Agenda

B/21/62

NSS BOARD FORMAL
THURSDAY, 2nd DECEMBER 2021 COMMENCING 0930 HRS VIA TEAMS

Lead: Keith Redpath, NSS Chair

In Attendance: Jacqui Jones, Director of HR and Workforce Development
        Lee Neary, Director SPST
        Craig Spalding, Director SNBTS
        Matthew Neilson, Assoc. Dir Strategy, Performance & Communications
        Karen Nicholls, Committee Services Manager – Minutes

Apologies:

Observer: Inire Evong, Audit Scotland
        Stephanie Knight, Scottish Government
        Conor Samson, Scottish Government
        Damian Sefton, NSS
        Amy Brewer, NSS
        Annabelle Lamont, NSS
        Jennifer Lindsey, NSS
        Deborah Brown, NSS
        Amanda Broad, NSS
        Clare Dillon, NSS
        Shona Cunningham, NSS

0930 – 1200 hrs

1. Welcome and Introductions

2. **Items for Approval**

    2.1   Minutes of the previous meeting held on Friday, 30th September 2021 and
        Matters Arising **[B/21/63 and B/21/64]** – **Keith Redpath**
    2.2   NSS Register of Interests **[B/21/65]**
    2.3   SNBTS Strategy **[B/21/66]** – **Craig Spalding**
    2.4   Sturrock Action Plan **[B/21/67]** **Jacqui Jones**

3. **Items for Scrutiny**

    3.1   Chairs Report – **Keith Redpath**

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

Chair   Keith Redpath
Chief Executive   Mary Morgan

3.3   Performance Report – (RMP) [B/21/71] – **Lee Neary**

3.4   People Report [B/21/68] **- Jacqui Jones**

3.5   Finance Report [B/21/69] **- Carolyn Low**

4. **Items for Information**

4.1   Board Forward Programme [B/21/70]
4.2   NSS Committees Approved and Draft Minutes [B/21/72]

       NSS Staff Governance Committee 31.8.21 Approved
       NSS Clinical Governance and Quality Improvement Committee 1.9.21
       Approved
       NSS Finance, Procurement and Performance Committee 25.8.21 Approved

5. **Any other business**

Date of next meeting: Development Session 18th February 2022 and Formal 10th March 2022.

Minutes
(Draft)

NHS NATIONAL SERVICES SCOTLAND BOARD

B/21/63

MINUTES OF MEETING HELD ON THURSDAY 30 SEPTEMBER 2021 VIA TEAMs DIGITAL PLATFORM AT 0930 HRS

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

In Attendance:
J Heaney, Associate Director Customer Solutions and Experience
S Flockhart, Director of Cloud Engineering and Operations [Deputising for D Mitchelson]
T McHugh, Customer Engagement
M Neilson, Associate Director of Strategy, Performance and Communications
L Neary, Director of Strategy, Performance and Service Transformation
A Stewart, Associate Director of HR [Deputising for J Jones]
L Bailey, Committee Secretary [Minutes]

Apologies:
I Cant, Employee Director
J Jones, Director of HR and Workforce Development
D Mitchelson, Director of Digital and Security

Observers:
I Evong, Audit Scotland
S Knight, Scottish Government
C Samson, Scottish Government
K Gardiner, NSS
C Waugh, NSS
A Brewer, NSS
M McIlvar, NSS
E Dargo, NSS
S Wallace, NSS
C Cooper, NSS

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.

1. WELCOME AND INTRODUCTIONS

1.1 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 25th June 2021 and following a brief discussion, approved them in full pending a correction that the committee annual reports presented did not include the Audit and Risk Committee's report. This would be covered in the agenda for this meeting.

2.2 Members noted that all outstanding actions were either complete, programmed for a future meeting, or would be covered by the agenda.

3. FUTURE READY [paper B/21/24 refers]

3.1 The Board discussed the paper which set out the Vision, Principles, Definitions and Governance Framework NSS would be using for Future Ready and gave an overview of the perspectives that helped to shape them. Members felt there could be more on Theory of Change, and offered to liaise outside of the meeting to offer help in establishing that.

3.2 They also discussed the timetable as proposed in comparison to the recommendations from the Royal Society for Arts, Manufactures and Commerce (The RSA) and HR's capacity to deliver. Members were assured that A Stewart was involved in the Future Ready group and she provided an overview of the plans for managing the impact and prioritisation. Contracted Hours were not going to be scrapped but Members felt this was not clearly articulated in the report. The premise would be to operate within extant policy guidance and framework. Embracing flexibility (which was being done from an enabling and empowering perspective) and allowing staff to work in new ways was key.

3.3 Members had some concerns about the pace and the how possible it would be to deliver without seeing some further detail. They were assured the Executive Management Team recognised that this had been an emergency situation and staff had been working exceptional hours. The aim was to prompt conversations that allowed staff to have greater flexibility about how, when and where they worked. Members also discussed the issue of "presentee-ism" and how much a problem that could potentially be.

3.4 The Board were assured that this would be monitored across the organisation, ensuring that behaviours were in keeping with health and wellbeing principles (i.e. not feeling obliged to respond to e-mails out of hours because somebody else is choosing to work at that time). However, to ensure that the work was done as efficiently as possible there should also be recognition that in some cases, this could mean the scope for flexibility may be more limited but a consistency of approach would be applied. Future Ready would be a game changer in respect of financial sustainability as it had the potential to yield significant savings and increase productivity through less travel requirements for staff.

3.5   The Board confirmed they were content to approve subject to their observations.

4.   ANNUAL FEEDBACK AND COMPLAINTS REPORT [paper B/21/24 refers]

4.1   The Board welcomed the positive report which was a collation of the feedback and complaints data for April 2020- March 2021 being presented for approval. Members sought and received clarity about the number of complaints relating to the National Contact Centre and how this was being reported separately.

4.2   Members asked about benchmarking for DaS and noted that the intention was to use ATOS as a starting position then look at external organisations. This would be part of the service redesign plan but it had not reached that point yet. Members suggested the use of Statistical Process Control in some of the charts (e.g. figure 1) and were advised that this was being investigated.

4.3   Thereafter Members agreed to approve the report.

5.   RESEARCH. DEVELOPMENT AND INNOVATION (RDI) STRATEGY [paper B/21/24 refers]

5.1   The Board noted the detail of the RDI strategy which was being presented for approval. Members wished to acknowledge the amount of work which had gone into this. They had some feedback on minor formatting and proof-reading points and were assured that these would be taken on board for the final published version. Members approved the report, subject to those updates.

6.   NATIONAL CLIMATE RESILIENCE SUMMIT AMBITION STATEMENT

6.1   M Morgan gave the background to the paper, which sought approval for NSS's commitment to the National Climate Resilience Summit Ambition Statement ahead of the summit to be held on 1 October 2021. Members agreed that it was critical for NSS to be seen to be involved, as part of its sustainability work and therefore gave their approval.

7.   CHAIR'S UPDATE

7.1   K Redpath took Members through a verbal update and highlighted the following:
- Acknowledgement of the increasing pressure on the whole system and overview of the recent activity;
- The Cabinet Secretary had been meeting weekly with Chairs and Chief Executives to both hear the most up to date information from local systems and to report on the actions being taken across the whole health and care system to address the ongoing immediate pressures;
- Commendation of the extremely hard work from NSS Staff in recognition of the immense pressure they had been under;
- Thank colleagues who had participated in the Chair's 360 appraisal process and Members were provided with a brief update on the outcomes;
- Feedback continued to indicate a high regard for NSS and the huge role it plays;
- Overview of the recent Board Chairs' away days;

- The Service Audit Steering Group continued to meet and there was increasing confidence that the previously-identified process issues are being addressed;
- The next NSS Board Development Session was being scheduled and Members could soon expect to hear about revised dates;
- There was an upcoming "get to know you" visit from the Cabinet Secretary due to take place at the Jack Copland Centre in the coming month;
- NSS's Ministerial Review was still to be arranged but it was anticipated this would take place by the end of the calendar year;
- K Redpath and M Morgan would be attending an event to recognise employers who support army reservists.

8.   CHIEF EXECUTIVE'S UPDATE

8.1   M Morgan took Members through her update, highlighting the following areas;

- Julie Critchley had been appointed as Director of NHSS Assure and took up post on 6 September 2021

- NSS continued to enable and underpin Scotland's response to COVID-19 across a wide range of areas and this was expected to be a considerable focus of service delivery for the foreseeable future.   Of particular note recently was:
  - the work of DaS around National Vaccine Scheduling Service and Covid Vaccination certification, delivered at short notice;
  - the considerable response of the testing and National Contact Centre teams during the most recent and current surge in COVID-19 cases;
  - The CLO property team has been working hard supporting leases for Vaccination Centres and other property matters – and often goes unseen.

- As each part of NSS was experiencing the pressures relating to the COVID-19 response, M Morgan and the EMT were mindful of the wellbeing needs of staff, the additional pressures that remobilisation of business as usual was taking, and the need to prioritise and support externally and internally;

- NHS Scotland would remain on an emergency footing until at least 31st March 2022;

- Due to the risk of protests surrounding the 26th UN Climate Change Conference of the Parties **(COP26)** being held from 1st to 12th November 2021 in Glasgow, NSS was carefully considering its Glasgow footprint during that period to ensure the safety of staff and the buildings;

- The delivery of seasonal flu vaccinations was underway, alongside COVID-19 boosters for frontline staff – more reflected in people report;

- A fire at Tradebe's Bellshill facility caused significant damage that would take an estimated 18 months to repair. Continuity operations had experienced challenges but there was both an Incident Management Team (IMT) and the NHSS Healthcare Waste Commercial Resilience Steering Board (HWCRSB) established to provide balanced decision making and oversight of risks, mitigations and the plan to respond;

- Following the PPE briefing, a similar briefing on COVID-19 Vaccination had been published by Audit Scotland;

- NSS's Annual Report and Accounts were still to be laid before parliament prior to their publication. Due to the public interest around COVID-19 work, they

would also be subject to a Section 22 report which is in preparation although the timeline for publication was as yet unclear; On 24 August, Scottish Ministers announced a **Scottish Public Inquiry** would be established, to consider matters in relation to Scotland's handling of the COVID-19 pandemic. An Aims and Principles paper was published to form the basis of stakeholder engagement on the Terms of Reference for the inquiry. M Morgan had responded on behalf of NSS but, given NSS's involvement, declined to comment specifically on the scope of the Inquiry. We are awaiting publication of the terms of reference for the Inquiry before setting out our response in resource terms – which were expected to be extensive;

- The Infected Blood and Scottish Hospital Inquiries continued;

- There had been three Whistleblowing submissions - two of which met the standards and one did not. The Independent National Whistleblowing Officer (INWO) was investigating one of the concerns. The INWO investigation was found to be a resource intensive resource and NSS looked forward to learning the lessons from going through this process;

- Members were updated on a large scale, national incident involving individuals being incorrectly excluded from Scottish Cervical Screening. Colleagues in NSD have been managing this incident, which was the subject of a Parliamentary Statement by the Minister for Public Heath on 24th June. Since that earlier statement the Programme has done a great deal of work to identify and contact groups of women who may have been affected. That work had progressed well, and the Minister provided an update to Parliament on this on 15th September, as well as describing work that would now progress to audit the clinical notes of a larger group of around 200k women. NSS was working with Scottish Government and the Programme Board to develop the best approach to this task, and was currently in discussion with SGPC about using GP admin resource to help identify records, which would then be reviewed by Board clinical teams. This would be a significant undertaking and was likely to take a year or more to complete. In addition to providing this update, as part of the Statement the Minister advised Parliament that Government would undertake an independent review of exclusions from the cervical screening programme in the past, and previous investigations into identified issues with exclusions (2006, 2015, 2016-17). The detail and scope of this review was still being discussed. The role of NSD in supporting the programme and supporting investigations of previous incidents may be part of considerations. National Screening Oversight (NSO) has been involved with Scottish Government in early consideration of this review and was expected to continue to be involved as the scope and approach is developed. NSS's position was that any such historical review should be collaborative, and would expect that NSO, which did not exist during any of the historical events to be considered, would be part of any panel convened. M Morgan reassured Members that there was no suggestion or criticism that the current event had not been managed appropriately.

- Upcoming Awards included:
  o 7th October – HPMA excellence awards, with J Jones shortlisted for Director of the Year
  o 21st October – MOD Employer Recognition Scheme Gold Award ceremony – with thanks for the work led by Martin Bell.
  o Scottish Health Awards: Shortlisted nominations announced 4th October – please look out for any NSS teams or individuals shortlisted

- o The NSS Excellence Awards ceremony will be held on the morning of 8th February 2022 – so please hold the date to join in celebrating our people, teams and services.
- o NHS Scotland had also been shortlisted for the upcoming Proud Scotland Awards on 2nd October.

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

9.   PEOPLE REPORT [paper B/21/45a refers]

9.1   J Jones took Members through the report and highlighted the following;

- Sickness absence remained within tolerances but there had been an increase during the period. Whilst it was difficult to identify the exact cause there had been an upturn in sickness related to anxiety and stress. This would be monitored carefully as there may also be a link to levels of outstanding annual leave;

- Turnover rate in the National Contact Centre was of concern and work was underway to understand and identify any specific causes. It was already apparent that some of this was due to retirees and people who had been on furlough returning to the substantive work;

- Work was ongoing around case management and how best to engage to ensure appropriate levels of investigating managers were reached.

9.2   Members thanked J Jones for the informative report and noted it in full.

10.   FINANCE REPORT [paper B/21/46 refers]

10.1   C Low took Members through the report and highlighted the following areas;

- A deep dive into the use of contractors had been carried out to ensure compliance with IR35 and when this should be considered. The outcome had identified that most areas using contractors were using Agenda for Change salary positions and those outwith would be reviewed. Further work would be carried out with specific Businesses;

- Non-Critical Development Bids – Members noted that this terminology was being used to prioritise bids for development funding and this allowed appropriate escalation as all bids had been put on hold;

- NSS continued to have a good relationship with Scottish Government.

10.2   Members thanked C Low for her report and looked forward to future updates.

11.   PERFORMANCE REPORT [paper B/21/60 refers]

11.1   L Neary took Members through the update and noted it in full. Members were keen to understand the implications of delays to the South East Payroll implementation programme and asked that this be provided to a future meeting.

Action: L Neary to provide update on South East Payroll to future meeting.

12.   RISKS AND ISSUES REPORT [paper B/21/47 refers]

12.1   L Neary took Members through the report and highlighted the following;

- The risks relating to Estates would be reviewed and reworded as appropriate;

- Risk 6121 – this was being closely monitored by the NSS Audit & Risk Committee and progress was being made and further updates would be provided in due course;

- Risk 6282 Windows 10 – there were concerns relating to the risk of malware and this risk would be reviewed and mitigations updated as appropriate.

- One issue was identified relating to EVADIS/Audit Scotland SLA and would be included in future reporting.

12.2   Members noted that in general terms the strategic risks felt appropriate but asked for further thought to be given to ensure this aligned fully with the Board Assurance Framework. M Neilson talked Members through the linkages and asked that any feedback or comments be forwarded to him outwith the meeting if required.

Action: All to feedback on strategic risks to M Neilson outwith meeting.

13.   SHARED SERVICES [paper B/21/48 refers]

13.1   L Neary took Members through the update and noted the following;

- There was a requirement for further clarity between NSS and PHS and this would be carried out as part of the review of the SLA already in place;

- The SLA terms would be revisited to include Value for Money;

- Discussions were ongoing to move to a partnership style relationship rather than contractor/customer.

13.2   Members noted the report in full and looked forward to future updates.

14.   DaS REPORT [paper B/21/49 refers]

14.1   Members noted the report in full.

15.   ITEMS FOR INFORMATION [papers B/21/50, B/21/51, B/21/52, B/21/53, B/21/54, B/21/56 and B/21/57 refer]

15.1   Members were content to note the contents of the items for information in full with no additional comments.

16.   ANY OTHER BUSINESS

16.1   Members noted that there would be a further update on the formal Scottish Government Ministerial Review once confirmed.

This concluded the public session of the Board meeting. Members at this point resolved that under Section 5.2 of the NSS Standing Orders to exclude the press and public from its consideration of the remaining agenda items.

IN PRIVATE SESSION – MEMBERS ONLY

17.   NSS REMOBILISATION PLAN – [paper IPC/21/06 refers]

17.1   Members noted the content of the paper in full and were fully supportive of the recommendations made.

18.   NATIONAL CARE SERVICE CONSULTATION – NSS RESPONSE [paper IPC/21/07 refers]

18.1   Members noted the content of the draft response and agreed as follows;

Firstly, that a further two weeks would be allowed for any members to submit any detailed comments they have; and
Secondly that it be remitted to the Chair and Chief Executive to approve the final response prior to the closing date on 2 november.

There being no further business the meeting ended at 12:01.

NSS BOARD - Action List 2021/22   **B/21/64**

From 30th September 2021 Meeting

2021-09-30 Item 11.1 Performance Report [paper B/21/60 refers]
Assigned to: L Neary
Action: L Neary to provide update on the South East Payroll implementation to a future meeting.
Deadline: Future meeting
Status:

2021-09-30 Item 12.2 Risks and Issues Report [paper B/21/47 refers]
Assigned to: All
Action: L Neary to provide update on the South East Payroll implementation to a future meeting.
Deadline: Outwith meeting.
Status:

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:	**2nd December 2021**
Title:	**Register of Interests**
Paper Number:	**B/21/65**
Responsible Executive/Non-Executive:	**Keith Redpath, Chair**
Report Author:	**Karen Nicholls, Committee Services Manager**
	[Reviewed by **(SBU Director)** if not Responsible Executive]

1. Purpose

The Board is required to ensure that a Register of Interests is kept up to date and available on the public website. This is reviewed and approved at least every six months.

2. Recommendation

Members are asked to approve their information on the Register of Interests so that it can be uploaded to the NSS Website as required under section 1.6 of the Standing Orders.

3. Discussion

As a requirement of the NSS Standing Orders Section 1.6 an up to date Register of Members Interests must be compiled, updated and available for public review via the NSS external website. This information is therefore reviewed on a six-monthly basis, or more frequently if there are any material changes.

4. Impact Analysis

4.1 Quality/ Patient Care

There is no impact on quality of care or service in this report

4.2 Equality and Diversity, including health inequalities

An impact assessment is not required

4.3 **Data protection and information governance**

The Board is required to provide this information on a public platform as part of its Standing Orders and any data protection or information governance implications are reviewed as required.

5. Risk Assessment/Management

There is a risk that NSS reputation and governance may be called into question if this process is not carried out in line with the requirements of the Standing Orders.

6. Financial Implications

There are no direct financial implications to NSS as a result of this report.

7. Workforce Implications

There are no direct workforce implications to NSS as a result of this report.

8. Route to Meeting

This register is brought to Board directly as the most appropriate governance route.

