health Scotland is the Controller and NSS is the Processor, to the
extent that the parties have these roles in terms of the Data Protection
Legislation, Clause 7.12 shall apply;

7.3.2   NSS is the Controller and Public Health Scotland is the Processor, to the
extent that the parties have these roles in terms of the Data Protection
Legislation, Clause 7.12 shall apply;

7.3.3   Public Health Scotland and NSS are Joint Controllers, to the extent that
the parties have these roles in terms of the Data Protection Legislation,
this Clause 7 shall apply with the exception of Clause 7.12;

7.3.4   each of Public Health Scotland and NSS is a Controller in its own right,
this Clause 7 shall apply with the exception of Clauses 7.11 and 7.12,

and the parties acknowledge that in connection with the provision and receipt of
Services pursuant to this Agreement, the parties may, in terms of the Data Protection
Legislation, have more than one of the roles described in this Clause 7.3.

7.4   Each party shall at all times throughout the term of this Agreement, Process the
Shared Personal Data and the Collected Personal Data in compliance with the Data
Protection Legislation and shall comply with all the obligations imposed on a
Controller under the Data Protection Legislation in relation thereto.

7.5   Neither party shall transfer any Shared Personal Data and/or Collected Personal Data
outside the European Economic Area (**"Data Exporter"**) in connection with the
Agreed Purpose without first providing notice in writing of the proposed transfer, and

the Data Exporter shall ensure that any and all such transfers shall at all times comply with the Data Protection Legislation.

7.6   Without prejudice to Clause 7.7, each party shall, in the context of this Agreement, Process the Shared Personal Data and any and all Collected Data only for the Agreed Purpose.

7.7   Following completion of the NSS Services by NSS in connection with this Agreement, NSS:

   7.7.1   shall provide a copy of all of the Collected Personal Data to Public Health Scotland; and

   7.7.2   may retain a copy of the Shared Personal Data and the Collected Personal Data to the extent necessary for compliance by NSS with applicable laws and regulations.

7.8   Following completion of Public Health Scotland Services by Public Health Scotland in connection with this Agreement, Public Health Scotland:

   7.8.1   shall provide a copy of all of the Collected Personal Data to NSS; and

   7.8.2   may retain a copy of the Shared Personal Data and the Collected Personal Data to the extent necessary for compliance by Public Health Scotland with applicable laws and regulations.

7.9   Retention by a party of the Shared Personal Data and the Collected Personal Data, following completion of the Services, shall be in line with that party's retention policy and the Data Protection Legislation.

7.10   Each party comply with all applicable requirements of the Data Protection Legislation, and insofar as such requirements relate to the Services provided pursuant to this Agreement, provide reasonable assistance to the other party to enable it to comply with applicable requirements of the Data Protection Legislation, and in particular, each party shall:

   7.10.1   ensure that it makes available to Data Subjects appropriate fair processing notices in relation to the Processing carried out in connection with or pursuant to this Agreement;

7.10.2   promptly inform the other party about the receipt of any Data Subject Request, and where appropriate provide a copy of such Data Subject Request to the other party and keep the other party regularly updated as to how it handles such request;

7.10.3   be responsible for responding to communications addressed to that party from any Supervisory Authority or other regulatory authority and for participating in consultations with any Supervisory Authority or other regulatory authority at their instance relating to the Processing of any Personal Data carried out in connection with this Agreement but that party shall, where appropriate, keep the other party informed in relation to same;

7.10.4   notify the other party without undue delay on becoming aware of any breach of the Data Protection Legislation;

7.10.5   notify the other party without undue delay on becoming aware of any Data Loss Event, and to the extent that such Data Loss Event requires to be notified to the Information Commissioner's Office, promptly make such notification and keep the other party informed in relation to same;

7.10.6   maintain complete and accurate records and information to demonstrate its compliance with this Clause 7; and

7.10.7   provide the other party with contact details of its Data Protection Officer who shall be that party's point of contact and responsible manager for all issues arising out of the Data Protection Legislation.

7.11   Where the parties are Joint Controllers:

7.11.1   in connection with the NSS Services:

7.11.1.1   the parties agree that Public Health Scotland shall handle all Data Subject Requests and all requests from third parties for disclosure of Personal Data and NSS shall:

7.11.1.1.1.   provide Public Health Scotland with all reasonable assistance in complying with any Data Subject Request; and

7.11.1.1.2.   not disclose or release any Shared Personal Data or Collected Personal Data in response to a Data Subject Request without first consulting Public Health Scotland;

7.11.1.2   the parties agree that Public Health Scotland shall be responsible for co-ordinating the notifications, communications and remedial action that may be required to be made or taken following any Data Loss Event; and

7.11.1.3   each party shall be responsible for responding to communications addressed to that party from any Supervisory Authority or other regulatory authority and for participating in consultations with any Supervisory Authority or other regulatory authority at their instance relating to the Processing of any Personal Data but that party shall keep the other party informed in relation to same.

7.11.2   in connection with Public Health Scotland Services:

7.11.2.1   the Parties agree that NSS shall handle all Data Subject Requests and all requests from third parties for disclosure of Personal Data and Public Health Scotland shall:

7.11.2.1.1.   provide NSS with all reasonable assistance in complying with any Data Subject Request; and

7.11.2.1.2.   not disclose or release any Shared Personal Data or Collected Personal Data in response to a Data Subject Request without first consulting NSS;

7.11.2.2   the Parties agree that NSS shall be responsible for co-ordinating the notifications, communications and remedial action that may be required to be made or taken following any Data Loss Event; and

7.11.2.3   each party shall be responsible for responding to communications addressed to that party from any Supervisory Authority or other regulatory authority and for participating in consultations with any Supervisory Authority or other regulatory authority at their instance relating to the Processing of any Personal Data but that party shall keep the other party informed in relation to same.

7.12   In the circumstances where one party is acting as a Processor for and on behalf of the other party in connection with the Services, if, and to the extent, that such circumstances arise, the party acting as a Processor undertakes to:-

7.12.1   only Process Personal Data for and on behalf of the other party in accordance with the instructions of the other party and for the purpose of the Services and to ensure the other party's compliance with the Data Protection Legislation.

7.12.2   comply with the obligations applicable to Processors described by Article 28 of the GDPR which include, but are not limited to the following:

7.12.2.1   to implement and maintain appropriate technical and organisational security measures sufficient to comply at least with the obligations imposed on the other party by Article 28(1) of the GDPR;

7.12.2.2   to act only on documented instructions from the other party (Article 28(3)(a)). The party acting as a Processor shall immediately inform the other party if, in its opinion, an instruction infringes any Data Protection Legislation;

7.12.2.3   to ensure that personnel authorised to process Personal Data are under contractual confidentiality obligations (Article 28(3)(b));

7.12.2.4   to take all measures required by Article 32 of the GDPR in relation to the security of Processing (Article 28(3)(c));

7.12.2.5   to respect the conditions described in Article 28(2) and (4) of the GDPR for engaging another Processor (Article 28(3)(d));

7.12.2.6   to assist the other party, by appropriate technical and organisational measures, insofar as this is possible, to respond to Data Subjects Requests (Article 28(3)(e));

7.12.2.7   to assist the other party, as appropriate, to ensure compliance with the obligations pursuant to Articles 32 to 36 of the GDPR taking into account the nature of the Processing and the information available (Article 28(3)(f));

7.12.2.8   to destroy or return all relevant Personal Data to the other party at the expiry or early termination of this Agreement, unless retention is legally required (Article 28(3)(g));

7.12.2.9   to maintain a record of Processing activities as required by Article 30(2) of the GDPR;

7.12.2.10   to provide the other party with evidence of its compliance with the obligations set out in this Clause 7.11.2;

7.12.2.11   to obtain the prior agreement of the other party to store or Process Personal Data outside the European Economic Area (comprising the countries of the European Union, Norway, Iceland and Liechtenstein) and where NSS does Process Personal Data outside the European Economic Area, to do so in compliance with the GDPR; and

| 7.12.2.12 | to notify the other party as soon as practicable after becoming aware of any Personal Data Breach. |

8. VARIATIONS TO THE AGREEMENT

8.1 Circumstances may arise during the term of the Agreement which prevents the parties fulfilling their obligations hereunder through no fault of either party, for example by virtue of government legislation/guidelines. In such circumstances both parties will agree revised arrangements for the performance of the Services.

8.2 The provisions of this Agreement may only be varied by the written agreement between the parties and signed by NSS' **Director of Strategy, Performance and Service Transformation** and Public Health Scotland's General Manager or their respective authorised nominees. For the avoidance of doubt no other employee of NSS or Public Health Scotland shall have authority to agree any variations to this Agreement, including to the Services.

9. AUTHORISED OFFICERS

9.1 NSS nominates its **Head of Customer Solutions and Experience** as its Authorised Officer.

9.2 Public Health Scotland nominates its **Head of Strategy Governance and Performance** as its Authorised Officer.

9.3 Subject to Clause 8.2 above, each Authorised Officer is empowered to act on behalf of their organisation with respect to this Agreement.

10. FEES

10.1 Public Health Scotland will pay NSS the NSS Fees annually in advance, which NSS Fees shall be calculated in accordance with Schedule Part 4.

10.2 NSS shall render a statement of fees quarterly in arrears to Public Health Scotland in respect of the fees for services in addition to the NSS Services agreed in writing between the parties provided in the preceding quarter.

10.3   The fees for services agreed in addition to the NSS Services are payable via the payment on behalf process, the mechanism for charging between NHS Boards at the end of the quarter of a valid statement for sums properly due.

10.4   NSS may increase the NSS Fees on an annual basis with effect from each anniversary of the Effective Date. The objective of any such increase will be to ensure that NSS is able to recover its costs in respect of the provision of the NSS Services.

10.5   In consideration of the provision of Public Health Scotland Services by Public Health Scotland to NSS, NSS will pay Public Health Scotland the Public Health Scotland Fees annually in advance, which Public Health Scotland Fees shall be calculated in accordance with Schedule Part 4.

10.6   Public Health Scotland shall render a statement of agreed services to NSS in respect of the fees for services in addition to the Public Health Scotland Services provided in the preceding quarter.

10.7   The fees for services agreed in addition to Public Health Scotland Services are payable on a quarterly basis via the payment on behalf process, the mechanism for charging between NHS Board of a valid statement for sums properly due.

10.8   Public Health Scotland may increase the Public Health Scotland Fees on an annual basis with effect from each anniversary of the Effective Date. The objective of any such increase will be to ensure that Public Health Scotland is able to recover its costs in respect of the provision of the Public Health Scotland Services.

11.   NOTICES

A notice required or permitted to be given to either party to the other under this Agreement shall be in writing and delivered personally, sent by first class recorded delivery post or sent by e-mail. Notices shall be addressed to the contacts named in Clause 4.1 using the contact information provided in that Clause 4.1 for such contacts, or such other address for receipt of notices (including e-mail address) as either party may previously have notified the other party in writing.

12. **NO PARTNERSHIP OR AGENCY**

Nothing in this Agreement is intended to, or shall be deemed to, constitute a partnership or joint venture of any kind between the parties, nor constitute either party, the agent of the other for any other purpose. Neither party shall have authority to act as agent for, or to bind, the other party in any way.

13. **ENTIRE AGREEMENT**

This Agreement constitutes the entire Agreement between the parties and supersedes and extinguishes all previous agreements, representation and understandings between the parties, whether written or oral, relating to the subject matter of this Agreement.

14.   GOVERNING LAW

This Agreement shall be governed and construed in accordance with Scots Law. IN WITNESS WHEREOF these presents consisting of this page and the preceding **[18]** pages together with Schedule in **[4]** parts annexed hereto are executed as follows:

For and on behalf of the **Common Service Agency for the Scottish Health Service**

Place: Edinburgh   Date: 29th May 2020

Signed by   Witnessed by ……………………………..

………………………………….

Print Name: Colin Sinclair   Print Name: Susan Ferguson

Designation: Chief Executive   Designation: Executive Assistant

Address: Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB

For and on behalf of **Public Health Scotland**

Place …………………………………….   Date …19 May 2020

Signed by

…………………………………   Witnessed by ……………………………..

Print Name …Angela Leitch   Print Name …………………………………..

Designation …Chief Executive   Designation ………………………………

Address …Gyle Square, 1 South Gyle Crescent, Edinburgh EH12 9EB

This is the Schedule referred to in the foregoing Service Level Agreement between the Common Services Agency for the Scottish Health Service and Public Health Scotland

SCHEDULE PART 1

NSS SERVICES

NSS Services shall be delivered using the Shared Services Engagement Model below.

Tier 3– Shared Services (Business Partners)

❖ Strategic focus   Complex issue resolution

e.g. organisational change, strategic procurement advice

Tier 2– Shared Services (Centres of Excellence)

❖ Technical Issues   Advice & guidance

e.g. case management, changes to budget lines, IT software advice

Tier 1 – Shared Services (Transactional Activities)

❖ More detailed enquiries   Processing transactions

e.g. payroll queries, recruitment requests

Tier 0 - Self Service

❖ Online self service capability   Easy accessible knowledge base Routine enquiries

e.g. equipment requests, notification of change

NSS SERVICES – FINANCE

1. Services

The parties agree that the following services shall be provided by NSS to Public Health Scotland as part of the Finance services:

Management Accounting	Production of monthly reporting packs, annual budgeting, provision of financial and operational performance insight to support key business decisions.
Accounts Payable	Transaction processing of accounts payable invoices, from invoice receipt through coding, matching with good receipts and purchase orders to preparation to make payment.
Accounts Receivable	Invoicing, credit control and receipt of payment from customers
Treasury/Cash Management	Payments to creditors, maintenance of bank accounts and reconciliations
Financial Accounting	Accounting for Fixed Assets Additions/Disposals and Depreciation
Payroll	Payment of employees

2. Key Performance Indicators

NSS understands that effective measurement of delivery performance is critical. The performance indicators below have been identified and agreed by both parties as having a major impact on the outcomes and performance of service delivery. Measurement and reporting of these indicators will be carried out on a monthly basis and results will be reviewed regularly by both NSS and Public Health Scotland.

Key Performance Indicators		
Management Accounting	**Target**	**Frequency**
Management Reporting -Monthly Reporting Pack for Individual Budget Holders and Management Teams	By 6th Working Day of Month	**Monthly**
Corporate Reporting – Monthly Reporting Pack for Executive Management Team and for Public Health Scotland / Sub-Committees as required	At least 5 Working Days before Meeting Date	**Monthly**
Annual Budget – Developed, Prepared and Approved ahead of the new Financial Year	Formally Agreed by 31st March	**Annually**
Monthly Re-Forecasting – Finance will work closely with delegated budget holders to prepare detailed financial forecasts each month	By 5th Working Day of Month	**Monthly**
Ad-Hoc Analysis – Data & BI Team will provide insightful ad-hoc analysis	Within 5 Working Days (for requests)	**Adhoc**
5 Year Financial Plans – Business Partner will drive the production of	Draft (November)	**Annually**

robust 5 year financial plans each year	Final (January)	
Controls Assurance – Regular reporting on Control Framework to give assurance to Public Health Scotland and Sub-Committees	Quarterly	**Quarterly**
Annual Accounts – Production of Statutory Annual Accounts in line with International Financial Reporting Standards and NHS Scotland Accounting Manuals	Annual	**Annually**
Specialist Support & Advice – Centres of Expertise will provide bespoke advice as required	As and When Required	**Adhoc**
Accounts Payable	**Target**	**Frequency**
Invoices received in mail to registration	24 hours	Daily
Percentage of payments made within payment terms	80%	Monthly
Percentage of payments made within 30 days of invoice date (by volume)	85%	Monthly
Average response time for master file set up/amendment	1 working day	Daily
Number of days to reconcile AP to GL after the end of the month	10 working days	Monthly
Accounts Receivable	**Target**	**Frequency**
Average time to generate and dispatch invoice from request	2 working days	Daily
Average age of debt	45 days	Monthly
Average response time to customers/local finance	1 working day	Daily
Average time for customer master file set up/amendment	2 working days	Daily
Number of days to reconcile SL to GL after the end of the month	5 days	Monthly
Treasury/Cash Management	**Target**	**Frequency**
Percentage of cash matched within 30 days of receipt	95%	Monthly
CHAPS and foreign payment requests processed on day of receipt	100%	Daily
Average time to reconcile bank accounts	24 hours	Monthly
Monthly bank reconciliation	5 days from end of month	Monthly
Financial Accounting	**Target**	**Frequency**
Capital charges processed by last working day of the month	95%	Monthly
Balance sheet reconciled by 15th of the month	95%	Monthly

VAT returns processed by 15th of the month`	95%	Monthly
Payroll	**Target**	**Frequency**
All monthly paid employees paid on last Thursday of every month	100%	Monthly
Monthly PAYE and NIC paid to HMRC on 14th of every month	100%	Monthly
Pension paid to SPPA on 19th of every month	100%	Monthly
Monthly payroll output produced on Monday prior to pay day	100%	Monthly
Payslip distribution sent to receiving point by the last Thursday of every month	100%	Monthly
Paper expense claims received at least 2 weeks before pay day processed	100%	Monthly
Monthly new starts received by cut-off date, processed in that month's payroll	100%	Monthly
Number of open calls on query management system	<20	**D**aily
Average resolution time for queries	Average of 10 days	Daily
Aged query analysis produced for Payroll Customer Care Group	100%	Monthly
Monthly Payroll Dashboards available for review 24 hours before Payroll Customer Care Group	100%	Monthly
Payroll Interfaces	**Target**	**Frequency**
Payroll interfaces updated day before weekly/monthly pay date	100%	Weekly
Customer Engagement	**Target**	**Frequency**
Customers are highly satisfied with the services they received (Customer Satisfaction Score)	70%	Annually
Customers positively promote and advocate Finance services (Net Promoter Score)	0	Annually
Customers find Finance easy to do business with (Customer Effort Score)	62%	Annually

3. Roles and responsibilities

In order for NSS to provide the services detailed above, the parties recognise that there are certain roles and responsibilities required from each party in connection with the provision of these services to ensure successful and efficient delivery

Responsibility	NSS	Public Health Scotland
Accounts Payable (procure to pay)		
Process all properly authorised supplier payments in accordance with agreed payment terms	x	
Process credit notes	x	
Generate all payment runs in accordance with timetables	x	
Action requests for urgent and emergency payments in accordance with agreed timescales	x	
Access to purchase ledger system is appropriately restricted to relevant personnel	x	
Purchase ledger maintenance	x	
Manage CIS	x	
Provide management information	x	
Ensure appropriate authorisation of any Invoices without Purchase Orders		x
Resolve invoicing errors in a timely manner		x
Provide current authorised signatories list		x
Act as the first point of contact for suppliers for invoice and payment queries		x
Ensure appropriate VAT treatment in terms of payment of invoices		x
Accounts Receivable		
Sales invoice processing	x	
Customer query management	x	
Sales Ledger maintenance	x	
Perform credit vetting in line with agreed procedure	x	
Debt management, including aged debt analysis and debt follow up/Credit Control, in accordance with debt management policy	x	
Produce statements of balance	x	
Management of 'unallocated cash' – no unallocated cash balance greater than £20k or 2 months old	x	
Provision of management information	x	
Management of sales ledger interfaces	x	

Provide the agreed standard information to facilitate the creation of new, or amendments to existing, customer accounts.		x
Ensure that requisitions for sales invoices / credit notes are appropriately authorised		x
Resolve invoicing errors in a timely manner		x
Ensure that any information pertinent to a sales transaction and credit terms is communicated timely – particularly when the information may affect the management of that debt.		x
Provide current authorised signatories list		x
Ensure appropriate VAT treatment of goods/services to be billed		X

Responsibility	NSS	Public Health Scotland
Treasury and Cash Management		
Cash receipts & payments are updated in the cash book/general ledger in a timely manner	x	
Process Payroll Cheque requests	x	
Bank reconciliations	x	
Process payment runs	x	
Provide management information	x	
Access to on-line banking terminals is controlled by password & appropriately restricted to relevant members of finance team	x	
Submit requests for non-standard payment processing using standard forms and appropriately authorised		x
Provide information on future non-standard cash flows/cash requirements		x
Provide info on bank transactions		x
Provide authorised signatory lists		x
Non-standard payment processing (CHAPS and cheque requests)		x
Financial Accounting		
Development of monthly and annual accounting timetables	x	
Operate to agreed monthly and annual timetables	x	
Management of Annual Accounts process, including management of timetable	x	
GL maintenance (journals)	x	
Reconciliation of GL to PL, SL, FA, GRNI & payroll	x	
Reconcile all key Balance Sheet control accounts monthly & retain on file	x	

All balance sheet account reconciliations are reviewed by a senior Finance manager	x	
Sufficient evidence of segregation between preparer & reviewer is maintained	x	
Appropriate segregation of duties is in place across key finance activities, particularly with regard to preparation & review processes	x	
Completion of VAT return information	x	
Process payroll interface & provide associated BO reports		
Fixed asset register is in place & maintained. Amendments to asset register (additions/disposals) to be processed within 2 working days. The register provides detail on the physical location of each asset.	x	
Depreciation accurately calculated monthly & reflected in general ledger	x	
Comply with local Standing Financial Instructions (SFI) and Scheme of Delegation.		x
Comply with local internal and other financial controls as they relate to services provided under this Agreement.		x
Operate to agreed monthly timetable		x
Provide schedules and working papers to support the income, expenditure, assets and liabilities in the Annual Accounts		x
Provide Fixed Asset Capitalisation, Disposal and Transfer forms as appropriate and asset verification returns on a rolling basis, agreed annually.		x
Payroll Services		
Ensure that all employees are paid on dates as advised by the employer, set in the employee's contract	x	
Maintenance of standing data	x	
Receive payslips from Atos, sort these in line with PHS locations, and distribute payslips to the locations in accordance with agreed security measures (ie by special delivery in secure packaging)	x	
Ensure that all employees are paid accurately and timeously in accordance with permanent pay information and temporary variation	x	
Process appropriately authorised expense claim forms	x	
Provide response to queries from line managers/HR managers. These queries should be logged on Gemini Call Logging System & log number given out	x	
Calculate fully authorised advance or non-standard payments when requested	x	
Obtain agreement from employees in respect of reimbursement for third party claims	x	

Ensure correct deduction and reconciliation of pension contributions, to allow payment to be made to SPPA	x	
Ensure all annual returns to HMRC and SPPA are submitted on or before deadlines		
On receipt of appropriate authorisation and notification, calculate and pay widows' initial pensions/death gratuity, and advise the Scottish Public Pensions Agency (SPPA) of such payments	x	
NSS Customer Care Manager to attend at least 50% of Payroll meetings (provided dates of meetings agreed between NSS & PHS)	x	
Provide copies of reports in relation to payroll data and KPIs to PHS at least 24 hours before Payroll Customer Care meetings.	x	
Monthly SSTS Interface to reach Atos Origin 2 weeks before pay day. This then feeds into ePayroll.		x
Sickness absence report to be received twice a month, with the last report sent no later than Monday before Atos Upload (which is on Thursday before pay day).		x
Expense claims entered on eExpenses. Last day for claiming is two Thursdays before payday.		x
Staff amendment and termination forms (final batch) to be received no later than two weeks before employees' normal payday		x
Advise of any late termination forms, which have missed the above cut-off date		x
Payment of PAYE and NIC		x
Implement required legislation, assess and deduct tax and national insurance contributions in strict accordance with instructions from HM Revenue and Customs and other statutory bodies. This includes the calculation of both employee and employer's contributions	x	x
Ensure the correct reconciliation of tax, national insurance, statutory sick pay (SSP) and statutory maternity/paternity pay (SMP/SPP), to allow payment of such to be made to HM Revenue and Customs in accordance with their monthly timetables.	x	x

NSS SERVICES - PEOPLE SERVICES

1. Services

The parties agree that the following services shall be provided by NSS to Public Health Scotland as part of the People Services:

HR Advice & Support	Provide support and guidance on all people management matters and the application of HR policies and procedures.
Terms, conditions and pay	Provide advice and guidance on the application and legal compliance for all Pay, Terms and Conditions covering Agenda for Change staff, Executive Level & Senior Managers and Medical & Dental staffing groups. Provision of the job evaluation service relating to Agenda for Change and advice for Executive and Senior Managers evaluation requirements.
Policy and case management	Provide a comprehensive strategic and operational advice service to support the full range of people matters.
Recruitment	To support the organisation in the delivery of a sustainable and robust workforce plan, through the delivery of a responsive and relevant organisational resourcing service.
People change management	To provide a range of tailored support in order to enact organisational service redesign and organisational change impacting on workforce.
People analytics and insight	Delivery of a bespoke reporting and people analytics service to enable data-led decision making, performance monitoring and workforce strategy development.
Workforce systems and process improvement	Provision of workforce systems expertise and customer support covering systems management, maintenance, development and implementation. Provision of a process improvement consultancy service, monitoring, reviewing and refining the quality of processes and systems to ensure a value added service.
Learning and organisation development	Deliver an organisational learning and development consultancy service which includes the provision of learning and development interventions aligned to delivery of the organisations strategic objectives.
Health and safety	Provide impartial, confidential and professional advice, support and guidance to ensure relevant strategies, policies, procedures and process maps are in place to comply with all aspects of health and safety legislation, NHS Scotland and organisational governance.
Workplace health	Support, maintain or improve employee health, taking into account specific requirements of the organisational workforce, its roles and demographic profile.
Occupational health	Provide professional, competent and impartial technical advice to ensure compliance in relation to all aspects of occupational health legislation.

2. Key Performance Indicators

NSS understands that effective measurement of delivery performance is critical. The critical primary performance indicators below have been identified and agreed by both parties as having a major impact on the outcomes and performance of service delivery. Measurement and reporting of these indicators will be carried out on a regular basis and results will be reviewed regularly by both NSS and Public Health Scotland.

Key Performance Indicators		
HR Business Performance	**Target**	**Frequency**
Customers are highly satisfied with the services they received (Customer Satisfaction Score)	>53%	Annually
Customers positively promote and advocate HR services (Net Promoter Score)	>-28	Annually
Customers find HR easy to do business with (Customer Effort Score)	>53	Annually
Complaints, feedback and compliments actioned	5 days	Quarterly
Respond to Freedom of Information requests	20 days	Quarterly
Respond to Subject Access Requests	Delivery of service	Quarterly
HR Advice and Support	**Target**	**Frequency**
HR Portal available 24/7	98%	Quarterly
Acknowledgement of call received	Immediate response when "Contact Us" form used 1 day - email	Quarterly
Resolution of queries received at first touch – Tier 1	3 days	Quarterly
Acknowledgement of Tier 2 query	1 day	Quarterly
Resolution of queries requiring Tier 2 support – dependent on complexity	5 days	Quarterly
Terms, conditions and pay	**Target**	**Frequency**
Evaluation of New Posts	20 days	Quarterly
Re-evaluation and re-grading of posts	25 days	Quarterly
Job Analysis and Local Evaluation	60 days (single); 90 days (generic	Quarterly
Job Evaluation Reviews	25 days	Quarterly
Post Update Panels	15 days (single) 20 days (generic)	Quarterly

Sense checking/provision of written advice/comments on draft job descriptions	5 days	Quarterly
Policy and case management	**Target**	**Frequency**
Case escalation to HR Case Management Advisor after initial triage	Contact made within 2 days of receipt from initial triage	Quarterly
Issue Manager Absence Trigger Reports	Within 10 working days after close of month	Quarterly
Delivery of training on case and absence management training	2 places on each NSS delivered training course	Quarterly
Recruitment	**Target**	**Frequency**
Average time from receipt of final approved vacancy to advert closing date (based on 2 week advert)	15 days	Quarterly
Average time of pre-employment checks process. Please note there is a dependency on Disclosure Scotland's processing times	Non-Disclosure = 15 days Disclosure =25 days	Quarterly
Average time to issue conditional offers	3 days	Quarterly
Average time to issue unconditional offers	3 days	Quarterly
Candidate and manager satisfaction rates	95%	Quarterly
Management training spaces	3 places per course	Annually
People change management	**Target**	**Frequency**
Issue of letters to staff who are at risk	2 days from commencement of formal consultation	Quarterly
Issuing outcome letters to staff in relation to matching and limited assessment processes	2 days from confirmation of outcome	Quarterly
People Insight and Analytics	**Target**	**Frequency**
Dashboard development requests - initial response and capture of customer specification of work	10 working days	Quarterly
Bespoke report/data requests, via prioritisation approach	10 working days from receipt of fully completed request form	Quarterly

Workforce Systems and Process Improvement	Target	Frequency
New user system access and permissions set up for all workforce systems	3 working days following receipt of user email address from IT	Quarterly
Process review consultancy services requests - initial response and customer specification captured.	10 working days	Quarterly
Learning and organisation development	**Target**	**Frequency**
All new starters to receive corporate induction in first 3 months and be offered a place on the face to face element of the induction programme	80%	Quarterly
Internal training programmes receive 3 or above rating for achieving objectives in Customer satisfaction survey	75%	Quarterly
Access to coaching service – response time to enquiry Measure for satisfaction/number of contracts that were completed	10 places per annum	Annually
Health and Safety	**Target**	**Frequency**
Respond to advice and enquiries / requests directly into the HWL Team	Via phone = 4 hours Via email = 1 day	Quarterly
Delivery of the inspection report inc findings and recommendations sent to H&S Responsible Person	Reports received within 10 working days after inspection /review	Quarterly
Request for specialist risk assessment and report	Contact to be made within 5 working of request received into the HWL mailbox Report delivered 5 days after assessment date	Quarterly
H&S performance management report / dashboard (risk profile analysis and accident investigation, training reports)	Report received by 10 days after close of quarter	Quarterly
H&S Advisor to commence investigation of lost time accidents	95% within 5 days from lost time accident notification	Quarterly

Delivery of risk profile audit and site inspection	1 audit 1 review per year	Annually
Workplace health	**Target**	**Frequency**
Response to advice and enquiries / requests directly into the HWL Team	Via phone = 4 hours Via email = 1 day	Quarterly
Requests for policy, process and processing mapping development or reviews	Contact to be made within 5 working of request received into the HWL mailbox	Quarterly
Request for specialist risk assessment and report	Contact to be made within 5 working of request received Report delivered 5 days after assessment date	Quarterly
Delivery of Health Fair Events across the organisation	1 Health Fair event per year	Annually
WH performance management reports/dashboard identifying training delivery, activity reports	Report received by 10 days after close of quarter	Quarterly
Occupational Health	**Target**	**Frequency**
Pre-employment health assessments including EPP workers	Within 5 days of receipt.	Quarterly
Consultation for pre-employment referral or health assessment	Offer of appointment within 5 days of receipt.	Quarterly
Offer of First Consultation for Management Referral and subsequent reviews with OH Clinician	Offer of appointment to Individual and managers within 10 days from receipt Report provided within 5 working days Review appointments and reports as directed by OH Clinician	Bi-annually
Request for case conference	Offer of appointment within 10 days from receipt	Bi-annually

OH activity report Public Health Scotland (Pre-employment, sickness absence, management referral profile analysis)	Report received by 10 days after close of quarter	Quarterly
Fitness to work assessment from consultation	Offer of appointment within 10 days from receipt Report provided within 5 working days Review appointments and reports as directed by OH Clinician	Quarterly
Clinical Supervision for two Occupational Health nurses by Consultant Nurse from NSS	Attendance at NSS supervision meeting	Monthly
	One to one reflective conversation during performance review process	Three times a year
	Support with nurse revalidation	Annually

3. Roles and responsibilities

In order for NSS to provide the services detailed above, the parties recognise that there are certain roles and responsibilities required from each party in connection with the provision of these services to ensure successful and efficient delivery

Responsibility	NSS	Public Health Scotland
HR Advice and support		
Managers and staff to engage in a timely manner before issues escalate		x
Provision of full information at the point of contact		x
Pay, Terms and conditions		
Managers to seek advice in a timely manner and act on it		x
All job information and documentation to be submitted, as required to publish timelines to enable job evaluation activities to be completed		x
All employee contract variations to be fully completed and authorised in line with payroll timetables		x
Provide trained evaluators to undertake job evaluation activity	x	x

Policy and case management		
Managers to engage with HR Service in a timely way to avoid unnecessary delay and escalation		x
Parties to provide input and resources as necessary to ensure resolution in a timely manner	x	x
Resourcing		
HR Business Partners to implement the six step methodology for workforce planning	x	
Vacancies to be fully approved through the agreed process before submission		x
Supporting documentation to be provided at the point of vacancy request		x
Short listing and interviews to be conducted in a timely manner and in line with agreed timescales		x
All selection to be conducted in line with agreed frameworks and criteria		x
Regular communications and updates to the recruitment team to ensure onward communications with candidates		x
Recruiting managers to communicate directly with interviewed candidates in terms of rejection and offer		x
The organisation to consider the employment market in a flexible and dynamic way and consider all options and possible scenarios		x
Managers to engage as soon as possible when future workforce requirements change		x
People Change Management Service		
Managers to seek advice in a timely manner and act upon advice given		x
All parties to engage positively in the transition process		x
People Insight and analytics		
Clear and complete requirements specifications for report and dashboard development		x
Access to workforce data	x	x
Workforce systems and processes		
User engagement with workforce systems and user support materials		x
Managers leading and communicating self-service approach		x
Managers communicating and engaging staff in benefits of system and process improvement		x
Organisational Learning & Development		
Individuals to take personal ownership for their own development		x
Individuals and managers to fully participate in the performance management process		x
Employee Engagement and Staff Governance		
Managers and staff to fully engage in iMatter process, including action planning		x
Work through local Partnership Forums to fully engage staff		x
HR Business Performance		
Individuals and managers to fully participate and comply with appropriate governance		x

Individual commitment to deliver against service metrics and objectives		x
Business Partnering		
Early engagement by managers to ensure workplace issues are identified at planning stages		x
Health and Safety		
Managers to communicate to all employees of any changes relating to Health and Safety policies and processes, and engage with their health and safety responsibilities and encourage participation from staff in ensuring they utilise the services on offer		x
Managers to implement recommendations on workplace adjustments		x
Workplace health		
Managers to engage with their workplace health responsibilities and encourage participation from staff in ensuring they utilise the services on offer		x
Managers to implement recommendations on workplace adjustments		x
Participate, engage and communicate to all employees of any changes relating to wellbeing policies and processes		x
Occupational Health		
Managers to engage with their workplace health responsibilities and engage with Occupational Health Services as soon as issues arise		x
Managers to implement occupational health recommendations on workplace adjustments		x
Managers to participate, engage and communicate to all employees of any changes relating to wellbeing policies and processes		x
Attend clinical monthly NSS clinical supervision meetings	x	x
Undertake reflective conversation at objective setting, mid-year and year-end review	x	x
Support with nurse revalidation	x	

NSS SERVICES – DIGITAL AND SECURITY

1. **Services**

The parties agree that the following services shall be provided by NSS to Public Health Scotland as part of the Digital and Security Services:

Business Performance	Provision and monitoring of metrics, KPIs and dashboard data to ensure the provision of the shared service as a whole is delivering to the required standards.
Digital Infrastructure	Provide a stable and resilient platform on which to operate effectively and support business change, covering virtual, physical and Cloud infrastructure
Cyber Security and Compliance	Expertise and intelligence on cyber threats and security assessment. Solutions for enterprise level security controls.
Enterprise Digital Solutions	Provide tailored technology and advice to automate services, increase productivity and save time
Business Insight and Intelligence	Delivering intelligent data through provision of all platforms and data products.
Clinical Informatics	Professional advisory service covering full product lifecycle related to clinical systems and standalone software as a medical device. Advising of clinical hazard identification and risk analysis, advice
Digital Portfolio Services	The provision of services will be coordinated within a Public Health portfolio that will facilitate strong governance across digital services. This ensures they collectively contribute to the implementation of Public Health Scotland strategic objectives in a way that is efficient, consistent and focused on what people value. The objective is to focus activity in order to: • Reduce the total lifecycle costs by investing in the right initiatives and having less complexity, variation and duplication • Avoid unnecessary costs by anticipating gaps, issues and by providing assurance over project execution • Oversee the roadmap of digital initiatives to ensure they are contributing to the delivery of the strategy; providing clarity of direction and prioritising activity
Innovation Enablement	Development of digital packages that take advantage of latest technology to deliver digital information, tools and services to PHS customers and thereby empowering users, including

	citizens, to access information and intelligence and promote prevention and improvement policy and strategies and support research activity.	

Full details of each service can be found in the document "SID Matrix v0.6.docx" which will be updated periodically through a change management process under the governance of PHS IT Executive Group or its successor.

2. Key Performance Indicators

NSS understands that effective measurement of delivery performance is critical. The primary performance indicators below have been identified and agreed by both parties as having a major impact on the outcomes and performance of service delivery. Measurement and reporting of these indicators will be carried out on a regular basis and results will be reviewed regularly by both NSS and Public Health Scotland.

Key Performance Indicators			
	Description	Target	Frequency
1	Incidents are resolved within agreed priority timelines	90%	Monthly
2	Business systems are available within agreed priority timelines (service availability report)	95%	Monthly
3	DaS Services support delivery of PHS strategic objectives (Customer Satisfaction Score CSAT)	70%	Monthly service reviews
4	Project governance for On Demand Services to include acceptable response time, cost and delivery	70%	Annual average based on CSAT score after each project with a Terms of Reference
5	Customers are highly satisfied with the services they received (Customer Satisfaction Score)	70%	Monthly
6	Customers positively promote and advocate DaS services (Net Promoter Score)	0	Annually
7	Customers find DaS easy to do business with (Customer Effort Score)	62%	Annually

The target levels will be reviewed after 6 months when more data is available regarding the level of support and arrangements for specialist Health Scotland equipment and applications.

3. Roles and responsibilities

In order for NSS to provide the services detailed above, the parties recognise that there are certain roles and responsibilities required from each party in connection with the provision of these services to ensure successful and efficient delivery

Responsibility	NSS	Public Health Scotland
Digital Infrastructure		
Users to provide as much information as possible on their request or issue in the PHS user portal to ensure accurate first assignment of calls to relevant service delivery team and to ascertain priority.		x
Escalate any service issues and risks that arise.	x	x
Communicate high priority issues via Digital Business Partner.		x
Update asset management system to ascertain current owners.		x
PHS to own change control authority for PHS change and provide direction on priority and governance		x
Participate in service review meetings.	x	x
Cyber Security and Compliance		
Escalate any service issues and risks that arise.	x	x
Communicate high priority issues via Digital Business Partner.		x
To have clear owners of systems for risks and issues.		x
Enterprise Digital Solutions		
Prioritise an overall PHS change portfolio requiring Digital and Security services		x
Address any unforeseen prioritisation issues that arise	x	x
Early engagement by managers in business planning	x	x
Specify requirements for new systems developments		x
Jointly agree and regularly review future business plans and roadmaps	x	x

Take into account available funding and resources and monitor budget / resources	x	x
Work together to deliver systems, solutions, features and capabilities within agreed timeframes	x	x
PHS to own change control authority for PHS change and provide direction and governance		x
Have clear owners of systems for approvals		x
Carry out User Acceptance Testing (UAT) in a timely way		x
Create and maintain Pecos supplier database	x	
Provide accurate, timely and up to date supplier information		x
Business Insight and Intelligence		
Prioritise an overall PHS change portfolio requiring Digital and Security services		x
Address any unforeseen prioritisation issues that arise	x	x
Early engagement by managers in business planning	x	x
Specify requirements for new systems developments		x
Jointly agree and regularly review future business plans and roadmaps	x	x
Take into account available funding and resources and monitor budget / resources	x	x
Work together to deliver systems, solutions, features and capabilities within agreed timeframes	x	x
PHS to own change control authority for PHS change and provide direction and governance		x
Carry out User Acceptance Testing (UAT) in a timely way		x
Clinical Informatics		
Escalate any issues and risks that arise	x	x
Communicate high priority issues via Digital Business Partner		x
Early engagement by managers in business planning	x	x
Have clear owners of systems for risks and issues		x
Digital Portfolio Services		
Engage the Digital Business Partner on strategic programme requirements		x

Early engagement by managers in business planning	x	x
Jointly agree and regularly review: ❶ Vision & strategic objectives (understand direction) ❷ Strategic baseline (analyse the current state) ❸ Identify & prioritise key Themes (setting goals) ❹ Define programmes/epics, targets and **roadmap** to deliver value to PHS	x	x
Take into account available funding and resources for new requests and monitor budget / resources as well as monitoring savings delivered	x	x
Agree the Terms of Reference for new assignments		x
Ensure Governance in place for new initiatives, projects and programmes	x	x
Innovation Enablement		
Engage the Digital Business Partner on strategic programme requirements		x
Specify requirements for Digital and Security services		x
Take into account available funding and resources for new requests and monitor budget / resources	x	x
Agree the Terms of Reference for new assignments		x
Ensure Governance in place for projects and programmes	x	x

NSS SERVICES - PROCUREMENT SERVICES

1. **Services**

   The parties agree that the following services shall be provided by NSS to Public Health Scotland as part of the Procurement Service:

Regulatory compliance	Assurance that the PHS is meeting its statutory obligations in relation to 3rd Party spend
Procurement procedures	Implementation and maintenance of systems and processes to support PHS in complying with procurement regulations and Standing Financial Instructions
Objective setting	Set out and prioritise PHS's objectives in alignment with its procurement strategy, organisational strategy and wider policy objectives
Supporting delivery of objectives	Working in partnership with colleagues in PHS to deliver the objectives
Improvement processes	Analysing and benchmarking current processes against best practice to drive continuous improvement
Sustainable procurement duty	To lead PHS in delivering contract and supply solutions which deliver measurable social and environmental benefits.
Internal governance structure	To define, implement and participate in regular internal meetings that provide a governance structure around procurement and third Party spend activity
Spend analysis	Interrogation of finance systems with a view to optimise supply costs and drive best value for PHS' budgets
Strategic supply analysis	For priority spend areas, develop in conjunction with subject matter expert colleagues a robust approach to ensuring supply security and best value
Systems usage	Ensure all quote and tender activity is performed using Scottish Government mandated systems, supporting spend transparency and making it easier for our suppliers to work with us
National contracting	Providing a seamless interface between local contracting activity and national activity to ensure all National Contracts on PHS behalf are implemented efficiently
Procurement systems	Where it makes sense, implement catalogues and automated processes to simplify the buying process for colleagues
Contract register	To develop and maintain a publicly available register to allow full visibility of our contractual commitments both internally and for the Public to see
Support service	Offer guidance and support to PHS colleagues for low value spend
Purchasing systems	Provision of training and guidance materials in the use of online procurement systems; including online requisitioning and receipt of goods and services

2. Key Performance Indicators

NSS understands that effective measurement of delivery performance is critical. The critical primary performance indicators below have been identified and agreed by both parties as having a major impact on the outcomes and performance of service delivery. Measurement and reporting of these indicators will be carried out on a quarterly basis and results will be reviewed regularly by both NSS and Public Health Scotland.

Key Performance Indicator			
	Description	Target	Frequency
1	Financial - Delivery of PHS Savings Targets	Delivery to Plan (Plan to be agreed in partnership)	Annual
2	Compliance and Governance - % contracted spend on Public Contract Scotland contract register	>80%	Quarterly
3	Ethical and Sustainability - Delivery of sustainable outcomes from contracting in support of PHS priorities	Sustainable outcomes delivered in 100% of in scope regulated procurements (i.e. >£50k)	Quarterly
4	Ethical and Sustainability - Fair Work First - % of regulated procurements with FWF criteria	100% of in scope regulated procurements (i.e. >£50k)	Quarterly
5	Customers are highly satisfied with the services they received (Customer Satisfaction Score)	70%	Annually
6	Customers positively promote and advocate Procurement services (Net Promoter Score)	0	Annually
7	Customers find Procurement services easy to do business with (Customer Effort Score)	62%	Annually

3. Roles and responsibilities

In order for NSS to provide the services detailed above, the parties recognise that there are certain roles and responsibilities required from each party in connection with the provision of these services to ensure successful and efficient delivery

Procurement Services			
	Responsibility	NSS	Public Health Scotland
1	Senior representation at Procurement Governance meetings		x
2	Maintain public contracts register	x	
3	Engagement by relevant stakeholders to enable contract opportunities to be progressed for early delivery of benefits		x
4	Interpret Public Procurement policy and provide strategic procurement direction	x	
5	Engagement by relevant stakeholders to work with the Supplier to maximise savings delivery through National and Local Contracts		x
6	Manage regulated procurement projects	x	
7	Use of the Quick Quote module for all Route 1 procurements.		x

NSS SERVICES – OPERATIONS MANAGEMENT SERVICES

1. Services

The parties agree that the following services shall be provided by NSS to Public Health Scotland as part of the People Services:

E&FM Service	Purpose
Domestic Services (Office Cleaning)	To provide cleaning as outlined in the NHS Scotland National Cleaning Services Specification (NCSS) which follows the national risk based approach.
Environmental Auditing	To provide environmental audits using the Facilities Monitoring Tool, identifying compliance with the NCSS.
Security Services	To provide security services ensuring buildings are safe and secure for building users.
Mail/Postage	To provide and delivery best practice mailroom solutions to required standards
Reception	To provide and delivery best practice reception service solutions to required standards.
Catering	To provide a value for money, affordable service which best meet local/site needs and circumstances.
Waste	To provide and deliver compliant best practice waste disposal solutions which meet statutory, mandatory and licensing requirements
Fire Safety	To provide fire safety services to ensure that PHS meets its legislative and mandatory fire safety obligations.
Mass Room Booking	To provide an online, live booking facility for meeting rooms and hospitality services across the NSS Estate.
Building Maintenance	To provide a safe, secure, compliant and comfortable work environment.
Helpdesk	A central point of contact for customers which receives and manages building and service incidents and work requests.
Duty Holder Statutory Compliance Appointed by PHS Chief Executive	To provide assurance that the most current legislation and regulations in relation to Statutory Compliance is managed and maintained within the areas PHS occupy through their MOTO (Memorandum of Terms of Occupancy) within Gyle Square and Meridian Court (Only) Statutory Compliance will cover the below areas:

• Water Systems
• Ventilation
• Electrical Safety (LV- Low Voltage)
• Electrical Safety (HV- High Voltage)
• Pressure Vessels
• Asbestos
• Lifts
• Fire Safety
• Medical Gases
• Decontamination

2. Key Performance Indicators

NSS understands that effective measurement of delivery performance is critical. The critical primary performance indicators below have been identified and agreed by both parties as having a major impact on the outcomes and performance of service delivery. Measurement and reporting of these indicators will be carried out on a regular basis and results will be reviewed regularly by both NSS and Public Health Scotland.

Key Performance Indicator		
Operations Management	**Target**	**Frequency**
Customers are highly satisfied with the services they received (Customer Satisfaction Score)	70%	Annually
Customers positively promote and advocate Operations Management services (Net Promoter Score)	0	Annually
Customers find Operations Management easy to do business with (Customer Effort Score)	62%	Annually
Work Requests completed on time within agreed priority timescales	96%	Quarterly
Planned Preventative Maintenance schedule in place and delivered to plan	95%	Quarterly
Cleaning carried out to national cleaning standards	94%	Quarterly
Management of works contractors that NSS has responsibility for to	100%	Annually

ensure successful delivery to time, cost and quality as agreed with customer		
Fire risk assessment completed to plan	100%	Annually

3. Roles and responsibilities

In order for NSS to provide the services detailed above, the parties recognise that there are certain roles and responsibilities required from each party in connection with the provision of these services to ensure successful and efficient delivery

Responsibility	NSS	Public Health Scotland
Competent and appropriately trained internal and external resources provided	x	
Key contacts provided as a source of technical and professional advice	x	
Service the requirements of regulatory inspections as they relate to services provided under the schedule	x	
Maintenance and control of all appropriate documentation and practices in respect of works under the schedule	x	
Manage contractors as appropriate	x	x
Provide site contacts that will be responsible for liaising with Operations Management		x
Co-operating with and facilitating access and approval processes		x

4. Out of Scope

The following are not included in the scope of this schedule.

- Services for which Operations Management has corporate governance and responsibility which are provided by Operations Management corporately on behalf of NSS only, including:
- Property and asset management strategic planning;
- Property acquisitions and disposals;
- Negotiation and management of property leases, occupancy agreements, rent reviews, rating revaluations, dilapidations claims etc.;
- Contractor, supplier and works procurement;
- Scottish Government NHS wide systems and returns
- Statutory authorities – city councils, SEPA, Rates Assessors, Fire Services etc
- Contractor management out with services defined in the service offering

NSS SERVICES – CLINICAL

1. Services

The parties agree that the following clinical services shall be provided by NSS to Public Health Scotland:

Clinical Service	Purpose	Estimated resource and cost
Clinical support to SPIRE	GP Advisory Service provided by Dr Keith Moffat to the SPIRE team in PHS	0.2 WTE - £23,000
Pharmacy services for Health Protection	Pharmacist advice, guidance and input to programmed, planned activity and support for incidents, outbreaks and emergencies	0.4 WTE - £40,897
Administration of SOAR	Administration of Scottish Online Appraisal Resource for clinical staff	No cost to Public Health Scotland

SCHEDULE PART 2

PUBLIC HEALTH SCOTLAND SERVICES

PHS Services to NSS

1. Services

This schedule covers the services provided to NSS by Public Health Scotland. They are broken down into the services provided to NSS as a corporate body and those services provided to individual Strategic Business Units (SBU).

Service Title	Service Description	Estimated resource and cost	KPI
NSS Corporate			
Evidence (literature search)	Conduct literature searches for individuals and teams	Band 6 – 25 days per annum	Literature searches are conducted within timescales negotiated with the requester.
Administration of OpenAthens authentication system	Deal with enquiries and issues around Athens login, renewing and resetting passwords and troubleshooting	Band 4 – 6 days per annum	All queries will be responded to within 1 working day.
Information skills training	Training in literature searching skills, use of bibliographic databases and other online tools and resources	Band 6 – 10 days per annum	All training sessions are evaluated.
Loan and document delivery	Ordering and delivery of books, journal articles and other documents as requested by staff	Band 4 – 48 days per annum	Requests for loans & article downloads will be supplied within 3 working days.

Practitioner and Counter Fraud Services			
Scottish Reference Data	Scottish Reference Data currently being provided via eVADIS	Band 6 – 0.7 WTE Band 5 – 0.7 WTE Band 4 – 2.0 WTE	All required data provided on 3rd and 8th working day and of the month
NPCCD	Maintenance of prescriber data transfer system	Band 5 – 1.0 WTE Band 7 - 0.5 WTE Band 8b – 0.1 WTE	
BBV STI IMMS and RESP HPS	Provision of flu vaccine data for GP payments	Band 6 - 2.6% WTE Band 6 - 0.7% WTE Band 8 - 0.7% WTE	
GMS support	Calculation of the SWF weights for each practice based on quarterly CHI and SIMD deciles of patients in each practice also measures of deprivation.	Band 6 – 0.4 WTE Band 7 – 0.2 WTE - £18,792	
Procurement, Commissioning & Facilities – National Services Division			
Scottish AAA Screening Programme	Providing analytical support	Band 6 - 0.3 WTE Band 7 - 0.3 WTE	
Scottish Cancer Screening Programmes (Breast, Cervical, Bowel)	Providing analytical and data management support	Band 7 - 0.10 WTE Band 6 - 1.3 WTE Band 5 - 0.9 WTE Band 6 - 0.3 WTE Band 5 - 0.2 WTE	
Genetics service	Provision of genetics tracing service	Band 5 – 2.75 WTE	
National planning	Provision of analytical support for national planning activity	Band 8b – 0.5 WTE Band 7 – 1.0 WTE	
Procurement, Commissioning & Facilities – Health Facilities Scotland			
Consultant Microbiology support	Provision of 2 sessions per week of Consultant Microbiology support for Antimicrobial Resistance and Healthcare Associate Infection (ARHAI)	Consultant – 0.2 WTE - £30,987	
Public Health Support	Provision of 4 sessions per week of Consultant Public Health support for Antimicrobial Resistance and Healthcare	Consultant – 0.4 WTE - £52,687	

	Associate Infection (ARHAI)		
Statistics resource	Provision of Statistics support to the ARHAI group	£40,000 per annum	

SCHEDULE PART 3

CONTACT DETAILS

This Schedule Part 3 sets out the contact details of key personnel with regards to this Agreement. Each party agree to notify the other in writing of any update that may be required to be made to any of its key personnel contact details.

NSS Contacts

Contact	Title	Email	Phone Number
Janis Heaney	Head of Customer Solutions and Experience	Janis.heaney@nhs.net	07850 168879
Laura Howard	Interim Associate Director of Finance	Laura.howard@nhs.net	0131 275 6401
Jane Fewsdale	HR Workforce Information, Systems & Business Manager	Jane.fewsdale@nhs.net	0131 275 6180
Carolyn Mcauley	HR Business Partner	carolynmcauley@nhs.net	0131 275 7653
David Proud		David.proud@nhs.net	0131 275 6693
Bev Wayne	Digital Business Partner	bevwayne@nhs.net	0141 300 1143
Kris Lindsay	NSS Procurement Manager	Kris.lindsay@nhs.net	0131 275 7454
Stevie McLaughlin	Head of Procurement	Steven.mclaughlin@nhs.net	01698 794578
Neil Redhead	Head of Estates and Facilities	Neil.redhead@nhs.net	0141 300 1107
John Tweedie	Programme Manager	John.tweedie1@nhs.net	07917 040874

Public Health Scotland Contacts

Contact	Title	Email	Phone Number
Vicki Bibby	Head of Strategy, Governance & Performance	Vicki.bibby@nhs.net	
Tim Andrew	Organisational lead for Strategy & Change	Tim.andrew@nhs.net	0141 414 2729

SCHEDULE PART 4

FEES

1. The NSS Fees

The annual charge to be paid by Public Health Scotland to NSS annually is as below.