9. List of Appendices and/or Background Papers

- NSS Register of Interests

2021/22 REGISTER -

<table>
<tr><td style="background-color:green"></td><td>Changes during year</td><td style="background-color:yellow"></td><td>Changes since last report to Board</td><td>**B/21/65**</td></tr>
</table>

Board Member	Gifts & Hospitality	Remuneration	Related Undertakings	Contracts	House, Land & Buildings	Shares & Securities	Non Financial Interests	Election Expenses
Julie Burgess	Nil	Advisory Board Member (Health) of Interim Partners Director, Wale King Associates	Advisory Board Member (Health) of Interim Partners, part of the New Street Group. Trustee, St Peter's and St James' Hospice in Mid Sussex	Wale King Associates - NHS Elect (England)	Nil	Nil	School Governor for Oathall Community College, Haywards Heath, West Sussex. Trustee, St Peter's and St James' Hospice in Mid Sussex. Grants Committee Member, Hospice UK	Nil
Ian Cant	Nil	Nil	Nil	Nil	Nil	Nil	Chair Unison Scottish Health Care Branch (wef 26/03/15)	Nil
John Deffenbaugh	Nil	Director, Frontline Consultants Ltd Director, Glasgow Repertory Company	Director, Frontline Consultants Ltd	Nil	Nil	Nil	Nil	Nil
Carolyn Low	Nil	Nil	Nil	Nil	Nil	Nil	Company Secretary, Breeze Media Ltd (Unpaid)	Nil
Mark McDavid		Non-Executive Chair, Heck! Food Ltd Thirsk Food Logistics Ltd (Trading as HECK)	Nil	Nil	Nil	Nil	Chair, Trinity Park Foundation	
Lorna Ramsay	Nil	Nil	Nil	Nil	Nil	Nil	Member, Faculty of Medical Leadership and Management (FMLM) Member, Faculty of Public Health UK Member, Scottish Association of Medical Directors (SAMD) Member, British Medical Association (BMA) Member, Medical and Dental Defence Union of Scotland (MDDUS)	Nil
Alison Rooney	Nil	Chief Executive - Royal College of Surgeons, Edinburgh					Chartered Marketer, Chartered Institute of Marketing	Nil
Keith Redpath (1.8.19)	Nil	Care Inspectorate - Member Scottish Social Services Council - Member Until 31.8.19 Management Consultant Musician - self employed	Nil	Nil	Nil	Nil	Nil	Nil
Arturo Langa	Nil	Consultant Psychiatrist (NHS Lanarkshire)	Nil	Nil	Nil	Nil	Non-Executive Member of the Court - Queen Margaret University Member - British Medical Association Member - Royal Society of Medicine Member - Royal College of Psychiatrists Member - General Medical Council Member - Medical and Dental Defence Union Scotland Member - Apollo Informal Investments	Nil
Gordon Greenhill	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Lisa Blackett	Nil	Director - Puzzle Fit Consulting	Nil	Nil	Nil	Nil	Non-Executive Director - Potential in Me Volunteer Wellbeing Coach - Project 5 Volunteer Wellbeing Coach - Macmillan Cancer Support	Nil
Mary Morgan (1.4.21)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	

NHS National Services Scotland

Meeting:	NSS Board
Meeting date:	02 December 2021
Title:	SNBTS Strategic Direction
Paper Number:	B/21/66
Responsible Executive/Non-Executive:	Craig Spalding, Director SNBTS
Report Author:	Craig Spalding, Director SNBTS

1. Purpose

For Approval.

2. Recommendation

It is recommended that the board approve the attached SNBTS Strategic Direction document.

3. Discussion

Feedback on the strategic document included the need to highlight a focus on cost management, as well as ensuring the strategy dovetailed in with the broader NSS strategy. Also, some feedback around the expression of the purpose, vision and mission was explored. Some changes have been made to the document to incorporate this feedback.

4. Impact Analysis

4.1 Quality/ Patient Care

The strategic direction aims to improve the quality of service that we provide, by increasing the range of services, and ensuring ongoing ability to provide blood, tissues and cells.

4.2 Equality and Diversity, including health inequalities

There are no impacts to equality and diversity, including health inequalities, as a result of this strategic direction.

4.3 Data protection and information governance

The strategic direction does not impact existing data protection and information governance practices.

5. Risk Assessment/Management

N/A

## 6.	Financial Implications

The strategic direction will inform funding requests, and has the overall aim of driving cost of service down, ensuring that we can meet our financial sustainability goals for the coming years.

## 7.	Workforce Implications

Enacting the strategic direction will result in various organisational changes, which will progress as required using the appropriate NSS policies.

## 8.	Route to Meeting

Since last being presented to the board, this paper has undergone changes based on feedback, and consultation has occurred with the Equalities and Engagement Lead as was suggested. This was also considered at EMT and through the SNBTS Senior Management Team prior to submission to Board.

## 9.	List of Appendices and/or Background Papers

SNBTS Strategic Direction 2021-2024

Scottish National Blood Transfusion Service strategy.

2021 to 2024.

For internal use only.

Contents

Introduction

Scottish National Blood Transfusion Service (SNBTS) is an integral part of NHS National Services Scotland (NSS) and plays a vital role in delivering blood, tissues and cells to the people of Scotland.

We operate in a unique space, where the service we provide is only made possible by the generosity of those that donate of themselves.

Our strategic direction aims to deliver on NSS's key strategic objectives:

• **Customers at the heart**

• **Improving the way we do things**

• **Increasing our service impact**

• **Be a great place to work**

As NHS Scotland remobilises through the COVID-19 pandemic, it's vital that our services are both financially sustainable, but also that they adapt to new ways of working, and new ways to deliver outcomes for Scotland.

This document is designed to provide the strategic direction for the next three years, to enable us to meet these challenges, and to continually improve the services we offer.

Our vision

We will build on our strong foundation as a trusted partner, anticipating the needs of the people of Scotland by expanding our range of life-giving blood products, tissues and innovative advanced therapies, in order to transform lives.

Our mission

We are the vital connection linking Scotland's donors to patients in need.

Our purpose

- We are the leading provider of safe and effective blood, tissue and cell solutions to meet the changing needs of Scottish patients.

- We ensure there are sufficient safe, quality, life-saving and life-enhancing products and related services for the people of Scotland.

- An integral part of NHSScotland, we deliver excellence by understanding and responding to the changing needs of our stakeholders.
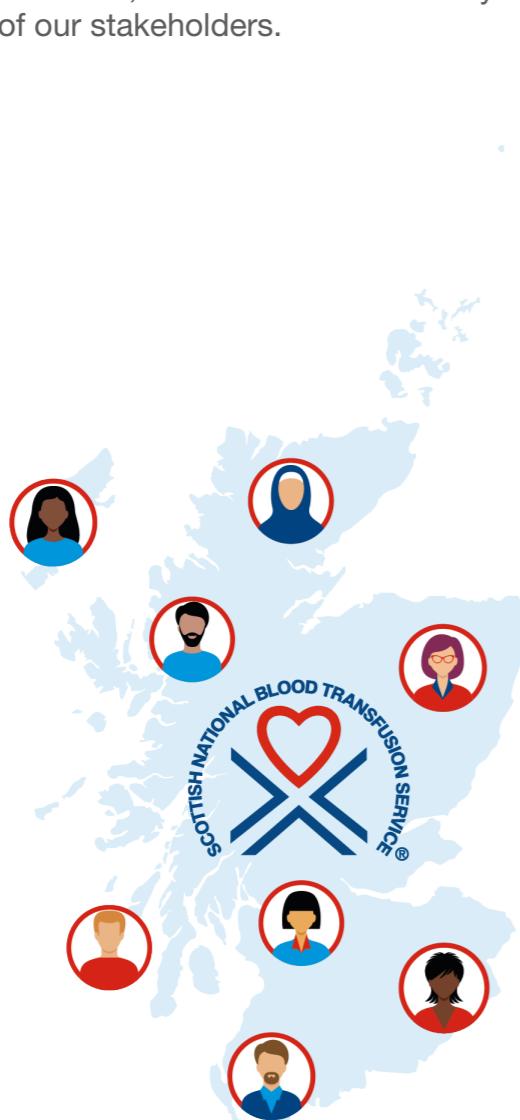
Core themes

Over the next three years we will focus on five core themes:

1. Evolution of a quality based culture

2. Donor services transformation

3. Plasma

4. Blood bank and supply chain integration

5. Tissues, Cells and Advanced Therapeutics (TCAT) expansion

Key enabling themes

Each theme is supported by strategic objectives. We will enable their delivery through:

- People – a fully engaged, empowered and agile workforce.

- Processes – optimising business processes.

- Technology – the introduction of cutting-edge technology.

- Partnerships – stakeholder and strategic partnerships.

- Research – world class research and development.

The diagram shows concentric circles. The outer red ring contains:
- **Enable** (1) — Evolution of a quality based culture
- **Assist** (2) — Donor Services transformation
- (3) — Plasma
- **Underpin** (4)
- (5) — Tissues, Cells and Advanced Therapeutics (TCAT) expansion
- Blood bank and supply chain integration

The inner red circle contains the Scottish National Blood Transfusion Service logo surrounded by:
- **People** (1)
- **Processes** (2)
- **Technology** (3)
- **Partnerships** (4)
- **Research** (5)

Core strategic theme1

Evolution of a quality based culture

Strategic goal:

- To establish an organisation-wide culture of quality; underpinned by a modern, transformed, proactive quality management system and associated workforce.

Focus areas

Our current Quality Management System (QMS) is largely paper-based and layered with complex and fragmented processes. The problem is compounded further by a misconception that the QMS is the responsibility of the quality department. Instead, it's a holistic system that underpins the operational work undertaken by the Scottish National Blood Transfusion Service (SNBTS). We are also operating in an increasingly complex regulatory landscape exacerbated by the impact of the UK leaving the EU. SNBTS must therefore transform its QMS to be more robust, adaptable and proactive.

Sector trends

It's widely recognised in the sector that quality needs to be owned by the whole organisation. Increasingly, modern organisations now use electronic management systems which are more efficient and provide easier data analysis. This has enabled quality departments to shift their focus from responsibility for quality management to facilitating good quality organisational outcomes.

Implementation

We'll achieve an organisation-wide culture of quality by identifying and deploying an electronic system and process solutions.

Alongside this, we'll also foster a culture of quality throughout the organisation and adapt the QMS to meet changing regulatory requirements.

Strategic objective 1

Establish a comprehensive electronic QMS

Why it's critical

An electronic QMS (eQMS) allows efficient and streamlined data capture and improves workflow. This will enable us to use the data to both assess and further improve the effectiveness of our QMS.

How we'll drive achievement

We'll invest resource into the simplification of the QMS through continuous improvement, process redesign and consolidation, and maximising use of electronic solutions.

Strategic objective 2

Develop and embed an organisational-wide culture focused on quality

Why it's critical

The QMS should be a system that underpins the operational work undertaken by SNBTS. To ensure a consistent, safe and high quality service we need everyone in the organisation to embed quality into their thinking and build it in from the outset of process redesign.

How we'll drive achievement

We'll put quality right at the heart of SNBTS. We'll develop and implement a quality strategy with the aim of delivering effective quality governance and a culture of continuous improvement.

We will also develop the ownership and management of quality at an individual and team level. This will both ensure team members are responsible and accountable for the quality of their work, and that operational activities and service redesign are undertaken with quality built in. To achieve this, we will need to develop and realign the quality workforce to meet operational requirements. We will also provide education on quality management principles across the wider workforce.

Strategic objective 3

Adapt the QMS to the increasingly complex regulatory landscape in the wake of the UK's EU exit

Why it's critical

We are operating in an increasingly challenging and complex regulatory environment. We need to maintain the highest standards of regulatory and accreditation compliance to ensure the quality and safety of our products and services. Failure to meet regulatory demands and expectations would result in being unable to continue operations.

How we'll drive achievement

We will appropriately and sufficiently support the dedicated regulatory affairs resource in the organisation, and ensure that we deploy a horizon scanning approach to regulatory change.

Donor Services transformation

Strategic goal:

- **Provide an improved experience for our donors through greater understanding of them and their needs, in turn enabling better decision-making to effectively and efficiently ensure a safe and secure supply of blood components to meet patient demand.**

Focus areas

This theme focusses on the relationship between SNBTS and our donors, and how our social contract continues to evolve. We need to transform our service delivery to improve processes and enhance digital platforms, so that donors can easily interact with us in 'user-friendly' ways that are convenient for them.

Key to this is understanding our donors and the impact of shifting demographics. We must balance the size and diversity of the panel to meet the population's growing needs. To do so we will critically review and plan to develop our collection footprint, ensuring our panel can donate where and when we require them. This will help meet product demand more effectively and efficiently.

Sector trends

COVID-19 has impacted venue accessibility and capacity, staffing and donor attendance. All of these areas require a radical and enduring adjustment to how and where we collect blood. Also, in Scotland there is a disproportionate rate of donation in remote and rural areas compared with the more populous central belt.

We recognise that where donors live is an important factor affecting how and where blood services collect blood. However, increasingly, there is a sector-wide drive to shift from community to fixed-site sessions based on collection in larger population centres. A balance is necessary to maintain an effective presence across the country that will serve all patients.

Implementation

We'll achieve a better donor experience by redesigning our collection model, using digital solutions and modernised practices. We will develop plans to transition from predominantly community-based to fixed-site collection programmes, and develop a more flexible and agile workforce in support of this.

Strategic objective 1

Redesign and streamline the blood collection process in Scotland: our On Session Digital Redesign (OSDR) programme

Why it's critical

This phased programme of developments is essential to ensure that we can meet the steadily rising expectations of the donor population. We need to enable donors to connect and interact with us in more modern, convenient ways if we are to attract and retain a diverse and younger donor panel profile. The demographic will be crucial to Scotland's blood supply and associated healthcare provision.

How we'll drive achievement

The OSDR programme adopts a phased approach to the redesign and streamlining of the blood collection process in Scotland. The intent is to deliver SNBTS communications, on session collection and off session administration processes via the most effective and up-to-date digital solutions available. This will improve donor and staff experience as well as deliver cost efficiencies.

Through the OSDR project, we'll strengthen our focus on our donors, their experiences and their safety. We'll also develop data and insights to support our decision-making, and continue to build our blood collection processes from the donor's perspective in a way that delivers value and enhances their interactions with us.

Strategic objective 2

Move towards a more controlled fixed-site collection model with less reliance on community venues, providing flexibility both now and for the future

Why it's critical

COVID-19 has severely impacted the availability and suitability of community venues and workplaces, which were previously relied upon for blood collection. This reliance on third party venue suppliers poses a high risk to the blood supply for Scotland's patients. It drives the need to address the structure of the current collection model, shifting it from

a community collection bias towards a higher proportion of fixed-site dedicated venues within densely populated areas. Putting venues within reasonable reach of donors whilst ensuring a more cost effective, efficient collection profile will be essential to the long term sustainability of the blood supply.

How we'll drive achievement

We will undertake a comprehensive review of our collection footprint. This will entail establishing a pilot fixed site as a proof of concept. We'll also conduct a population hub review to identify smaller permanent collection hub opportunities that could facilitate a wider yet densely populated geographical area. We will develop a full business case to support a fixed site, population hub donor centre strategy based on a review of the outcomes.

Strategic objective 3

Cultivate a flexible, agile and dynamic workforce

Why it's critical

We need to ensure that our workforce is available, sufficiently resourced and multi-skilled to support the revised blood collection model and its associated new ways of working. Coupled with this, as we expand our service offering we need to build in resilience, capacity and flexibility to manage the impact of introducing plasma collection (detailed in strategic theme three). Collecting plasma will mean operating three different collection platforms – a very different looking donor centre of the future.

How we'll drive achievement

We will work in partnership to refresh and adapt our workforce plans. We will revise the workforce staffing model to match new collection processes. We will review the structure of the Donor Services and Transport Directorate to consider how to best resource it to respond flexibly to new and changing demands placed on the service.

Plasma

Strategic goal:

- **Established capacity and capability to procure UK sourced plasma for fractionation and move towards self-sufficiency in critical Plasma Derived Medicinal Products (PDMPs) for Scotland.**

Focus areas

This theme represents one of our key growth areas and will fundamentally change the structure, focus and direction of SNBTS.

On 25th February 2021, UK Governments announced the decision to approve the reinstatement of collection of UK plasma for the use in PDMP manufacture. The authorisation of UK plasma for this use will be revolutionary for UK blood services. It presents an unprecedented opportunity for us to establish a plasma collection programme sufficient to meet the demand for PDMPs in Scotland.

Through our participation in UK clinical trials evaluating various treatments for COVID-19 patients, we built sufficient plasmapheresis capability to collect and maintain low level procurement of convalescent plasma from COVID-19 positive recovered patients (C19-CP). These trials concluded that C19-CP offers no significant clinical benefit. However, with an appropriate expansion in capacity, this capability can be repurposed to enable the establishment of a plasma collection programme. This would enable us to procure UK-sourced plasma for fractionation, sufficient to meet the demand for critical PDMPs in Scotland.

We will consider how we can best influence policy around sourcing UK plasma for fractionation and assess the impact on our operations and infrastructure.

Sector trend

This theme acknowledges the adverse impact the COVID-19 pandemic is having on the prevailing global shortage of plasma for fractionation which, in turn, is intensifying the shortage of PDMPs.

This is a worldwide acute problem and poses a risk that the steadily growing need for critical PDMPs may go unmet. Currently, because of the ban, the UK relies on procuring these products from commercial suppliers who source plasma from outside the UK, predominantly the US. As a consequence of the ban being lifted, UK blood services are now preparing to reintroduce collection of plasma approved for manufacture of PDMPs.

Implementation

We'll accomplish this by assessing the strategic and operational implications and opportunities that the ability to use UK source plasma offers in supporting manufacture of PDMPs for patients in Scotland and establishing and delivering a new service line procuring plasma for fractionation. In support of this we will invest in plasmapheresis capability and capacity which will not only enhance the efficiency of the supply chain but provide the infrastructure required to collect plasma to meet a degree of strategic self-reliance in critical plasma derived medicinal products (PDMPs).

Strategic objective 1

Use the expertise that we have to assist government policy formulation in relation to use of UK plasma for PDMPs

Why it's critical

Given the global shortage of PDMPs, there is a once-in-a-generation opportunity to tap into a significant source of plasma that is not currently used for fractionation. To secure UK plasma for PDMPs for UK patients, it is vital to prepare for and safeguard against other organisations that may enter the market.

How we'll drive achievement

We will work collaboratively, meeting regularly with other UK blood services and government, to inform policy surrounding the procurement of UK plasma for fractionation. We will focus on working with key stakeholders to establish an agreed policy position that ensures the security of Scotland's plasma supply. To drive this forward we will establish the post of Plasma Programme Director.

Strategic objective 2

Establish capacity and capability to procure UK sourced plasma for fractionation and move towards self-sufficiency in PDMPs for Scotland

Why it's critical

Plasma for fractionation is considered a strategic resource. The advent of UK plasma being authorised for this use marks a major change for UK blood services. The opportunity to collect plasma for fractionation and secure a supply of PDMPs, derived from our own plasma, for the treatment of Scottish patients, is significant. We need to establish a programme for reintroduction of UK plasma for fractionation so that we're in a position to collect UK sourced plasma with an aim to become self-sufficient as swiftly as possible.

How we'll drive achievement

We will build on the plasmapheresis capability established to procure C19-CP, taking into consideration the collection footprint, donor recruitment and multi-skilling of staff required. We will design a proof of concept plasma collection programme and determine how this could be scaled up.

We will assess the strategic and operational opportunities offered by the ability to use UK sourced plasma in the manufacture of PDMPs. We will develop a business case aiming to demonstrate that our strategy to procure plasma for fractionation, sufficient to meet the demand for PDMPs in Scotland, is achievable, efficient and cost-effective.

Core strategic theme 4

Blood bank and supply chain integration

Strategic goal:

- **Optimise and integrate the blood supply chain with automated business processes and the ability to track products in real time, in order to improve decision making, responsiveness, and effectiveness in meeting customer demand.**

Focus areas

We must ensure our internal departments are integrated and aligned to support an optimised demand-driven blood supply chain. We will seek to better align our systems with hospitals across Scotland, driving improved patient outcomes and reducing system costs through integration of the blood supply "vein to vein."

In support of this we will drive for a single transfusion Laboratory Management System (LMS) connecting and integrating Scotland's blood banks. We will lead initiatives to ensure sustainability of blood banking services across NHSScotland, with a focus on remote and rural, and enhance our processes and technology to more effectively manage blood stocks across Scotland.

Sector trends

A move towards centralised supply chain planning improves decision-making, reduces wastage and more effectively meets demand for products and services. Maintaining sufficiency of all blood components is challenging in the face of external disrupters and is further compounded by fluctuating demand due to COVID-19. It is widely recognised that there are challenges with the quality, safety, regulatory compliance and sustainability of many hospital blood banks across NHSScotland.

Implementation

We'll accomplish our goals by establishing a centralised blood supply chain planning function. We will provide comprehensive support to ensure the sustainability of Scotland's blood banks and drive forward proposals for a single transfusion LMS, integrating systems across Scotland.

Strategic objective 1

Centralise blood supply chain planning

Why it's critical

We're facing multiple challenges in maintaining sufficiency of all blood components. To combat this, we need to ensure we have a coordinated and integrated approach to supply chain management. All parts of the organisation need to have the same access to a single source of information to ensure full transparency and coordination of effort.

How we'll drive achievement

We will establish a centralised supply chain planning function ensuring that customer demand drives decisions and information flows smoothly through functional barriers. This will require improved engagement with hospitals to better understand demand.

Strategic objective 2

Provide support and solutions to ensure blood bank sustainability across NHSScotland

Why it's critical

Many hospital blood banks across Scotland are experiencing challenges with the sustainability of their service delivery. This is particularly acute in remote and rural blood banks where staff recruitment and retention is a problem. There's a risk of these smaller blood banks being unable to operate safely.

How we'll drive achievement

We will identify areas of need and engage with health boards to deliver tailored solutions. We will recognise and appraise opportunities to enhance governance, resilience and sustainability of transfusion services, and scope out potential services and/or solutions. We will promote and deploy new technologies such as Electronic Blood Management to better support 24/7 sustainable services. We will prioritise plans for the roll out of electronic blood management solutions including SMART blood fridges and vendor managed inventory to those blood banks at greatest risk.

Strategic objective 3

Move towards a Once for Scotland transfusion LMS with common operating procedures, training and quality management

Why it's critical

Hospital blood banks across Scotland are facing challenges with the quality, safety and regulatory compliance of their service. There are multiple laboratory management systems across Scotland which vary in operating practices, training and quality management. This leads to inefficiencies in the management of Scotland's blood supply chain.

How we'll drive achievement

We will help Health Boards see the current issues and appreciate the advantages of delivering a Once for Scotland solution. We will drive for a single transfusion LMS for Scotland to enable the full integration of the blood supply chain. We will also push to develop solutions for real time product tracking, automated stock replenishment and vendor managed inventory, to more effectively control and manage blood stocks across Scotland.

Tissues, Cells and Advanced Therapeutics expansion

Strategic goals:

- **Delivering the next generation of tissues, cells and advanced therapy products for the people of Scotland and beyond.**
- **Scotland to be self-sufficient in tissues for transplant.**

Focus areas

We will ensure availability of the next generation of Advanced Therapeutic Medicinal Products (ATMPs) to treat infectious, degenerative and neoplastic diseases in Scotland. In doing this, we will seek opportunities to expand our service offering, building our capability and leveraging our world-leading expertise. We will modernise the range of tissues collected and processed in Scotland in our bid for self-sufficiency in the widest range of tissue products. In support of this, we will promote and develop a wider and deeper understanding of the products and services available from our Tissues, Cells and Advanced Therapeutics Directorate (TCAT).

Sector trends

In the past three years the advanced therapy field has expanded exponentially. A pivotal point in the evolution of the field was the development of the first chimeric antigen receptor T-cell (CAR-T) products, along with the adoption of mesenchymal stromal cell preparations (MSC) for multiple conditions. Genetically modified haematopoietic stem cells to correct monogenic diseases are also important; all three products offer extensive opportunities for health improvement.

Rapid global progress in gene therapy and genetically manipulated cell therapies requires new skills and adapted facilities to develop capability and capacity in this area. Equally, the regulations and quality control (QC) testing requirements for ATMPs are complex and constantly evolving.

Implementation

Essential to achieving our goals will be investment in and expansion of our infrastructure; workforce; capability and capacity. Building on our world-leading expertise and unique proposition, we will expand our service offering for tissues, cells, cellular and advanced therapeutics.

Strategic objective 1

Ensure availability of the next generation of Advanced Therapeutic Medicinal Products (ATMPs) to treat infectious, degenerative and neoplastic diseases in Scotland

Why it's critical

Scotland has an ageing demographic, persistent health inequalities and increasing prevalence of chronic degenerative and neoplastic disease. These challenges are driving the need to invest in building resources and capabilities. It's vital to exploit opportunities that support expansion of advanced therapeutic products reaching a greater number of patients in Scotland.

How we'll drive achievement

We will transition from transactional to interactional relationships working with Scottish Government and Health Boards, as well as academic and commercial partners. We will work collaboratively to support expansion of the ATMP commercial sector in Scotland. We will source and secure funding to establish viral vector manufacture in Scotland and leverage Innovate UK grant income to support the Advanced Therapy Treatment Centre.

Strategic objective 2

Modernise the range of tissues collected and processed in Scotland

Why it's critical

Scotland is currently not self-sufficient in the collection and supply of tissues. There is a mixed economy of tissues procured and supplied by SNBTS, supplemented by imported tissues from England and elsewhere. As such, tissues supply and demand can be regulated by strategic procurement from other sources, which relies on resources and capability outside of Scotland.

How we'll drive achievement

We will engage with our customers and service users to better understand their demand needs and how these are being met. We will ascertain what is procured elsewhere and assess the cost-effectiveness of imports against domestic supply. We will assess the opportunity to optimise tissue retrieval and processing within Scotland, leading to self-sufficiency.

Strategic objective 3

Self-sustaining reinvestment of TCAT income in scientific, operational and management staff

Why it's critical

Our TCAT Directorate has established an international reputation as a leading developer and manufacturer of tissues, cells and advanced therapies. We have reached a point where we cannot continue to support the current level of work, nor exploit further opportunities for growth and income generation, without significant investment in the infrastructure and workforce.

We need to build Contract Development and Manufacturing (CD&M) activities into an expansive income generating initiative, reinvested to support the growth required to leverage our world-leading expertise. This will in turn enable us to develop and exploit new opportunities that will support and accelerate the delivery of novel therapeutics for the people of Scotland and the UK.

How we'll drive achievement

We will look more commercially at the products and services we offer and develop and exploit new opportunities for process and analytics development. We will also review manufacturing and quality testing services capable of generating increasing levels of income for reinvestment in our infrastructure and workforce.

We aim to increase capacity to undertake up to 10-12 development and manufacturing projects in parallel. To deliver this we will develop and implement a workforce resource plan, the key priorities of which will be: to secure operational management support; consolidation and expansion of the QC analytical service; retention and effective management of a highly skilled and trained workforce.

Key enabling themes

In order to deliver our key strategic themes, we need to focus on those parts of our organisation that enable and underpin our success. We have identified five key areas that will help us create the vision we have for the people of Scotland.

People

A fully engaged, empowered and agile workforce

Our people are unequivocally vital to our success - especially as we launch into a significant readjustment to the way SNBTS functions and the services it delivers. Our working environment, culture, career development, job design and engagement are pivotal to enabling the transformational changes we are committed to delivering.

We will focus on:

- Attracting and retaining people with the right expertise and skillset to ensure we remain leaders in our field.
- Promoting a culture of health and wellbeing, ensuing our people feel valued and are treated with dignity and respect.
- Investment in building sustainable workforce capability and capacity, to enable the delivery of our key growth areas.
- Developing a high-performing workforce, equipped to create value and meet emerging challenges.
- Creating an engaging and empowering employee experience, ensuring our people have ample opportunity for their development and career advancement.
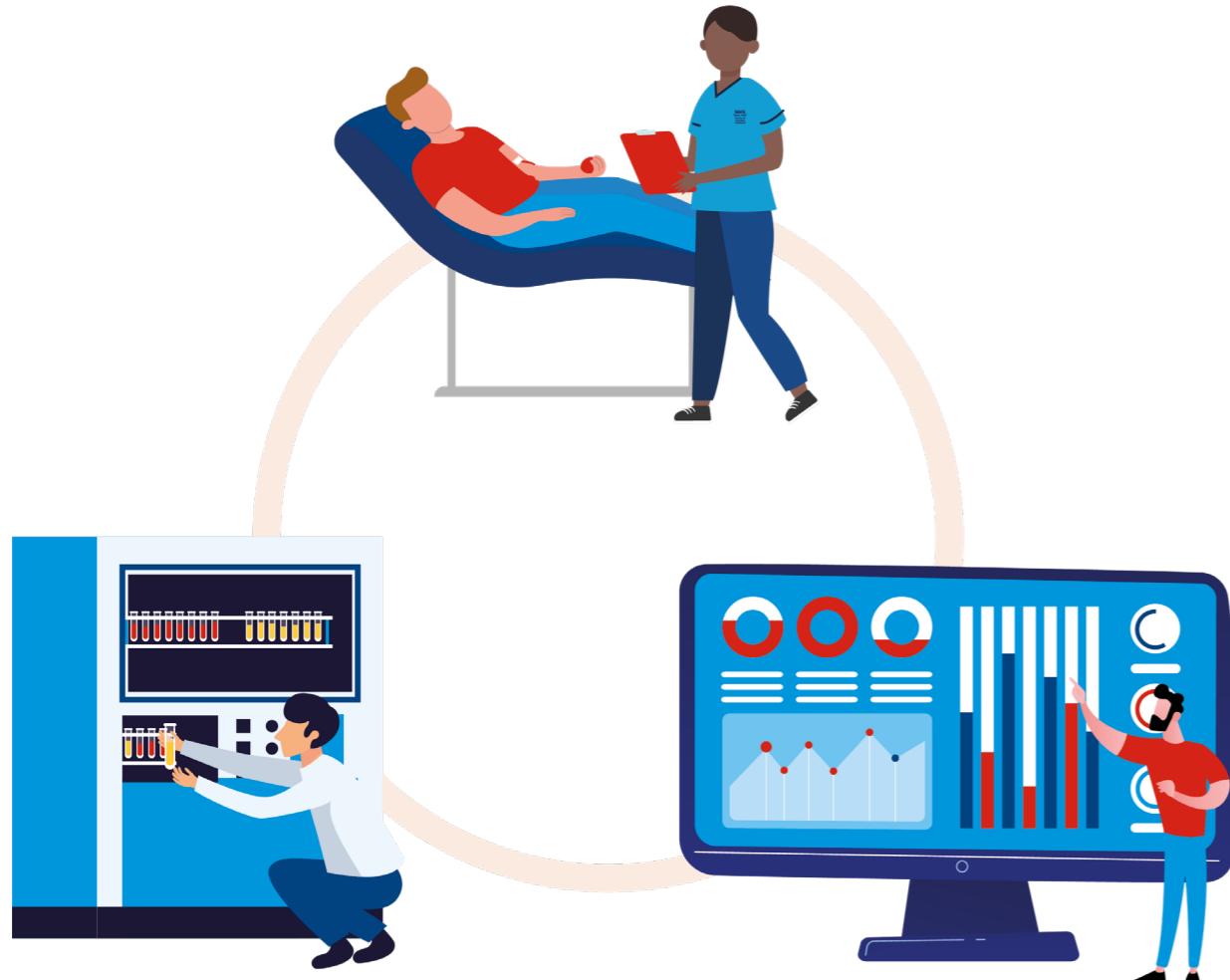
Processes

Optimising business processes

Optimising our business processes is essential to ensure that we operate efficiently and productively, deliver value for money and keep pace with change. Good business process governance that provides clarity of roles and responsibilities, alongside accountability for decision making, will ensure our operations are streamlined, standardised, responsive and resources are deployed to best effect.

We will focus on:

- Strategic investments that will add value and deliver improved health outcomes as well as delivering efficiencies for our organisation and across NHSScotland.
- Further enrichment and extension of Lean Six Sigma practices and culture to drive internal improvements and efficiencies.
- Engaging our people in continuous improvement efforts across all aspects of our organisation.
- Reducing waste and improving decision making to effectively meet demand for our products and services.
- Careful management of our resources to achieve the greatest positive impact as efficiently as possible, realising savings through additional productivity gains and process improvements.
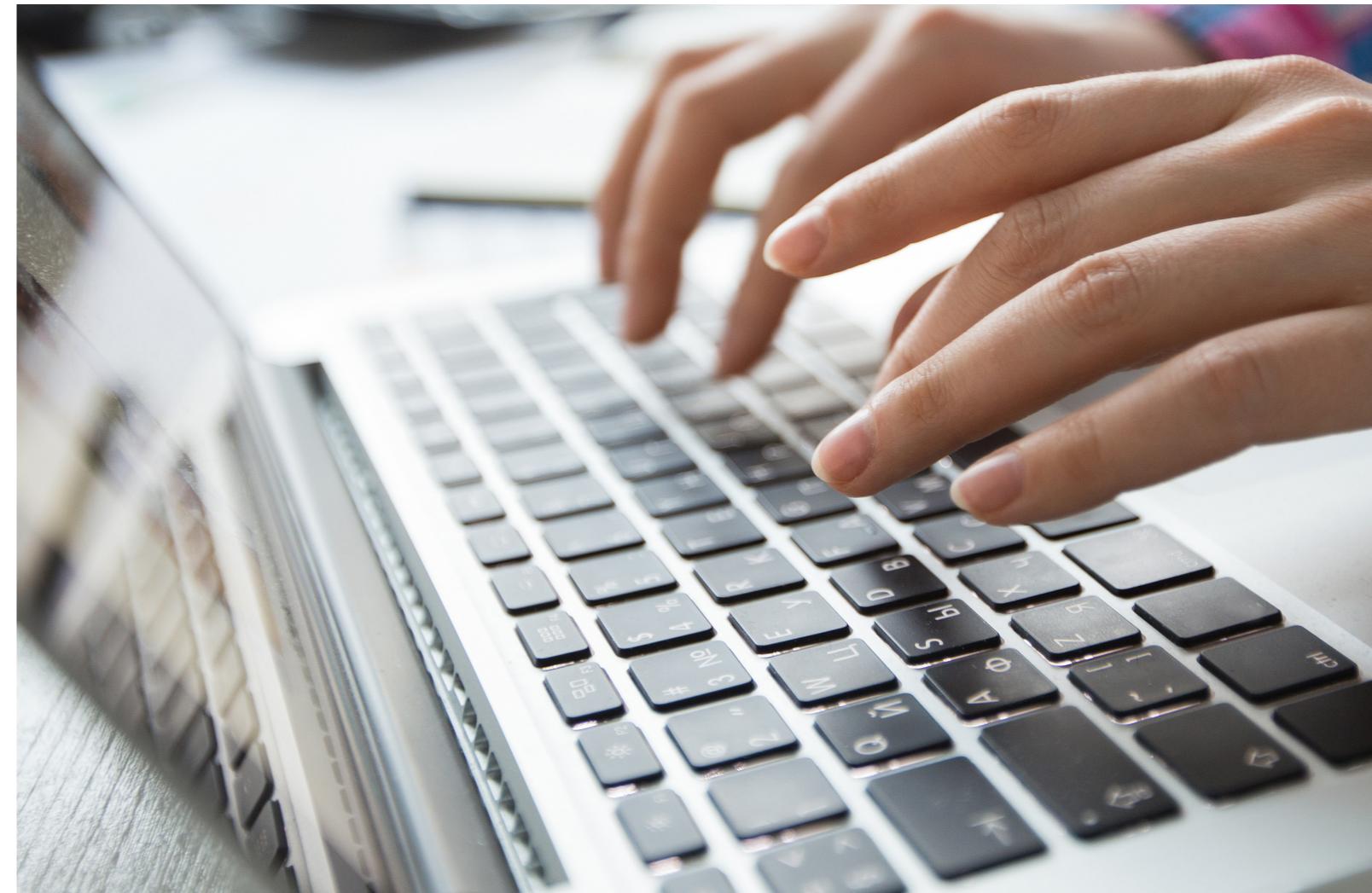
Technology

The introduction of cutting-edge technology

Technology is fundamental to our service delivery. It provides modern supporting systems, infrastructure and digital enablement. These help us achieve our goals, operate more efficiently, support business practices, improve decision making, and ultimately improve healthcare.