Corporate Services	Anticipated SLA Income
Finance	551
HR	968
IT	3,311
Procurement	100
Facilities	3,458
Total	8,388

In addition, services in addition to the NSS Services may be provided by agreement between the parties and charged on a basis agreed between the parties.

2. The Public Health Scotland Fees

In line with the baseline transfer PHS is funded to provide the services to NSS as set out in Schedule Part 2.

In addition, services in addition to the PHS Services may be provided by agreement between the parties and charged on a basis agreed between the parties.

Corporate Shared Services Customer Charter

Our Vision	To be the shared services partner of choice, underpinning our customers business and enabling them to focus on delivering their outcomes		
Our Behaviours	We demonstrate and live our values, acting with integrity and openness, committed to each other and our customers to ensure they are at the heart of everything we do		
Customer Principles	We understand our customers	We communicate clearly	We deliver excellently	We continually improve
We will	Know your organisation and objectives	Keep our promises and do what we say	Understand how you engage with and access our services	Listen to feedback and act on it
	Collaborate with you to deliver results	Be honest, open and transparent about service delivery	Design and deliver our services around your needs	Monitor and review our performance regularly
	Proactively engage with you to identify solutions to deliver your commitments	Be courteous and respectful	Respond to requests quickly and consistently	Fix problems quickly if something goes wrong
	Anticipate future requirements	Use clear language and avoid jargon	Deliver great customer service and experience	Make sure we focus on the right things at the right time

NHS National Services Scotland

Corporate Shared Services

Performance against Service Level Agreement

Public Health Scotland

Year 1 2020-2021

Summary

In May 2020, both Public Health Scotland (PHS) and National Services Scotland (NSS) Chief Executives signed a £8.4m Service Level Agreement (SLA) for the provision of corporate shared services. It was a challenging year with PHS being a new organisation alongside the volatility brought by our response to Covid-19. Some key achievements include:

- Our Digital and Security (DaS) team successfully completed a rapid roll out of Office 365, specifically Teams, and equipment, to allow remote working and support collaboration, which has been essential over the last year.
- The team led a huge Covid-19 response with new digital solutions and extended support for national reporting of cases, contact tracing and vaccination data.
- Our HR team recruited and onboarded (with Finance and DaS) a wealth of new starts into PHS with a real focus on contact tracing and analyst roles.
- Facilities Management were key to ensuring our working environment has been safe for those PHS staff, specifically in Clinical and Protecting Health, who have to be in the buildings. They put into place, signage, protective screens, one way flows, hand sanitising stations and improvements to ventilation systems
- Procurement achieved accreditation for PHS as a Real Living Wage organisation in November 2020
- PHS close the fiscal year having met all of its statutory requirements, demonstrating great level of control and interaction between PHS and Finance

In the first few months of service delivery, the immediate priorities were to undertake the urgent, essential activities to support staff in their new organisation and working remotely. As this coincided with Covid-19 response, this added a new level of pressure for both organisations. For this reason, an additional narrative has been provided alongside the SLA key performance data available, to provide a more comprehensive picture of service delivery during this exceptional year.

As we approached the end of the year, we undertook customer feedback surveys for HR, DaS and Finance in line with best practice on customer engagement and provided baseline scores to inform our service improvements. Although the response rate was low, we discovered that many PHS colleagues missed the communications and offered them alternative ways to provide feedback. We did not meet the targets set out in the SLA.

Of the Key Performance Indicators (KPIs) <u>that were measured throughout the first year</u> (shown in red and green on page 3) for the 5 corporate services included in this review, <u>70.3%</u> met their target or service standard

Further work is required to investigate and understand how services have excellent uptime, resolution rates and few breached calls yet customer satisfaction is low.

Scope and Context

The Covid-19 response has had a significant impact on how our services were delivered and this presented the biggest challenge to a successful first year of corporate shared services provision. This should be taken into consideration when looking at core business performance.

This report provides details on the SLA performance of five of the corporate shared services (Digital & Security, HR, Finance, Procurement and Operational Facilities Management) provided by NSS to PHS. Clinical Services and services provided by PHS to NSS (i.e. data) are not included as these did not have measureable KPIs agreed at the time. These will be agreed and measured in FY 2021 following the SLA review and KPI refinement.

Key Performance Indicators (KPIs) and Service Standards

Services reported on their SLA KPIs on a quarterly basis which contributed to a full shared services report. This report was circulated within both organisations and presented at the PHS Senior Leadership Team meetings.

Through this regular reporting, it became clear that some KPIs were unable to be measured regularly, lack of data, were redundant (i.e. due to automation), not representative of actual service delivery or service was not used this year. Therefore, for the purposes of this report, these have been categorised into three groups:

- **Met target** – these are shown in green
- **Did not meet target** – these are show in red/amber
- **Not reported** – these are show in grey. This does not mean that the service was not provided. In the majority of cases, it was the difficulty in measuring the service due to lack of data. This unfortunately skews the results shown in the table below. These are not included in the overall KPI achievement score.

Details on the KPI achievements are outlined under each service.

Average SLA KPI performance for year one		
Met Target	Did Not Meet Target	*Not Reported**
42.2%	17.8%	*40%*

not included in the overall KPI achievement %

Highlights

Throughout the year, we continued to provide core services alongside Covid-19 response. Both PHS and NSS flexibility and resilience proved to be an invaluable asset with the added pressures especially over the winter period. Some highlights are noted below.

- We have strong relationships and continue to work on these
- We have, and continue, to invest in training, support and guidance across all services, in different formats and regularly seek feedback on these
- We have worked together to ensure staff have what they need to work at home or in a safe office environment
- We have rapidly set-up and supported all staff to be able to do their job remotely (where applicable)
- We have collaboratively scoped and agreed new services to fill gaps and respond to Covid-19
- We have sought feedback throughout the year and committed to service improvement

Challenges

As expected in the early stages of a large service change, we have been presented with some significant challenges. Some of these are noted below.

- We have struggled understanding specific roles and responsibilities
- We have had some issues around understanding and adoption of new delivery model
- We had to review recruitment and onboarding processes to allow for fast track onboarding especially in the Protecting Health team
- We had some set-up problems with systems and applications due to system linkages and clarity over staff structures resulting in a few months of manual workarounds
- We continue to have Covid-19 response demand and capacity challenges

Digital and Security

We work to ensure that the DAS services are supportive and enable staff to be effective, collaborative and innovative and to support PHS strategic programmes.

DaS continue to provide secure modern digital platforms with expansion and scaling out of existing data platform and data virtualisation capabilities to support PHS data analytical and reporting services.

We have worked closely and effectively with PHS, maximising our use of the Service Now platform and national Office 365 tenancy and deploying new Cloud web services to support the national response to Covid-19 pandemic.

An action plan from surveys and themes will determine improvement actions that need to be agreed and tracked by both NSS and PHS as there will be a mixed responsibility based on the analysis.

Core Business and Service Improvement

To support all staff working remotely and to ensure continued collaboration during the pandemic:

- Microsoft Teams - was deployed at pace across NHS Scotland
- VPN access - Network engineers worked hard to provide improved stability and capacity to the VPN service so that everyone had the equivalent access to the resources needed to do their jobs effectively
- Remote IT support - An immediate transition to providing remote IT support to staff to comply with government lockdown guidance
- PHS domain user migrations were progressed during challenging restrictive conditions

Other core service improvements for which all staff were asked to adapt to new services and ways of working:-

- Mail - migration to the new Office 365 Mail service as NHSmail service was discontinued and access to Office Apps on the 365 national tenancy. We provided a dedicated support desk for Office 365 migrations and Teams.
- Security - there was a necessary focus on cyber security mitigation with essential work to upgrade Windows versions on laptops and the roll out of new user device management software called Microsoft Intune which allows essential Windows security updates.

SLA Key Performance Indicators and supporting narrative

	Target	Actual
Incidents resolved within agreed priority timelines	90%	93%
Business systems are available within agreed priority timelines	95%	99.9%
Customer Satisfaction Score (CSAT)	70%	42%
Net Promotor Score (NPS)	0	-52
How Easy Is It To Work With Us (Effort)	62%	31%

Requests via the Service Now portal are monitored and reported on a regular basis. Throughout the year, this highlighted some improvements and recommendations in terms of providing clarity on logging calls accurately, appropriate escalation and communications. These will form part of the service improvement plan alongside the Customer Survey feedback. A monthly review, reporting to the

% of Incidents Resolved within Agreed Priority Timelines

PHS Business Co-ordination Group, identifies where there may be recurring issues and notes any impact, investigations, mitigations and solutions.

A dedicated support desk for O365 migrations and Teams was provided. As shown in the graph, in October, there was a significant increase in number of incidents raised regarding the O365 mail migration (> 200). This was a contributing factor to the breach incidents (35% of total calls). It was identified that many of these were due to the number of users not correctly following PHS instructions to ensure a smooth migration process. At the time, the priority for the engineers was to confirm users could log into the web application to ensure their migration was successful and access their emails.

In addition to monitoring breached incidents, the facility to provide instant feedback on any Service Now calls was made available in September*. As noted previously,

improvements are always being made to the portal however the results so far show the majority of these being rates Good or Excellent.

Service Now Portal Satisfaction*

In addition to dealing with incidents and requests daily, 11 PHS systems were retired with agreement from the PHS business leads, including removal of servers.

Covid-19 Response

Although not explicitly mentioned in the SLA, the innovation and extraordinary effort involved in the COVID-19 emergency response and onboarding large numbers of PHS staff. This involved user account setup and distribution of kit, often organised at short notice, to increase the capacity of available staff.

At the same time, DaS were also supporting NSS to setup the National Contact Tracing Centre and the staff to support Test and Protect, Microsoft 365 Mail, Microsoft Intune for device management and Windows Virtual Desktop. The team, alongside colleague in HR and Finance, onboarded large numbers of contact tracers, including PHS deployees, to support Test and Protect. The team supported the Covid-19 emergency response teams with the setup of new data linkages and reporting systems, 7 days per week. Furthermore:

- a Covid-19 Case Management System was developed at pace and rolled out to support Test and Protect activity and official reporting

- a Covid-19 Outbreak system to support outbreak management in NHS boards was developed and rolled out

To support Covid-19 enhanced surveillance, urgent work was done to create a new Occupational Covid-19 survey involving school teachers in Scotland which went live in September 2020, deployed in Azure. The uptake of the survey was high with 15,000+ participants. The development of Community survey followed as well as processing and linkage of recruitment of Health Care Workers survey data.

The team implemented a new efficient CHI seeding process for laboratory data used for emergency response, public health action and Test and Protect. They setup the secure transfer for large volumes of chest imaging data for Covid-19 research.

Throughout, our enterprise / solutions architecture, security, clinical informatics, information governance experts were providing an essential service at

considerable pace on solution design, risk assessments, vulnerability scanning, system security policies and data processing agreements. The DaS server, Cloud and data science platform engineers provided new infrastructure for data processing and analysis.

Finally, changes were implemented on all vaccination systems (Flu, Herpes Zoster, Pertussis and Rotavirus) in time for the new season as well as a system for Covid-19 vaccination registration and appointments.

PHS Data Systems

In December 2020, the Drug and Alcohol Information System (DAISY) was launched following intense, complex development and security compliance work. This was followed by further work to roll-out to additional settings and continual development. This was delivered despite the challenges of Covid-19 support required.

Introduction of a Change Control Board for PHS application portfolio. This will allow prioritisation for application change requests across PHS Directorates

PHS Systems Modernisation

The following were part of systems modernisation this year to improve security, resilience and performance:

- PHS (Oracle APEX) applications were moved to new virtual servers with significant data processing speed improvements
- Major work on the PHS & ISD website specifically on the search engine and usability design, accessibility testing for compliance and Cloud based configuration / standardisation
- PIPeR data system migrated to new server for failover resilience purposes
- SHPIR (Scottish Health Protection Information Resource) used by NHS boards was upgraded to an Umbraco platform
- The Scottish Bowel Screening System was improved with automation

People Services

A significant amount of work has been carried out around recruitment, induction and onboarding. This includes HR arrangements for existing staff to form the new organisation as well as bringing new staff in urgently to support the Covid-19 response. A Head of HR role commenced in January to support the overall delivery of People Services to Public Health Scotland.

Work continues to scope out responsibilities around Learning and Development and Health and Safety. These form part of the KPIs that were not reported this year.

SLA Key Performance Indicators and supporting narrative

	Target	Actual
HR Portal available 24/7	98%	100%
Acknowledgement of 'call' received within 1 day	100%	100%
Resolution of queries received for Tier 1 support within 3 days	100%	80.6%
Acknowledgement of Tier 2 query within 1 day	100%	100%
Resolution of queries requiring Tier 2 support (dependent on complexity) within 5 days	100%	69.5%
Respond to Freedom of Information requests within timelines	100%	100%
Respond to Subject Access Requests within timelines	100%	100%
Evaluation of new posts	20 days	97.2%
Re-evaluation and re-grading of posts	25 days	100%
Post Update Panels (15 days single – 20 days generic)	15 / 20 days	9 days
Case escalation to HR Case Management Advisor after initial triage – contact made within 3 days of request	100%	87%
Internal training programmes receive 3 or above rating for achieving objectives	3	4.29
Customer Satisfaction Score (CSAT)	53%	8%
Net Promotor Score (NPS)	-28	-88
How Easy Is It To Work With Us (Effort)	53%	4%

'Tier 1 & 2' calls volume reported through ServiceNow

A bar chart showing call volumes by month:
- June: 1
- July: 268
- August: 286
- Sept: 300
- Oct: 347
- Nov: 314
- Dec: 239
- Jan: 256
- Feb: 387
- Mar: 411

Call activity into HR is continually monitored to ensure delivery of level of service agreed. Reporting this accurately relies on requests being recorded through the appropriate process. Work was done to encourage this in Q3 and an increase in volume is evident into Q4. 1054 total calls were raised from PHS in Q4 alone.

Resolution of queries received at first touch for Tier 1 – target resolution within 3 days

Resolution of queries received at Tier 1 (3 days)

A bar chart showing resolution percentages by month:
- April: ~90%
- May: ~99%
- June: ~97%
- July: ~98%
- Aug: ~55%
- Sept: ~31%
- Oct: ~83%
- Nov: ~85%
- Dec: ~80%
- Jan: ~83%
- Feb: ~82%
- March: ~84%

We saw a delay with turnaround times in August and September which was identified as individuals requiring additional support with systems and access challenges during the O365 migration period. Following this, the standard automated processes were followed and call times reduced. The focus of requests fluctuated throughout the year however Notification of Change and Leave requests account for the majority of these enquires. 1054 total calls were raised from PHS in Q4 alone.

Using this information, the team look for ways to make improvements, which is why, is it vital to log these calls. Enquiries to HR are continuingly increasing as awareness of HR's Service Now offering is realised.

From this information and feedback, the team identified areas where further training and support would be well received. They worked hard to deliver a range of Systems and Process workshops for Managers with an aim of engaging, upskilling and supporting managers within their role, harnessing knowledge on corporate systems and process. The sessions covered Performance Management, Turas Appraisal, Recruitment, Notification of Change, eESS/reporting and SSTS

Covid-19 Response

An accelerated recruitment process was implemented as a result of the Scottish Government DL (2020) 10, to support NHS Boards to recruit returners and students and enable those recruited to return to the NHS to support efforts against Covid-19 in the most effective way. This has been used in PHS, particularly within Clinical & Protecting Health where support has been provided to implement this new process and ensure efficacy. In addition there has been:

- Engagement with NHS Forth Valley in the provision of a staff bank
- Recruitment, onboarding, induction and training played a significant part in terms of HR service provision specifically with the National Contact Tracing Centre (NCTC) and staff in the Clinical and Protecting Health Directorate
- Development and evaluation of NCTC job descriptions.
- Supported the timely interpretation, communication and application of all Covid-19 related guidance from SG

Recruitment

Throughout the year there were 92 jobs posted with 244 vacancies available. The workforce numbers have increased by 79 over the year 20/21 made up of 155 new starts and 76 leavers. The average time to hire is approximately 69 days. Work continues to identify key areas for efficiencies and process improvement to improve experience with the service. The recruitment team have been working closely with Clinical and Protecting Health Service Managers to ensure focus on a high volume recruitment campaign, the progress of recruitment and onboarding against their plan. Workshops were held to feed into the continuous improvement of the process. In addition:

- Delivered job description development and evaluation of the new Drugs Team
- Recruitment and selection campaign for PHS Senior Leadership Team positions
- 1-2-1 support provided to new hiring managers in PHS, supporting them in setting up on eRAF and the recruitment process
- Dedicated PHS recruitment sessions carried out and a live recorded will be posted on HR Connect

Significant and ongoing support has been given to Public Health Scotland for their ongoing recruitment activities. The team are supporting one particular recruitment campaign for PHS Analyst recruitment, traditionally a hard to fill post with a requirement for 90 vacancies across Bands 5 to 7. Working in a solutions focused way the team are working on the current approach to Analyst recruitment to review and re-design the process and to take a creative approach to assist with filling these vacancies.

Learning, Development and Organisational Development

Throughout 2020, 45 courses were available to all PHS staff and met the target of scoring 3 or above for the achievement of learning objectives. The programmes delivered include:

- Influencing
- Planning for Retirement
- Management Development
- Coaching Skills for line Managers
- Feedback skills
- Managing Teams Remotely
- Developing your team

Work continues to understand roles and responsibilities around L&D between both organisations.

In addition,

- From January to May 2020, the team developed and delivered a workforce support programme to support staff in the transition to the new public health body which included a blended learning approach
- Over the year, we worked in collaboration with PHS colleagues/stakeholders and external consultants to scope, design and develop and commission a bespoke leadership programme for PHS senior managers for over 90 managers with 3 cohorts and every participant attending 3 modules successfully launched commenced in March 2021
- The team supported the development of PHS values and Staff Charter
- Provided an OD consultancy and advice service to PHS colleagues e.g. scoped and implemented a development support plan for Clinical and Protecting Health-Health Protection for Service Managers and all staff (approximately 200)
- We integrated PHS/NSS coaching services including the coach resources and the digitalised communications through HR Connect. Coach matching has so far been taken up by 6 individuals from the Place & Wellbeing as well as the Clinical & Protecting Health Directorates
- Integrated the NSS corporate leadership offer with PHS to offer a variety of scheduled leadership events every month through 2020/21

Health Safety and Wellbeing (HSW) Support

Over the year we have been working with PHS on processes for reporting accidents/incidents, provides health and safety training and helped prepare the Health and Safety Policy. High level risk assessments were also completed.

Healthy Working Lives service support over 2020/21 included support with policy development, collaboration on a Health, Safety and Wellbeing transition and operation plan, 3 risk profile reviews, a safety gap analysis session with the HSW Committee and contribution to the review of 5 work instructions (DSE, Lone Working,

Stress and Mental Health, First Aid and Fire Safety). The team are represented at the PHS Wellbeing Co-ordination Group.

In the year 2020/21 there were 19 ServiceNow enquires for Health SW all replied to within the SLA timeframes. The main reason being Flu (6 queries) which includes registering for MyCohort account, 5 DSE enquiries and 3 enquiries around the safe return to the office.

No accidents were recorded for the period mainly due to the majority if staff working from home for the year. 2 incidents were reported one in relation to the securing NSS building in relation to developing situation within Glasgow City centre and one in relation to line manager being unable to contact a staff member for 2 days. All actions identified for these incidents were completed.

Finance

Effective financial management makes an important contribution to the delivery of PHS goals and to the success of the organisation. With this in mind, the first year has focused on a robust financial set up ensuring staff are paid correctly and on time, understanding budgets and priorities and financial planning/reporting. This has included, but not limited to:

- The translation of the overall PHS opening financial budget to Directorate and Service level budgets
- The completion of 3-year financial plan with Board sign off on 1st of April
- PHS close the fiscal year with an underspend, demonstrating great level of control and interaction between PHS and Finance
- Approval of Health Scotland annual accounts for 19/20
- Launch of teams channel for PHS budget holders to facilitate collaboration
- Training sessions provided on: accounts payable, accounts receivable, SSTS, eExpenses, charging rates
- Directorate specific PHS / NSS Finance engagement sessions to build relationships and develop PHS understanding of our operating model
- Launch of new feedback process for customers to further improve our service
- NSS Finance supported PHS in their role in SG Covid-19 response. This equated to £11m of expenditure during the year and resulting in an overhaul of previously planned priorities
- Secured additional baseline funding
- Established Covid-19 governance group
- Supporting PHS in transformation objectives

To oversee all of this, the team welcomed a Business Controller and a Business Partner who have proved to be invaluable to PHS over the last 6 months.

Key Performance Indicators (KPIs) and supporting narrative

	Target	Actual
Percentage of payments made within payment terms	80%	**88%**
Percentage of payments made within 30 days of invoice date (by volume)	85%	**72.8%**
Average response time for master file set up/amendment (1 day)	100%	**100%**
Number of days to reconcile AP to GL after the end of the month (10 days)	100%	**100%**
Average time to generate and dispatch invoice from request (2 days)	100%	**99.3%**
Average age of debt (45 days)	45	**57**

Average response time to customers (1 day)	100%	**89%**
Average time for customer master file set up/amendment (2 days)	100%	**100%**
Number of days to reconcile SL to GL after the end of the month (5 days)	100%	**100%**
Percentage of cash matched within 30 days of receipt	95%	**100%**
Invoices received in mail to registration (within 24 hours)	100%	**100%**
CHAPS and foreign payment requests processed on day of receipt	100%	**69%**
Capital charges processed by last working day of the month	100%	**100%**
Balance sheet reconciled by 15th of the month	100%	**91%**
VAT returns processed by 15th of the month`	100%	**80%**
All monthly paid employees paid on last Thursday of every month	100%	**100%**
Monthly PAYE and NIC paid to HMRC on 14th of every month	100%	**100%**
Pension paid to SPPA on 19th of every month	100%	**100%**
Monthly payroll output produced on Monday prior to pay day	100%	**100%**
Paper expense claims received at least 2 weeks before pay day processed	100%	**100%**
Monthly new starts received by cut-off date, processed in that month's payroll	100%	**100%**
Payroll interfaces updated day before weekly/monthly pay date	100%	**100%**
Customer Satisfaction Score (CSAT)	70%	**6%**
Net Promotor Score (NPS)	0	**-94**
How Easy Is It To Work With Us (Effort)	62%	**6%**

Percentage of payments made within 30 days of invoice date

The majority of payments that breached the target were issues with receipting on PECOS by those who raise Purchase Orders. Proactive engagement was undertaken by the Finance team across PHS to encourage faster receipting and facilitate quicker payment. This continues to be regularly monitored and the team have been looking at process improvements to make this easier.

Percentage of payments made within 30 days of invoice date (by volume)

Average age of debt

The increase in the average age of debt was largely due to the Travax system (where invoices are low value but numerous) as customers requested payment holiday breaks as no one is currently travelling. Our Credit Controller remains in discussion with the Travax team to resolve the situation.

Average age of debt (45 day target)

VAT returns

In quarter 2, the VAT returns were submitted by the HMRC deadline however, this was after the 15th of the month. There was no impact on PHS.

CHAPS payments

In quarter 1, there was an initial issue with the authorisation process. This was rectified in Q2.

Customer Engagement Survey

The survey was circulated to staff in November 2020 and following feedback, changes have been made to the service. This includes multiple engagement sessions and videos on processes and corporate systems (which were well received) and some new staff appointments to the team. Although customer survey results was poor, we want to continue to support colleagues on all aspects of finance and feedback will contribute to a service improvement plan based on this. We have subsequently implemented a live feedback survey for ServiceNow calls, and the average rating from launch to end of Q4 was 4.29 (out of 5), which translates to 92.11% customer satisfaction*.

*This is a mixture of NSS and PHS responses

Operational Facilities Management (Ops FM)

Ops FM saw buildings and services largely affected by the government lockdown throughout 2020. Any construction related work; visitors and contractors to site were prohibited or greatly reduced as well as dramatic decrease in the number of staff using our buildings. The priority was to create and maintain a safe working environment to support the delivery of key services. Consequently, work requests and fire risk assessments were unable to be delivered in entirety in Q1 and Q2 due to Covid-19 constraints.

Key Performance Indicators (KPIs) and supporting narrative

	Target	Actual
Work Requests completed on time within agreed priority timescales	96%	*81%
Planned Preventative Maintenance (PPM) schedule in place and delivered to plan	95%	*95%
Cleaning carried out to national cleaning standards	94%	95.5%
Management of works contractors that NSS has responsibility for to ensure successful delivery to time, cost and quality as agreed with customer	100%	100%
Fire risk assessment completed to plan	100%	81.2%
Customer Satisfaction Score (CSAT)	0	**0
Net Promotor Score (NPS)	0	**0
How Easy Is It To Work With Us (Effort)	0	**0

*Performance for Meridian Court and Gyle Square as systems are currently not set up to isolate between organisations

**survey specifically for Ops FM was not carried out this year due to Covid-19. Qualitative service feedback only

Work requests, PPM and Cleaning

Although the office portfolio was under-utilised, workload increased due to a regulatory requirement to deliver planned preventive maintenance (irrespective of utilisation) alongside changes as per Covid-19 advice. Some of these included:

- Increase in ventilation to ensure better airflow

- Cleaning increased to include touchpoints, provide deep cleans as well as regular cleans of our buildings.
- Implementing design adaptations including installation of signs, hand sanitising stations, protective screens and one way system
- Completion of building and Facilities Management services risk assessment to inform design review of buildings

Work Requests completed on time within agreed priority timescales (Meridian & Gyle) – target 96%

Planned Preventative Maintenance schedule in place and delivered to plan – target 95%

Cleaning carried out to national cleaning standards – target 94%

Management of works contractors

Although construction works were suspended earlier in the year, the redecoration of the PHS suites was completed. This meant that all contracts were delivered to schedule and exceeded across this year (based on additional requirements from Covid-19). In response to the pandemic, Ops FM reduced 'open' areas within Meridian Court and Gyle Square enabling a more concentrated deployment of resource to the other areas of the building, enhancing general cleaning in addition to decontamination cleans as required. Extra personnel were recruited in order to support this enhanced regime across the whole estate.

Fire Risk Assessment (FRA)

All buildings are subject to a FRA on an annual basis. However, Covid-19 restrictions caused a delay and this was complete in May 2020. As there was no significant structural changes, or changes in use of the premises, the Fire Manager was content with this. The Fire Manager was satisfied with the procedures in place and the position of NSS in relation to compliance to current fire safety requirements.

Looking into 2021

The Meridian Court lease break is due in 2023 and work is underway to look at opportunities, options and strategies around this.

The office portfolio continues to be under-utilised due to Covid-19 measures and the associated social distancing required. However, in preparation for some staff returning to the office, new arrangements are being scoped to embed pandemic response into core business for the Ops FM service.

Procurement Services

Throughout the year, the team have provided Procurement Services that operate under the priorities for public procurement with a focus on savings, regulatory compliance and sustainable procurement. Performance on the agreed KPIs are noted below.