We will focus on:

- Adopting and implementing intelligent automation to streamline processes while maintaining or improving quality and safety.
- Digital systems and processes which are increasingly central to nearly every function we perform.
- Enhancing our data and analytics capabilities to improve service to hospitals, provide an exceptional experience for donors, and enhance our ability to make data-driven business decisions.
- Identifying emerging technologies and work collaboratively to assess the benefits, feasibility and challenges of implementing new technology.
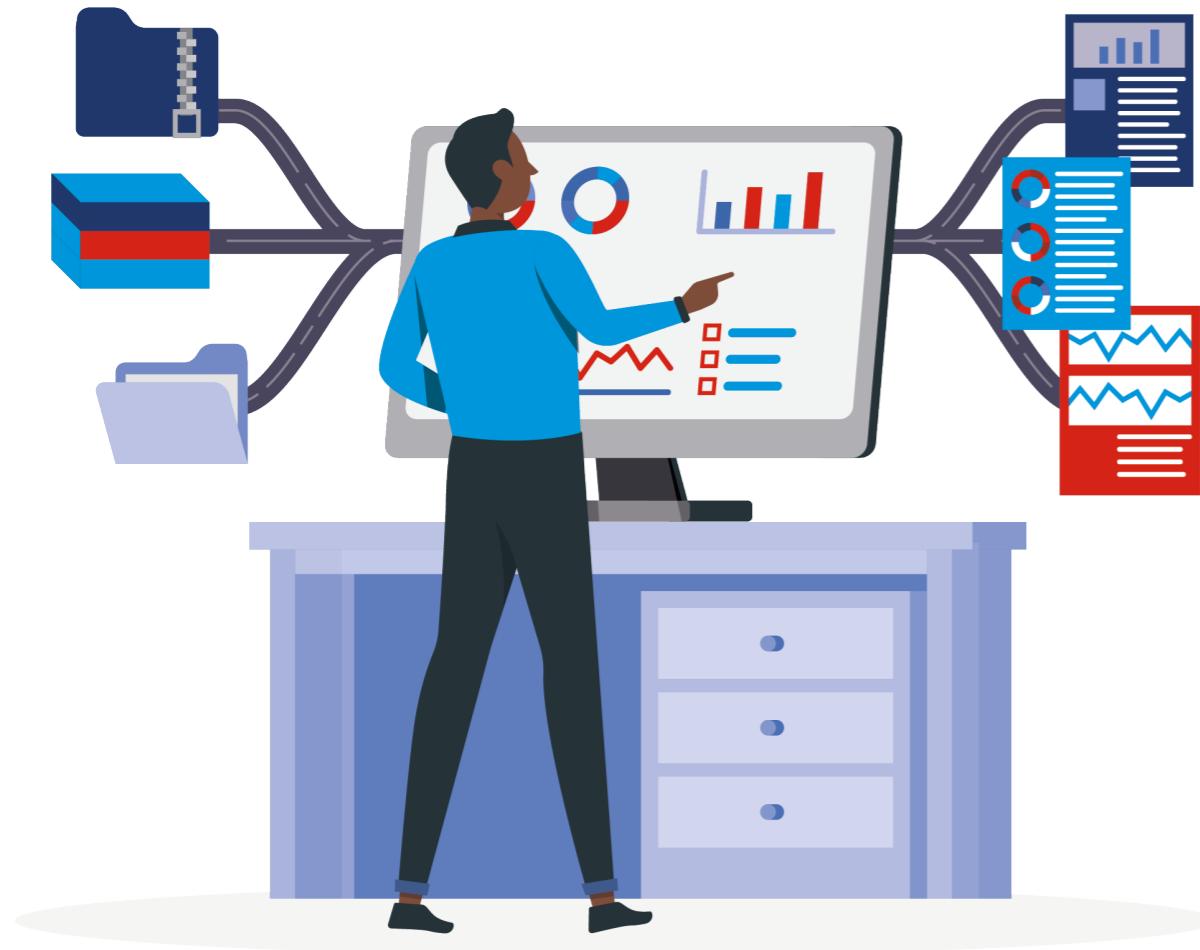
Partnerships

Stakeholder and strategic partnerships

SNBTS has a broad range of expertise and skills. Our service offering is, to some extent, unique in comparison with most other blood services. This has been founded on the close links and strategic partnerships we have with government, clinicians, donors, customers, suppliers, research partners and universities. Integrating and working closely with these stakeholders has been, and will continue to be, critical to the effective execution of our strategy.

We will focus on:

- Integration with our clinical health providers to ensure we not only meet our patients' needs but truly understand what those are now. We will seek to understand how they are, or might be, evolving, and how we influence and respond to this.
- Using our knowledge, expertise and services to support, influence and interact within wider government health strategies and initiatives. Where appropriate we will enable and support a Once for Scotland approach.
- Strengthening our research partnerships and collaborations with universities, hospitals, key health organisations and suppliers. We will become partner of choice in collectively adding value and accelerating new products and technologies into the health sector.

Research

World class research and development

SNBTS has well-rounded expertise and skills as a manufacturer of advanced therapies. We have developed a vast bank of knowledge supporting the development, translation, good manufacturing practice, quality control and regulation of ATMPs. This has earned us an international reputation as a high quality supplier and leader in the field. We will leverage this unique capability and position to progress opportunities to address patient needs with innovative products and services.

We will focus on:

- Continuing scientific and technological advance, refocussing SNBTS to make an enhanced impact on the wider Scottish healthcare environment.
- Expanding our contract development and manufacture services for ATMPs to facilitate the acceleration of ATMPs through clinical trials and into routine care.
- Leveraging and extending the profile we have with key UK players and our European and international collaborators.
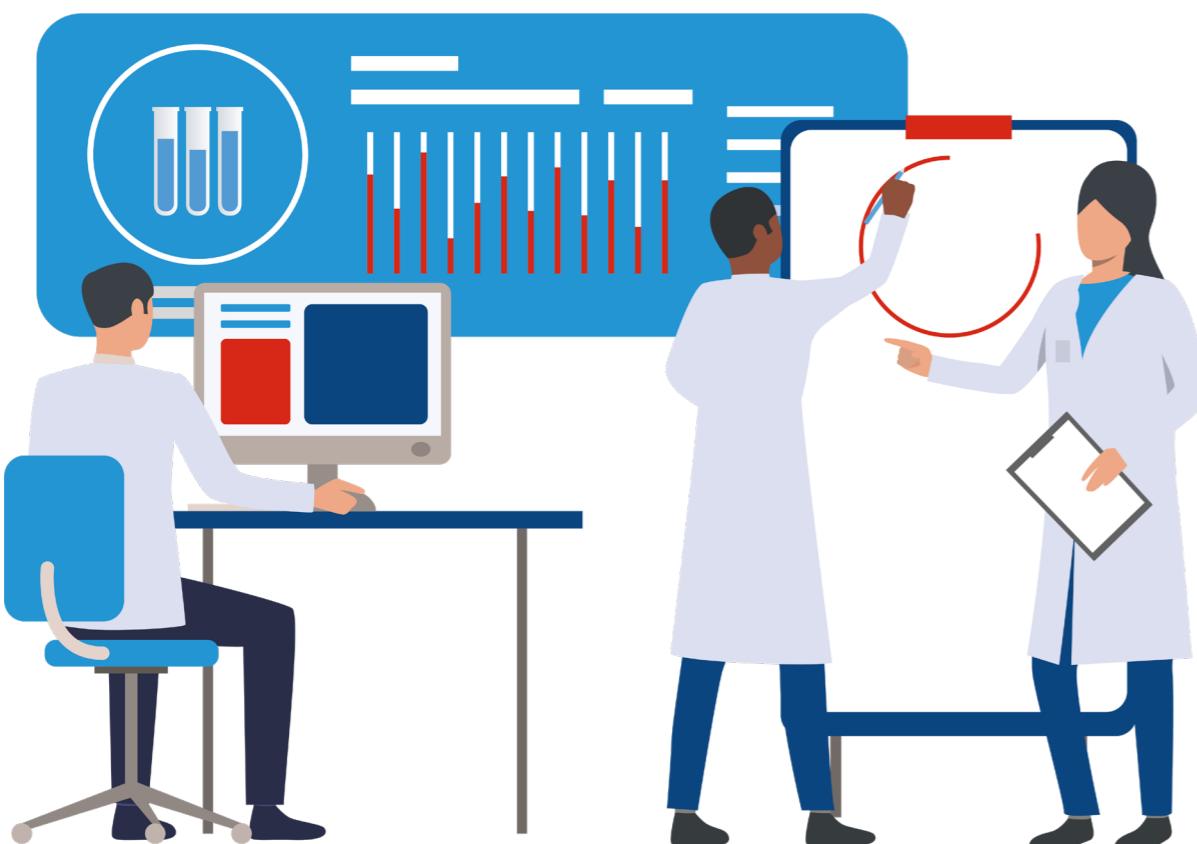
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NHS National Services Scotland

Meeting: NSS Board

Meeting date: 2 December 2021

Title: Update on the Sturrock Action Plan

Paper Number: B/21/67

Responsible Executive/Non-Executive: Jacqui Jones, Director of HR and Workforce Development

Report Author: Jacqui Jones, Director of HR and Workforce Development

1. Purpose

This report is presented to the Board for approval.

2. Recommendation

The Board are asked to approve the report, confirming that actions have now been taken which finally close the Sturrock Action Plan.

3. Discussion

The Short Life Working Group (SLWG) which was set up to develop and implement solutions from the Sturrock Action Plan had taken forward and completed all actions with the exception of one.

The final action, which was about creating a mechanism for a safe place for staff to speak up, has remained outstanding from April 2020. The recommendations from the SLWG were not formally presented to EMT and Partnership Forum during 2020 due to the priority of other work as the pandemic began. However, during this period, and as a result of different ways of working, initiatives have been introduced which have supported the recommendations from the SLWG. We are proposing that these actions address and closes this final action. The initiatives and actions are detailed below:-

- **Confidential Contacts** – confidential contacts were agreed in partnership in March 2021 as an approach to encourage staff to speak up. This service is based on the NHS Lothian model and has been adapted to fit NSS. Five confidential contacts have been recruited from a broad range of staff and across a number of SBUs - this is a pilot project and will be reviewed at three and six months, with a report going back to partnership at the end of the six month period. We can then consider if we require to scale up the number of confidential contacts or remain as is, depending on uptake of this service. All contacts have now been supported through a variety of training sessions with HR and OD. The pilot project of Confidential Contacts goes live week commencing 15 November 2021.
- **Wellbeing Teams Channel** – to support staff, a Wellbeing Teams channel has been created and a channel within this (Safe Space for Staff) provides information on mental health and wellbeing resources with links/guidance for staff to be signposted

to other areas such as the wellbeing hub on HR Connect and the Employee Assistance Programme. As part of further developments, there has also been a Health and Safety channel created and Physical Wellbeing channel to further support staff health, safety and wellbeing.

- **Mental Health First Aiders** – refresher training has been carried out for these roles and to date there are approximately 40 across the organisation. Work is being scoped to how these roles will link in with the wellbeing hub (safe space for staff channel) and the NSS wellbeing group. Mentally Healthy Workplace for Managers training has also been provided to approximately 90 managers across NSS.
- **Once for Scotland Policies** – the Once for Scotland policies, including the Bullying and Harassment Policy, were launched and went live in March 2020. As part of the soft launch, the Employee Relations and Reward team visited all of NSS sites and provided awareness raising sessions to approximately 450 staff. The message was to highlight the changes to the policy with a key one being the emphasis on early resolution/facilitated discussions.
- **E-learning Package** – in collaboration with NHS Highland, the Employee Relations and Reward team has produced an e-learning package on Bullying and Harassment which was launched across NSS in January 2021.
- **Whistleblowing Policy** – the Whistleblowing Policy was launched in April 2021. Communications were sent to all NSS staff. At the end of May 2021, staff and managers were provided with the training links to TURAS Learn. The uptake of this training is being reported on, on a quarterly basis to the Whistleblowing Short Life Working Group and relevant governance committees. End of Quarter 2 figures show there is a 69% completion rate for staff and 62% completion rate for managers on this training – further communications and reminders will be issued to push towards a 100% completion rate by March 2022.
- **National NHS Scotland Coaching for Wellbeing Programme** – Organisational Development (OD) have worked on this programme to support staff through the pandemic.
- **Coaching and Caring Conversations** – OD have embedded sessions on these conversations into all Leadership and Management Development Programmes, so that leaders within NSS can learn these skills for conversations with staff.
- **Corporate Guide** – the corporate guide led by Learning and Development (L&D) has become digital and includes courses to support staff and managers. On leadership some of the courses available include – an introduction to mindfulness practice for leaders, the courage to be kind, feedback skills, SUPERB meetings.
- **The Management Hub Teams Channel** – OD and L&D have created a Teams channel named The Management Hub and for example have water cooler sessions for managers to support each other and share good practice. This channel has also allowed OD and L&D to develop other training to support managers, based on their feedback.
- **Civility Saves Lives Campaign** – OD are currently piloting the Civility Saves Lives campaign.

4. Impact Analysis

4.1   Quality/ Patient Care

N/A

4.2 Equality and Diversity, including health inequalities

Through the application of these actions and the Once for Scotland policies there should be a positive impact on the mental health and wellbeing of staff.

4.3 Data protection and information governance

N/A

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

The actions taken through the implementation of the Sturrock Action Plan, along with the Great Place to Work Plan and best employment practice should all have a positive impact on staff experience and their wellbeing.

8. Route to Meeting

This paper has been considered and discussed by the Executive Management Team on 15 November 2021; NSS Partnership Forum 16 November 2021 and Staff Governance Committee 24 November 2021.

9. List of Appendices and/or Background Papers

Appendix 1 - Sturrock Action Plan

NSS ACTION PLAN – STURROCK REVIEW   *Action Sheet*

ACTION NUMBER		WHEN:	WHO:	UPDATE:
1.	Develop a mechanism which creates a safe place for staff to speak up and provide feedback on their work experience without entering formal process and where they can be listened to. NSS Partnership Forum to develop this mechanism and to engage with staff to receive the feedback and to develop actions to improve the working environment. Reporting and assurance through the EMT and the Staff Governance Committee.	January 2020 (a revised date for completion)	Aileen Stewart	**November 2021 Update** **Confidential Contacts** – confidential contacts were agreed in partnership in March 2021 as an approach to encourage staff to speak up. This service is based on the NHS Lothian model and has been adapted to fit NSS. Five confidential contacts have been recruited from a broad range of staff and across a number of SBUs - this is a pilot project and will be reviewed at three and six months, with a report going back to partnership at the end of the six month period. We can then consider if we require to scale up the number of confidential contacts or remain as is, depending on uptake of this service. All contacts have now been supported through a variety of training sessions with HR and OD. Confidential Contacts go live week commencing 15 November 2021. **Wellbeing Teams Channel** – to support staff, a Wellbeing Teams channel has been created and a channel within this (Safe Space for Staff) provides information on mental health and wellbeing resources with links/guidance for staff to be signposted to other areas such as the wellbeing hub on HR Connect and the Employee Assistance Programme. As part of further developments, there has also been a Health and Safety channel created and Physical Wellbeing channel to further support staff health, safety and wellbeing.

NSS ACTION PLAN – STURROCK REVIEW   *Action Sheet*

					Mental Health First Aiders – refresher training has been carried out for these roles and to date there are approximately 40 across the organisation. Work is being scoped to how these roles will link in with the wellbeing hub (safe space for staff channel) and the NSS wellbeing group. Mentally Healthy Workplace for Managers training has also been provided to approximately 90 managers across NSS. **March 2020 Update** – the paper with SLWG recommendations is currently being finalised with aim to provide this to the EMT and PF meetings in April. **February 2020 Update** - SLWG has concluded. A paper, containing the recommendations of the SLWG, has been drafted for consideration by the appropriate governance groups. **January 2020 Update** - SLWG met in December during which the group concluded that there is no single solution to this issue and that different solutions will be required in different circumstances. The next meeting is scheduled for 10 January where the SLWG will consider examples of potential scenarios against existing support mechanisms, internal and external benchmarking data and Once for Scotland policy requirements in order to identify options for consideration by NSS.

NSS ACTION PLAN – STURROCK REVIEW *Action Sheet*

				One key theme from output was around mentoring for managers - discussion around management capability and the role of a mentor to support manager's development, particularly on the softer people skills. Pilot Mentoring Programme endorsed by the EMT/PF - roll out to start March 2020. **December 2019 Update** - feedback from the focus groups was very wide ranging and many people were not able to identify what a safe space would look or feel like. On this basis, a group of staff representing, HR, TU and line managers will give further consideration to this feedback and how this action can be delivered.
4.	Implement the revised 'Once for Scotland Whistleblowing Policy' process and training when the new policy is launched along with a campaign to encourage staff to 'speak out'.	March 2020	Aileen Stewart	**November 2021 Update Whistleblowing Policy** – the Whistleblowing Policy was launched in April 2021. Communications were sent to all NSS staff. At the end of May 2021, staff and managers were provided with the training links to TURAS Learn. The uptake of this training is being reported on, on a quarterly basis to the Whistleblowing Short Life Working Group and relevant governance committees. End of Quarter 2 figures show there is a 69% completion rate for staff and 62% completion rate for managers on this training – further communications and reminders will be issued to push towards a 100% completion rate by March 2022. **March 2020 Update** – SG have advised currently anticipate issue in July 2020. Once for Scotland policy and process has not yet been issued. Awaiting confirmation of the date and launch information from SG.

NSS ACTION PLAN – STURROCK REVIEW

Action Sheet

	CLOSED

ACTION NUMBER		WHEN:	WHO:	UPDATE:
1.	Deliver a series of staff focus groups to staff, so they are aware of the purpose of the Sturrock report and the actions being taken and being put in place. Also to gain feedback and understand what the work experience feels like for them.	September 2019	HR BPs led by Sarah Moffat	**Close – complete –** the focus group sessions are now concluded with over 80 staff from across the SBUs attending. The outputs from the sessions have been collated with the information gathered on 'Safe Space'. A wider report was compiled providing a summary overview of the collated outputs from the focus group sessions.
2.	Include information on NSS values in pre-induction and a major session in the corporate induction programme.	September 2019	Kirstie Brady	**Close – complete –** a workshop is designed and will be delivered going forward commencing at the corporate induction on 7 November. Values also appear in the proposed new line manager's checklist. A proposal will be submitted for discussion at the EMT meeting for a range of videos around the themes of the GPTW plan that include our values.
2.	Connect and exhibit NSS values in objectives for all staff but initially managers and senior leaders across NSS to make them more accountable.	Now	All EMT	**Close – complete –** L&D have redeveloped new good practice guidance on and refreshed the HR Connect PDP page advising staff that objectives should usually be linked to the SBU deliverables, underpinned by NSS Values, encouraging all staff and managers to aim to achieve at least one values based objective within every appraisal period.

NSS ACTION PLAN – STURROCK REVIEW *Action Sheet*

2.	Enhanced monitoring and review of 'Ask Colin' questions for trends across NSS and report into EMT.	September 2019	Mary Morgan	**Close – complete** – a report was submitted to the NSS Partnership Forum in November as previously agreed. The Partnership Forum were pleased with the way 'Ask Colin' questions were being handled and monitored and agreed to keep as a channel for staff feedback/questions. It was noted however that there had been a noticeable decrease over recent months in the number of questions now coming through this route and consideration should continue to be given going forward if this remains an appropriate route for staff feedback.
3.	Implement awareness sessions/workshops so that all staff are aware of the impact of inappropriate behaviour and bullying and on how to constructively challenge inappropriate behaviours using best practice feedback tools and brief interventions. – To note this needs also to be completed alongside the Policy training.	October 2019 – March 2020	Kirstie Brady/ Elaine Hughes	**Close – complete** - HR contacted SBU facilitators on 5 September with the updated pack. Communications team confirmed on 28 October that the Team Leaders Values Toolkit Guide had been updated and uploaded onto the Values geNSS page. This guide includes focussed reference to approaches to supporting staff with any bullying/harassment. All SBUs have currently rolled out values awareness sessions and in the session all staff were encouraged to use the NSS Values to support, develop and challenge others. The awareness session that all staff were involved in was to discuss the following:-

NSS ACTION PLAN – STURROCK REVIEW

Action Sheet

				• Have they witnessed or experienced counter-productive behaviours that are not aligned to the NSS Values? • Did they challenge the person and support them with honest feedback? How did they do that? • If not, what stopped them? What would help them? All staff also received a copy of the SAID (Standard/Action/Impact/Development) feedback model for supporting them to deliver feedback to colleagues. From October 2019, HR have developed some supplementary guidance for all trained trainers to present at remaining awareness sessions so that staff are aware of the impact of inappropriate behaviour and bullying and how to constructively challenge inappropriate behaviours using best practice feedback and where to go for more support. During September 2019, the OD team communicated with all trained SBU Values Facilitators to re-enforce the reference to approaches to supporting staff with any bullying/harassment.

NSS ACTION PLAN – STURROCK REVIEW   *Action Sheet*

10.	Corporate websites to be reviewed to ensure that the role of Employee Director is explained in relation to all employees, especially in relation to issues of Dignity at Work. Develop a communications plan to promote the role of Employee Director to all staff.	September 2019	Ian Cant/ Sandra Ameno	**Close – complete** - updates on agreed actions as below:- • Development of Partnership Working pages on HR Connect - the Partnership pages have been updated on the new HR Connect site which will go live in November. The Employee Director's profile has been updated for the corporate website. • Employee Director – mini roadshows to promote Great Place to Work (iMatter, values, employee voice, etc) - HR and Communications colleagues have developed a Communications approach with the Employee Director (ED). This has been agreed with the ED. The approach is based around the ED delivering a short presentation to meetings such as townhalls to raise awareness of the ED role and partnership working in NSS with Q&A, publication of PULSE article about the ED and his role, regular blog on updates and activities.

NSS ACTION PLAN – STURROCK REVIEW   *Action Sheet*

| 2. | Implement the Reasonable Adjustment Passport which has been developed for staff with a disability and provide more support to the existing "employee run networks". | Start Now
Complete December 2019 | Mairi Gaffney | **Close – complete**
A communications plan was agreed with a formal launch using the International Day of Persons with Disabilities on 3 December 2019 as a focus. All forms and FAQs now on HR Connect and a number of managers agreed to support individuals utilising the passport.

September 2019 Update - Reasonable Adjustment Passport endorsed at Partnership Forum and agreed at EMT. Communications plan completed. First of the manager information workshops took place in September.

A carer's network is currently being developed. All networks have an EMT sponsor and budget available to each network to promote activities. |

NSS ACTION PLAN – STURROCK REVIEW   *Action Sheet*

6.	This will include a review of the process for informal grievances so that these are all logged, and HR can monitor and ensure that informal grievances are dealt with and brought to a satisfactory conclusion.	December 2019	Mo Skilling/ Elaine Hughes	• **Concluded** a review of grievance cases in last 12 months which totalled 9 cases with 1 x informal and 8 x formal. The review indicated 2 x formal cases could have been resolved at the informal stage: ▪ Planned discussion with HR Case Advisers on their role in supporting managers / staff to resolve at informal planned **w/c 9th Dec.** ▪ Planned discussion with T&Cs team on informal grievance process, available support tools to support managers and/or staff and the role of T&Cs as first point of contact in encouraging early resolution – planned for w/c **16th December.** ▪ The review has provided comparative data to enable measurement of impact of early resolution focus. • Current NSS Grievance Policy has limited focus on early resolution compared to the Once for Scotland Grievance policy. • The management training for the rollout of Once for Scotland policies will focus on the 'early resolution' of grievances. and will be supported through e-Learning modules which will focus on the process for 'early resolution' – **planned for March 2020**

NSS ACTION PLAN – STURROCK REVIEW   *Action Sheet*

				• HR Advisors continue to raise awareness at HR clinics on what an informal grievance is and what actions can be taken to try and resolve this at the earliest possible stages. Encouraging all managers to make HR aware if they are managing an informal grievance – **ongoing**. • HR through open communications with staff side to ensure all parties involved in informal grievances are supported, and are clear when issues fall into the informal category – **ongoing**.
7.	Set standards expected of all line managers: • Facilitated (by line manager) team meetings in order to provide a safe place to brief and debrief • Regular team meetings • Regular one-to-one meetings • Encourage the use of 'huddles' • PDP appraisal discussions • Participation in Senior Manager Forums	January 2020	EMT Sponsor - Martin Bell	**Close – complete** - communications were published in December around standards expected from line managers, focusing on the staff update, the mid year review/iMatter and making links to Values and the Sturrock report. In all L&D events HR have committed to raising the profile of all of the standards expected from line managers by the end of January 2020.
8.	Review reporting approach with the Board. Two development sessions (March and May 2019) have already been held focusing on timing and relevance of content of Board/Committee papers. • Full review of forward programmes currently taking place prior to appointment of new NSS Chair. • Formal action plan agreed by Board members in response to the Corporate Governance Blueprint with deadlines for completion. This will now be incorporated into all forward programmes.	April 2020	Eilidh Mclaughlin	**Close – complete** - the Board were provided with an update at the meeting on 1 November and were content with progress. The work is in progress with a cross check in relation to the content of corporate induction versus the non-executive induction already complete. The Board Services team have extended an offer, on behalf of the non-executives to film video segments for inclusion at corporate induction, and we await a decision from HR and communications on this.

NSS ACTION PLAN – STURROCK REVIEW   *Action Sheet*

9.	Continue to develop the information available through the People Dashboard and actively use it to aid identification of early signs of a potential problem, direct informed discussion and intelligent action.	January 2020	Jane Fewsdale	**Close – complete** - information available through the People Dashboard continues to be developed with increased data now available in order to facilitate early identification of potential problems. Further development of information will continue. Values Refresh attendance to be incorporated into People Dashboard moving forward so SBUs can manage locally. This is currently in development.
2.	Introduce values questions and exploration at recruitment.	January 2020 (a revised date for completion)	Jayne-Marie McIntyre HR Recruitment supported by Comms	**Close – complete** - finalised values based interview guidance which will go live on HR Connect in January 2020. Resourcing Manager is now on the Project Lift – VBR Group (NES led) and has made initial connections with NES with the aim of establishing what is already available and what can we learn from other Boards – initial meeting planned for January 2020. Recruitment team and Front of House team will be upskilled on VBR so they can support recruiting managers in their understanding and application of VBR - planned for January 2020. Communication plan being developed for implementation in February 2020. Considering mechanisms to measure the success of VBR for both NSS and the candidates.

NSS ACTION PLAN – STURROCK REVIEW   *Action Sheet*

| 7. | **Developing line managers' capability and leadership capacity**
Refine leadership and essential line manager programmes to incorporate training on 'dialogue/coaching conversation' skills and facilitation skills. | March 2020 | Kirstie Brady | **Close – complete** - through our management and Leadership programmes providing Dialogue Awareness sessions. HR also offer one day Coaching Skills for Managers included in our management development offering, 'Managing Teams & Others' workshop adopted as part of the national 'Management Matters' offering and new 'Developing Your Team' sessions for managers. PDPR two hour sessions are also available as part of the learning guide.

In addition, a number of Mentoring Skills for Managers and Facilitation Skills workshop are also available as part of the Learning Guide.

HR are currently looking at the next phase for management development, to build on recent user engagement. The current programme has been mapped to the NSS strategy, workforce plans and organisational priorities as being Partnership Working. Refreshed focus is required on absence management, policy training, mental wellbeing and resilience, effective conversations and team working, feedback skills, HR systems and a pathway for managers.

This discovery work has been presented at the NSS L&D Steering Board and endorsed and will be taken to the EMT and Partnership Forum for further engagement with stakeholders. |

NSS ACTION PLAN – STURROCK REVIEW   *Action Sheet*

					Work has commenced to explore the reasons a number of delegates are cancelling at short notice on the leadership programme, management development events and other corporate guide events. Consideration being given of how to include this data in the People Report and other areas to assess how these numbers can be reduced. The Values Refresh workshop and materials also currently contain a section, including a model, for feedback.
6.		Complete the end-to-end business process review, including identifying escalation points and timescales within HR and within each Strategic Business Unit. Implement the revised business process and put in place monitoring of case management timescales.	February 2020 (a revised date for completion)	Kyle Childs	**Close** – **complete** – review has been undertaken. It has been agreed that the issue was not especially escalation points or indeed the process but that it was the ways of working that needed to be looked at between the teams within the process by the members of the HR SMT who agreed to lead on this in collaboration with the OMT. The occupational process was clear once a referral decision was made.

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7.	Put in place a mentorship scheme to provide practice in support of theoretical/classroom training for newly promoted managers or supervisors/team leaders. This also gives a point of escalation when issues become challenging. Experienced senior managers will be expected to provide this support.	March 2020	EMT Sponsor supported by OD	**Close – complete** - February 2020 Update - EMT and Partnership Forum have now endorsed the SBAR NSS Mentoring – Proposal for Pilot Programme 2020 and this is for roll out, commencing March 2020 led by Tracy Archibald and Martin Bell. 2019 Updates - Plan to rearticulate and advertise the existing mentoring arrangements available through NES in NSS. Also to create an approach for internal management to review and possibly offer if staff ask for some mentoring support - this will be discussed at a meeting on 25 November 2019 so specific details will emerge once this planning meeting has taken place. Consideration also being given to holding some engagement with wider staff groups, explaining the difference between mentoring and coaching and how to access the former (or both). This is also to be confirmed.

NSS ACTION PLAN – STURROCK REVIEW   *Action Sheet*

5.	Taking a prevention focus, work with OHSAC on an approach to support staff mental wellbeing and resilience. Nurturing a culture of caring, compassion and kindness as colleagues toward each other.	August 2020	Mairi Gaffney	**Close – complete** – NSS SLWG now being set up and will be reporting into OHSAC going forward on progress.
				February 2020 Update – further to the recent OHSAC meeting on 27 January 2020, M Gaffney will be setting up a short life working group to address the suggestions and recommendations in the paper to OHSAC.
				January 2020 Update - wellbeing paper with recommendations and proposals will be submitted to OHSAC on 27 January and an action plan will be agreed
				November 2019 Update - initial well being plan shared at OHSAC who are the owners of the plan. An analysis of NSS current delivery and support in respect of wellbeing has been undertaken against the NHS Employers Health and Wellbeing Framework. This information will now be used to develop a detailed plan of action.
				September 2019 Update – for discussion/ development further through OHSAC to identify what additional support and resilience mechanisms are required above what is already currently in place across the organisation.
				• L&D are involved with representation on the Wellbeing Group. • Recent Management Development Spotlight Sessions have included a session on Wellbeing.

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					• L&D have developed a Feedback Skills workshop for managers (available from October). The aim is to show feedback in a positive light and focus on 'caring conversations'. Wellbeing workshop has been developed and piloted in two areas with the objective of allowing iMatter plan discussion to have a focus on staff wellbeing.

NHS National Services Scotland

Meeting: NSS Board

Meeting date: Thursday, 2 December 2021

Title: People Report – October 2021

Paper Number: B/21/68

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.

2. Recommendation

The Board are asked to scrutinise the report.

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 on boarding of new team leads and managers to NSS, support for iMatter and wider workforce engagement.
- Recruitment is concluding a volume recruitment campaign for the NCC requiring 150 Bank and 100 Core Contact Tracers and Contact Tracing Practitioners. These numbers are to compensate for the attrition rates within the NCC, heavily impacted by the 31 March 2022 end to NCC fixed term contracts.
- An all HR review of the current NCC people plan is in place to ensure the right HR resource is aligned to support the delivery of the plan.

- **Investigating Managers** – a number of Investigating Manager workshops are scheduled to address the limited pool of available Investigating Managers. This follows on from discussions with the HR Director and EMT on the importance of corporate responsibility and request for volunteers from across NSS for the role of Investigating Manager. So far, we have approximately 20 delegates for the next courses which are taking place during December and January.
- **Once for Scotland (OfS) Workforce Policies** – Scottish Government have confirmed that due to winter service pressures across NHS Scotland, there will be a pause to this programme of work. In addition, following consultation of the Flexible Work Location Policy, feedback to date highlights concerns about the implementation of this policy. The OfS Programme Board have therefore decided that the implementation of this policy and development of Phase 2 of the workforce policies will both be paused until no later than April 2022.
- **Health & Safety** – Ongoing support across all Business Units in regards to developing their Risk Profiles and action plans, and investigation and closing off of any accidents and near misses submitted. Delivery of COP26 building risk assessments with regards to Meridian and Athenaeum to identify any health, safety and wellbeing requirements for staff working in the building, specifically in regards to access and egress to the buildings. Ongoing support to the Future Ready Group with the review of risk assessments and process to support hybrid protocols.
- **COVID-19 Lateral Flow Testing** – The process and programme will be centrally co-ordinated through the HR Administration Team. Support is being given by Occupational Health in the event of positive results in the form of investigation and risk assessment requirements.

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, five RIDDORs have now been reported year to date. However, the accident and incident rate is 12.43 which is below the KPI of <30.42 which is positive. Both the SBUs which have RIDDORs have detailed plans in place which are being taken forward in partnership with trade union colleagues and are reported in detail to OHSAC.

- Compliance with three-year mandatory training is at 90% and statutory training currently at 93% both of which are improvements from previous reporting. However, it is important that positive progress continues.

- Compliance with the KPI on undertaking appraisal/PDP/objectives are currently showing a slight increase from the previous month's figures and with continued support of HR we are expecting these to continue to improve. However, there is still work to be done at SBU level to continue to improve compliance in this area.

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 3.70%. The first half 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 increased across August and September, most likely due to restrictions ending at the beginning of August, as well as the return of schools; however, it is now at a low level similar to that seen throughout the year. There are currently two employees off on COVID-19 Special Leave, one due to testing positive for COVID-19 and one due to Long Covid. COVID-19 positive cases continue to make up the majority of special leave requests (19.24%).

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.

4.3 Data protection and information governance

NA

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 15 November 2021
- NSS Partnership Forum at the meeting on 16 November 2021

9.   List of Appendices and/or Background Papers

The following appendices are included with this report:

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

Jacqui Jones
Director of HR and Workforce Development
12 November 2021

NSS People Report – October 2021

Summary

Headcount
The current headcount for NSS is 3,545 and the total WTE is 3,255.29. Please note the headcount on the dashboard does not include agency/bank staff. There are currently 204 agency staff, the majority of which are in PCF (83), SPST (63) and DaS (38). There are 650 bank staff, 622 of which are in NCC.

Absence
The year to date sickness absence rate for October is 3.70%, which is a small increase from the previous month (3.62%). Long term absence is at 2.58% and short term absence is 1.13% for the year. Absence cost has seen an increase of 5% from the previous month (at £387k for October). Anxiety/stress/depression remains the most common reason for absence, making up 38% of the total cost of absence for October. The first half 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 is at 90% and Statutory Training is above 93%, however work is still required across a number of SBUs to ensure compliance rates remain high.

Turas
Turas compliances are currently at 74% for Appraisal, 67% for PDP and 76% for Objective, which is an increase from the previous month's figures. A number of SBUs have advised that mid-year reviews have been held, but the system is still to be updated with outcomes of discussions, therefore it is anticipated that Turas rates should increase over the next few months.

COVID-19
As of 6 October, a total of 168 employees have tested positive for COVID-19 since April 2020 with a total of 1,642 special leave requests submitted, 553 have been submitted within this fiscal year. There are currently two employees on COVID-19 related special leave, one due to being COVID-19 positive and one due to Long Covid. The cost of COVID-19 special leave in October is £22k, with a total of 1,496 hours lost, an increase of £42k from September. Special leave due to COVID-19 increased from August and spiked in September, most likely due to restrictions ending at the beginning of August as well as the return of schools, however it is now at a low level similar to that seen throughout the year.

Statistical Process Control

Sickness Absence SPC
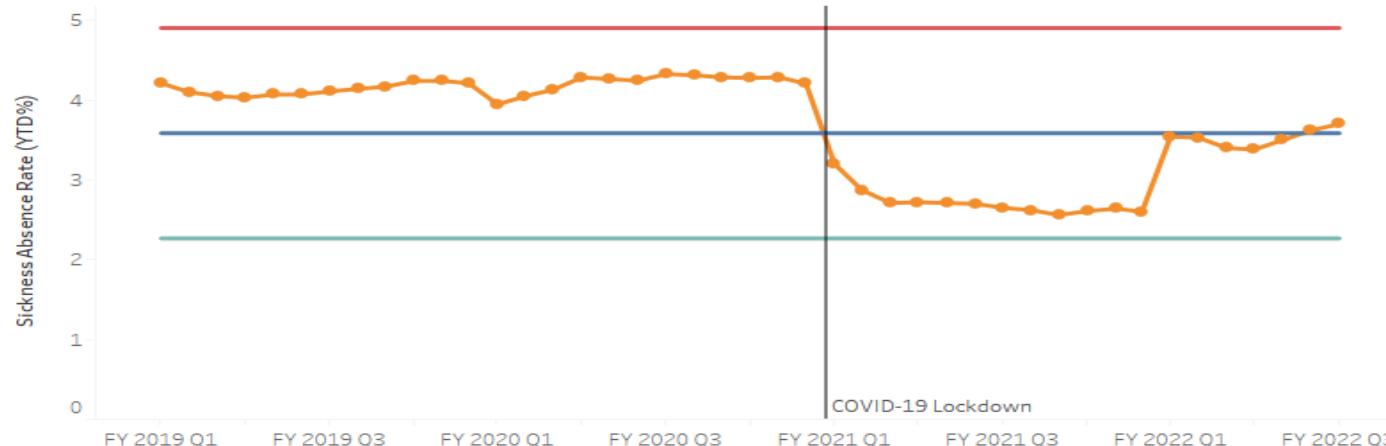
There has been an increase in sickness absence between September (3.62%) and October (3.70%). The sickness absence rate of 3.70% is sitting above the mean of 3.59%. Based on the previous three years of absence data, it is forecast to finish the year at 2.86%. Year to date, long term sickness is at 2.58% and short term absence is 1.13%.

Clinical, **Finance**, **HR** and **P&CFS** are sitting between the LCL and Mean, with no cause for concern.

DaS, PCF, **SNBTS** and **SPST** are above their calculated Mean (which have been calculated at 2.10%, 5.60%, 3.86% and 2.15% respectively) with DaS at 2.87%, PCF at 5.63%, SNBTS at 4.21%, SPST at 2.39%. Although higher than average, DaS, SNBTS and SPST are below target.

CLO is above its Upper Limit (calculated at 4.18%), at 4.47%. CLO sickness absence rates have been increasing throughout the current fiscal year due to an increase in long term sickness absence and are now at the highest level across the three years of recorded data.

CLO Sickness Absence SPC
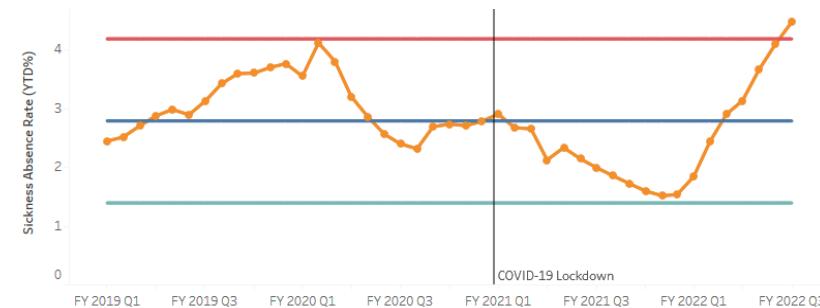
Sickness Absence

October has seen a 5% increase in cost in comparison to September (£369k to £387k). When compared to the same period in the previous fiscal year, there has been a 84% increase in cost and a 77% increase in hours lost. It should be noted that while cost and hours lost have been increasing across the current fiscal year, the 2020/21 year saw much lower than average costs compared to previous years, particularly in the first half of the year due to the impact of lockdown and shielding.

Absence due to cold, cough & flu is on the rise, and has seen an increase of 53% from September. Costs to date 2021/22 are approximately £94k in comparison to £43k in 2020/21. Absence levels are being monitored, however we expect that absence will return to the pre-pandemic levels.