Key Performance Indicators (KPIs) and supporting narrative

	Target	Actual
Financial - Delivery of PHS SavingsTargets	0	*0
Compliance and Governance - % contracted spend on Public Contract Scotland contract register	85%	94%
% of regulated procurements (i.e. >£50k) with sustainable outcomes delivered.	100%	100%
Ethical and Sustainability - Fair Work First - % of regulated procurements with FWF criteria	100%	100%
Customer Satisfaction Score (CSAT)	0	**0
Net Promotor Score (NPS)	0	**0
How Easy Is It To Work With Us (Effort)	0	**0

*no savings targets were agreed in 2020

**survey specifically for Procurement was not carried out this year due to Covid-19. Qualitative service feedback only

In addition to the 94% contracted spend; the team also achieved the following as part of the sustainability agenda:

- Procurement achieved accreditation for PHS as a Real Living Wage organisation in November 2020.

- The shared service agreement has enabled the Procurement Team to recruit a procurement graduate trainee

Compliance and Governance - % contracted spend on Public Contract Scotland contract register

- Cycle Scheme - a contract was put in place to provide PHS staff access to the Cycle to Work scheme promoting active travel

- As part of a recent contract award Capgemini has agreed to provide work experience placement to 3 school age individuals of up to 5 days each

- Ensuring paper for the PHS Baby Box is only sourced from FSC/PEFC certified suppliers.

Customer Feedback and Key Themes

Between December 2020 and March 2021, customer experience surveys were distributed to staff in PHS for Finance, People Services and Digital and Security. Although the response rate was low, each response contained several points and these have been analysed to obtain a clearer picture of key themes raised. This has proved to be a useful exercise to understand where there may be pain points and where we are working well together. Please note that this summary report only provides an overview of what customers have said and that further exploration will be carried out as we consider service improvement plans.

'I hope this feedback helps - I'm keen to help the Service improve'.

SHARED SERVICES COMBINED FEEDBACK KEY THEMES

- Lack of Co-Design 3%
- Other 7%
- Response Times 13%
- Language 3%
- Communication 4%
- Capacity Issues 7%
- Disjointed Service 6%
- Tickets Closed Early 5%
- Online Portals 6%
- Customer Service 9%
- Positive Comments 8%
- Lack of human contact 13%
- Guidance/Information 16%

Lack of Guidance and/or Information is Difficult to Find

'The support and guidance provided has been completely inadequate'. Feedback would suggest that most people are in agreement with the self-service approach, but would prefer to have some more support for new recruits or new managers 'I'm all for being self-sufficient but support is needed initially' and require clear guidance on where to go for self-help information, with much of the information seemingly difficult to find 'Not always easy to find what is required on Service Now'. Of all the combined feedback received from survey respondents 16% mentioned that the information they need is difficult to locate. It was the main issue for both Finance and People Services at 20% and 24% respectively. However, only 3.9% of DaS customers reflected on this within their feedback. A key point made was that new members of staff did not have adequate information or support with systems and processes and they are unsure of where to go to obtain this ('lack of clarity about who does what'). It was pointed out that since people are no longer working within an office

environment, they no longer have people sitting close by, whom they might normally ask for ad-hoc support and therefore staff are now more reliant on formal processes for this. 'We require more help at the moment due to not being in the office - usually we could ask people around us for potential solutions, nobody has that - so all we have is the support desk'.

Lack of Human Contact

'A dashboard isn't going to answer all our questions'! 13% of respondents are concerned about the lack of human contact/support. This was an issue which was shared across each service. It was mentioned within 12% of the comments for Finance and People Services and 16% within DaS. In contrast, only 6% of NSS staff reported this as an issue (internal customer satisfaction survey 2021). This might suggest that either NSS staff are either more used to the self-service system or have a smaller percentage of new starts (who typically require more support). 'Previously I could approach someone from the HR team in person' The comments would suggest that the truth is a combination of these. Despite PHS staff being frustrated at the lack of human contact, the underlying issue seems to be more about having their questions answered and issues resolved in a timely manner and less about personal relationships. That being said, there does seem to be a sound argument for finding the balance between human contact and the digital Service Now approach, especially for new members of staff who, as mentioned above, require more initial support. 'Not being an IT specialist, I would find it easier to speak with someone and perhaps share my screen, than attempting to type something onto a Service Now request template in a way that makes sense for the recipient.' Some of the comments suggest that the inability to speak to someone is causing delays as they are unsure what information they should include about their issue and at times, which service they should direct their request to. This could be rectified by having a more user friendly portal, clear guides for new staff and managers and faster response times to queries.

Slow Response Times

'Whilst it is straight-forward to raise a ticket (and I like this process), the time I've waited to have my query, issue resolved is not good'. An average of 12.5% of responses mentioned slow response times. This is a key frustration for PHS staff and is something which applies to each service to varying degrees. It is a significant area for DaS with 19% of respondents frustrated by the slow response rates, more so than any other issue. 12% mentioned response times in relation to People Services and 6.6% for Finance. Some of the frustration around this would seem to come from a lack of communication, whereby people are waiting for a response and are unsure if action is being taken behind the scenes, or that an operator gets in touch with them to ask question and then fails to respond for long periods of time. It would certainly seem that improved and more frequent communication with staff raising queries would reduce this frustration. Moreover, people seem to be unsure about the prioritisation system and often feel that they are being prioritised wrongly. This can be due to the customer incorrectly completing the request and therefore perhaps the system for prioritising requests could be made clearer. A common theme within this was tickets being closed before resolution and 5.5% of respondents mentioned this specifically. Again, staff have suggested that this could be resolved by improving channels of communication and perhaps asking if they are happy with the resolution before officially closing the ticket. Somewhat surprisingly, NSS staff report that response times are more of an issue for them with Finance and People Services with 16% and 17% mentioning it, with only 9% of NSS

staff highlighting this for DaS. This would suggest that there is an opportunity for all services to work together to improve this. In relation to this, 2% of the comments in the DaS survey and 3% in the People Services survey highlighted the view that these services lacked the capacity to support them adequately 'I would score higher if the team had a little more capacity. Key people seem stretched to the max'. This was highlighted even more (6%) for People Services internally.

Customer Service

'Feels very task focused and not at all customer focused'. There is no set definition for customer service, but generally people assume that good customer service includes efficiency, problem resolution and would include staff values such as empathy and the willingness to go the extra mile. 9% of the PHS staff who responded specifically mention receiving a poor standard of customer service. This figure is pretty similar for all services with 12% for Finance, 7% for People Services and 8% for DaS. Some comments relate to staff values and the general approach of the service staff, such as 'Please be more personable.' or 'Become more approachable, every experience I've had I felt I was a nuisance and that my query wasn't important.' It is felt that, at least in part, services lack a personal touch and perhaps don't take ownership of queries and issues where they should 'Greater focus on helpful problem solving rather than number of tickets completed.' However, there were also very positive experiences of customer service reported, with many respondents happy with how their query was handled, including the helpful nature of the staff they had dealt with 'On an individual basis the people are really helpful'. In contrast, only 4% of respondents to the NSS surveys commented specifically on receiving poor customer service.

Communication and Jargon

'Make it clearer and less jargon so people understand what the offer is'. Lack of communication seemed to be a cause of the frustrations PHS staff felt in relation to response times (above), however communication and use of language was also directly mentioned within 7% of the comments received. Mostly, these were in relation to the use of jargon 'It's very difficult when completing the ServiceNow criteria because it appears to me to be in IT "speak"' and a lack of dialogue when issues have been raised 'I would like to see better communication when calls are being worked on/investigated'. Both language and communication was more of an issue for Das customers (13%) when compared to Finance and People Services (5% and 3%). It is more of an issue for customers within NSS, who mentioned communication and language within 22% of the feedback in the internal DaS survey, 6% for Finance and 8% for People Services. Much of this could be quickly improved by revisiting the language used across the online portals, including widely used acronyms such as 'SBU' and promptly following up with people when they raise an issue – even if that is simply providing them with a timeframe for response.

Issues with Portals

'The challenge is with the systems not the people'. The customer experience of using the various online portals varied across each service, with most of the comments relating to

People Services and more specifically HR Connects (11%). Staff state that the system is not 'user friendly' and often find it difficult to locate things. An average of 9% of all comments relate to Service Now, for similar reasons. 'I sometimes find Service Now a bit difficult to navigate when I have a simple question'. Some customers are unclear of which portal they should use and at times, which service their query should be directed to. The comments would suggest that having multiple portals is confusing for people, particularly for those new to the organisation and therefore more guidance or an overall simplification of these systems is required to improve the customer experience. There would be opportunities here to co-design solutions with those who are accessing the various systems on a regular basis.

Disjointed Service

'sometimes when you do eventually get someone they tell you they can't help have to pass you on'. The issues with various portals has been one cause of staff feeling that the service they are receiving is disjointed and around 6% of comments highlighted a sense that the service feels disjointed. This related to the perception that services work in silos, rather than in collaboration. For example, if an issue is raised to the wrong service, the customer waits for a response only to be advised that they need to begin the process again with another service. This results in delays and frustration as often it is unclear to the customer which service is responsible. 'Having systems that are more connected with each other would be useful'. Ideally, the customer would raise a query/issue and not necessarily need to know where or who will resolve it. In particular, receiving a disjointed service seems to be more of an issue for new members of staff and/or people new to management positions, where perhaps there is less knowledge of the various systems and processes. 'A more joined up process for new starts would help'. Some staff feel that there is a lack of consistency within each service 'information /guidance provided can be inconsistent'. However, the perception that services are not joined up is more of an issue for internal customers, where 8% of comments received highlighted this as an issue. This is certainly an area where services can work together to improve and although it is still a minor issue for DaS customers (2.2%), in the main the greatest challenge here is between Finance (7%) and People Services (13.5%).

Co-Designing Services

'Talk to your customers before you make changes to ensure they will work' Giving customers the opportunity to co-design the services they receive could eradicate some of these issues entirely and there would seem to be an appetite for this from the customer perspective. It would seem that many of the systems and processes have not been designed from a customer perspective, which has led to many of the challenges customers are facing. 'The systems…. do not seem to have been designed or tested with the user in mind'. It is important to utilise this desire for customer involvement whilst it is there by developing customer focus groups, customer insight groups and establishing continuous dialogue with customers. To that end, it is crucial that all customer feedback is listened to and acted upon to ensure people remain engaged in this process. 'we've raised so many of these things already and they are not acted on'. Around 4% of comments received from PHS were about the perceived lack of co-design opportunities or the desire to be involved in improving the service. On the whole, it is clear that PHS staff are ready and willing to work together to help ensure corporate shared services are as good as they can be. 'I hope this feedback helps - I'm keen to help the Service improve'.

What's Working Well

'Have dealt with things fairly promptly (sometimes extremely promptly) and very courteously'.
The summary of responses above may give the impression that all customers are unhappy
and frustrated with the service provided. In fact, an average of 8% of respondents spoke
positively about the service they have received, most notably when they had the opportunity
to speak to someone in person, either via quick digital chat or on the phone. 'Where I've had
phone calls from staff they have been really good very helpful and proactive'. There was also
recognition of the unprecedented circumstances last year and people were thankful of the
service they had received despite this 'Overall very satisfied as it's clear a lot of work has
gone on to provide support to staff during the pandemic'. It is clear that there are many staff
who have went above and beyond to support customers during what was a tumultuous time
for both organisations.

In terms of the volume of positive comments DaS received the highest at 14.5%. People
Services had 5% and Finance had 4%. In comparison, there was a significant difference in
positive comments received from NSS staff. In the recent internal staff satisfaction surveys
there was an average of 21% positive comments found within the feedback, which was
spread evenly across the services. Finance – 21%, People Services 19%, DaS 22%. The
reason for this difference is not clear and is likely to be the result of a combination of factors.

Next Steps

There are plenty of positives to take from this recent customer feedback. The relative infancy
of PHS as an organisation, the recruitment of new staff in unprecedented numbers and the
global pandemic has created a maelstrom of challenges to delivering the high standard of
customer service NSS Corporate Shared Services strive for. There are many opportunities
for improvement and much of that will happen naturally as these challenges begin to
dissipate. There are other areas where the improvement process has already begun such as
developing a manager's guide to processes and increasing accessibility of online portals.
Some of the issues raised seem to be a consequence of respondents not having an
understanding of the service they should be expecting, more specifically regarding response
times and the digital first approach. There will be opportunities to better inform and reset
expectations, whilst reiterating the responsibilities PHS staff need to fulfil. Such as providing
a detailed description when an issue is raised, or raising an issue at the earliest opportunity.
Finance, People Services and DaS will be utilising the feedback provided and where
possible working together with PHS develop improvements within each service. Evidently
PHS staff are keen to be involved in making services better which makes co-producing
improvement solutions both preferable and possible.

NSS Shared Services

Key themes by Service

PEOPLE SERVICES

- Other 11%
- Co-Design 3%
- Positive Comments 5%
- Tickets Closed Early 5%
- Disjointed Service 5%
- Customer Service 7%
- Online Portals 11%
- Lack of Guidance 25%
- Human Contact 16%
- Reponse Times 12%

DAS

- Other 9%
- Lack of Guidance 4%
- Language 6%
- Online Portals 6%
- Comunication 7%
- Disjointed Service 7%
- Customer Service 8%
- Tickets Closed Early 8%
- Response Times 19%
- Positive Comments 14%
- Human Contact 12%

FINANCE

- Communication 4%
- Other 9%
- Positive Comments 4%
- Disjointed Service 5%
- Knowledge Gaps 5%
- Co-Design 7%
- Response Times 7%
- Customer Service 12%
- Lack of Guidance 20%
- Staff Shortages 15%
- Human Contact 12%

Public Health Scotland
Shared Services Planning Group

Terms of Reference

DOCUMENT CONTROL SHEET:

Key Information:

Title:	Public Health Scotland Shared Services Planning Group
Document Reference:	
Document Filename:	21-07-09 Public Health Scotland Shared Services Planning Group TOR v0.3
Date Published/Issued:	
Date Effective From:	
Version/Issue Number:	0.4
Document Type:	Governance
Document Status:	Draft
Author:	Fiona Callan, Shared Services Manager, National Services Scotland
Owner:	Fiona Callan, Shared Services Manager, National Services Scotland
Approver(s):	Fiona Callan and Vicki Bibby
Approved by and Date:	TBC

Revision History:

Version:	Date:	Summary of Changes:	Name:	Changes Marked:
0.1	26/05/20	First draft	Fiona Callan	N/A
0.2	23/06/20	Second draft – update to 'Purpose' following NSS EMT governance approval	Fiona Callan	Clean
0.3	23/03/21	Third draft – update to include review of customer feedback	Gavin Paterson	Clean
0.4	09/07/21	Fourth draft – changed to 'Planning Group' and added comparison table to the BCG	Fiona Callan	Clean

Approvals: This document requires the following signed approvals.

Name:	Title	Date:	Version:
Vicki Bibby	Director of Strategy, Governance and Performance, PHS		
Fiona Callan	Shared Services Manager		

Distribution: This document has been distributed to:

Name:	Title/SBU:	Date of Issue:	Version:

1.	**Purpose of the Group**

The Public Health Scotland (PHS) Shared Services Planning Group provides governance, accountability and assurance to the NSS Executive Management Team and the PHS Senior Leadership Team on the delivery of Corporate Shared Services to PHS.

Its purpose is to ensure that there is alignment with the delivery of Shared Services to organisational strategies and plans and enable objectives to be met. The group provides advice on prioritisation and decision making by balancing service provision with demand and customer needs.

2.	**Role and Responsibilities of the Group**

The fundamental role of the Shared Services Planning Group is to provide a forum for collaborative working between PHS and NSS on the delivery of Shared Services.

The group is responsible for:
- Ensuring the smooth and successful transition of services and working together to co-create and embed the Shared Services solution
- Working jointly to continually assess and further improve the quality, value and efficiency of services
- Highlighting risks and issues relating to service delivery
- Defining and understanding PHS future and evolving service needs and demand to ensure resources are aligned to support delivery
- Ensuring customer feedback is responded to and if necessary acted on
- Discussing and agreeing any new opportunities for shared service provision.
- Planning and co-ordinating the delivery of services jointly across the shared service provision
- Contributing to the regular SLA review meetings to assess performance
- Ensuring that any conflicts that have not been resolved in a timely manner are addressed effectively
- Encouraging and supporting collaborative working across both organisations

The differences between this group and the PHS Business Co-ordination Group can be found in the Appendix.

4.	**Membership**

The PHS Shared Services Planning Group membership comprises of representation from across NSS and Public Health Scotland.

The core members are:
- Fiona Callan, Shared Services Manager, NSS
- *Vicki Bibby, Director of Strategy, Governance and Performance, PHS
- Gavin Paterson, Customer Relationship Manager, NSS
- Liam Spence, Head of HR, People Services, NSS
- Bev Wayne, Business Partner, Digital and Security, NSS
- Kris Lindsay, Business Partner, Procurement, NSS
- Ana Vercosa, Business Partner, Finance, NSS
- TBC, Operations Facilities Management, NSS
- Confirmation as to who should attend from the PHS team (Jo, Monica, Jim etc.?)

The core membership will be supplemented with Service or Organisational Lead where required.

5.	**Governance**

The group is accountable to the NSS Executive Management Team and the PHS Senior Leadership Team.

6.	**Meetings**

Meetings will be held via Teams. The group will meet quarterly.

- Q1 – last week in June
- Q2 – last week in September
- Q3 – first week in December
- Q4 – last week in March

In the absence of the Chair, XXXX will deputise.

7.	**Action Notes, Agendas and Papers**

The chair will ensure agenda, papers and action notes are distributed five days prior to each meeting. Action notes will be drafted and agreed by the Chair prior to circulation no later than one week after each meeting.

8.	**Review**

The PHS Shared Services Planning Group will review its Terms of Reference on a 6 monthly basis.

Appendix

Area	Shared Services Delivery Group (NSS Led)	BCG (PHS Led)
Membership	NSS BPs and PHS Org Leads	NSS BPs, PHS Org Leads, Strategy, Governance & Performance Senior Team, Directorate Reps
Purpose	Ensure we have alignment between corporate shared service provision and PHS deliverables – forward planning	Oversee PHS Business Operations – extends beyond Corporate Shared Services (we provide updates to this group)
Operational Issues	Assurance that issues that have been escalated are dealt with and investigating whether these are part of a bigger problem / solution (across services for example)	Escalation for PHS staff or triage to other services. Operational managers to raise Co-creating solutions
Risk	Management / mitigation of risk	Discuss and raise risks
Planning	Sharing longer term plans to determine future service needs, demand and resource (i.e. PHS digital strategy, transformation plan) Plan where services can be jointly delivered (with PHS or across services i.e. Learning & Development)	This doesn't seem to be in scope
Service Improvement	Reviewing & acting on customer feedback collectively	PHS providing feedback, NSS providing updates on any improvements
New Opportunities	Discuss new shared services opportunities with PHS or where there might be gaps we can help with	This doesn't seem to be in scope

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	Thursday, 30 September 2020
Title:	Digital and Security COVID-19 Programmes Update
Paper Number:	B/21/49
Responsible Executive/Non-Executive:	Deryck Mitchelson, Digital and Security Director
Report Author:	Karen Young, Portfolio Services Director (Interim) & Shelley Brackenridge, Digital Office Director

1.   Purpose

Digital and Security were requested to present the status and key deliverables of the national Programmes & COVID-19 Portfolios to the Board for scrutiny. The programmes included are -

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

2.   Recommendation

The Board are asked to scrutinise the report and consider and raise any concerns.

3.   Discussion

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

Current Overview, Status and Financial summaries follow overleaf: -

COVID-19 Portfolio

Background

Digital and Security have delivered an extensive portfolio of capabilities and services to support the National pandemic response throughout 2020 and progressing in 2021. It is expected that delivery will continue throughout the financial year with agreed envelop of funding for resources projected through to April 2022.

Status

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

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

National Testing

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

COVID Genome Sequencing laboratory data – we have been building and testing a new technical solution with GGC and Lothian Labs to capture new test data required and stored within NSS Azure Cloud.

Vaccinations

The National Vaccination Scheduling System (NVSS), which went live in February, continues to be improved and has now overseen the scheduling of more than 6M dose appointments across Scotland. This is supported by the Vaccination Hub with real-time data, Dashboards to inform SG and Health Board planning. These include data and reports on scheduling, vaccination and Do Not Attend (DNA). A fully digital solution was launched to support scheduling in May for under 30's and extended more widely with latest releases in July. Digital solution is now being progressed as an 'agnostic solution' for winter flu and COVID-19 booster vaccinations.

NSS continue to provide considerable levels of resource and support for new requirements and existing products, which are now in BAU. We have implemented a robust service management process for change and a programme on continuous improvement to strengthen the BAU processes and service.

Urgent work was required to allow registration of 16 to 17 year old and 12-15 year old specific cohorts for COVID Vaccinations. Further high priority development now needed for COVID and Flu vaccine for Tranche 2 deliverables for self-registration, scheduling appointments for priority group, such as HCSW going live in September also.

Hospitality

The recent relaxation of COVID-19 protection levels has seen a signification increase in the use of the check-in Scotland application, which NSS implemented. The application is fully integrated with the contact tracing system and we a seeing a substantial increase for requests for this data from contact tracers as the number of positive tests is increasing.

COVID Certificates for International Travel
NSS is leading on the implementation of the smartphone application that will support International travel and have access to vaccination and testing records.

QR codes have enabled vaccination passports to be managed digitally and initial capability was launched in August with COVID Vaccination Certificate capability providing citizens with a printable or downloadable QR code early September.

Further improvements will see the launch of the app in late September.

Additional process improvements are being explored to ensure the solutions deployed can be leveraged to address issues such as cross border issues where citizens may have received vaccination out with Scotland but require to consolidate their clinical vaccination data in order to attain certificates to progress internationally but also potentially for domestic requirements.

Risks
Whilst delivery continue to meet the commitments, the increased demands and lack of prioritisation continues to put pressures on a stretched team. Ability to plan further is required and good progress on agreed financial envelopes associated with resourcing plus portfolio level coordination and reporting remains key to success.

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

e-Rostering Programme

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

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

Status
The overall RAG status of the Programme is **Red.**

The Programme has now completed the "Due Diligence" report which has been issued to NSS CEO for review. As part of this phase of work, significant activities have taken place on commercial agreement, with full support and engagement from CLO colleagues. Discussions have also taken place with 14 of the Boards to date, on implementation resourcing and funding.

To mitigate concerns that had been raised regarding system functionality, the original technical group who were involved in the procurement evaluation will be engaged to work with the supplier to get to an agreed mutual understanding.

To address capacity concerns and scope, the Programme Team are engaging with all Boards, and seek to understand those who wish to be early adopters to allow them to make early progress. There may be some delay and deferral in some areas, to accommodate local Board priorities, but the delivery profiles will require to be aligned within contracted position. Nursing workforce will be a priority.

Critical to adoption of the system is the development of an interface to the payroll system, to remove the need for Boards to "double key" data. The NSS Architecture Team are leading on this.

The interface development is key, and we are looking to commit to a timescale.

Providing agreement is secured on commercials then we would be looking to recommend signing the contract at Chief Executives meeting on 12 October. This would be supported by the Due Diligence report, confidence over functionality, revised planning and commitments in respect of the interface. All of these elements require being in position to recommend contract signature.

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

National PACS Re-Provisioning Programme

Background
In April 2020, the Digital Health and Care Directorate in Scottish Government, commissioned NSS to carry out the PACS Re-Provisioning Programme with the aim of having new contractual arrangements for a "Once for Scotland" PACS system before the end of January 2023. A PACS Re-Provisioning Team and a PACS Re-Provisioning Board were established in 2020. Both are accountable to the newly formed Enabling Technologies Board (ETB). The ETB is accountable to the Digital Health and Care Strategic Portfolio Board who will provide ultimate sign off for the PACS Reprovisioning Outline Business Case and Full Business Case.

Status
The overall PACS Re-Provisioning RAG status is **Green.**

All key deliverables remain on track in this Phase 1 - Pre-Procurement Stage and the programme is still on schedule to go to advert in January 2022.

The Requirements Validation activity has continued and will go to the PACS Re-Provisioning Programme Board on 23 September for approval.

The Outline Business Case work is a key focus and it is intended that this will be submitted for approval by the PACS Re-Provisioning Programme Board in September. The OBC will then be presented to the relevant Digital Health & Care, Finance, Diagnostics and NSS governance groups before going to the Digital Health and Care Strategic Portfolio Board on 8 December 2021 for final approval.

The contracts and procurement preparation activities are continuing in parallel and an OGC Gateway Review 2 is scheduled to take place on 8th/9th/10th November.

Budget
The Programme team budget for 2021/22 is £570k. The forecast is currently showing a slight underspend.

Phase 2 Local Health Board PACS V12 Technical Refresh Programme

Background

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

Status

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

The Programme is currently on schedule with 17 out of 22 project implementations complete.

The most recent PACS Implementation was in NHS Tayside, which was a consolidation from 3 PACS sites down to 1 PACS site. This implementation was a success thanks to the hard work and collaboration of all parties involved (Health Board teams, NSS PACS Team, Supplier).

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

The Go Live dates for the remaining sites are as follows:
- NHS Golden Jubilee – 1 September 2021 (at risk due to Local RIS implementation). All PACS V12 technical activities proceeding to plan but final Go Live date will alter to November at request of GJ.
- NHS Ayrshire & Arran (consolidation 2 sites to 1 site) – 27 October 2021.
- NHS Western Isles – 27 October 2021 (at risk due to Local RIS implementation project delays). PACS V12 Project kick off meeting took place on 24 August. NSS pushing for a PACS Go Live date by end of February 2022 but this still needs to be agreed between all parties.
- NHS GGC North (GRI and Gartnavel consolidation 2 sites to 1 site) – 13 November 2021.
- NHS GGC South (QUEH, Royal Hospital for Children and INS consolidation 3 sites to 1 site) – 19 February 2022.

Budget

The implementation budget for 2021/22 is £124k and forecast spend is currently on track. The supplier (Philips) charges for the Phase 2 implementation (£8.171m) are fixed price and remain on budget.

CHI/Child Health Systems

Background

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

Status
The overall RAG status of the Programme is Red.

The Programme's timeline is no longer on schedule as updated planning information from the SCPHWS Supplier showed a high number of tasks slipping. This slippage is exacerbated by the need to have multiple and lengthy fix/test cycles due to the high number of defects. Latest (unmitigated) forecast delivery date for Child Health slips from July 2021 to late November 2021, therefore likely to be before early 2023.

NHS quickly identified a number of mitigating actions to limit slippage to 1 month, but these require Supplier commitment. Fortnightly escalation meetings are taking place between the Project Executive (Scottish Government) and the Supplier's Managing Director. Supplier considering what they can do to improve quality, with an initial proposal under consideration to determine any positive impact on the forecast delivery date. Discussions are ongoing.