COA Trend

	Current month	Current FY	Previous FY	
	£386,508	£2,253,425	£1,225,166	Cost of absence
	22,552	134,070	75,929	Hours lost
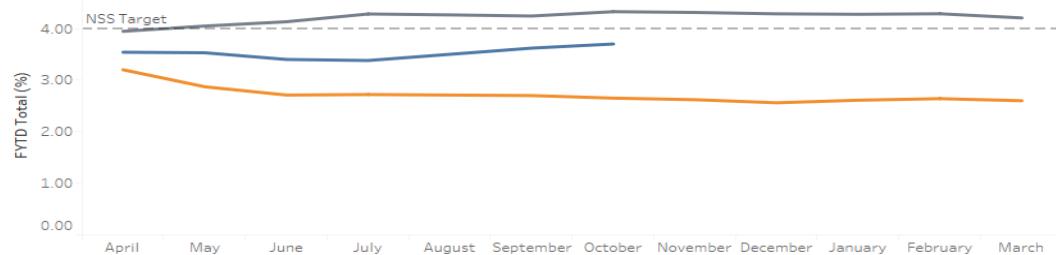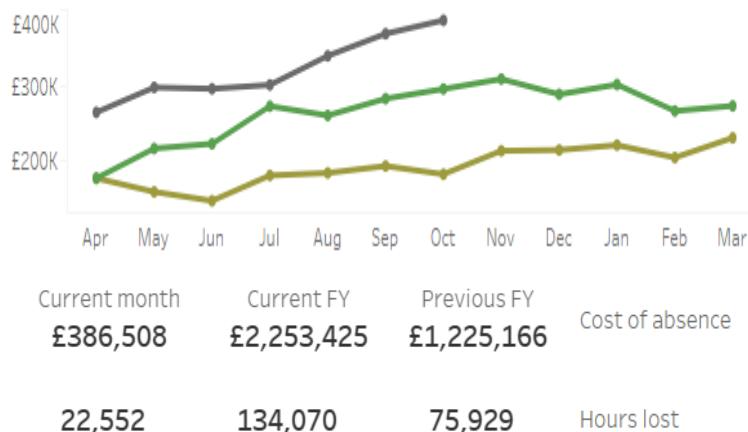
The most common reasons for absence in October were:

- **Anxiety/Stress/Depression** - a cost of £148k (38% of monthly cost) and 8,010 hours lost (36% of monthly total)
- **Other Musculoskeletal Problems** - £42k (11% of monthly cost) & 2,311 hours lost (10% of monthly total)
- **Cold, Cough, Flu** - £32k (8% of monthly cost) & 1,936 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 (26.2%) and SNBTS (30.3%) equating to 56.5% of the overall cost of absence for October.

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

- Coronavirus
- Coronavirus - Covid Positi...
- Coronavirus - Household R...
- Coronavirus - Long Covid
- Coronavirus - Quarantine
- Coronavirus - Self displayi...
- Coronavirus - Test and Pro...
- Coronavirus - Underlying ...
- Coronavirus – Vaccination ...
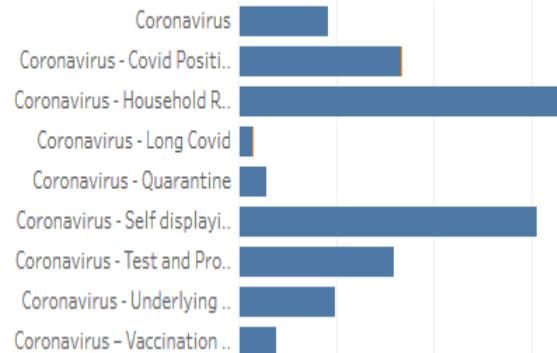
Current absences
- Absent
- Returned to Work

As of 6 October there have been a total of 168 employees who have tested positive for COVID-19. There are currently two employees on special leave for Coronavirus :
- Coronavirus – Covid Positive – 1 (SNBTS)
- Coronavirus – Long Covid – 1 (SNBTS)

There has been a total of 1,642 special leave requests (may include multiple requests from the same employee) due to COVID-19, 553 of which have been in the current fiscal year, with 72 in October. 38.14% of all absences have been due to household members displaying symptoms and 36.05% have been due to employees self-displaying symptoms, while COVID-19 positive cases make up 19.24% of all special leave requests. SNBTS make up 50.4% of all absences, with PCF at 25.2%. The most common locations for COVID-19 special leave continue to be Canderside (17.98%) and Jack Copland Centre (15.23%).

There have been 15 employees who have had special leave due to Long Covid, with one currently absent. There have been 39 employees on special leave due to the absence reason Coronavirus - Vaccination Adverse reaction, all have since returned to work.

The cost of COVID-19 special leave in October is £22k with a total of 1,496 hours lost. This is a decrease of £42k from September. Compared to October of the previous year, there has been a decrease of £40k and 3,112 hours. COVID-19 positive absence was the most common reason for COVID-19 special leave in October, with a total cost of £10k. COVID-19 positive absence increased from August and spiked in September, most likely due to restrictions ending at the beginning of August as well as the return of schools, however it is now at a low level similar to that seen throughout the year.

SBU Breakdown

Cent.. | Di.. | Finance (Div/CHP) | HR & Wo.. | Practitio.. | Procure Commis.. | SNBTS (Div/CHP) | SPST.. | Strategy Perform..

Case Management

There are a total of 191 employees who have breached sickness absence triggers, of which 35 (18.32%) have active cases.

There are currently 116 active cases, with 16 cases opened in October (an increase from nine in September). This is higher than the previous fiscal year (three cases in October 2020), but similar to pre-pandemic levels (19 in October 2019).

Automated alerts have been sent to managers to inform them of any direct reports currently on long term absence but not recorded on eESS for reporting purposes.

Managers are being contacted directly by the HR Case Advisors to ensure they are managing any absence, especially long term, and to forward on any record of discussion to enable eESS to be updated and accurate employee records held.

Case Category Breakdown:

Attendance = 71 (+4)
Capability = 22 (+1)
Conduct = 16 (0)
Dependency = 0 (-)
Dignity at Work = 3 (0)
Grievance = 4 (-2)

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

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

Category Informal/formal

New Cases Trend
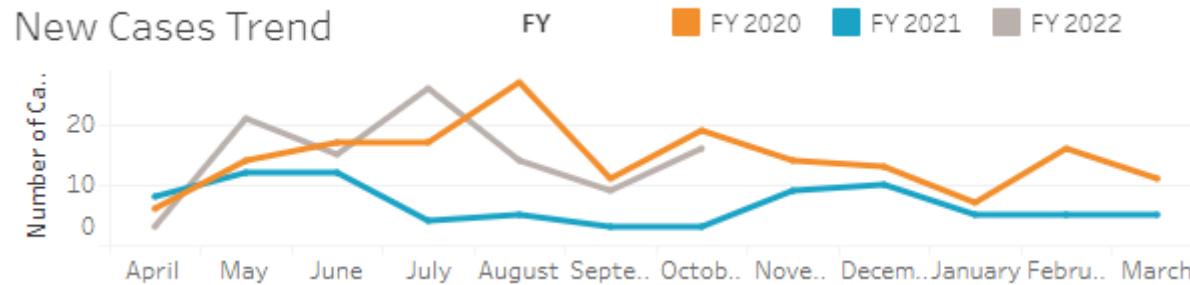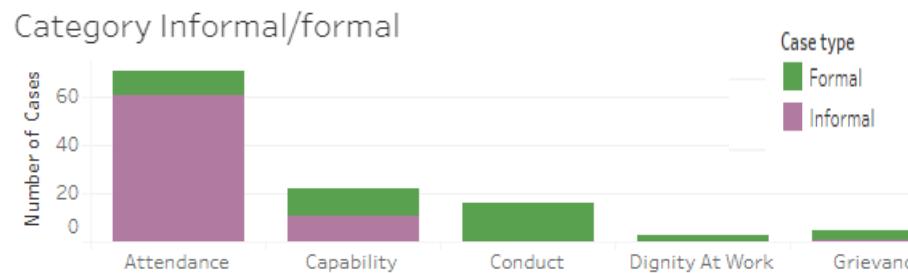
Turnover

NSS turnover year to date position is 9.79% in October. Turnover currently indicates a year end forecast of 15.34%, well above the agreed target of 7%. However the turnover prediction has been significantly impacted by the National Contact Centre (NCC). We will continue to monitor and highlight any areas of concern.

The areas with the most significant turnover for October (year to date rates) are :

NCC – 26.17%
SNBTS – 7.08%
SPST – 8.35%
Finance – 4.32%

Turnover trend
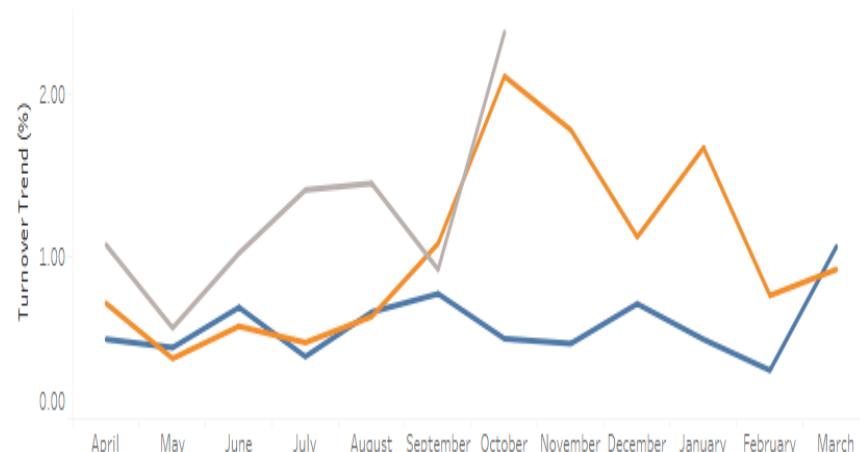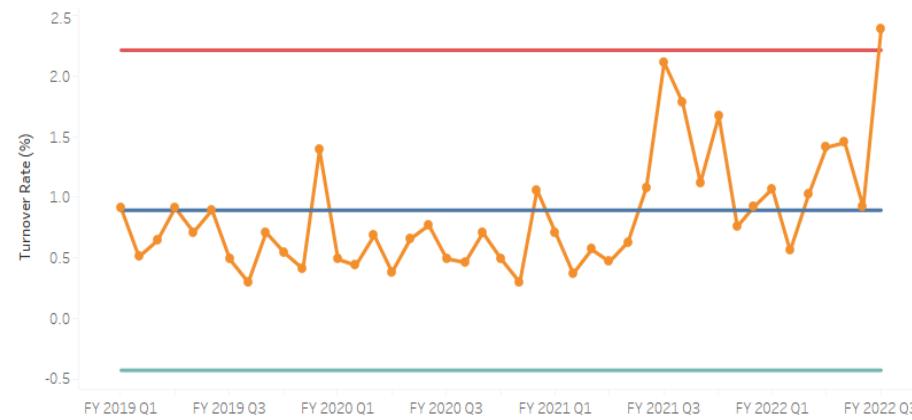
SBU	Leavers in Month	Leavers year to date	SBU	New Starts in Month	New Starts year to date
CLO	0	4	CLO	0	5
Clinical	0	2	Clinical	1	2
DaS	1	14	DaS	4	34
Finance	0	3	Finance	1	4
HR	0	4	HR	2	9
P&CFS	2	16	P&CFS	2	7
PCF	6	30	PCF	15	66
SNBTS	11	66	SNBTS	12	106
NCC	12	84	NCC	3	108
SPST	2	22	SPST	0	33
NSS	**30**	**201**	**NSS**	**84**	**345**

Turnover SPC

Redeployment

Currently there are 26 Active Redeployments within NSS of which 18 staff are in temporary work assignments, six are on secondment, one in a trial period and one is seeking opportunities. An additional 18 staff have been successfully redeployed in the current fiscal year.

Absence rate for the month of October for redeployees is 4.89%, which relates primarily to long term absence (14.21%) within SNBTS.

The absence rate for the current fiscal year is 8.10%, of which 6.22% is in relation to long term absence and 1.88% is short term.

SBU Active Redeployment Breakdown
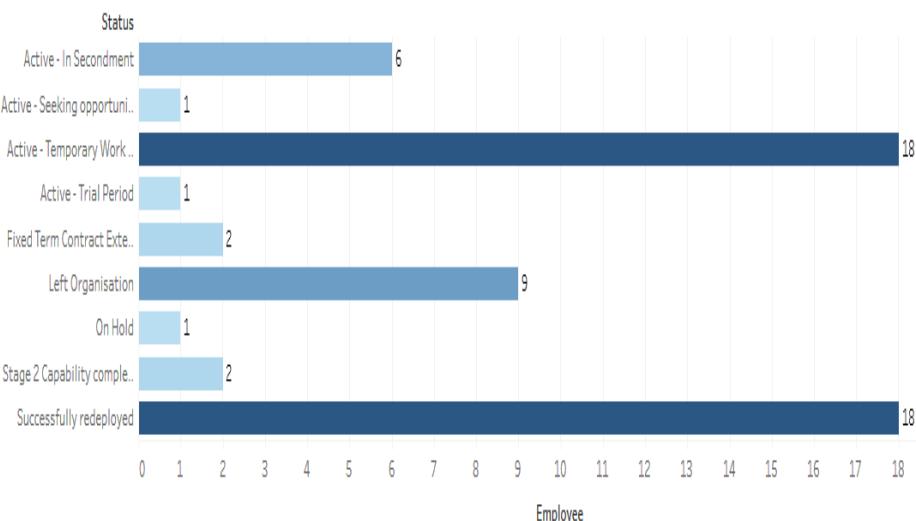
Redeployment Status
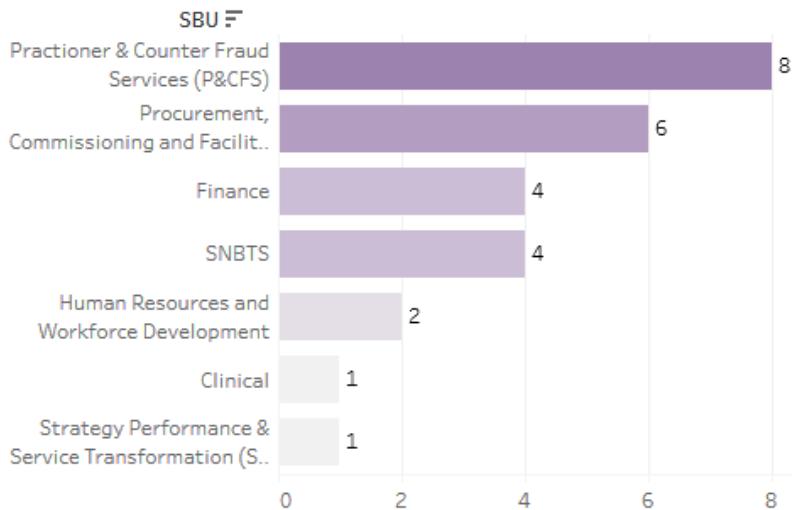
SBU Active Redeployment Breakdown Tenure

Recruitment

There have been **354** jobs advertised year to date (based on a closing date within the current fiscal year), with 49 new jobs posted in October. There has been a total of **868** vacancies – 39.63% of vacancies relate to permanent posts, 19.70% fixed term, 14.75% fixed term or secondment and 13.82% Bank workers (NCC).

Recruitment continues to experience high demand with the threshold of 15 adverts a week being maximised on a regular basis. There are currently 65 live adverts, 40 at interview stage, 23 jobs at shortlisting stage and 102 at conditional stage. Volume recruitment is almost complete for NCC, with a new PgMS campaign underway.

There have been 6,265 applicants within the current fiscal year, 26% of which have been for SNBTS, 26% for NCC and 21% for PCF.

The current average time to hire inclusive of HR and Hiring Manager involvement is at 68 working days (not including NCC) and 84 working days (including NCC). The increase in NSS average including NCC is due to the length of time adverts are live for Contact Tracing roles (45 days on average).

Pre-employment checks without a disclosure take on average 14 working days, where a disclosure is required the average is 25 working days.

SBU	Number of Jobs	Number of Vacancies
CLO	5	6
Clinical	4	4
DaS	65	96
Finance	8	10
HR	17	17
P&CF	21	27
PCF	108	145
SNBTS	99	143
NCC	12	350
SPST	15	70

Job Status

Job Status

Status	Value
Complete	113
Conditional	102
Interview	40
Job Closed – no OR no suit..	5
Live Advert	65
On Hold	3
Shortlisting	23
Unconditional	6

Time to Hire Breakdown (Working Day Averages)

16	5	2	16	3	2	17	9	68
Time for Advert	Time to Shortlist and Recommend Interview	Time from Interview Recommend to HR Interview Email	Time from Interview Notification to Manager Offering Job	Time from Manager Offering Role to HR Processing Conditional Offer	Time from HR Offering Job to Candidate Accepting Job	Time for Pre Employment Checks	Time from Pre Employment Completion to Onboard Date	Total Time to Hire

Mandatory/Statutory Training

NHS National Services Scotland

3 Year
90%
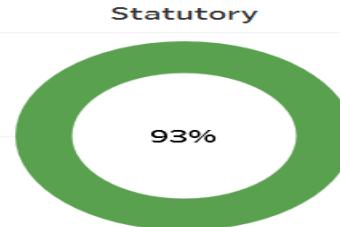
Statutory
93%

At NSS level, both 3 Year Mandatory Training and Statutory Training Compliance are above the 90% target with 90% (+1%) and 93% (+1%) respectively. Currently, only two courses are below the 90% threshold:

• NSS Information Governance in Action (87%)

• NSS Risk & Resilience (88%)

CLO, P&CFS and **SNBTS** are fully compliant in all courses, whereas **DaS** and **SPST** are non-compliant in all. **Clinical** are below the 90% threshold in two courses, as is **Finance with one of the courses** below 80% (Information Governance in Action).

PCF is only compliant in one course, with one course below 80% (Information Governance). **HR** is compliant in four courses, and **NCC** is above 90% in two.

Bank Staff (**NCC Bank**) Learning is at 72% for 3 Year Compliance (+5%) and 76% for Statutory Compliance (+5%), with the majority of courses at or below 70%.

Whistleblowing

Please see the table for current compliance figures for employees and managers combined. Please note that the headcount is the Turas Headcount figure. Completions relate to the number of staff who have completed **all** applicable modules.
A further 82 employees/managers have started the training but are yet to complete all modules.

Whistleblowing	HC	Complete	Compliance %
Employee/ Managers	3,452	2,280	66%

Turas Appraisal

Appraisal Compliance

74%

PDP Compliance

67%

Objective Compliance

76%

At NSS level there has been a slight increase across all compliances from September- Appraisal Compliance +1%, PDP Compliance +2% and Objective Compliance +3%.

Compliance across SBUs varies and there is little movement from the previous month- **Clinical**, **CLO** and **DaS** have all three compliances above 80%. **P&CFS** have two compliances above 80%.

Finance have all three compliances below 70%. **HR, PCF, SNBTS** and **SPST** have all three compliances above 70%.

NCC is the only SBU with all three compliances below 70% (46%, 10% and 45%).

DaS have carried out mid year reviews, however Turas is yet to be updated and it is anticipated that next month's figures will reflect this.

Trend

Measure Names
- Appraisal Count
- PDP Count
- Objective Count

SBU Appraisal Compliance

SBU	% Appraisal Compl..
Central Legal Office	89%
Practitioner & Counter Fra..	87%
Digital and Security	83%
Clinical	80%
Procure Commission Facili..	76%
SNBTS	74%
Strategy Performance & S..	72%
HR & Workforce Developm..	71%
Finance	65%
SPST-NCTC	46%
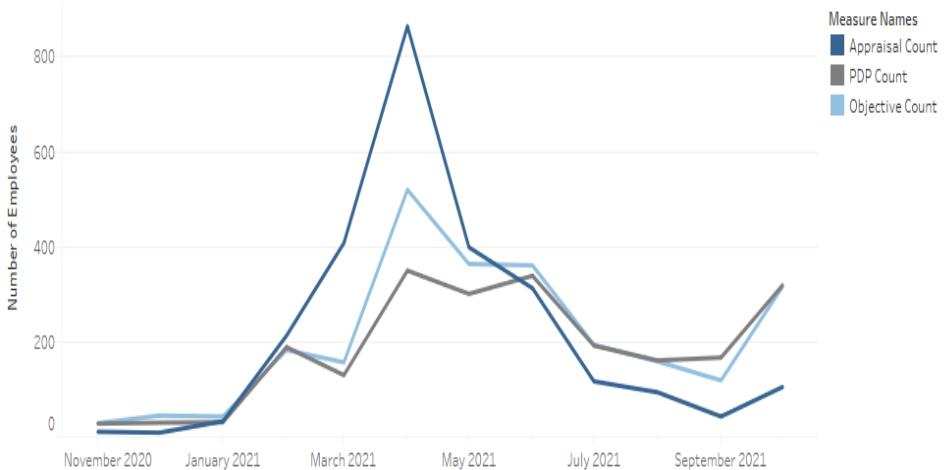
SBU PDP Compliance

SBU	% PDP Compliance ..
Central Legal Office	91%
Clinical	90%
Digital and Security	82%
SNBTS	75%
Strategy Performance & S..	74%
Procure Commission Facili..	74%
Practitioner & Counter Fra..	74%
HR & Workforce Developm..	70%
Finance	62%
SPST-NCTC	10%
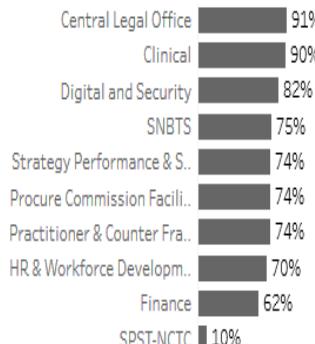
SBU Objective Compliance

SBU	% Objective Compl..
Central Legal Office	95%
Clinical	90%
Digital and Security	87%
Practitioner & Counter Fra..	84%
HR & Workforce Developm..	82%
SNBTS	78%
Strategy Performance & S..	77%
Procure Commission Facili..	77%
Finance	66%
SPST-NCTC	45%
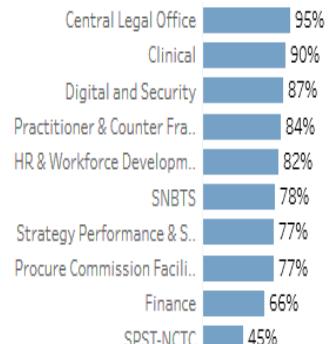
Annual Leave

The current position indicates that approximately 51% has been taken to date. This includes any carry over of annual leave from 2020/21 that has been approved. A further 8% of leave has been planned in with a balance of 41% remaining.

Division	Entitlement	Planned	Taken	Remaining	Remaining %
Central Legal Office	31,004	3,178	15,013	12,813	41%
Clinical	3,292	30	1,593	1,669	51%
Digital and Security	100,802	8,662	44,924	47,217	47%
EESS National Project Team	2,462	356	1,225	881	36%
Finance	18,826	1,981	8,935	7,910	42%
HR & Workforce Development	24,182	2,567	11,272	10,342	43%
Practitioner & Counter Fraud	112,002	14,954	58,490	38,558	34%
Procure Commission Facilities	176,144	11,638	94,429	70,077	40%
SNBTS	199,270	8,087	106,498	84,686	42%
SPST-NCTC	39,604	87	26,338	13,178	33%
Strategy Performance & Service Transformation	60,395	7,867	26,870	25,658	42%
NSS	**767,983**	**59,407**	**395,587**	**312,989**	**41%**

*Information collated in this exercise is at 1 November 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- Accident / Incident Management

RIDDOR – FYTD

Month	SBU	Cause
June 2021	SNBTS	Lifting/handling/carrying an object
June 2021	SNBTS	Slip/trip/fall
June 2021	PCF	Struck by moving/flying Object
July 2021	PCF	Struck by a moving vehicle
September 2021	PCF	Fall from Height

Q2 Accidents

Accidents – FYTD

Cause of Injury – Q2
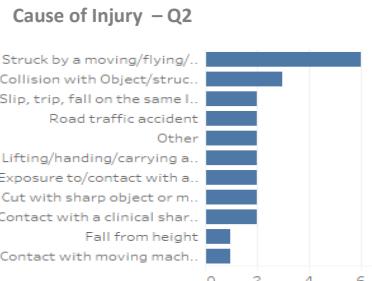
Q2 Incidents

Incidents/Near Miss – FYTD

Cause of Injury – Q2
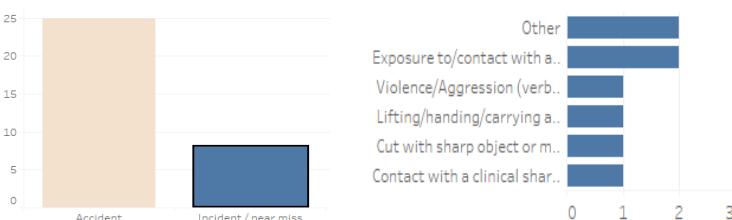
RIDDOR - There are a total of five RIDDORs to date, although no RIDDORs have been notified in October. One RIDDOR was submitted to the Health and Safety Executive during Quarter 2 (September – PCF). This was submitted under the category of 'fall from height' as the HSE working at height definition is 'where an individual working in any place a person could fall a distance to cause personal injury'. This accident happened within the National Distribution Centre and was as a result of an individual retrieving stock items from a top shelf in the warehouse mezzanine, they stepped off the kick stool and lost their balance. A total of 21 days have been lost due to accidents/RIDDORs in Quarter 2. Overall a total of 142 days have been lost due to RIDDORs in total, with an average time to close of 75 days.

Accident - A total of 25 accidents were submitted (+12 against Quarter 1)
- 38 accidents submitted to date
- 56% are within SNBTS and 44% within PCF. This brings the accident rate to **6.87** for Quarter 2 (+2.65 Quarter 1)
- Average time to close is 28 Days (+5 Days against Quarter 1).
- Main cause of accidents is:
    - Struck by a moving object (24%)
    - Collision with object (12%) and
    - Slip/trip/fall (8%)

Incident - A total of eight Incidents/near miss were submitted in Quarter 2 (-two against Quarter 1)
- 18 incidents submitted to date
- No absence days in relation to incidents
- An average time to closure close was 41 Days.
- Main causation was:
    - Other (25%) and
    - Exposure/contact with a harmful substance (25%).

Occupational Health Activity

NHS National Services Scotland

Appointments

In the fiscal year, a total of 489 virtual appointments arranged of which 378 (77%) were virtually delivered.
- 48 (9.8%) resulted in no attendance
- 18 (3.7%) awaiting confirmation, rescheduled or cancelled
- 45 (9.2%) are pending and awaiting confirmation
- SNBTS (35%) and PCF (28%) account for 56% of the appointments delivered.

FYTD - Appointment Attendance

	Pending Appointments	Attended Appointments	Cancelled Appointments	Rescheduled Appointments	Did not Attend
Value	45	378	7	11	48
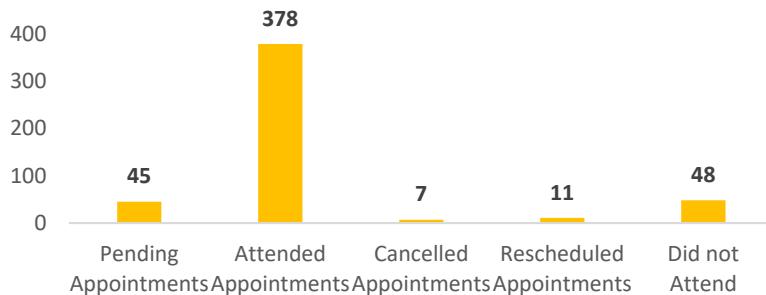
Pre-Employments

677 pre-employments were received in the current fiscal year, with 66 cleared in October.
National Contact Centre accounts for 46% of all pre-employments received which is inline with the increased level of recruitment activity in this area. SNBTS equates to approximately 15% of the overall total and PCF makes up 13%.

On average, pre-employments are taking approximately five days to clear from date received.

Management and Self Referrals

During the fiscal year there have been 257 referrals received, 46 of these were in the month of October.
- 226 (88%) were Management Referrals and
- 31 (12%) Self Referrals
- The main reason for referrals is in relation to anxiety/stress/depression and other psychiatric illness equating to 52% of the overall total.
- Other musculoskeletal problems is also an area of concern with 17% of referral reason.

The average time taken to triage referrals is approximately four days with the average time from referral to discharge at 24 days.

FYTD – Referrals by SBU

CLO	DaS	HR	FINANCE	P&CFS	PCF	SNBTS	SPST - NCC	SPST
8	14	5	2	17	67	92	36	17

NHS National Services Scotland
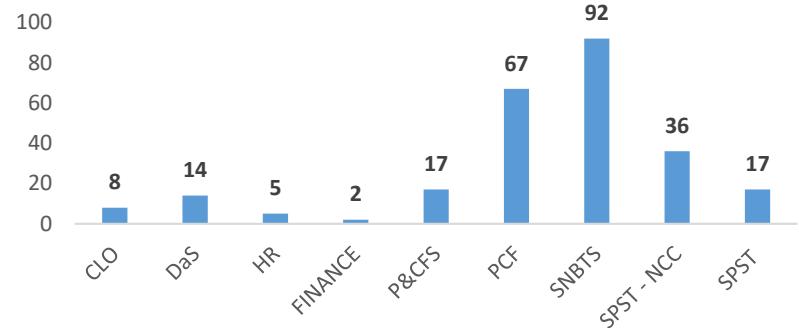
Meeting:	**NSS Board**
Meeting date:	**2ⁿᵈ December 2021**
Title:	**Financial Performance – Month 7**
Paper Number:	**B/21/69**

Responsible Executive/Non-Executive: **Carolyn Low, Director of Finance**

Report Author: **Andy McLean, Deputy Director of Finance**

1   Purpose

This report is presented for scrutiny, relating to the Annual Operating Plan and associated Financial Plan.

2   Recommendation

The Board is asked to note the financial position at Month 7

3   Discussion

This report presents NSS' financial performance for the period to 31st October 2021 (M7).

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 through the FPR process, 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 of care or service in this report

4.2   Equality and Diversity, including health inequalities

An impact assessment is not required

4.3   Data protection and information governance

None

5   Risk Assessment / Management

The report highlights the following financial risks:

*   **Delivery and Completion of work in-year** – with certain capacity issues and competing, changing priorities, there is a risk that the financial position improves through further slippage and under spending. Mitigation of this risk includes pro-active, on-going engagement with SG Finance around required and changing levels of funding

*   **Pressures Carried Forward into FY22/23** – significant and continued slippage of programmes into future Financial Years applies further pressure to NSS and SG budgets, by reducing the funding available.

*   Whilst a significant amount of **C-19 funding remains outstanding (£140m)** there is little / no risk around this with SG providing for this and holding in "Reserve" until Q4.

6   Financial Implications

NSS Targets	Year to Date £000	Forecast Outturn £000	RAG
Revenue Outturn	5,520	330	G
NSS CRES Savings Total	2,729	5,597	G
NSD CRES Savings Total	6,050	10,186	G
Capital Outturn	0	0	G

NSS is on course to achieve all of its statutory financial targets for Financial Year 2021/22

7   Workforce Implications

There is no impact on workforce in this report

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 15th November 21.

9   List of Appendices and/or Background Papers

The following appendices are included with this report:

- Appendix No 1: NSS Financial Performance – Month 7

NSS Financial Performance

October 2021

NHS National Services Scotland Board
Financial Performance – October 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 £5.5m** is driven by (1) an NSD underspend (£4m) where certain activity is lower than planned and (2) a collective net SBU trading surplus (£1.5m)

The NSD underspend is ring fenced and will be returned to Boards later this year (as agreed with CFN and DOFs) if activity levels and cost remain low.

NSS Targets	Year to Date £m	Forecast Outturn £m	RAG
Revenue Outturn	5.52	0.33	G
NSS CRES Savings Total	2.729	5.597	G
NSD CRES Savings Total	6.050	10.186	G
Capital Outturn	0	0	G

Key Messages

NSS is on course to achieve all of its statutory financial targets

The projected core revenue out turn is currently a **£0.3m surplus** but this may increase over the remaining months of the Financial Year in-line with:

- Confirmation and Allocation of **all outstanding funding** from SG

- Further **slippage on development programmes** – this has moved significantly between October and November, mainly across (1) P&CFS £1.5m and (2) OFM £0.75m – with a lack of capacity being a key driver of the movement

The Director of Finance has agreed a **risk-based approach and approved maximum further developments** up to £1.1m on the basis the work will be complete by 31/3/22

Within the C-19 forecast (£392m) there are clearly a number of **assumptions and variables** which could materially change the expenditure incurred this year – including the **prevalence of the virus.**

Risks and Issues

In-line with the key messages, there are risks around:

- **Delivery and Completion of work in-year** – with certain capacity issues and competing, changing priorities, there is a risk that the financial position improves through further slippage and under spending. Mitigation of this risk includes pro-active, on-going engagement with SG Finance around required and changing levels of funding

- **Pressures Carried Forward into FY22/23** – significant and continued slippage of programmes into future Financial Years applies further pressure to NSS and SG budgets, by reducing the funding available.

Whilst a significant amount of C-19 funding remains outstanding (£140m) there is little / no risk around this with SG providing for this and holding in "Reserve" until Q4.

Summary

- Covid costs YTD at October 21 are £205.1m. This is lower than expected partly due to a reduction in volume over the first 7 months, the impact of lower prices for PPE and a weighting towards year end for potential pandemic stock write offs. PPE forecasts have been agreed in discussion with SG.

Louisa Jordan

- The Louisa Jordan facility is now closed. All post-licence works / repairs have been completed, except carpet repairs to one hall which are scheduled for post COP26. Final valuations have been received from three out of four of the PSCP's, with final accounts unlikely to be signed off until January following ledger checks required under the framework contract. An underspend is projected against the AME provision, but is subject to final agreement on settlement for betterment and depreciation calculations. Guidance from HMRC on VAT treatment for Construction costs is still outstanding, and may have an impact on the final position.

Covid-19 Expenditure	20/21 £000	21/22 YTD £000	21/22 Forecast £000	Capital £000
Additional PPE	213,370	64,611	154,726	-
Contact Tracing	27,099	18,407	29,633	-
Testing	59,742	39,945	79,762	1,804
Covid-19 Vaccination	16,133	30,755	53,820	-
Flu Vaccination	3,754	23,138	20,017	-
Scale up of Public Health Measures	0	668	948	-
Freight costs / Temporary Staffing	5,745	2,509	6,066	-
Add'l Equipment and Maintenance	21,199	7,501	14,533	7,194
Other Additional Staff Costs	329	65	128	-
Loss of Income	542	1,093	1,539	-
Other (inc NHS Louisa Jordan)	72,748	16,269	30,479	-
Offsetting Cost Reductions	(2,170)	0	0	-
Total	**418,489**	**205,065**	**391,755**	**8,998**

Test & Protect Update

- The current forecast for Test, Protect and Vaccinate is £202m. At the end of October costs were running favourable to the budget driven mainly by lower than budgeted spend on PCR kits as a result of lower volumes and prices than assumed in budget YTD. The full year position for Test & Protect is currently forecast to break even on the basis it is fully funded by SG. Continued challenges on recruitment as current funding period only extends to March 2022 although response from SG on proposals hoped for very shortly.

- The Autumn/Winter vaccination programme continues with plans in place for the part 2 launch of Tranche 2 Covid set to go live on the 15th November.

- UK wide demand planning scenarios for PCR testing issued and will be challenging with cases forecast to rise during the winter months. Worldwide restrictions on supply of kits for currently deployed point of care testing devices including unscheduled care may place some additional finance pressure if re-equipping is required.

- An indicative response has been given on the proposed future of the NCC through to September 2022, and discussions are ongoing about supporting the vaccine programme for 2022/23 and beyond. Covid status work continues with cross border backend integration and consideration of EU first doses. Covid status certification may also be impacted by current consideration of the expansion of venues in scope. Work has commenced on delivery of clinical trials of anti-viral medication to patients who meet the eligibility criteria.

Main Movements by SBU

SBUs were reporting an operating surplus of £2.8m

CLO – Surplus of £399k. Predominantly driven by higher levels of income than planned, in addition to savings in pay arising from vacancies. The full year position is forecast at a surplus of £226k. This reflects excess income to date and assumes that all vacancies will be filled throughout the year.

SNBTS - deficit of (£99k). The main driver of YTD deficit is timing on Medical Costs (£172k). 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 Inquiry £636k.**

DaS – Deficit of (£28K). Income to the end of October is estimated at £120K lower than budget. 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 £4.9m. Mainly due to NSD underspent £4.1m due to under activity, OFM £262k underspend due to pay and property costs, £610k underspend in NHS Assure and ARHAI £244k mainly due to recruitment delays. A potential small deficit of £66k is currently forecast.

HR – Surplus of £182k 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 £17k, predominantly driven by vacancies which are forecast to be filled as the financial year continues. P&CFS have advised slippage on a 3 revenue projects totalling £1.3m (nDCVP, AMS Digital and nCHI) and one capital project of £0.2m. Funding has been returned to reserves.

Clinical – Surplus of £119k driven by small underspend on it's main operational budget and programme budgets. The full year position for Clinical is currently forecast at a £16k underspend. Programme budgets in Clinical are expected to be full utilised and breakeven for the year.

Finance – overspend of £43k with a full year breakeven forecast. SE Payroll consortium implementation costs have now been funded from Reserves.

SPST – Surplus of £114k YTD due to a higher level of PgMS activity than planned. A significant overspend in Pay for agency staff is offset by additional income. A surplus of £166k is forecast for the year.

Three SBU's have in year budgeted deficits funded from reserves. These are reflected in purple on the graph.