The CHI & GPPRS Project has successfully gone live with its 3rd deployment and is on schedule. Options on decoupling from Child Health are being considered, however the intent is that July 2022 will see the Legacy Child Health systems replaced with SCPHWS system and full go-live for New CHI and GPRS, with Legacy CHI decommissioned in November 2022.

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

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

Status - Commercial in Confidence

The overall RAG status of the Programme is Amber.

The final Accreditation of all Tranche 1 go-live functionality of the Cegedim system is in progress and should complete by the end of September 2021. Once successfully completed GP cohorts will be able to select Cegedim via Direct Award.

The EMIS development activity continues to be slower than expected, however they have completed development of the first code drop. In July, they were moved by the GP IT SMB to Red status due to lack of detail in their delivery plan. A new plan has now been supplied and EMIS will remain at Red RAG status until such time as their fully scoped plan is approved and there is evidence of consistent delivery against that plan, which targets Summer 2022 for first deployment.

Eva are not actively developing to the Scottish specification due to prioritisation of GP IT Futures developments, but remain on the GP IT Framework at present. The situation continues to be monitored.

Boards are still working on cohort formation and considering their position in relation to Direct Award, with one health board actively pursuing Direct Award from October 2021 and deploying as soon as possible thereafter.

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

National O365

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

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

Phase 3 of the Programme is underway with Programme Director under recruitment. Phase 3 planning workshops are scheduled with the Boards from September and to support this, simplified plans have been requested from Microsoft and shared with Boards. As Phase 3 is a Time & Materials contract, any "scope creep" will incur both cost and extension of timescales, therefore agreement and strong governance are critical to successful delivery.

Data Migration is a key work-stream within Phase 3, which will be progressed with pilot Boards. Environments have been stood up in each pilot board, with testing activities due to commence in 2 weeks' time.

Focus is also turning to how to exploit the PowerApps capability, with 5 initial candidates identified.

Timely local License management remains a concern with significant disparity between numbers licensed versus active licenses and continues to require sharper focus to improve this.

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

Cyber Centre of Excellence (CCoE)

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

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

The Centre is being delivered in three phases. Phase One (NSS coverage) is largely complete, bar some technical procurement of cyber security. NSS baseline funding has allowed for initial recruitment which will completed in July. Phase Two (North Region) has commenced, with engagement with all six North Boards focusing on Network and Information Security (NIS) Regulations compliance improvement.

Phase Three (rest of Scotland and Social Care) stared July 2021, with engagement and scoping exercises being carried out leading to a suitable service model and related governance and reporting being established this financial year.

The physical premises collocated on the Abertay University Campus was announced in September with Steven Flockhart able to promote the facility and the plans via media and social media channels early September.

Budget
SG has indicated that the CCoE will be fully funded beyond Phase One. Programme budget for 21/22 is confirmed with SG having initially allocated £420k. Further funding is anticipated this financial year but is predicated on successful formulation of an acceptable service model and governance arrangements being agreed.

4. Impact Analysis

4.1 Quality/ Patient Care
Scope captured in Programme governance

4.2 Equality and Diversity, including health inequalities
An Equality Impact Assessment has not been completed in support of this paper but each programme will manage its own assessments.

4.3 Data protection and information governance
There are no specific data protection or information governance impacts resulting from this paper but each programme will manage its own assessments.

5. Risk Assessment/Management

Risks will be managed within each Programme and any overarching risks are included in the NSS risk review

6. Financial Implications

Budget information is included above

7. Workforce Implications

Resource plans are managed within each Programme.

8.   Route to Meeting

Regular reviews are conducted fortnightly as part of NSS PSG and DaS include status updates as part of all Board packs

9.   List of Appendices and/or Background Papers

None

NSS BOARD PROGRAMME 2021-22
(as at 13.9.21)

Date of Meeting	24/03/2021	Responsible Officer	Author	25/06/2021	Responsible Officer	Author	30/08/2021 (additional meeting single item agenda)	Responsible Officer	Author
Apologies/Additional Attendees	Audit Scotland/Scottish Government			Audit Scotland/Scottish Gov/5 x NSS Staff			Audit Scotland/Scottish Government		
FOR APPROVAL									
Standing Items	Draft Minutes from previous meeting	Keith Redpath	Board Services	Draft Minutes from previous meeting	Keith Redpath	Board Services	Draft Minutes from previous meeting	Keith Redpath	Board Services
	Actions from previous meetings	Keith Redpath	Board Services	Actions from previous meetings	Keith Redpath	Board Services	Actions from previous meetings	Keith Redpath	Board Services
				NSS Annual Accounts**			NSS Annual Accounts**		
	Standing Financial Instructions Review/NSS Strategy Update	Carolyn Low Mary Morgan	Laura Howard Matthew Neilson	1. Corporate shared services - Fiona Callan. 2. RIDDORS (OHSAC)					
Additional Requests									
Items moved or deferred									
FOR SCRUTINY									
Standing Items	NSS 5 Year Plan	Colin Sinclair	Matthew Nielson	End of Year Performance Report	Lee Neary	Matthew Neilson			
	NSS AOP/Remob 21/22	Colin Sinclair	Matthew Neilson	Register of Interests (6 monthly)	Keith Redpath	Board Services			
	Review of Risk Appetite	Matthew Neilson	Marion Walker	Committee Annual Reports	All Committee Chairs	Board Services			
	Public Sector Equalities Duty	Matthew Neilson	Louise Maclennan						
	Fraud Training (2 year cycle)	Gordon James	CFS						
	Chair's Report	Keith Redpath	Keith Redpath	Chair's Report	Keith Redpath	Keith Redpath			
	Chief Executives Report	Mary Morgan	Mary Morgan	Chief Executives Report	Mary Morgan	Mary Morgan			
	Finance Report	Carolyn Low	Finance	Finance Report	Carolyn Low	Finance			
	Performance Report	Mary Morgan	Matthew Neilson	Performance Report	Lee Neary	Matthew Neilson			
	People Report	Jacqui Jones	HR	People Report	Jacqui Jones	HR			
	Digital and Security Report	Deryck Mitchelson	DaS	Digital and Security Report	Deryck Mitchelson	DaS			
				***Update on Sturrock Action Plan	Jacqui Jones				
Additional Requests	Cyber Security Excellence Centre	Deryck Mitchelson	Scott Barnett	Corporate shared services*	Lee Neary	Fiona Callan			
	New Ways of Working	?	Matthew Neilson						
Items moved or deferred				*deferred to September meeting per Fiona Callan					
				** deferred to extra meeting in August per Audit Scotland					
				***Update on Sturrock Action Plan - deferred as needs to go to EMT in August first per JJ					
FOR INFORMATION									
Standing Items	NSS Policies			NSS Policies					
	Draft and Approved Minutes from all Board Committees			Draft and Approved Minutes from all Board Committees					
Additional Requests									
Items moved or deferred									
Notes:				CNORIS report circulated for comment 22.6.21					

NSS BOARD PROGRAMME 2021-22
(as at 13.9.21)

Date of Meeting	30/09/2021	Responsible Officer	Author	02/12/2021	Responsible Officer	Author
Apologies/Additional Attendees	Audit Scotland/Scottish Government/Sasha Hudekova			Audit Scotland/Scottish Government		
FOR APPROVAL						
Standing Items	Draft Minutes from previous meeting	Keith Redpath	Board Services	Draft Minutes from previous meeting	Keith Redpath	Board Services
	Actions from previous meetings	Keith Redpath	Board Services	Actions from previous meetings	Keith Redpath	Board Services
	RMP4 - In Private Session for approval	Mary Morgan	Lee Neary			
Additional Requests						
Items moved or deferred						
FOR SCRUTINY						
Standing Items						
	Chair's Report	Keith Redpath	Keith Redpath	Keith Redpath		
	Chief Executives Report	Mary Morgan	Mary Morgan	Chief Executives Report	Mary Morgan	Mary Morgan
	Finance Report	Carolyn Low	Finance	Finance Report	Carolyn Low	Finance
	Performance Report	Lee Neary	Matthew Neilson	Performance Report	Lee Neary	Matthew Neilson
	People Report	Jacqui Jones	HR	People Report	Jacqui Jones	HR
	Digital and Security Report	Deryck Mitchelson	DaS	Digital and Security Report	Deryck Mitchelson	DaS
Additional Requests	Corporate shared services* from June meeting	Lee Neary	Fiona Callan			
	National Care Service Consultation - T McHugh	Lee Neary	Tom McHugh			
				Sturrock Report Update	Jacqui Jones	Jacqui Jones
Items moved or deferred						
FOR INFORMATION						
Standing Items	NSS Policies			NSS Policies		
	Draft and Approved Minutes from all Board Committees			Draft and Approved Minutes from all Board Committees		
Additional Requests						
Items moved or deferred						

Notes:

Minutes
(Approved)

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND FINANCE, PROCUREMEMT AND PERFORMANCE COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 11 MAY 2021 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

B/21/51

Present:

Mr Mark McDavid – Non-Executive Director and Committee Chair
Ms Julie Burgess – Non Executive Director
Mr Ian Cant – Non-Executive Director
Ms Lisa Blackett – Non-Executive Director
Mr Gordon Greenhill – Non-Executive Director
Mr Keith Redpath – NSS Chair

In Attendance:

Mr Gordon Beattie – Director of National Procurement
Mr Gordon James – Director of Procurement, Commissioning and Facilities
Mrs Carolyn Low – Director of Finance
Mrs Mary Morgan – Chief Executive
Mr Matthew Neilson – Associate Director of Strategy, Performance, and Communications
Mr Markus Hiemann – Sustainability Manager
Mrs Marion Walker – Risk Manager Lead [Item ??]
Mrs Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

None

1.   WELCOME AND INTRODUCTIONS

1.1   Mr McDavid welcomed all to the meeting, which was being held virtually via the TEAMs platform.

1.2   Before starting the formal business of the meeting, Mr McDavid asked Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2.   MINUTES AND MATTERS ARISING [Papers FPP/21/17 and FPP/21/18 refer]

2.1   Members noted the minutes from 2 February 2021 and, following a brief discussion, approved them in full. Members noted that all actions were either completed, covered by the agenda, or programmed in for a future meeting.

Chair   Keith Redpath
Chief Executive   Mary Morgan

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

3.   NSS FINANCE, PROCUREMENT, AND PERFORMANCE COMMITTEE ANNUAL REPORT TO THE BOARD [Paper FPP/21/19 refers]

3.1   Members discussed the need to cover 2019/20 within this report. While this Committee itself could not meet at the time the 2019/20 report would have been produced, the Board had already signed off on the overall governance arrangements for 2019/20 through the mechanisms that were put in place at the start of the pandemic.   Members agreed that there should be no need to cover this retrospectively at this stage. Members also felt that there could be more said about the impact of COVID-19. Mrs Bailey agreed to remove the 2019/20 information and make it solely a 2020/21 report, and consider what additional information could be added on the impact of COVID-19.

Action: L Bailey to remove 2019/20 information from the report and consider what additional information could be added on the impact of COVID-19.

4.   NSS FINANCE, PROCUREMENT, AND PERFORMANCE COMMITTEE TERMS OF REFERENCE AND WORKPLAN [Papers FPP/21/20 and FPP/21/29a refer]

4.1   Mr Redpath advised that he had plans for rewording the Committee's remit, along with some other feedback that he wished to discuss with Mrs Low and Mr McDavid. Members agreed there was need for more clarity of purpose, and on areas of assurance.   They felt that the procurement and performance elements of the Committee's work did not come through as strongly as the finance elements did. It was suggested that performance needed to be considered in terms of the Board Strategic Framework and that it would be worth splitting the agenda into internal programmes for NSS and external programmes NSS hosts or runs on behalf of the wider NHS in Scotland.   This approach would allow greater visibility around the governance for NSD. Members agreed that this was potentially something for a development session - looking at any gaps and risks in relation to national governance. Mr Redpath agreed to meet with Mrs Low and Mr McDavid to discuss taking this forward and then bring back a finalised version of the Terms of Reference for approval at a later date.   Members discussed how the Vice-Chair for the Committee would be appointed and noted that this would be done taking a view across all the Committees.   However, Mr Greenhill was agreed to be the best the candidate for this Committee.

Action: K Redpath to meet with C Low and M McDavid to discuss updates to the Terms of Reference and bring back a finalised version for approval at a later date.

5.   PROPERTY LEASE EXTENSIONS [Paper FPP/21/21 refers]

5.1   Mr James spoke to the paper detailing proposed lease extensions for NSS's Possilpark, Bain Square, and Pentland Science Park sites, explaining the background to the recommendations. Members noted that there was no significant cost increase for Bain Square and the Pentland Science Park. There was a cost increase for Possilpark but it still offered the best value for what was required. Members agreed on the proposals for Bain Square and the Pentland Science Park but were surprised when it came to Possilpark, as the plan discussed in 2014 had been to vacate the site by the end of the current lease. Members were assured that it was still the plan to vacate Possilpark but organisational change had impacted on the logistics plans

for SNBTS and more time was needed to sort this out. Five years was the minimum term that the landlord was willing to offer and, unfortunately, at this stage it was the only option.

5.2   Members expressed concerns that this paper seemed to have come late in the process and sought assurance around where the governance of this process lay. Mr James assured Members that the Property Asset Management Board (PAMB) was looking to pull together a list of all NSS property and infrastructure, with information about when things like upgrades and lease renewals would be due, and this would be shared with Members for visibility. In respect of the Possilpark site, Members were keen to have alternatives identified from a disaster recovery perspective. Mr James clarified the governance process and assured Members that the Property Asset Management Strategy (PAMS) was presented to this Committee although this paper was picking up what had missed the usual governance process, primarily due to COVID-19 and the PAMD would ensure that this was more in line for future. PAMS was due to be refreshed in light of Future Ready proposals about estates rationalisation and would come back later on in 2021.   Raising one final point on the Possilpark site, Members other main concern was the potential vulnerabilities in terms of risk and resilience. However, they received an overview of the appropriate arrangements in place, which would continue to be reviewed and improved as necessary.

6.   FINANCE REPORT [Paper FPP/21/22 refers]

6.1   Mrs Low spoke to the highlights of the report. Members were pleased to note that NSS was on track to meet its statutory financial targets, and even reporting an outturn surplus. NSS had delivered on its CRES targets and was in a strong position as a result of that. Treatment of some of the spend on COVID had changed which meant there were differences from how it had previously been reported but nothing that had a material impact on NSS's overall position. An underspend of £2.2m had been returned to Scottish Government. However, it was too soon to know the financial position and how much would be returned to NSS (as the final allocation letter was still to be issued) but that risk was being managed. There had been more movement and complexity than usual in the financial landscape this year but NSS's outturn was strong and the result of a huge collective effort. In respect of the year-end adjustment, there had been lots of discussion about how to account for Personal Protective Equipment (PPE) and other hospital equipment. Members commended the work done by the Finance team over the last year, acknowledging how challenging circumstances had been, and how positively this reflected on NSS.

6.2   Members asked about the plans for slow moving stock out and were assured this was being managed so that the stock turn and distribution was right.   National Procurement would also be working with suppliers as the stock was being run down and reporting on it regularly. Any write-off would be confirmed next year but NSS would look to have interim write-offs for visibility. Members were advised that there was usually slow moving stock to deal with, albeit on a smaller scale.   Discussions had taken place with Scottish Government at the start of last year and, per those discussions, stock had been purchased based on the demand profile at that point being maintained until June 2021. National Procurement would ensure this stock was appropriately rotated to minimise the write-off but could not guarantee that there would be nothing to write-off. The aim was to mitigate the risk and spend for any future pandemic stockpile.

6.3   Members enquired about the £25m of stock held offsite and were advised that it was bonded stock being held by the supplier. The two new warehouse sites were being used for holding anything that NSS had to store. In respect of the overheads and staffing costs, a lot of the additional overspend was due to bringing in contractors to deal with additional demand and provide backfill, as the new model was not yet in place. However, work was progressing on that, and the necessary organisational change over the next year, which would see a move from using temporary staff to appointing more permanent staff.

6.4   Members discussed the shelf life of PPE and were given an overview of how the stock was managed. There had been discussions about which balance sheet the stock would sit on and Audit Scotland had determined that, per accounting standards, it should sit with NHSScotland on a cost-neutral basis. Members acknowledged that there was an anticipated third wave of COVID-19 still to come but there was no indication of what that would look like. There was also the need to take the arrangements for provision of PPE to the wider health and social care environment into consideration. There was also a stock of hospital equipment which would need to be regularly inspected and would therefore be better off being used than stored. Members briefly discussed how it could be worth considering offering this equipment to other countries that may benefit.

7.   INSTANCES WHERE NSS STANDING FINANCIAL INSTRUCTIONS HAVE NOT BEEN FOLLOWED

7.1   Mrs Low advised Members that there were no instances to report. She also highlighted the proposed move to an annual report and only raising instances by exception. Members were supportive of this but recognised that this was something for the updated Terms of Reference.

8.   PROCUREMENT CONTRACT SCHEDULE [Paper FPP/21/23 refers]

8.1   Mr Beattie spoke to the paper, which provided an overview on the annual national procurement workplan along with a contract breakdown. Members were updated on the recruitment of additional staff to deal with the backlog created by the pandemic response. Members were also pleased to note the outturn from 2020/21, which was £38.6m in secured savings and £11.7m in delivered savings. There was also an additional cost avoidance, over and above the original workplan, of £96m through activities to support COVID-19 requirements. Mr Mollart spoke to a presentation summarising the workplan for 2021/22, which indicated 113 contracts up for renewal and 62 projects that were either new procurements or commercial activities – a total of 175 projects worth approximately £645m with identified target secured savings of around.£17m. Members acknowledged that this presented a significant challenge to deliver. The presentation concluded with an overview of the challenges, risks and mitigations and highlights of the strategic sourcing activities. Members were content to endorse the report and presentation. They felt it had been helpful and gave a clear picture of what could be expected in the coming year.

9   PANDEMIC RESPONSE NOTICE REVIEW [Paper FPP/21/24 refers]

9.1   Members were advised that there had been some media interest on 8 April 2021 regarding National Procurement's advertising of contract awards. Members were reminded about the use of emergency procedures in April 2020. The table within the paper showed slight delays in publishing but, at the time, the focus was on Intensive Care Unit equipment and PPE. Overall, National Procurement had met the required advertising timescales for 89% of awards by volume and 86% by value. Work was also ongoing to track the value and adjust awards as necessary. This work had initially been done on a reactive basis in the first few months but has now caught up on that. Members commended the work done so far but sought (and received) assurance that there was nothing of concern in the awards that were still to be done. Consideration was being given to bringing this into the usual performance measures and providing a separate quick update on any specific exceptions that needed to be resolved. Members noted that this was an issue which had been picked up by Audit Scotland and this level of detail was something that would be required going forward.

10   2020/21 YEAR END PERFORMANCE REPORT AND REMOBILISATION PLAN [Paper FPP/21/25 refers]

10.1   Mr Neilson provided Members with an overview of the work that had gone into the report and how the targets that had been impacted by COVID-19 were being captured separately. This led to an overall position of 87% of targets achieved and 13% of targets missed which felt right and acknowledged what was out with NSS's direct control. There had also been a significant increase in targets, even without taking the additional work resulting from COVID-19 into account. Members confirmed they were content to endorse the report as an accurate reflection of NSS's performance, and for it to be used as a reference for the annual report. Members also commended the extraordinary effort from the whole organisation. They were advised that this report would be used as an addendum to reports at other committees (e.g. Remuneration and Succession Planning Committee) and as evidence in the Section 22 audit.

10.2   Members felt the report was also an endorsement of how much NSS had delivered under new ways of working and was good evidence to support the Future Ready programme.   However, to achieve this position some staff had also worked exceptionally long hours, which were not sustainable in the long term, and Members were keen that this was recognised. Members were assured that wellbeing was being brought to the fore, with the Future Ready programme aiming to strike a balance between meeting both staff and business needs and taking forward the best of the lessons learned. Going back to the positive nature of the report, Members briefly discussed the development of a strategy for communicating these successes, potentially though social media. Mr Neilson advised that there was a plan but it was still in development as it was important to find a way of promoting NSS without potentially stealing the thunder of the frontline services that NSS was there to support.

11   REVIEW OF BUSINESS RISKS [Paper FPP/21/26 refers]

11.1   Members discussed the contents of the paper, which provided an overview of the risks. Members noted that there were three new red business risks added to the register: 6249 (Oracle 12C support removal), 6247 (Continued Use of Windows7), and 6256 (Pandemic Stock Shelf Life). Of these, risk 6256 had been subsequently

reclassified as an amber reputational risk and, since 31 March 2021, risk 6247 had been mitigated to amber. Members also sought clarification around risk 6121 (unstructured and unclassified data) and were assured that work was being done to fully establish the size and scale of the risk. Members were also keen that a more detailed discussion on this risk take place under the Information Governance section of the June 2021 Audit and Risk Committee meeting. Members expressed concern that this was a recurring and repeated risk due to the absence of a member of staff. They were assured that work was ongoing with the risk owner to fully understand the nature of the risk and the mitigations being put in place in order to better capture that information on the risk register.

Action: M Walker, J Burgess and L Bailey to ensure that risk 6121 is picked up as part of the Information Governance discussions at the June 2021 Audit and Risk Committee.

12   RESILENCE UPDATE [Paper FPP/21/27 refers]

12.1   Mr Neilson spoke briefly to the update provided and confirmed he had nothing to add. Members also discussed the size and scale of the upcoming United Nations Climate Change Conference (COP 26) and the planning involved, acknowledging there were still a few unknowns. Members also welcomed the permanent on-call scenario. Mrs Morgan updated Members on the IT outage experienced earlier that day which had been mentioned in the First Minister's COVID-19 update. It had since been resolved but it had impacted on Public Health Scotland being able to provide the most up-to-date figures in time.

13.   SUSTAINBILITY UPDATE [Paper FPP/21/28 refers]

13.1   Members received an overview of the background to sustainability requirements and the commitments made in response to the declaration of a climate change emergency in 2019. Members noted the highlights of NSS's performance on sustainability in the year ending 31 March 2020, and Mr Hiemann summarised the response to the changes necessitated by the COVID-19 pandemic. Members asked about the £95m fund available from the Government and whether NSS would be submitting any bids. Mr Hiemann advised that bids would be submitted but this would be managed centrally on an NHSScotland basis rather than as individual boards. There had already been a bid submitted for a centralised sustainability team. Following a question on how the National Sustainability Assessment Tool (NSAT) worked to generate the score given, Mr Hiemann agreed to look into and share access to what lay behind that.

Action: M Hiemann to share information on how the NSAT process worked.

14.   ANY OTHER BUSINESS

14.1   Members had no further business to raise.

There being no further business, the meeting closed at 1652hrs.

Minutes (Draft)

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE

MINUTES OF MEETING HELD ON WEDNESDAY 25 AUGUST 2021 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

B/21/52

Present:

Mark McDavid – Non-Executive Director and Committee Chair
Julie Burgess – Non Executive Director
Lisa Blackett – Non-Executive Director
Gordon Greenhill – Non-Executive Director
Keith Redpath – NSS Chair

In Attendance:

Gordon Beattie – Director of National Procurement
Carolyn Low – Director of Finance
Andy McLean – Associate Director of Finance
Mary Morgan – Chief Executive
Lee Neary – Director of Strategy, Performance and Service Transformation
Matthew Neilson – Associate Director of Strategy, Performance, and Communications
Bob Welsh – Contract Manager [Items 1 – 8]
Angela Wilson-Coutts – Risk Manager Lead [Items 11 - 15]
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Ian Cant – Non-Executive Director

1.   WELCOME AND INTRODUCTIONS

1.1   M McDavid welcomed all to the meeting, which was being held virtually via the TEAMs platform.

1.2   Before starting the formal business of the meeting, M McDavid asked Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2.   MINUTES AND MATTERS ARISING [Papers FPP/21/31 and FPP/21/32 refer]

2.1   Members noted the minutes from 11 May 2021 and, following a brief discussion, approved them in full. Members noted that all actions were either completed, covered by the agenda, or programmed in for a future meeting.

Chair   Keith Redpath
Chief Executive   Mary Morgan

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

3.   FINANCE REPORT

3.1   C Low spoke to the highlights of paper **FPP/21/33** which presented NSS's financial performance for the period to 30ᵗʰ June 2021. Members were also updated on the recent EMT presentation on Financial Sustainability [For Information paper **FPP/21/43** refers] which highlighted that doing nothing would mean that while any SBU deficit would be offset by NSS reserves, this would leave little to no room for investment or unforeseen costs. Therefore, financial sustainability would need to be at the heart of the RAM process. The presentation was well-received at EMT and would be the main focus of an upcoming Senior Leaders meeting. Members were keen to see how the gaps would be filled and when it would be coming to the Board. The noted that this would be a radical overhaul of NSS – proposing a cost based analysis on zero funding was a huge undertaking. Member briefly discussed the risk regarding the re-allocation of funding and of silos forming within staff groups. There was recognition that this work was fundamental, had been talked about for the last few years but had not yet brought about the necessary service transformation. There were plans underway but these needed to move with more vigour and pace. Members were assured that the NSS Board would see this when the plans were more finalised.

3.2   Members went on to discuss the gap in staff funding. NSS had a significant number of staff who were not baseline funded and this had been flagged up to start that conversation with Scottish Government about reviewing the baseline and securing more funding. Members received an explanation of capital funding and how funding would be secured around major new projects. Members also given an overview of arrangements for Ellen's Glen Road sale proceeds and assured about how NSS was securing those funds. Members acknowledged that it was essential to take a joined up approach and that financial sustainability was more prominent in the planning work. The Future Ready work was a big part of the saving plans and NSS would be looking at how to covert that into recurring savings alongside the property strategy. Members briefly discussed striking the balance between a "One NSS" approach and recognising the bespoke nature of SBU service delivery. Members also discussed staffing, in particular the use of agency staff and how the intention of a reduction in the workforce had not been achieved. Members were keen to see a move away from transactional transformation towards a more holistic approach. Members asked about expenditure and received assurances about the projects which had been delayed and were pleased to note that, in the main, there was a clear divide between NSS's "business as usual" expenditure and specific COVID-19 response expenditure, acknowledging that there were some areas that could be clearer. Members also received an overview of the approach to CRES savings and identifying future needs (especially in Digital, Procurement and NSD) in order to plan how best to meet them.

4.   NATIONAL PROCUREMENT STRATEGY [Paper FPP/21/34 refers]

4.1   Members noted the highlights of the paper, which laid out National Procurement's refreshed strategy, covering its key aspirations and objectives over the coming years. Members commended the paper as very comprehensive but suggested including something around NSS's contributions to the National Care Service. G Beattie advised that it been deliberately left it open as "health and social care" to provide the scope to develop into this area but acknowledged it could be worth putting a high-level marker down as this area could move at pace. In respect of third sector procurement, Members were assured about the specific efforts made to include social enterprises and were keen to look at how to encourage this in other health boards.

Members discussed highlighting impacts beyond the economic aspects of the national framework (such as social and environmental) and were given an overview of the work with Heriot Watt University, and other engagement taking place to address community needs and benefits. Building on the previous point about the National Care Service, Members were mindful of the sensitivities around the consultation and noted that there were also branding choices that also might help with that in a broad way. Noting there was no specified timescale for its publication, Members were content to endorse the approach, subject to the changes suggested.

5.   NATIONAL PROCUREMENT ANNUAL REPORT [Paper FPP/21/35 refers]

5.1   G Beattie spoke to the report which, in line with Scottish Public Procurement regulations, covered National Procurement's (NP) activities from 1 April 2020 to 31 March 2021. Members noted the additions referring to the COVID-19 response, the key reporting period achievements, and highlights against the Public Sector Priorities. Members discussed the key activities and successes and commended the work of all involved.   They suggested that the only things missing were acknowledgement of Jim Miler's contribution as the Director of Procurement, Commission and Facilities during the period, and highlighting the impact of the environment staff were operating in (i.e. working from home or observing additional safety measures in the warehouse). They also felt it may be useful to provide some additional context around the awarding of some of the higher profile contracts. In considering the audience for this paper (i.e. the media), Members suggested linking in with Communications to align with NSS branding. This led to a discussion about the timing of publication, recognising this would need to be carefully managed due to the overlap with the NSS Annual Report, potential media interest, and the upcoming Section 22 Audit. C Low agreed to co-ordinate with G Beattie and M Neilson on that.

Action: C Low, G Beattie and M Neilson to laisse regarding the preparations, branding and timing for publishing the National Procurement Annual Report.

6.   PROCUREMENT CONTRACT SCHEDULE [Paper FPP/21/36 refers]

6.1   G Beattie rook Members through to the paper, which provided an overview of progress against the annual National Procurement work plan and a breakdown of the contracts. Members were pleased to note that National Procurement was on track to deliver against its £15m target and that, so far, £3.1m savings had been secured against a forecast of £1.45m. Members were also sought and received assurance around the amber RAG status due to the ongoing risk of slippage, which included a brief discussion of the contributory factors and mitigations in place for that. Following a brief point of clarification about the contract for electricity supply, Members commended the report and confirmed they were content and assured by it.

[**Secretary's Note:** The following item was brought forward]

7.   PPE DONATION [For Information Paper FPP/21/37 refers]

7.1   G Beattie briefly spoke to the paper which provided an update on the provision of support to African partner nations.   Following a request from the Scottish Government, some stock of PPE had been made available to help these nations' medical teams treat their COVID-19 patients. Members commended the work and suggested that it could be an excellent opportunity to involve the Cabinet Secretary to raise awareness as a good news story.

8.   REPLACEMENT OF PARENT COMPANY GUARANTEES [Paper FPP/21/38 refers]

8.1   Members were given an overview of the background to the contracts and changes being made relating to the design, build, finance and maintenance of the Jack Copland Centre. They were assured that these changes would have no material impact on service provision or NSS's financial position. Members discussed hearing the views of the Central Legal Office (CLO) but were advised that CLO would defer to the advice provided from Shepherd and Wedderburn who had been the legal advisors involved. Members also sought and received assurance regarding the roles and responsibilities of the companies involved in the event of any issues arising. Following these discussions Members were content to give their approval, subject to circulation of the legal advice received from Shepherd and Wedderburn. B Welsh agreed to request this from Hazel Thomson, Associate Director of Planning, Performance and Business Strategy in the Scottish National Blood Transfusion Service.

Action: B Welsh to request the legal advice from Shepherd and Wedderburn from H Thomson and circulate to Members.

9.   PORTFOLIO MANAGEMENT GROUP REPORT [Paper FPP/21/39 refers]

9.1   Members welcomed this new routine report, which provided an overview of programme reporting to the NSS Portfolio Management Group, and noted the highlights of the programme watch lists. Members were advised that, since the report had been written, more issues had arisen regarding the Community Health Index (CHI) and Child Health programmes. These were delays due to suppliers not having the experience and resources available to address requirements. A meeting had been scheduled to discuss solutions and mitigations as far as possible but the Child Health programme was unlikely to deliver on time. Members acknowledged that some of the programmes in the report were subject to elements not within NSS's direct control. Members discussed the Forensic Medical Service and emphasised the importance of ensuring this was as resolved as it could be. Members sought and received some minor points of clarification around the programmes for eRostering, the Picture Archiving and Communication System, and the Centralised Intravenous Additive Service.   Members also recognised the need to be more joined up in terms of horizon scanning. Digital was a significant part of these programmes (directly or indirectly) and capacity was an issue and a big factor in why so many were showing as Amber. Members were assured that the refreshed digital roadmap would help with re-prioritisation and re-alignment of the timelines.

10.   BOARD ASSURANCE FRAMEWORK UPDATE

10.1   M Neilson spoke to a presentation which gave an update against the key activities and progress in delivering the new Board Assurance Framework (BAF). Members were pleased to note the progress and looked forward to getting this reporting fully in place. Members discussed how NSS's BAF aligned with those of other Boards and were advised that focus had seemed to be on the territorial Boards for now. However, K Redpath had been keeping M Neilson updated on discussions at the NHS Chairs' Group to enable NSS's BAF to continue being developed and ensure that it met the organisation's needs in terms of scrutiny and governance.

11.   NSS PERFORMANCE UPDATE [Paper FPP/21/40 refers]

11.1   Members considered the report which outlined NSS's performance and progress against the BAF, corporate scorecard, and Remobilisation Plan. Members noted the highlighted Key Performance Indicators with a red RAG status as well as the good performance in testing.   Members briefly discussed the areas which seemed not to be performing as well, acknowledging the specific challenges and how they were being addressed. A Wilson-Coutts and M Neilson highlighted the change to reporting approach and sought feedback from Members. Members agreed that it had been helpful and they liked the new approach but a "ready reckoner" and a guide on how to read the charts would be a helpful addition. Members felt it was good to have the different perspective and it was helpful that, in some areas, it had highlighted the need to consider whether there was a reporting issue or if there was an operational issue to address. In respect of the use of agencies, it was acknowledged that the pandemic had not been an ideal period to use as a measure so a deep dive would need to be done on this.

12.   RESILENCE UPDATE [Paper FPP/21/41 refers]

12.1   L Neary spoke to the paper which updated on resilience incidents that occurred during the period 1 April – 30 June 2021. Members were given a brief overview of the two non-major resilience incidents which had been managed by Digital and Security – one impacting the Virtual Private Network and one involving a power outage at Atos Power. Members were also updated on the preparations for the UN Climate Change Conference of the Parties (COP26), such as an upcoming Chief Executives' event for planning the response to any potential major incidents. Members asked for more detail on the Atos outage and L Neary agreed to look this out and circulate that following the meeting.

Action: L Neary to look out more detail on the Atos power outage and circulate to Members.

13.   REVIEW OF BUSINESS RISKS [Paper FPP/21/42 refers]

13.1   Members were taken through the highlights of the paper and were pleased to note there had been good movement in reducing red risk. Two business risks remained red - .6121 (Unstructured and Unclassified Data) and 6282 (Devices with Win10 v1709 Builds).   However, Members also noted the amber risk 6247 regarding migration from Windows 7 and asked what was inevitable about it.   They were advised this was linked to the removal of support at the end of the year and the increased vulnerability that brought in respect of recovery following system failure and security. Members also noted that for red risk 6121, this still needed to be quantified to be able to be assured and asked that the outcomes from the deep dive be reported to the NSS Audit and Risk Committee. Members were briefly updated on the introduction of the new risk register, and the potential delays which would hopefully be avoided. Members discussed the future approach through the Board Assurance Framework and the dedicated session on risks with the NSS Audit and Risk Committee which would also help to address these issues.

14.   PAPERS FOR INFORMATION

14.1   Members noted the following papers which had been included for information:

- PPE Donation - discussed earlier, under Item 7 [paper **FPP/21/37**];

- Financial Sustainability Presentation to EMT – referred to under Item 2 on the agenda Paper **FPP/21/44**];

- NSS Finance Procurement and Performance Committee Forward Programme Paper **FPP/21/44**].

15.   ANY OTHER BUSINESS

15.1   Members had no further business to raise.

There being no further business, the meeting closed at 1228hrs.

Minutes
(Approved)

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON THURSDAY 13 MAY 2021 VIA TEAMs DIGITAL PLATFORM AT 1400 HRS

B/21/53

Present:

Mr John Deffenbaugh – Non-Executive Director and Committee Chair
Ms Lisa Blackett – Non-Executive Director
Mr Ian Cant – Non-Executive Director
Mrs Susan Cook – Trade Union Representative
Mr Gordon Greenhill – Non-Executive Director
Mr Tam Hiddleston – Trade Union Representative
Professor Arturo Langa – Non-Executive Director
Mr Gerry McAteer – Trade Union Representative
Mr Mark McDavid – Non-Executive Director
Mrs Suzanne Milliken – Trade Union Representative
Mr Keith Redpath – NSS Chair

In Attendance:

Mr Gordon Bruce – Operations Manager, Customer Experience (item 7)
Mrs Louise MacLennan – Head of Equality and Engagement (Item 10)
Ms Sarah Moffat – Head of People Solutions and Experience (for Item 7)
Mrs Mary Morgan – Chief Executive
Ms Aileen Stewart – Associate Director of HR [deputising for Mrs Jones]
Mrs Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Mrs Jacqui Jones – Director of HR and Workforce Development

1. WELCOME AND INTRODUCTIONS

1.1 Mr Deffenbaugh welcomed all to the meeting, which was being held virtually via the TEAMs platform, noting the apologies as recorded above.

1.2 Before starting the formal business of the meeting, Mr Deffenbaugh asked Members if they had any interests to declare in the context of the items on the agenda. No interests were declared.

Chair   Keith Redpath
Chief Executive   Mary Morgan

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

2. MINUTES AND MATTERS ARISING [Papers SG/21/13 and SG/21/14 refer]

2.1 Members noted the minutes from 23 February 2021 and, following a brief discussion, approved them in full. Members noted that all actions were either completed, covered by the agenda, or programmed in for a future meeting.

3. NSS STAFF GOVERNANCE COMMITTEE ANNUAL REPORT TO THE BOARD [Paper SG/21/15 refers]

3.1 Members discussed the final draft of the report and suggested that it might be helpful to include some assurance around the measures put in place to support staff during the pandemic. They also suggested that it could also be good to strengthen the content around the whistleblowing standards. Mr Deffenbaugh and Mr Redpath agreed to work on this outwith the meeting.

Action: J Deffenbaugh and K Redpath to discuss the Committee's Annual Report and consider what additional information could be added on the impact of COVID-19.

4. NSS STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE [Paper SG/21/16 refers]

4.1 Mr Redpath advised that he had plans for standardising Terms of Reference across all of the Committees. Members discussed the requirements for a quorum and felt that, now there were more Trade Union representatives, there should also be a balance in the quorum requirements. It was agreed that it should be two Non-Executives and two Trade Union representatives. Following a brief discussion it was also agreed for balance, that the proposed Vice-Chair appointment should be a Trade Union representative.

Action: K Redpath to meet with J Jones and J Deffenbaugh to discuss updates to the Terms of Reference and bring back a finalised version for approval at a later date.

5. GREAT PLACE TO WORK PLAN [Paper SG/21/17 refers]

5.1 Ms Stewart briefly summarised the background of the updated Great Place to Work Plan, which took the outcomes of the Everyone Matters survey results into consideration;

- Both wellbeing, and dignity and respect had been identified as key areas for focus from the survey results. For context, it was highlighted that a full iMatter survey would be coming later in the year, and the Future Ready work would also be taken forward. Members were also assured that the plan as presented had been endorsed by the NSS Partnership Forum;
- Members recognised that it had been a very challenging year and NSS had been in a learning situation about how to work differently – the proof would be in how that learning was taken forward. The iMatter Survey would also be very important for getting insight into how well staff had been supported through the pandemic and the impact of the changes that had been implemented;
- Members asked about timescales for the gap analysis on wellbeing and what could be expected from it. They were advised that the scope was being expanded beyond Occupational Health to take account of wider factors such as social, financial, and digital wellbeing in order to see what more could be done;

- Members were keen to minimise any risk of normalising the "crisis mode" hours that some staff had worked during the last year: They were assured that the Future Ready work would look to find a sustainable, flexible way of working that met business needs while allowing staff the time they needed for themselves, striking an appropriate balance between corporate support and individuals taking personal responsibility. HR would also be looking at the Future Ready work in terms of managers and senior staff to see how different managers' experiences had been;

- In terms of benchmarking against similar organisations, NSS had performed well and engagement was high. There were some concerns but these were mainly around the pace of change necessitated by the circumstances;

- The Everyone Matters survey had been done before the major recruitment for the National Contact Centre (NCC), so returns on future survey responses may need to be adjusted as the bank staff from the NCC would now be counted but they may not see themselves as needing to respond.

5.2 Following a brief discussion, re-iterating the rationale behind the key areas chosen for focus, Members confirmed they were content to approve the plan.

6. PARTNERSHIP FORUM UPDATE

6.1 NSS's Partnership Forum remained a dynamic meeting place but the current main area of focus was the Future Ready programme. Members were assured that NSS worked well in partnership with the trade unions and there were no great areas of contention, as any areas of disagreement were worked through. All the papers presented at this meeting had been through both the Partnership Forum and EMT. This last year of remote working for the majority of staff had made it difficult for the Partnership Forum to have the extent of visibility they usually had at an individual level but the overall feeling was that, in the main, NSS was a great place to work.

7. SPOTLIGHT SESSION: NATIONAL CONTACT CENTRE (NCC)

7.1 Members received a presentation providing an overview of everything behind the setting up and running of the NCC - the challenges, how these were responded to, the lessons learned and the successes:

- Members felt it was helpful to see it in detail and expressed their gratitude to the team for all the work involved. There were still some challenges but staff were meeting them admirably;
- One thing that could be better was that, due to the pace of the work, more could be done to integrate NCC staff into NSS/NHSScotland but that was a piece of learning to take forward;
- Members commended the establishment of the NCC as an astounding piece of work and a good example of what could be achieved in partnership. They agreed that it was important to take the time to make the staff feel part of the organisation and noted work was being done to build this more into the induction programme and on-boarding;
- Members were impressed by the Tracespace wellbeing hub and were pleased to hear it was well used. Members felt this was an example of an NCC development which could be used to highlight that integration was about sharing best practice for the benefit of all;

- Members noted the work of the NCC had expanded from solely contact tracing to providing helpline services for vaccinations etc. and acknowledged the importance of this with regard to the possibilities beyond the pandemic.

7.2   Members asked whether NCC staff would remain as home workers or if there might be an office base in future. They were advised there was that flexibility within the fixed-term contracts but consideration was being given to what the organisation structure would be going forward and what the ask on the staff would be.   HR recognised that there was a risk that the NCC would lose staff as the economy opened up but this was being managed. Working from home (at least for the majority of the time) was likely to be the default position but this was something that would need to be considered going forward. Members discussed plans for gathering staff feedback and were advised there would be a balance of inclusion in the wider NSS work going forward with continuing the town hall sessions. They also noted that the very nature of how NCC was set-up meant Teams had been vital and effective as a channel for informal feedback.

8.   PEOPLE REPORT [Paper SG/21/18 refers]

8.1   Members were pleased to note the positive highlights in the paper:

- Sickness absence had significantly come down and there had been a 39% reduction of staff on redeployment;
- The recruitment team had delivered a considerable amount of work and the vaccination and testing processes had been successful;
- The new Whistleblowing Standards had been implemented, with everything on track and no issues raised so far – NSS had engaged with its suppliers and the updated training course was in place and would be rolled out over the coming year.

8.2   However, there were some areas for concern:

- Firstly there was the number of incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), which was the highest that NSS had ever had so a deep dive was being undertaken and would be considered in full;
- Another concern was around performance management and HR recognised the need to put effort into the support needed around objective setting and appraisals, and the statutory and mandatory training. Members noted that work was ongoing with the Communications team to convey the content of this report to staff.

8.3   Members expressed concerns about the number of RIDDORs and were assured that NSS's Occupational Health and Safety Advisory Committee (OHSAC) had commissioned investigations into this to bring back firm evidence for identification of appropriate mitigating actions: The EMT's concerns around the RIDDORs had been made clear and the priority was to ensure that NSS was not in this position again. There did seem to be a large component of human behaviour and Members highlighted the need to consider what could be done about that in order to avoid replication of previous issues. It was noted that in the National Distribution Centre RIDDORS have always been higher but Members were now concerned. They asked for an action plan and timeline and were told that this would come out of the upcoming OHSAC meeting. Mr Redpath asked for a report to the Board meeting on 25 June 2021 about RIDDORs. **Action: HR to provide a report on RIDDORs to the 25 June 2021 Board Meeting.**

8.4   Members also acknowledged that while the sickness absence figures looked favourable on paper, there was a need to ensure that staff were not working while sick simply because they were able to work from home. Members felt it was important that this was also considered as part of the Future Ready work. Members discussed the consultation on the Working from/at Home policy and emphasised the importance of NSS responding to that as the initial engagement took place pre-pandemic and the world had changed. Members were keen to ensure this policy enabled progress in the Future Ready work and did not inadvertently create barriers.

8.5   Members sought clarification about turnover figures and were assured that NSS was not overly high in general although spikes could occur in specific areas due to demographics (retirements etc). Members also received an overview of the work being done to improve the exit interview process.

8.6   Members discussed the appraisals figure, noting that a contributory factor was timing. Significant numbers of new staff (e.g. NCC) would not have had a chance to have theirs yet. With staff working from home as well, it was important to establish whether the conversations were taking place but not being recorded or not happening due to work pressures etc. Members acknowledged that TURAS was a minimum viable product so there were issues (delays in updating data, no automatic notification of managers etc,) as its ongoing development was not prioritised. Members also received a brief overview of the support in place for staff struggling with isolation and the changes to redeployment.

8.7   In respect of the Turas issues, Members were reminded that NSS was mandated to use it but there was meeting scheduled soon to look at how some recent improvements introduced could be used. Members discussed linking appraisal to pay progression but were advised that the systems did not allow for that – that was supposed to be through the Knowledge and Skills Framework and linking the Cost of Living increase to appraisals would not be appropriate. Members agreed that the upheaval of the last year would not be obvious from the report – in general, NSS's position was really positive and that was down to the great response from staff, who should be thanked for that. Members also asked for a written update on the work done by the Whistleblowing implementation group and updates on the action plan to address priority contractors.

       Action: HR to provide a written update on the work of the Whistleblowing Implementation Group

8.8   Members thanked J Jones for the report and noted it in full.

9   STAFF RISKS [Paper SG/21/19 refers]

9.1   Members discussed the paper and were pleased to note that two risks had been closed as all the mitigations identified had been put in place. Members were advised that there was a newly raised risk on DSE assessment, which was currently being reviewed, and the risk relating to EU Settlement was also being reviewed. There were no red or amber risks open on the register at this time. Members noted that RIDDORS would be addressed through OHSAC's work but suggested it could be worth considering whether something should be added on TURAS and appraisals.

9.2   With these comments Members were content to note the report in full.

5

10   EQUALITIES REPORTING: PAY GAP [Paper SG/21/20 refers]

10.1   Members were advised that this report, which focussed on gender, ethnicity and disability pay gap information relating to the NSS workforce, had already been published due to legislative requirements:

10.2   Across all the characteristics, the key factor behind any pay gaps that existed was length of services and pay-point. The transfer of staff to Public Health Scotland also had an impact.   However, NSS was reporting a positive position – especially in relation to the gender, ethnicity and disability. What needed to be made clear was that any pay gap was not the result of anything NSS has directly done, but from the application of the pay system and process.

10.3   Members briefly discussed the need to find a way of minimising the impact of taking time off to care for children or elderly parents, as this tended to be done predominantly by female staff. They expressed a hope that the Future Ready work would remove some barriers for people returning to work and help staff progress in their career more easily.

10.4   Members discussed how Agenda for Change was managed on the basis of equal pay for work of equal value and this had been demonstrated to be robust. The Executive and Senior Manager, Dental, and Medical staff pay scales were also equally as robust. Increments had also been adjusted to reduce the risk of gaps based on length of service.

10.5   Staff changing from part-time to full-time or vice-versa could be a challenge at times and more could be done to address the factors in that which were within NSS's control. Members recognised that this could be potential indirect discrimination as it was more likely that female staff would change their hours this way. Members were advised that going to funded establishment should help to address this issue but sometimes, when there is a part-time staff member looking to increase their hours, it was about whether there was a vacancy in that space that needed to be filled.

10.6   After a short discussion Members were content to approve the report.

11   EQUALITIES REPORTING: EQUALITIES OUTCOMES [Paper SG/21/21refers]

11.1   L MacLennan spoke to the highlights of the report, which updated on progress with equalities and inclusion and provided a high-level summary of the key activities in this area:

- Members discussed a possible correction regarding the recruitment of the new Non-Executives but L MacLennan clarified that this referred to those recruited through NSS's process, whilst Professor Langa had been appointed through a different process. Members commended the report and it was hoped people would see the outcomes were woven into the Great Place to Work Plan;

- Members recalled a previous presentation around disabled employee experiences and were pleased to note the review of how well the Reasonable Adjustment Passport had worked. New ways of working brought in during the pandemic had been of help to staff with a wide variety of conditions (e.g. neuro-diverse staff not having to use crowded public transport at peak times).

Staff now seemed to be more willing to declare any disabilities they had but this tended to come mostly from new starts, which was also contributing to the pay gap as described before;

- Members discussed benchmarking NSS against other boards and were advised that this had not been done yet. However, Mrs MacLennan assured Members that she would be looking at other Board's reports as they were published. It was likely that the other National Boards' reports would be similar though as they were subject to the same structure and processes.

11.2 Based on the discussions, Members confirmed that they were content to approve the report.

12. FORWARD PROGRAMME [Paper SG/21/22 refers]

12.1 Members noted the current draft of the Forward Programme and were reminded to contact Board Services at any time if they had any updates for it.

13. ANY OTHER BUSINESS

13.1 Members noted that trade unions had generally accepted the recent pay award offer although two unions had rejected it and were entering into their own negotiations. However, all unions were awaiting the Cabinet Secretary appointment before any agreement could formally be signed off.

14. MEETING REVIEW

14.1 Members felt the meeting had been positive with good challenge.

There being no further business, the meeting closed at 1243hrs.

Minutes
(Approved)

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NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE

MINUTES OF MEETING HELD ON WEDNESDAY 19 MAY 2021 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

Present: **B/21/54**

Mrs Alison Rooney – Non-Executive Director [Chair]
Ms Lisa Blackett – Non-Executive Director
Mr Gordon Greenhill – Non-Executive Director
Professor Arturo Langa – Non-Executive Director
Mr Mark McDavid – Non-Executive Director
Mr Keith Redpath – NSS Chair

In Attendance:

Dr Lizzy Day – Scottish Clinical Leadership Fellow
Dr Anna Lamont – Interim Medical Director, PCF
Mrs Mary Morgan – Chief Executive
Dr Lorna Ramsay – Medical Director & Executive Lead for Clinical Governance
Professor Jacqui Reilly – Nurse Director & Executive Lead for Quality Improvement
Dr David Stirling – Director of Healthcare Science
Mr Calum Thomson – Associate Director for Nursing, Clinical Governance and Quality Improvement
Professor Marc Turner – Medical Director, SNBTS
Mrs Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

None

1.   WELCOME AND INTRODUCTIONS

1.1   Mrs Rooney welcomed all to the meeting, which was being held virtually via the TEAMs platform.

1.2   Before starting the formal business of the meeting, Mrs Rooney asked Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

disability
confident
EMPLOYER

Chair   Keith Redpath
Chief Executive   Mary Morgan

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

2. **MINUTES AND MATTERS ARISING [Papers CG/21/16 and CG/21/17 refer]**

2.1 Members noted the minutes from the previous meeting on 24 February 2021 and, following a brief discussion, approved them as an accurate record of the meeting. Members noted that all other actions were either completed, covered by the agenda, or programmed in for a future meeting.

3. **NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE ANNUAL REPORT [Paper CG/21/20 refers]**

3.1 Members suggested some minor corrections – changing the mention of the Committee as a sub-committee, being more specific in paragraph 2.3.4 on the cover sheet about the types of risks reviewed, ensuring the section headings were correct, and that the Committee's title change was reflected throughout. With these updates made, Members were content to approve the Annual Report.

4. **NSS CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE TERMS OF REFERENCE [Paper CG/21/20 refers]**

4.1 Members were given an overview of the review discussions between Mrs Rooney, Mr Redpath, and Dr Ramsay. In respect of point g) under Key Duties (Provide advice, as required, to the Board on the clinical impacts of any new service developments proposed for adoption by NSS) Members agreed that this Committee had a role for apprising the Board and there was a need to ensure that this was not lost. This would not involve looking at every single new service, but capturing those with a clinical focus or impact through the Medical Director's Report and the Blood Safety Report at a minimum. Members also discussed the Vice-Chair appointment and all were content for Professor Langa to fill that role.

[**Secretary's Note:** The following item was brought forward on the agenda to accommodate Professor Turner's availability]

5. **BLOOD SAFETY REPORT [Paper CG/21/21 refers]**

5.1 Professor Turner spoke to his report, which updated on blood safety issues within the Scottish National Blood Transfusion Service (SNBTS). Members discussed the fatal incident resulting from an unexpected pre-transplant medicine interaction in detail. Members were given assurances that this incident had been unavoidable in the circumstances and all required reporting had been done through every appropriate channel and a deferral between the treatments in question had been introduced. Members noted that, at the time, there had been no contra-indication identified and acknowledged the challenges in covering all eventualities but were assured that the reporting mechanisms used would highlight the additional steps that needed to be introduced to all appropriate bodies. Members discussed the importance, in an incident of this magnitude, of having the communication and co-ordination in place to allow visibility of who did what, and when. Professor Turner assured

Members that the incident had been responded to promptly and all three mutually responsible organisations had been notified. As NSS was not the lead organisation, its involvement was to engage and liaise appropriately with the other organisations, which had happened with all appropriate steps being taken. Dr Ramsay also confirmed that she was comfortable that all possible steps had been taken appropriately, and promptly. Members also briefly discussed the confidentiality issues involved and how to manage them.

5.2   Members were also updated on the implementation of the recommendations based on the work of FAIR (For the Assessment of Individual Risk) on 14 June 2021 to coincide with World Donor Day. Invitations for donations on 14 June 2021 had been issued and Members noted that all donations were now by appointment to minimise lost donations. SNBTS was mindful of the potential impact on donations posed by the additional questions being asked (e.g. people not comfortable answering, possible slight increase in deferrals) but this was being managed ahead of the appointments as far as possible through the web-portal. Members asked about the impact on staff and were advised that, while SNBTS had not surveyed staff, they were assuming a similar range of attitudes to the donors surveyed so efforts were being made to reduce the level of the questions being asked in session. Members were content with the assurances provided and thanked Professor Turner for his comprehensive report.

6.   **INFECTION PREVENTION AND CONTROL (IPC)ANNUAL REPORT [Paper CG/21/35 refers]**

6.1   Professor Reilly spoke to the report, which described the delivery of the Infection Prevention and Control Service (IPCS) within SNBTS and wider NSS during 2020-21. Members were assured that NSS's monitoring scores exceeded the national targets. There were no exceptions to report, with high levels of hygiene compliance and this had been borne out by walk-arounds. In respect of mandatory training, NSS had achieved 98% completion among clinical staff. Cleaning monitoring audits also evidenced a high standard being maintained. Professor Reilly wished to acknowledge the support of Ms Hayley Kane, Infection Prevention and Control Manager, for the additional COVID-19 work. Members received an overview of the response to cases amongst NSS staff and were assured that these cases had been imported from the community and had not impacted on patients and donors. Members were pleased to note that policy requirements had been met for 2020/21.

6.2   Members asked about COVID-19 vaccination uptake and were advised that this had not been included as it was more of an Occupational Health issue but Dr Ramsay and Professor Reilly could confirm that uptake among Clinical staff was high. Members expressed their appreciation for the work that had gone into the report but requested that the title was changed to simply show it as an NSS report since SNBTS was part of NSS. Members asked whether there were any areas for improvement. They were advised that while estates management issues (mainly ventilation and water systems) were managed proactively and reported through OHSAC, their visibility at this level could be better. Members were also advised that there had been a glitch where IPC mandatory training had not been allocated to some staff who needed it but managers were working

to address this. Going back to the estates issues, there was an annual work plan for water and ventilation, along with mechanisms to identify any potential infections to pick up in the annual report, and this would be reflected in future reports. Members sought assurances around any delays in IPC work due to COVID, and were advised that any issues identified were prioritised relative to the risk and safety implications. Following these discussions, Members were content to approve the report.

7.   DUTY OF CANDOUR ANNUAL REPORT [Paper CG/21/25 refers]

7.1   Members considered the report, which aimed to provide assurance of appropriate governance around Duty of Candour events and compliance with regulations for the period 1 April 2020 and 31 March 2021. Members discussed linking it to adverse events report and expanding the scope to screening services, acknowledging the complexities in applying Duty of Candour in preventative measures like screening. Members could be assured that the number of incidents triggering the Duty of Candour process was small as a proportion of overall interactions. Members wished to commend staff for their work on this and were content to approve the report.

8.   RESEARCH GOVERNANCE ANNUAL REPORT [Paper CG/21/26 refers]

8.1   Members discussed the content of the report, which updated on research activities in which NSS had been involved during 2020-21, and were impressed at the level of activity despite the pandemic. Dr Stirling gave Members an overview of the move to integrate with the overall UK framework and highlighted that the next annual report would look different.

9.   MEDICAL DIRECTOR'S UPDATE [Paper CG/21/27 refers]

9.1   Dr Ramsay spoke to her report, which provided an update on clinically-related areas of NSS strategic/enabling activity and on relevant aspects of business as usual areas from a clinical perspective. Particular highlights were:

- The work on NHS Scotland Assure had been mainly handed over. ready for launch in June 2021;

- The Screening Oversight Board had been successfully established and focused on ongoing recovery and supporting the remobilisation work;

- Dental governance development remains in shadow status;

- Work was underway on the Scottish Cancer Network following formal receipt of the commission;

- Dr Tucker had taken up post as Deputy Medical Director;

- NSS's winter planning was underway;

- The work in clinical safety assessment was well underway and was hoped to become routine in future;

- 74% of clinical and patient-facing staff had received their COVID-19 vaccinations. Some had been vaccinated through their territorial Health Boards and this information was still being gathered so the overall number was probably higher;

- Work on the substantive refresh of the NSS Research and Innovation Strategy continued, as detailed in the previous agenda item.

9.2 Members were given further updates on the Scottish Cancer Network, specifically the landscape and challenges in setting it up and getting the clinical governance arrangements clarified. In respect of NHS Scotland Assure, Members were given an overview of the route to maturity and final handover through the service design work throughout year one. Members discussed the work on research and innovations, and taking the lessons learned from COVID-19 so that implementation could be quicker. They received an overview of the impact the SCOTCAP and Cytosponge work had. Members were assured that NSS was getting the leadership and governance in place to have a very clear work plan for the innovations being taken forward for Scotland-wide adoption. COVID-19 had provided unique opportunity for consensus and NSS would be capitalising on that going forward. Members thanked Dr Ramsay for her report.

10. ADVERSE EVENTS AND COMPLAINTS [Paper CG/21/28 refers]

10.1 There had been one external National Category 1 clinical adverse event and four external National Category 2 clinical adverse events reported, all by PCF. None of the adverse events reported had activated the organisational Duty of Candour procedure. The report also provided assurance that all appropriate mitigations were in place. Following a brief discussion, Members advised they were content with the report, commending the diligence and work behind it.

11. CLINICAL RISKS [Paper CG/21/34 refers]

11.1 Members briefly discussed the paper, which provided details of corporate clinical risks on the NSS Risk Register, together with an opportunity to review all red and new amber clinical risks and challenge actions taken. Members acknowledged the continuing theme of looking at risks versus issues and articulating it better. They were pleased to note that there were no red corporate clinical risks and the number of amber corporate clinical risks had decreased. They also received an overview of how the Clinical Directorate reviewed any red and amber risks with a primary or secondary clinical category, or that had a clinical risk flag applied on the NSS Risk Register as part of their weekly and monthly meetings. Members confirmed that these updates provided the necessary assurance that clinical risks were being managed and mitigated appropriately.

12.   PAPERS FOR INFORMATION

12.1   Members noted the following papers, which had been provided for information only:

- NSS Clinical Governance Committee Forward Programme [paper **CG/21/27** refers];

- SNBTS Response to the Chief Nursing Officer's Letter DL(2021)9 [paper **CG/21/28** refers].

13.   ANY OTHER BUSINESS

13.1   Members reflected that everything on the agenda had aligned with continual improvement, which was positive and they hoped to see this more.

There being no further business, the meeting closed at 1232hrs.

Minutes
(Approved)

NHS
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NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE

MINUTES OF MEETING HELD ON FRIDAY 18 JUNE 2021 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS   B/21/55

Present:

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

In Attendance:

Carole Grant – Audit Scotland
Laura Howard – Associate Director of Finance
Carolyn Low – Director of Finance
Eilidh McLaughlin - Associate Director of Information Security and Governance [Items 20 & 21]
Deryck Mitchelson – Director of Digital and Security
Mary Morgan – Chief Executive
Lee Neary – Director of Strategy, Performance and Service Transformation
Matthew Neilson – Associate Director of Strategy, Performance, and Communications
Lorna Ramsay, NSS Medical Director and Caldicott Guardian [Item 21]
Trish Ruddy, NSS Privacy Advisor [Item 21]
Neil Thomas – Partner, KPMG
Marion Walker, Risk Manager Lead [Items 18 & 19]
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Rachel Browne – External Auditor, Audit Scotland
Inire Evong – External Auditor, Audit Scotland
James Lucas – Internal Auditor, KPMG

1.   WELCOME AND INTRODUCTIONS

1.1   J Burgess welcomed all to the meeting, which was being held virtually via the TEAMs platform. Introductions were provided for the benefit of L Neary who was attending for the first time.

1.2   Before starting the formal business of the meeting, J Burgess asked Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

Chair   Keith Redpath
Chief Executive   Mary Morgan

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

2. MINUTES AND MATTERS ARISING [Papers AR/21/37 and AR/21/38 refer]

2.1 Members discussed the minutes from the previous meeting on 3 March 2021. Members suggesting specifying they had reviewed and were content with the Audit Plans. They also felt there needed to be more clarity around the outcomes from the discussions so J Burgess and L Bailey agreed to discuss that following the meeting. Members also asked that the last sentence of 9.1 be slightly revised to clarify that the steering group was not a sub-group of the Committee, and to consider the wording of the paragraphs in item 8 to remove any potential ambiguity.

Action: J Burgess and L Bailey to discuss and update minutes to reflect the feedback received from Members.

2.2 Members noted the updates provided, which showed that that all of the actions were completed, in particular that the PPE paper had been circulated to close off the previous outstanding action.

3. NSS AUDIT AND RISK COMMITTEE ANNUAL REPORT [Paper AR/21/39 refers]

3.1 Members discussed the report, which summarised the Committee's activities over the previous year. It was noted that this was an early draft and feedback was still being sought. Members suggested a change to the way the audit appointment terms were listed, checking the dates referred to in the sections about the audits, revisit the section on risk to ensure it was laid out appropriately and add a statement to summarise what the trend analysis in Table 4 meant for NSS. C Grant also advised that in the section on External Audit, the reference to a separate Service Audit report could be removed as the approach had now changed. Members also discussed aligning the report to the Committee's Terms of Reference in the same way some of the other annual reports had been. L Bailey agreed to rework the report based on this feedback and bring back to Members for final approval. Members noted there was no mention of a vice-chair and J Burgess advised that this would be covered later in the meeting but it would be more relevant for the 2021/22 report.

Action: L Bailey to revise the annual report based on the feedback received from Members and bring it back for final approval.

4. SPONSORED AUDIT COMMITTEE LETTER [Paper AR/21/49 refers]

4.1 L Howard spoke to the paper, which was the first draft of the letter to the Scottish Government from the Committee Chair summarising the assurances received from the auditors and highlighting any significant issues for the attention of the Health and Social Care Assurance Board. Members were pleased to note that there were no significant instances of control weakness or fraud to report. They suggested some changes, which L Howard noted and would incorporate in the final draft for signature. Members sought and received assurances that NSS's Scottish Government Sponsor was aware of the situation regarding Service Audit. On the basis of these discussions, Members agreed they were content for J Burgess to sign the letter.

Action: L Howard to update the letter based on feedback and then share with Board Services and J Burgess to get signed off.

5.   LOSSES AND SPECIAL PAYMENTS [Paper AR/21/52 refers]

5.1   Members discussed the paper, which updated the Committee on losses for approval. J Deffenbaugh asked that the information on the cost of the incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) to the NSS Staff Governance Committee.   Members asked about pandemic losses and whether that would be covered in the Audit Scotland report. C Grant clarified that this was over and above what was in their report for this meeting. However, it would be picked up as part of the Annual Audit Report where it would be put into context and have an explanation of how it appeared on the balance sheet. Members wished for it to be clear that this was an accounting line rather than an NSS issue.   Members also felt that sections 3.1 and 3.2 could be have slightly more detail included for clarity and this needed to be considered.   M Morgan confirmed that the employee claim mentioned in the report related to an incident from January 2018 and explained the timing was partly a result of the length of the process but this had been delayed further by COVID-19.   Members were assured that all claims were reviewed by EMT and, in future, they would ensure that the NSS Staff Governance Committee had sight of it.   Pandemic stock was an ongoing risk and Members felt there was a need to consider how that was managed, noting that the level of delegated authority was laid out in the accounting manual.   It was mainly about taking the report and putting the losses relating to the pandemic stock in context.   Members confirmed they were content to recommend the report for sign off, subject to the changes discussed.

6.   INTERNAL AUDIT PROGRESS: ANNUAL REPORT 2020/21

6.1   Members were pleased to note from paper **AR/21/40** that the internal audit opinion was one of significant assurance with minor improvements.   N Thomas advised there had only been two high risk findings and there had already been positive progress in addressing them.   Looking at the table, Members expressed concerns that at the start of the year there had been three high risk findings, and one which had been raised in 2019, but noted that clarity around how it had been superseded would be covered later in the agenda.   Members discussed the trend analysis and were pleased to have the overview that within the core reviews NSS had always been well controlled. However, there was no common basis for comparison of the audits which were outside of that core work. Members were assured that work had started to look at the underlying cause of issues to try and provide a common point of reference which could be referred to in future years.   Members also felt it would be helpful to add observations about whether it had led to improvements in risk mitigation etc,.   C Low advised that she was content to look back but felt it should perhaps be captured in future planning and would like to work with KPMG on how best to do that.   Members were pleased and encouraged to see that NSS had a well-controlled environment.

7.   INTERNAL AUDIT PROGRESS: PROGRESS UPDATE [Paper AR/21/41 refers]

7.1   Members noted that there was one audit in progress from the 2020/21 plan and three in progress from the 2021/22 plan.   Members acknowledged that it had been a difficult year but now seem to be entering a more "Business As Usual" delivery phase. Members were assured that when a decision needed to made about when an audit was to be carried over, this would go back to C Low, L Neary, Lynn Morrow (Corporate Affairs and Compliance Manager) and then escalated as necessary.   Members also discussed and agreed the suggestion of keeping deferred audits on the agenda as a point of record for why they had been deferred.

8.   COMPLETED AUDITS: PROCUREMENT FINANCIAL CONTROLS [Paper AR/21/42 refers]

8.1   N Thomas gave an update on the audit, the testing and the key findings in the audit of Procurement Financial Controls. Members were pleased to note there had been recognition that any exceptions had arisen due to the unprecedented pace and work pressures created by the pandemic response. N Thomas assured Members that the necessary retrospective approvals across everything had now been done, the governance processes were in place and National Procurement had ensured that publication of contract awards was up to date.   This area had matured significantly as NSS had now reverted to pre-pandemic Standing Financial Instructions. The interim arrangements were no longer in place, which was reassuring. Members commended the fantastic work undertaken and were assured that it had been a good model – it had worked well for NSS, provided appropriate controls and allowed of retrospective closing of any gaps. Members were keen that the due diligence was recognised and wished to pass on their congratulations to all involved. Members suggested ensuring the model was further refined for the future to minimise the need for retrospective approval, although they did not want to detract from the fantastic work done. There was also recognition that the instances of non-compliance came out of responses to out of hours, urgent needs rather than a general abandonment of the process.

9.   INTERNAL AUDIT PROGRESS: FOLLOW UP ON HIGH FINDINGS

9.1   Members noted the highlights of paper **AR/21/43** which summarised the review of previously raised high risk findings which are due to be implemented each year, There was positive commentary on the control environment and its evolution and development. Members asked specifically about the actions relating to career pathways in digital and IT, and the timescales for seeing that work coming to fruition. D Mitchelson provided assurance that this was in a much more mature position so, although there was still a need to complete organisational change, he did not see it as a big risk and could evidence this well. Members sought and received assurances on the statement from HR about resourcing. In respect of national projects like GPIT Members discussed establishment of the roles, responsibilities and governance structures, clarifying them, and then how those governance structures could then be audited. They were assured this was being considered and taken forward

10.   INTERNAL AUDIT PROGRESS: WORKFORCE PLANNING

10.1   Members were briefly updated on the work on this audit, and noted that paper **AR/21/44** gave significant assurance in this area. There were a number of areas of good practice identified but there were also some medium priority improvement recommendations. J Jones confirmed that she had found this audit helpful and was pleased at progress as significant work had been done on workforce planning. This has allowed for greater focus on key areas. Members were given an overview of the six-step methodology and the challenges it gave NSS as it had been geared more to territorial boards. J Jones advised that she would now find a way of taking this work to the next level and was confident that any future audits would show further improvement. Members wished to commend the team for the progress made. Members discussed understanding the differences in the application of six-step methodology and how to ensure the main themes were embedded with the variations as necessary. Members also asked about the response of the SBUs but were

advised that this had not yet been shared with Directors. However, HR had started some of the actions and the report would be shared at EMT now that it had been to this meeting. Members felt it would be helpful to hear back how it had been received.

11. INTERNAL AUDIT ACTIONS [Paper AR/21/45 refers]

11.1 Members noted the highly positive progress – 17 actions had been completed with nine more on track for completion and no requests for extensions. Members were given a brief overview of the outstanding actions and were assured that there were no causes for concern. Members wished to record their thanks for the work that had gone into achieving this position. Members asked about the length of the contract with KPMG as the report referred back to 2015. C Low confirmed that NSS was into a second term with KPMG but Members wondered how useful it was to go back beyond the most recent term and suggested that this be considered for future meetings. With regard to the actions relating to the establishment of Public Health Scotland, Members sought assurance around the level of comfort from management that this audit could be closed. They were advised that, in terms of the action and findings, everything had been addressed and the report was simply acknowledging that there would be ongoing work as part of the Business As Usual (BAU) arrangements. There were also still issues in terms of roles and responsibilities between NSS and PHS but there was a good relationship there and the shared services were working well with some finer detail to resolve, which would be addressed going forward. The audit had been around the actions NSS took to support the creation of PHS. The pandemic meant this service had matured differently than originally envisioned but this was definitely now in a phase of ongoing improvement and development under BAU. There was learning there to take forward for future, similar changes. Members wished to commend the HR team for their work in that area.

Action: L Morrow to consider focussing the overall summary of the number of audits and findings on the current contract term.

12. SERVICE AUDIT 2020/21 FOLLOW UP [Paper AR/21/46a refers]

12.1 Members noted the paper, which updated on the stakeholder engagement undertaken in respect of the Service Audit 2020/21 outcomes, and the progress made in respect of the actions agreed at the Audit and Risk Committee on 26 May 2021. C Low also briefly summarised an update received from PCFS since the paper had been submitted and advised that the recent stakeholder meeting had also been very helpful. Some issues had arisen, mainly around accounting treatment of PPE, which has diverted some attention but Members were assured that good progress was still being made. Control descriptions were due to be finalised by the end of June 2021 for test of design to take place during July 2021 and allow testing of effectivness to go ahead for the first quarter of 2021/22 as soon as possible thereafter. Members were given an overview of the processes and engagement in place to ensure that the controls were understood in terms of the evidence required and the actions to be taken forward. All control descriptions in PCFS had been reviewed and agreed by the control owners. The controls were now being reviewed by staff in Finance who had not been previously involved in the process, and their feedback would be considered and incorporated as necessary. There would then be a walk-through of the controls within PCFS, KPMG would have a similar walk through and then the feedback from that would be discussed. At this point, the control descriptions would

be formally submitted for review. Members acknowledged that this was a huge step forward and were pleased that KPMG would have control wording which had been so robustly reviewed. Members wished to thank the team for the large amount of work being done and were keen to get quarterly testing underway so that any findings were time-bound.

12.2 Members were given more detail on the recent constructive meeting that had taken place with stakeholders, which had confirmed that everyone had a shared understanding regarding the service audit journey. Regarding the actions listed, C Low clarified that the plans were with her by 21 May but were still to go to the Service Audit Oversight Group in June 2021. The timing allowed for updates to this Committee but if something arose that could not wait, this would be raised as appropriate. Members also sought clarity about the comment on the collaborative approach and whether this was something new. They were advised that the approach of holding a special meeting to deal with one issue was unusual but that this would be looked at more in future. It was an indication of how successfully it was run that there were no major issues and only a couple of points of financial clarification. Members were mindful of ensuring that the controls for 2022/23 would be set from April 2022. Members agreed that this update provided significant assurance and commended the work done, finding it helpful to see the plans coming out of the teams meeting.

12.3 Members discussed the possibility of having spotlight sessions to hear from the staff involved, similar to those at the NSS Staff Governance Committee and J Burgess and C Low agreed to consider this. It was important to note that the approach taken to the Service Audit issues had been from a responsibility perspective and in a professional and dignified way. One lesson learned was that introducing a new way of auditing was disruptive and so NSS would need to take forward a stable platform to minimise that disruption going into whatever the next contract arrangements would be. There would be a lot of work done during August and September 2021 on requirements for any future contracts.

13. SERVICE AUDIT 2021/22 PROGRESS UPDATE [Paper AR/21/47 refers]

13.1 Members wished to record their thanks to Lee Dobbing, who had left his role as Service Audit Lead, and wished him best for the future. The noted that Tim Colclough was taking over and N Thomas would be speaking to paper at this meeting. Members were pleased to note that the timeline, roles and responsibilities were clear. N Thomas also assured that there would be written reporting into each NSS Audit and Risk Committee meeting and provided an overview of the structure of that. Members discussed the progress in the phasing of the overall programme in comparison to the previous year and noted that the timeline provided was final, subject to their approval. Members also discussed the plan and were given an overview of how it had been agreed and the kind of updates the Committee would receive. Members sought and received assurance around the wording of control descriptions and the timeline for agreeing them to move forward to testing their design and effectiveness. On this basis, Members agreed they were content to approve.

14. EXTERNAL AUDIT PROGRESS

14.1 C Grant confirmed that testing had concluded and Audit Scotland had found a sound controls environment with minor improvement opportunities. The accounts had also

been reviewed and no causes for concern were found. In relation to PPE, the Audit Scotland team had been granted access to the internal audit work on this and Members were given an overview of how this would feed into the ongoing work and the annual report. This would also flow into the Section 22 report as that would feature the annual report content. Members were advised that Audit Scotland had issued letters to the health boards regarding the service audit. They were also provided with an overview of the accounts work which had been efficient and positive. In respect of PPE and Testing Kits, there was recognition of the additional work and pressure on NSS staff in this area.

14.2   Members were assured that the work to issue the letter of assurance was being concluded and they asked for that to be circulated. They also asked about the audit code and suggested that it be put on the forward programme for a future meeting. Members discussed the PPE and testing stockpile, noting that while there was an understanding of how the PPE should be treated, in respect of testing kits there was a need for clarity on what NSS had responsibility for and what was in NSS's control. It came down to whether NSS was being viewed as an agent or principal in order to decide where the stock should be recorded but it was not envisaged that this would be a large issue. It would be important to work out how best to report the areas where NSS was operating more as agent. Members noted that whatever was agreed would be a compromise and the context would be important.

15.   DRAFT ANNUAL REPORT AND ACCOUNTS 2020/21 [Paper AR/21/48 refers]

15.1   L Howard highlighted this was a first look at the paper which was very much in draft form and so she was looking for feedback on whether there was anything missing or if the content adequately covered NSS's activities. L Howard also spoke to a presentation which added some further context. Members discussed the oversight on the changes and treatment of PPE. and agreed that this should go to the Board. In considering whether, at a high level, the paper contained the information that was needed, Members appreciated the format of the narrative but would like the opportunity to fully reflect and feed back on whether the details discussed earlier in the agenda were covered and that the future planning was right. They also felt that there should be some acknowledgement of the work that the Chair had undertaken and would consider if it was appropriate in this paper or whether it would be better for the Board itself to cover that off another way.

15.2   Members fed back some further initial comments about what they felt was missing. The Clinical Governance Committee was now known as the Clinical Governance and Quality Improvement Committee so this needed to be reflected. It was also felt that there should be something about providing assurance that NSS met the Staff Governance standards. Members also felt consideration needed to be given to how risk management was covered. The approach to providing the information for each committee was not consistent and Members suggested that this should be standardised as much as possible. For the section on the Remuneration and Succession Planning, Members asked that the information on pensions, benefits and Chair's salary be checked for accuracy. The terminology regarding the Director and Senior Management cohort also needed to be updated. Members felt that the reduction in the sickness absence needed to be celebrated more and that the numbers provided in relation to high earners needed to put more into context.

15.3   Members suggested that consideration be given to whether there was a need to specifically include the Register of Interests rather than providing a link to the website.

Members asked about the changes in accounting treatments and how this would affect any comparison with the previous year and were assured that a statement would be added for context. L Howard confirmed that the figures were still illustrative at this point as the audit was underway. Members briefly discussed the losses and special payments table and noted the explanation of why that was there. It was also felt there could be a little bit more clarity about whistleblowing. J Burgess asked for a table showing the points raised and how they were then addressed in an update paper for the next meeting scheduled for 18 August 2021.

Action: L Howard to create a table showing each of the feedback points raised and the response to them as an update paper for the next meeting scheduled for 18 August 2021.

16.   REVIEW OF CONUSLTANCY SPEND [Paper AR/21/50 refers]

16.1   Members discussed the paper, which updated on the Management Consultancy spend in the 2020/21 financial year, and noted the explanations for the reported increases. Members agreed that the information could possibly be clearer and would consider how to capture it in a more concise statement. Members discussed about how aware the Board was of this, breaking down the spend more specifically to demonstrate what it was for, and putting it into the overall organisational context. It was also worth reflecting that it had been an exceptional year and NSS was not likely to see the need for this level of additional spend again. Members acknowledged that NSS would not have achieved what it had managed to at the necessary pace without the external assistances. Members suggested that the paper could be re-worked slightly to make the benefits more explicit and a few additional lines providing context would allay any potential concerns. However, in general, Members were content to endorse the paper.

17.   FRAUD UPDATE [Paper AR/21/51a refers]

~~17.1~~   L Howard spoke to the highlights from the report, which provided a quarterly update on the fraud work within NSS. Members were pleased to note that the National Fraud Initiative work was on track. It was not required to be completed until the end of December 2021 but it had been decided to keep it in line with the annual report and accounts timescales. Members received an updated on the fraud cases currently open, which were all in hand, and the CFS annual review, which had been a positive session and a plan would be coming out of that. NSS were also going through a pilot on the new standards and there had been good communications with stakeholders around this. In respect of fraud awareness, NSS was performing very well with 90% of staff up-to-date on training against a target of 60%.

18.   RISK MANAGEMENT UPDATE [Paper AR/21/53 refers]

18.1   Members considered the paper, which updated on the Risk Management activity across all risks, and highlighted all red and any new amber reputational risks. As at 31 May 2021, there were 50 corporate risks, a net decrease of 8 since 31 January 2021. The red risks as at 31 May 2021 consisted of three red risks - two existing and one which had been opened since 31 January 2021. In that same period, Amber reputational risks had reduced from 18 to 11. Members discussed the existing red risk in PCFS (6249 – Bespoke System) and agreed that the timescale felt close so asked for that to be reviewed. Members also sought clarity regarding Risk 6121

(Unstructured and Unclassified Data) and whether this was a general statement, or if it had specifically been identified that NSS had a lot of unclassified and unstructured data. It was acknowledged that there was a need to consider the resourcing and classification of this risk and the recent Office 356 work would help to identify the extent of the risk more specifically, and help to reduce and remove it as necessary. Members discussed whether there should be a risk added regarding service audit and qualified opinion but were advised that this was already on the register. Going back to risk 6249 and the Oracle element of that risk, Members sought reassurance again that this would not be resolved at the very last minute. They were advised that it was complex but the roadmap was to move away from Oracle and the timescales were not currently any cause of concern. Members were updated on the risk workshop at the most recent EMT meeting to review the strategic risks and were assured that this was in hand.

Action: M Neilson and Angela Wilson-Coutts to go back to M Bell and review timescale for Risk 6249.

19.   INTEGRATED RISK MANAGEMENT APPROACH (IRMA) REVIEW [Paper AR/21/54 refers]

19.1   Members noted the summary provided which outlined the minor updates made to IRMA. This was an annual requirement so M Walker provided an overview of the work done in the development of the paper and aligning the risks through a single system. Members were updated on the Board Assurance Framework – firstly, there had been a strategic review of risks with EMT and this and allowed for focus on principle strategic risks and how appropriate measures could be introduced. It was hoped to be able to bring something on this to the Board in August 2021. The risk register would be migrated onto Service Now to allow it to be managed in a more effective way but this was in a queue of other services/processes also being transferred so this would be completed in due course. Members suggested that NSS needed to align with the wider NHS and Scottish Government Risk Management framework and asked that consideration be given to this. They also requested that when IRMA was presented to the Board, it was presented with track changes. Members were advised that this would be M Walker's last meeting before her retirement and they expressed their thanks for all the work she had done.

Action: M Neilson and Angela Wilson-Coutts to consider how to align NSS with the wider NHS and Scottish Government approach to risk management.

Action: M Neilson and Angela Wilson-Coutts to include track changes when presenting IRMA to the Board

20.   INFORMATION AND SECURITY AND GOVERNANCE UPDATE [Paper AR/21/55 refers]

20.1   E McLaughlin provided an overview of the impact of COVID-19 work and the move to reporting by exception, which Members welcomed. Members were pleased to noted there had been a significant drop in Freedom of Information (FOI) requests in the most recent quarter and there would be a full annual FOI report in September 2021. The Cyber Centre of Excellence had been launched successfully but the recent change in funding from Scottish Government would impact on resourcing. This would be monitored though. Digital Health and Care were also looking to progress the next phase of their work and Members could expect a report on that in September 2021. There would also be an SBAR report on training in the near future. Members were

pleased to note that there was now a planned return to work for the Records Manager which should help with the planning and mitigation for the risks on unstructured and unclassified data.

20.2   Going back to the Cyber Centre of Excellence, Members asked if there was more NSS could do on that. They were advised that D Mitchelson had presented at the last Chief Executives' Group meeting but there was still pushback. From the NSS point of view, the baseline funding was there to deliver according to NSS's needs, The additional funding would be for the aspiration to deliver a Once for Scotland approach so the case was being made but this would take time. NSS was in a positive position and had done everything possible. Members asked if NSS had someone promoting this service and if it could be expanded outside the NHS. They were advised that while the capacity for expansion was there, and there were links with Directors of Finance and Vice Chairs to potentially consider, it was not for NSS to actively promote but rather to make the information available and get buy in or await a mandate from Scottish Government.

21.   DATA PROTECTION OFFICER'S UPDATE [Paper AR/21/56 refers]

21.1   Members noted that although there had been good progress in some areas, records of processing activities (ROPA) and 'Accountability Principle' compliance remained the key areas of concern. There was also still a backlog of data protection related compliance documentation in relation to COVID-19 products and services to be fully completed or refreshed. Members were also advised that the ruling on EU data transfer was expected soon. There had be an opportunity, provided by the anniversary of COVID-19 services being established, to review the data protection risks associated with those services and any potential areas for concern would be monitored.

22.   FORWARD PROGRAMME [Paper AR/21/?? refers]

22.1   Members noted the forward programme as presented and were reminded to contact the Board Services Team at any time if there were updates they wished to make.

23.   ANY OTHER BUSINESS

23.1   J Burgess updated on the appointment of a vice-chair and how it would fit with succession planning for the Chair role. As it stood, no-one had specifically been identified as a substantive Vice-Chair for this Committee but J Deffenbaugh had agreed to take on the role on an interim basis.

There being no further business, the meeting closed at 1401hrs.

Minutes
(Approved)

NHS
National Services Scotland

NHS NATIONAL SERVICES SCOTLAND AUDIT AND RISK COMMITTEE

MINUTES OF MEETING HELD ON WEDNESDAY 18 AUGUST 2021 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS   B/21/56

Present:

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

In Attendance:

Rachel Browne – External Auditor, Audit Scotland
Inire Evong – External Auditor, Audit Scotland
Carole Grant – Audit Scotland
Laura Howard – Associate Director of Finance
Carolyn Low – Director of Finance
Mark McDavid – Non-Executive Director
Mary Morgan – Chief Executive
Lee Neary – Director of Strategy, Performance and Service Transformation
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Lisa Blackett – Non-Executive Director
Ian Cant – Non-Executive Director
Lorna Ramsay – NSS Medical Director

1.   WELCOME AND INTRODUCTIONS

1.1   J Burgess welcomed all to the meeting, which was being held virtually via the TEAMs platform. Noting the apologies.

1.2   Before starting the formal business of the meeting, J Burgess asked Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2.   NSS ANNUAL ACCOUNTS AND REPORT 2020/21 [Paper AR/21/59 refers]

2.1   Members were taken through a presentation to accompany the paper, covering the background, key achievements, challenges, and the impact of the changes to accounting treatments.   Members sought and received clarification around the

Chair   Keith Redpath
Chief Executive   Mary Morgan

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

accounting treatment for Personal Protective Equipment and testing kit expenditure. They were assured that the impact on NSS's overall financial position was minimal and this treatment was solely a technical requirement to record the information somewhere. Members discussed how the stock levels would be managed and ongoing revenue consequences, noting that that this would be fully funded for the duration of the testing programme.

2.2 Members expressed some concerns about the areas where NSS had paid for supply upfront and the impact of that. They were assured that there were very few advanced payments being carried forward, and those that were had been recorded as debtors so this would be managed appropriately. Members noted the recommendations for improvement and were assured that progress on these would be reported on a quarterly basis. Members also requested a progress update on the recommendations for 2020/21 from the 2019/20 report at the next NSS Audit and Risk Committee meeting on 18 September 2021. In respect of the next steps, Members confirmed that they were content with what was being proposed.

Action: L Howard to provide a progress update on the recommendations for 2020/21 from the 2019/20 report at the next NSS Audit and Risk Committee meeting on 18 September 2021

2.3 Members commended the work which had been done to manage and control the expenditure. The narrative was clear although there were some minor typographical corrections required. Members were assured that the final version for the Board will include an appendix listing the points of challenge raised and the responses to them. Members fed back the following additional points:

- the report was missing some detail on the commissioning of innovative research and development work;
- There was no information about how many contacts were traced within target;
- The statement about mesh removal should be specific about which year it referred to;
- The section on financial sustainability should have some more context;
- It would be useful to express staff composition as a percentage as well;
- The membership list for the NSS Staff Governance Committee should be double checked.

L Howard confirmed that these additional points would be taken on board and that the changes previously requested by Members had been addressed appropriately.

Action: L Howard to incorporate additional feedback and include them in the summary list of points raised and addressed.

3. AUDIT SCOTLAND ANNUAL AUDIT REPORT 2020/21 [Papers AR/21/60, AR/2/60a, and AR/21/60b refer]

3.1 Members were taken trough the content of the covering letter, noting that the audit had essentially been completed and any outstanding actions did not impact on the overall audit opinion (which was unqualified). Members acknowledged that this was a substantial achievement. C Grant highlighted and provided assurance around each of the headings on the letter. She also spoke to the key messages in the Annual Audit Report, providing an overview of the process for reaching the audit opinion.

Members noted the update provided on the letters being sent to the other public sector bodies and the recommendations. Members discussed the extent of private sector involvement and noted that, for this year, the issues would be recorded with a bit more clarity.   In respect of adjustments and extension of testing in areas as required, Members acknowledged that this would also be more proactively tracked through the NSS Audit and Risk Committee meetings. Members also identified a few other areas for further expansion.

3.2   In response to a query about there being less assurance around value for money, Members were advised that, for this year, the focus had been on the pandemic response and best value would begin to feature again in future years' reports. Considering the pandemic response focus, Members asked whether there was an option for exploring a comparison of the responses across the UK and the importance of local supply chains now in place. They were advised that this was perhaps not a question for this audit report but it could be captured in the wider reporting. Members briefly discussed the upcoming Section 22 report and were given an explanation of the reasons behind it. It was the mechanism for getting information in front of Parliament so this was recognition of the critical role NSS had played in Scotland's pandemic response and that the discussion about that response could not be had without the information NSS could provide.

3.3   Members discussed whether there was a need for the final version to come to the NSS Audit and Risk Committee again for a check of factual accuracy ahead of being presented to the Board but acknowledged that would depend on timing.   The findings on financial sustainability had highlighted NSS's reliance on non-recurring funding and implications of that.   Members were pleased to note the efficiency savings achievement and recognised that, while this left NSS in a strong position, and the need to convert some of the non-recurring savings into recurring savings for the future. Members were mindful of the significant risks in this area and appreciated the assurances on the work being done to mitigate these. The work of the Future Ready programme was also helping to address sustainability issues as the way NSS operated would fundamentally change.

3.4   Members were assured that the outstanding management responses were simply the result of timing and would be submitted in time for the final version being presented to the Board.   Members were also assured that the management responses satisfactorily addressed the issues highlighted. Members expressed surprise that there was only one area of good practice but were advised that this was not unusual - very few public bodies had specific areas of good practice highlighted in their reports. Members commend the work that had gone into this.

4.   ANY OTHER BUSINESS

4.1   Members agreed that they were content to recommend to the Board that the accounts could be signed at the upcoming Board meeting on the 30th.

There being no further business, the meeting closed at 1113hrs.

NHS National Services Scotland

Meeting:	**NSS Board**
Meeting date:	**Thursday, 30 September 2021**
Title:	**NSS Audit and Risk Committee Annual Report to the Board 2020/21**
Paper Number:	**B/21/57**
Responsible Executive/Non-Executive:	**Julie Burgess, Non-Executive Director and Committee Chair**
Report Author:	**Lynsey Bailey, Committee Secretary**

1.   Purpose

Information - As part of its Terms of Reference, and the NSS Standing Orders, the NSS Audit and Risk Committee is obliged to provide an annual report to the Board on its activities and thereby assure that it has fully met its obligations.

2.   Recommendation

The Board is asked to **note** this report.

3.   Discussion

The report provides a short update on the work of the Committee and provides assurance to the Board that NSS is meeting its obligations relative to audit, risk management and information governance.

4.   Impact Analysis

4.1   Quality/ Patient Care

This report provides assurance the NSS is adhering to legal and legislative requirements laid out in the NSS Standing Orders relevant to the current Terms of Reference of the Committee.

4.2   Equality and Diversity, including health inequalities

An impact assessment has not been completed because this is a summary of the Committee's activities during the year and has no equality and diversity impact in and of itself.

4.3   Other impacts

There were no other impacts relevant to this report.

5.   Risk Assessment/Management

There are no risks associated with this report.

6.   Financial Implications

There are no financial implications directly associated with this report although the Committee does scrutinise NSS's annual accounts to recommend their adoption by the Board. They also consider, and seek assurance on, the financial implications associated with the work that falls within its remit.

7.   Workforce Implications

There are no workforce implications directly associated with this report but the Committee does consider, and seek assurance on the workforce implications associated with the work that falls within its remit.

8.   Route to Meeting

This report is had been discussed by the NSS Audit and Risk Committee at its meetings on 18 June 2021 and 16 September 2021. The Committee has carried out its duties to involve and engage external stakeholders where appropriate. This includes providing highlight reports and/or copies of the minutes to the NSS Board after each meeting.

9. List of Appendices and/or Background Papers

The following appendices are included with this report:

- NSS Audit and Risk Committee Annual Report 2020/21

Audit & Risk Committee
Annual Report to Board Members
2020/21

Table of Contents

1.   Context

In accordance with the Terms of Reference and Standing Orders, the Audit and Risk Committee presents its Annual Report to the Board.

2.   Audit and Risk Committee Meetings

The Audit and Risk Committee membership and representation during the year ending 31 March 2021 was as follows.

Members:

Mr Mark McDavid (Chair)	Non Executive Director (until 31 May 2020)
Ms Julie Burgess (Chair)	Non Executive Director (from 1 June 2020)
Mr John Deffenbaugh	Non Executive Director
Ms Kate Dunlop	Non Executive Director (until 28 February 2021)
Mr Gordon Greenhill	Non Executive Director (from 21 December 2020)
Professor Arturo Langa	Non Executive Director (from 21 December 2020)
Ms Alison Rooney	Non Executive Director

In attendance:

Mr Colin Sinclair	Chief Executive
Professor Elizabeth Ireland	NSS Chair
Mrs Carolyn Low	Director of Finance and Business Services
Mrs Mary Morgan	Director of Strategy, Performance and Service Transformation
Mr Deryck Mitchelson	Director of Digital and Security
Mrs Eilidh McLaughlin	Associate Director - Information Security and Governance
Mr Patricia Ruddy	Data Protection Officer

Auditor representation:

KPMG	Internal Audit
KPMG	Service Audit
Audit Scotland	External Audit

The Committee met in May, June, August September, December 2020, and March 2021 Members reviewed the annual audit plans, reports from auditors and management's progress in completing audit actions raised. Progress with fraud cases and counter fraud initiatives were also reviewed.

In camera sessions were held during the year by the Committee with KPMG and Audit Scotland.

3.   Minutes of and Actions from Meetings

Minutes of Committee meetings have been approved by the Committee and presented to the NSS Board. The Board also receives a highlights report on the key issues discussed by the Committee. Any relevant issues or matters arising from the other NSS Committees are brought to the attention of the Audit and Risk Committee to ensure that relevant points are noted and actions taken where appropriate.

The Committee maintains an action register to record and manage actions agreed from each meeting and reviews progress at subsequent meetings.

4. Appointment of Auditors

The Auditors of NSS during the year were as follows:

Audit Service	Auditor	Current Contract Ends
Internal Audit	KPMG	March 2022
Service Audit: Payroll Services	KPMG	March 2022
Service Audit: Practitioner Services	KPMG	March 2022
Service Audit: National IT Contract	KPMG	March 2022
External Audit	Audit Scotland	March 2022

5. Reports Reviewed

5.1   Internal Audits

The Committee approved the Internal Audit Plan for 2020/21 on 4 December 2019. During the year, the Committee was provided with updates on the progress made against the Internal Audit Plan, the key findings identified and progress made by management with implementation of audit recommendations to address them.

A summary of the Internal Audit reports reviewed by the Committee during the year is provided in Table 1 overleaf. In total, nine audits were completed in the year and 30 findings were raised. Of the 30 findings requiring management action, three were categorised as 'high', 13 as 'medium' and 14 as 'low' in terms of risk.

The Internal Audit Plan was reviewed as being appropriate by the NSS Board to ensure it was still meeting NSS's requirements and minor changes had been made during the year.

Actions have been agreed to address all recommendations during the 2020/21 audit cycle. As at 31 March 2021, 81% of all actions due for completion have been fully addressed on time. Ten actions from the 2020/21 audit will be completed during 2021/22.

Progress with completion of all actions due in 2020/21 was monitored and reviewed jointly by the Director of Strategy, Performance, and Service Transformation and Associate Director of Strategy, Performance, and Communications. This was reported on to the Committee on a quarterly basis.

Table 1 – Overview of Audit Reports in 2020/21

Review	Report classification	Number of findings				Total
		Critical	High	Medium	Low	
Capital Planning Processes	Significant Assurance with Minor Improvements			2		2
Clinical Waste	Significant Assurance with Minor Improvements			2		2
Financial Controls	Significant Assurance with Minor Improvements		1			1
PHS Review	Significant Assurance with Minor Improvements			2	3	5
Procurement Storage	Not applicable *		1		3	4

Review	Report classification	Number of findings				Total
		Critical	*High*	*Medium*	*Low*	
DaS Programme Management	Significant Assurance with Minor Improvements				3	3
Quality Assurance Processes	*Significant Assurance with Minor Improvements*			4	2	6
NSD Governance	*Significant Assurance with Minor Improvements*		1			1
Workforce Planning	*Significant Assurance with Minor Improvements*			3	3	6
TOTAL			3	13	14	30

* This was not an internal audit over a system or process so Internal Audit did not provide an assurance rating or a process maturity assessment.

Table 2 – Report Classifications

Report classifications	Number of Reports with this classification
Significant Assurance with Minor Improvements	8
Significant Assurance with Improvements	0
Partial Assurance	0
Partial Assurance with Improvements Required	0

Table 3 – Internal Audit Actions

Risk Level	To be completed during 20/21 but audit report presented in 21/22	Implementation date(s)	Report Title
High	1	June 2021	Financial Controls
Medium	2	September 2021	Procurement Storage
Medium	3	TBC	Workforce Planning
Low	3	TBC	Workforce Planning

Table 4 – Trends in Findings Raised

Finding rating	4 year average (mean)	Trend between current and prior year	Number of findings			
			2020/21	2019/20	2018/19	2017/18
Critical	-	⟷	-	-	-	-
High	3	⬆	3	2	4	3
Medium	18	⬇	13	17	23	17
Low	15	⬆	14	12	14	21
Total	**36**	⬇	**30**	**31**	**41**	**41**

The Internal Audit Annual Report for 2020/21 from KPMG summarises the work carried out in the year. This was approved by the Committee in May 2021. In this report, the Head of Internal Audit reports in the audit opinion that:

> "Significant (with minor improvements) assurance can be given on the overall adequacy and effectiveness of the organisation's framework of governance, risk management and control".

Overall KPMG's review found that the Assurance framework was founded on a systematic risk management process and did provide appropriate assurance to the Board. The Assurance Framework did reflect the organisation's key objectives and risks and was reviewed on a regular basis by the Board.

There were three high risk recommendations identified by the Internal Auditors as part of their overall review. These recommendations have agreed action plans which were completed by August 2021. Similarly the medium and low risk findings reported also have actions plans in place. Management will provide regular updates on actions plans to the Audit and Risk Committee.

5.3   Service Audits

The Service Audit reports for 2020/21 were reviewed and approved by the Committee on 26 May 2021. The service areas audited were:
- National IT Services Contract
- Payroll Services
- Practitioner Services

The Service Auditors have provided unqualified audit opinions for the National IT and Payroll Services. The auditors have provided a qualified audit opinion for the Payment of Primary Care Contractors. Full reports have been made available to all relevant NHS Boards. Audit Scotland, in its letters to external auditors of other NHSScotland Boards, concluded that it was able to place reliance on the work in respect of Practitioner Services.

NSS and KPMG held a meeting with Directors of Finance from NHS Boards and their auditors in June 2021 to discuss the findings in the reports and provide further assurance. Action plans are in place to address the exceptions highlighted in the reports. The Director of Finance has also commissioned an independent review of the Practitioner Services processes.

Service Audits will continue in 2021/22 for the service areas noted above.

6.   External Audit – Audit Scotland

The Committee receives all reports from the External Auditors (Audit Scotland). These include an annual assessment of the adequacy of the internal audit, the external audit annual audit plan, internal controls report and the annual audit report. The annual audit report includes a report to those charged with governance on matters arising from the audit of the annual financial statements, as well as comment on financial sustainability, governance and best value. Audit Scotland have been appointed as our external auditors for the period 2016/17 to 2021/22.

Where appropriate, issues raised by the External Auditor as part of the Annual Accounts process are included in the Governance Statement in the Annual Accounts. For the year to 31 March 2021, no issues were noted.

Early drafts of the Annual Accounts – 'Part A - Reports and certificates' and 'Part B - Accounting Policies' were reviewed by the Committee at its meetings on 26 May 2021 (for Part B) and 19 June 2021 (for Part A).

The Director of Finance attended the clearance meeting for the Annual Accounts with the External Auditors on 3 August 2021. The final Annual Report and Accounts were presented to the Committee on 18 August 2021 for approval and presented to the Board for adoption on 30 August 2021. Once signed, the Annual Report and Accounts will be submitted to the Scottish Government Health & Social Care Directorate (SGHSC) by 31 August 2021 and will then be laid before Parliament.

7.   Risk

All NHS Bodies are subject to the requirements of the Scottish Public Finance Manual (SPFM) and must operate a risk management strategy in accordance with the relevant guidance issued by Scottish Ministers. The general principles for a successful risk management strategy are set out in the SPFM.

NSS governance and management structures support risk management by embedding risk identification and assessment into their strategic reviews and day to day activities as follows:

- The risk management approach sets out the importance of risk management to the delivery of our objectives, our risk appetite statement, the responsibilities of staff across NSS, the supporting organisational arrangements for the identification, assessment and reporting of risks and the steps to be taken to develop and implement mitigating actions.

- SBUs identify and assess risks through their planning and performance processes, reviews of significant changes in NSS service or the environment in which it operates in, following a resilience incident, adverse event or near miss, data protection impact assessments, information security risk assessments, testing controls in place around NSS day to day activities, horizon scanning future events, stakeholder engagement, programme and project risk assessments, and through the internal controls assurance checklists. Monthly risk reviews are undertaken by SBUs.

- The Executive Management Team reviews the risk profile for the organisation, across all categories of risk and challenges key organisational risks and issues monthly. They also consider corporate and strategic risks at their Development Sessions throughout the year.

- Risks are assessed for the likelihood of an event occurring and the impact of the event. They are categorised under four headings: Business, Staff Clinical and Reputational. Management Groups review these risks by category for their areas of responsibility and challenge the actions being taken to address them.   Information Governance risks across all of the categories were also reviewed by the Information Governance Group.

- The NSS Committees: Finance Procurement and Performance, Staff Governance, Clinical Governance, and Audit and Risk meet at least three times during the year and reviewed and challenged Business, Staff, Clinical, Information and Reputational risks respectively across NSS. This provides a comprehensive review of risks by risk category across the organisation. The Committees also review respective strategic risks at least three times each year.

- The Audit and Risk Committee receives quarterly reports on risk management across NSS, detailing the improvements being made to our processes and procedures and key

risks for the organisation. This provides the Committee with the assurance that risk management is operating effectively and that there is integration between organisational risks and audit activity. The Committee also reviews the NSS risk appetite statement on an annual basis.

- Risks associated with information that we hold and are responsible for are subject to regular review and independent audit as part of our overall governance and risk management arrangements.

- The Board receives risk update reports every six months. The reports include details of risk management improvements; the risk profile for the organisation and the key risks being addressed. This gives the Board the opportunity to review and challenge risk management processes and the key risks we face. The Board reviews and approves NSS's appetite to risk annually. NSS has a flexible approach to its risk appetite in pursuit of its four principal objectives: Customers at the Heart of Everything We Do, Increase our Service impact, Improving the Way We Do Things and Be a Great Place to Work. Where risks to new and on-going activities are identified, 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 (IRMA).

The NSS approach towards risk management is one of continuous improvement in order to develop an effective and consistent risk management culture across the organisation. Throughout 2020-21 risk management was improved through assessments and a development including the annual review of the IRMA to ensure it continues to be effective and meets the needs of our staff, management groups and governance structure.

- The IRMA was reviewed and is aligned to the ISO310009 (2018) international standard on Risk Management. NSS use checklists to assess the internal controls we have in place around our key day to day activities allowing us to identify where external assurance is provided, for the services we provide.

- NSS uses checklists to assess the internal controls we have in place around our key day to day activities. This allows us to identify where external assurance is provided around the services we provide.

- NSS Risk Champions meet quarterly to share risk management best practice and support continuous improvement to our risk management process and procedures. This has improved the implementation of our risk management approach across the organisation. All staff are required to complete the Risk and Resilience e-Learning as mandatory training.

NSS has sustainability impact assessed all corporate risks against threats from climate change as part of the NSS corporate commitment to address the social, economic and environmental impacts of its products, services, projects and/or activities.

## 8.	Fraud Prevention

The Committee received quarterly fraud update reports during the year. These reports provided the Committee with updates on NSS fraud cases, counter fraud training delivered to staff, initiatives undertaken to identify and address fraud, and the work carried out by Practitioner & Counter Fraud Services in relation to detecting, deterring, disabling and dealing with fraud in the NHS. This provided the Committee with the assurance that the risk of fraud was being managed and addressed across NSS. Committee members also attended fraud training during the year.

9.   Information Governance

In addition, the work of the former NSS Information Governance Committee was incorporated into the NSS Audit & Risk Committee agenda.   Under this section of the agenda the Committee received updates and assurances on NSS's compliance with relevant legislation, duties and standards with regards to information governance.   This covered Caldicott Guardianship and Confidentiality; Data Protection; Information Security; Freedom of Information and Records Management.   Reports were provided at each meeting to allow the Committee to satisfy itself that appropriate progress was being made to improve the quality of information governance across NSS, and that any information incidents, risks and complaints were being managed appropriately.

10.   Conclusion

The Audit and Risk Committee concludes that substantial attention is given by the organisation to its audit, risk and information governance arrangements, that this is proportionate to the nature of each Strategic Business Unit's role, and that the Committee's monitoring responsibilities are being met as follows:

Key Duty	Evidence
Advise the Board and Chief Executive on the strategic processes for risk, control and governance and the governance statement, and how they support the achievement of the Board's strategies and objectives	**Standing Items**: Each meeting – all audit reports and the risk management report
Advise the Board and Chief Executive on the accounting policies, the accounts, and the Board's annual report. This includes the process for review of the accounts before they are submitted for audit, levels of error identified, and management's letter of representation to the external auditors;	**Standing Item:** June and August 2021 meetings for the 2020/21 financial year
Advise the Board and Chief Executive on the planned activity and results of both internal and external audit	**Standing Item:** Each meeting – internal and external audit report
Advise the Board and Chief Executive on the performance of the internal audit function;	**Standing Item:** Each meeting – internal and external audit report
Advise the Board and Chief Executive on the adequacy of management response to issues identified by audit activity, including external audit's management letter or report;	**Standing Item:** Each meeting – internal audit actions report
Advise the Board and Chief Executive on the effectiveness of the internal control environment;	**Standing Item:** Each meeting – internal and service audit reports/updates.
Provide assurances relating to the corporate governance requirements for the Board;	**Standing Item:** Each meeting – internal, external and service audit reports/updates.
Advise the Board and Chief Executive on the appointment of the Chief Internal Auditor;	Not necessary in this year – no appointment due until contract renewal/award in March 2022.

Key Duty	Evidence
Advise the Board and Chief Executive on the purchase of non-audit services from contractors who provide audit services;	Deloitte was appointed to assist in some follow up work on Service Audit
Advise the Board and Chief Executive on the Board's policies, procedures and processes where they relate to risk management, governance and internal control. Examples are the Board's Standing Orders, Standing Financial Instructions, Scheme of Delegation, risk management policy, ethical conduct, prevention of bribery and corruption, anti-fraud, and Whistleblowing;	Brought as required (e.g. IRMA review at the meeting in June)
Advise the Board and Chief Executive on the skills required for committee effectiveness, to inform the selection of members of the committee.	Committee effectiveness survey delayed while awaiting advice from Scottish Government following the implementation of Active Governance.
Consider and scrutinise NSS's compliance with relevant legislation, duties under Common Law and performance against national standards with regards to information governance. This duty covers the following components of information governance: Caldicott Guardianship and Confidentiality; Data Protection; Information Security; Freedom of Information and Records Management;	**Standing Item:** Each meeting – Data Protection Officer's Report
Review at each meeting reports on performance relating to information governance matters across NSS and satisfy itself that appropriate progress is being made to improve the quality of information governance across NSS.	**Standing Item:** Each meeting – Information Security and Governance Report
Satisfy itself that each NSS SBU has processes in place to monitor and report information governance incidents, risks and complaints;	**Standing Item:** Each meeting – Information Security and Governance Report
Review at each meeting identified information governance risks, issues and complaints, and satisfy itself that appropriate action has been taken, lessons learnt and improvements implemented;	**Standing Item:** Each meeting – Information Security and Governance Report
Review annually the risk appetite of NSS in relation to information governance.	**Standing Item:** Annual – risk appetite review in December.

Ms Julie Burgess
Chair of the Audit and Risk Committee
16.09.2021