Revenue variances – Year to Date
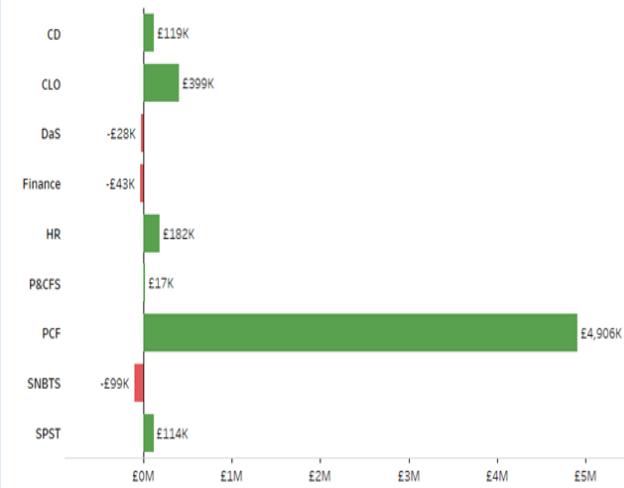
Revenue variances - Forecast Outturn

■ = Funded Deficit

NHS National Services Scotland Board
Financial Performance – October 2021
Revenue Analysis

NHS National Services Scotland

Year to date and Forecast

- The variance across Health Board Income relates to plasma income £2.6m driven by increased pricing.

- Other income includes £1.9k UK Govt grant funding to improve remote access to GP & Hospital sites through out Scotland (Rural Gigabit Connectivity). Additional outlays income for CLO £1065k and £423k income for recovery of clinical waste costs from Tradebe.

- SG Allocations forecast variance of £35m relates to reduced allocation requirement for TP&V £17m costs and other allocation adjustments in DaS and PCF.

- Total Pay (including agency) is equal to budget. However this includes an overspend on Agency/contractors of £2.1m, but netted against a payroll underspend of £2.1m. Additional overtime and excess costs related to Covid are included mainly in Das, PCF and SPST with allocation and additional income offsetting.

- IM&T costs are higher than phased budgets due to additional ATOS costs. All additional costs are covered by recharges to Boards and Service users. TP&V has an overspend related to further App development.

- Medical costs relate to higher maintenance pass through costs (£3.2m) offset against income above, plus phasing of Test Protect & Vaccinate test kits and vaccines £2.7m. Full year underspend reflects lower testing kit costs.

- Office Running costs underspend relates to carriage and Logistics for TP&V Testing.

- Cost of Sales relates to product supplied through the NDC and including to vaccination centres.

Revenue variance analysis – Year to Date
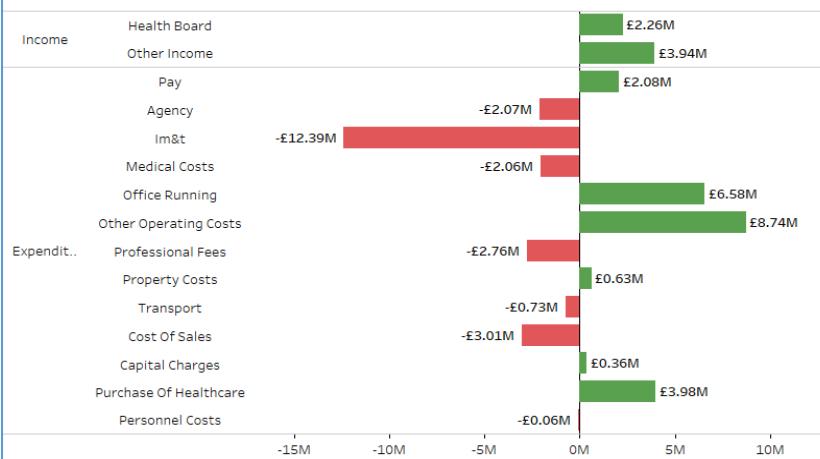
Revenue variance analysis - Forecast Outturn
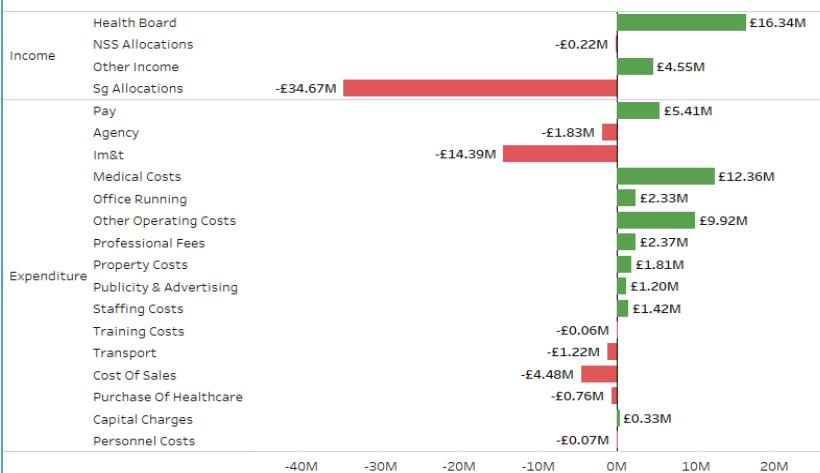
NHS National Services Scotland Board
Financial Performance – October 2021
Delivery of Cash Releasing Efficiency Savings

CRES Savings - Achieved vs Planned
--- = YTD Target CRES

CRES Savings - Value and % of target savings identified

Category	Value	%
Financial Management/Corporate	£0.01M	65%
Service Redesign	£0.18M	58%
Procurement	£0.23M	58%
Other	£0.53M	59%
Workforce	£1.78M	64%
Drugs and Prescribing	£6.05M	59%

Achieved CRES
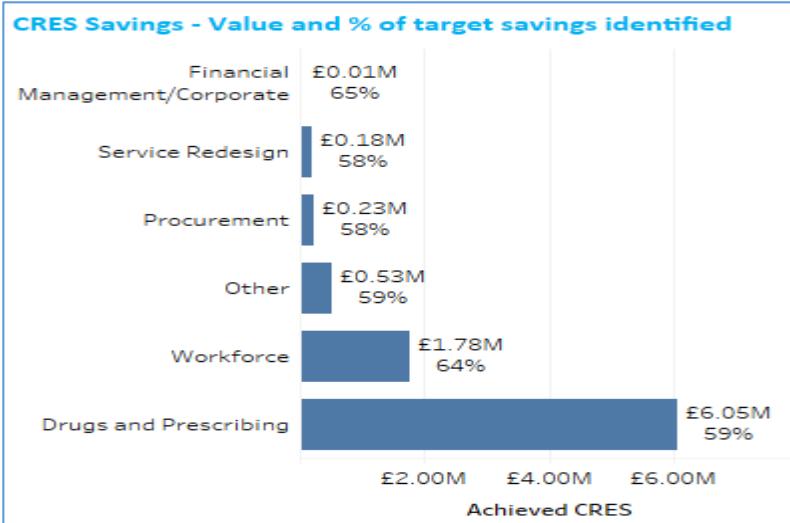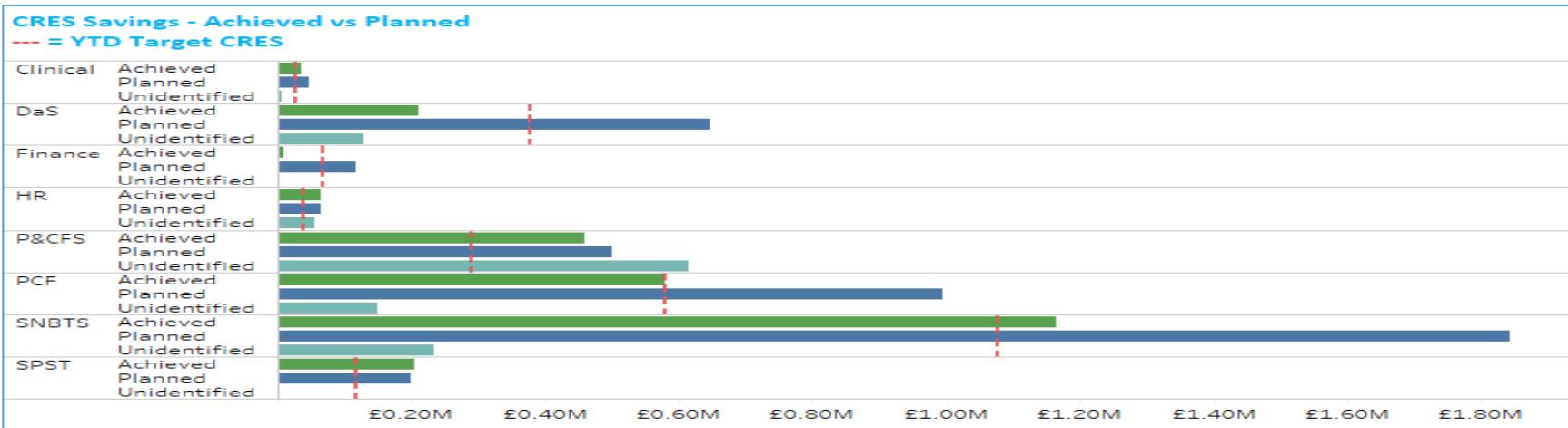
NSD annual savings target is £10,186k with £6,050k achieved year to date. A detailed review has provided assurance that targets will be met this year for NSD with a higher risk into future years due to less scope on contract renegotiations.

SBU CRES Target is £6.9m, Achieved to date is £2,729k. Currently £2.8m of the CRES Target is still to be identified.

SBUs continue to have difficulty in delivering planned CRES initiatives on a recurring basis. **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 – October 2021
Services delivered on behalf of NHS Scotland

NHS National Services Scotland

Year to date

- NSS manages services on behalf of NHS Scotland with a full year budget of £835m.

- eHealth SLA, PACS, CHI, ATOS, O365, Scotcap, MESH, Rebates, Logistics and SIBBS are all delivering within plan or small underspends.

- GPIT is reporting a small deficit position of £28k relating to timing of expenditure, and will be recovered in full at year end.

Services delivered on behalf of Scotland - YTD Position

NDC
Spend: 167,602,520
Variance: 111,417

O365
Spend:

SIBBS

ATOS

eHealth

Rebates
Spend: 58,899,377
Variance: 0

NSD
Spend: 156,046,909
Variance: 4,259,380
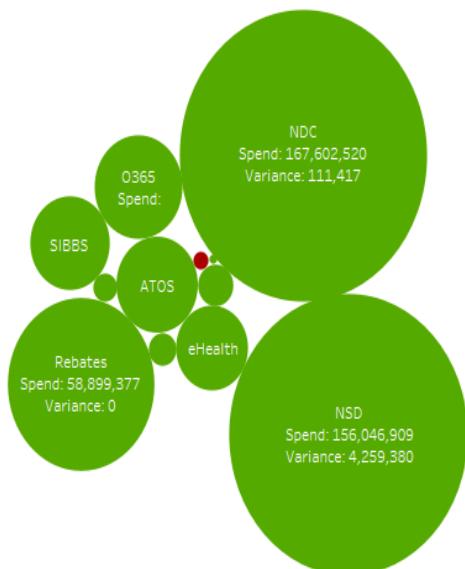
NSD

- 99% of expected allocations have now been received

- A decision on the application to carry forward funding of £4m from 2020/21 is still awaited.

- NSD are reporting an underspend of £4.0m at Month 7 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 slightly, and the activity for many services is hovering just below usual levels (i.e. transplant services)

- Screening activity is also fluctuating. Breast, Bowel & HPV screening programmes are all now tackling backlogs from last year.

- The risk share scheme will be significantly under spent. Recombinant products & Car-T Cell Therapy will be over spent but this will be more than offset by significant under spends on Out of Area Treatments (incl. Gender Surgery & Proton Beam). Half-year costs for Ultra Orphan Drugs are below budget.

- NSD expect to achieve CRES equating to over 5% of baseline for the 8th year in a row. However, CRES is likely to drop to around 4% in 22/23, and drop further in future years.

- 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 – October 2021
Scottish Government Funding Allocation Tracker

Received

Baseline funding of £343m has been received to date, additional allocations of £411m, which includes Covid allocations of £266m.

Outstanding

£199m remains outstanding (80 individual allocations), including £140m 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. £1.1m has been received, awaiting confirmation of the remaining £0.9m

Allocations at risk

Carry forward allocations remain unconfirmed and include

➤ Carry forward of QHBE research £1m returned 2020-21
➤ Carry forward of core revenue surplus 2020-21 £0.75m
➤ Return of NSD 20/21 handback £4m

Business Controllers have also categorised the risk of receipt of outstanding in year allocations with concern raised over 13 allocations totalling £6.1m. The largest at risk allocations include Inventory Management System £1.2m, Carry Forward QHBE research £1m, Revenue Surplus 19/20 £1m & 20/21 £0.75m

SG Allocations - Amounts / No. of Allocations Outstanding

Category	Amount / No.
CD	£3,134K / 6
CLO	£0K /
DaS	£10,138K / 24
Finance	£350K / 10
HR	£0K /
P&CFS	£911K / 9
PCF	£126,077K / 41
SNBTS	£1,411K / 9
SPST	£53,393K / 8

All Oustanding
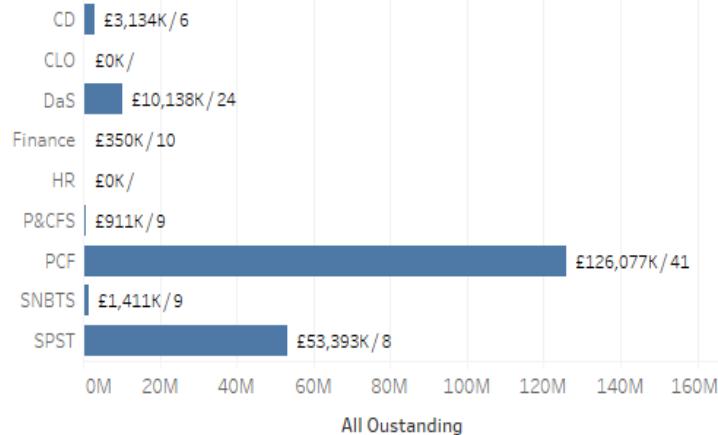
SBU	Green	Amber	Red	Total
SNBTS	761		650	1,411
PCF	123,535	2,542		126,077
Reserves	1,750	1,750		3,500
DaS	9,972	165		10,138
P&CFS	911			911
SPST	53,393			53,393
Clinical	2,113	1,021		3,134
Finance	350			350
	192,785	5,478	650	198,913

Year to date

Budget comprising NSS allocation of £2.927m of which £1.6m has been allocated to recurring requirements / projects. Critical developments were approved which reduced the available capital funding to **£0.866m, but with £208k slippage on nDCVP the balance available is now £1.1m.**

Additional £618k has been received following recent UK Government funding announcements for equipment replacement. This will cover out of life equipment in SNBTS and the NDC.

SG additional capital comprises - £1.2m CHI, Breast Screening £135k, £27k Radiology, Covid – Testing £1.8m & Warehousing £7.2m.

Year to date capital expenditure is low with £3.5m spend against a full year budget of £14.6m. Majority relates to PCF for warehousing and Covid Labs.

Capital Expenditure - SBU Forecast versus YTD Spend
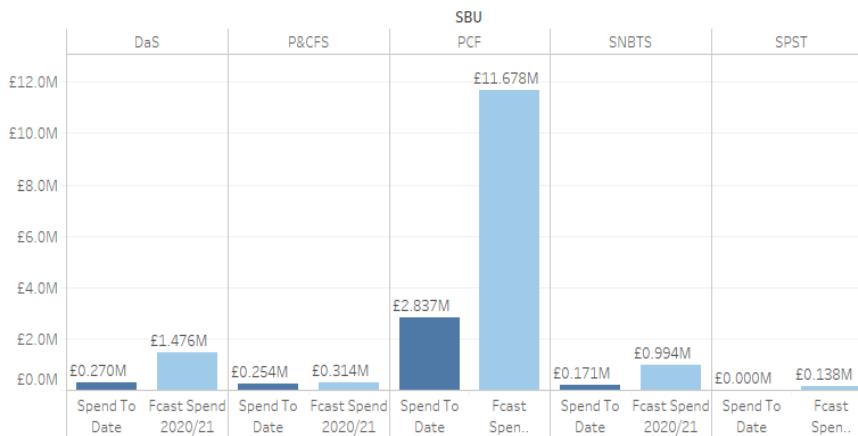
NSS CAPITAL DEVELOPMENT FUNDING		Budget	FY
Opening position	Opening AOP	2,927	2,927
	20/21 slippage allocation	641	641
	Opening position total	**3,568**	**3,568**
Critical projects approved	nDCVP	-401	-193
	SNBTS Equipment Rolling Replacement	-315	-315
	SNBTS Fleet Modernisation	-300	-300
	Breast Screen Unit	-630	-630
	eValidation	-80	-80
	Temperature Mapping	-85	-85
	New OPS FM System	-250	-250
	Slippage - received		
	Warehouse Management System	-91	-91
	nDCVP	-121	-121
	Radiology	-111	-111
	Fleet Replacement	-86	-86
	CHI	-211	-211
	Cyber Security	-21	-21
	Committed	**-2,702**	**-2,494**
Available for Developments		**866**	**1,074**

SG CAPITAL DEVELOPMENT FUNDING		Budget	FY
Received	CHI	1,244	1,244
	Radiology	27	27
	Breast Screen Unit - additional	135	135
	National Infrastructure - Equipment	618	618
Awaiting Confirmation	Covid - Testing	1,804	1,804
	Covid - Equip & Maint	7,194	7,194
	NSD Capital Funding	800	309
Total SG Funding		**11,022**	**11,022**

NHS National Services Scotland Board
Financial Performance – October 2021
Reserves Overview

Reserves position has been refreshed and includes return of funding from slippage on in year developments and release of opening contingency. A prudent forecast gives surplus funds of £3.3m across revenue and capital. Options for utilisation are;-

- £1.2m funding of identified developments (see next slide)
- £1.5m return allocation to SG to carry forward for specific P&CFS programme slippage
- NSS to self fund certain requests made of SG (e.g. Screening, Cap Gemini work)
- Final option for SBU's to seek non recurring funding where this can usefully be expensed before end of Financial year
- Any remaining surplus set against required C-19 funding

	Opening Assumptions	OCT EMT	NOV EMT	
Available Revenue Funding	947,898	947,898	2,209,746	Movement is return of funds from slippage on P&CFS programmes
Likely Opportunities	5,612,736	5,612,736	4,316,236	including £1m contingency, £0.4m A/L, and SBU surpluses
Maximum Available	**6,560,634**	**6,560,634**	**6,525,982**	
Likely Risks / Pressures				
Reseach Funding	1,000,000	1,000,000	500,000	Return at Risk but not required based on likely opportunities
20/21 Underspend	750,000	750,000	750,000	Return at Risk but not required based on likely opportunities
Inventory Management System	633,700	633,700	633,700	Cost Pressure
Future Ready	60,000	60,000	0	Forecast Cost Pressure
OFM	1,500,000	750,000	0	No capacity to undertake this FY
Contractor Finance	1,000,000	500,000	500,000	Ability to spend in full by March 22?
UK Blood Inquiry	636,000	636,000	636,000	Funding at Risk but not required based on likely opportunities
ATOS Tech Refresh	3,000,000	1,000,000	1,250,000	NSS liability c£1.25m balance via SG
Total Risks / Pressures	**8,579,700**	**5,329,700**	**4,269,700**	
Net Position Revenue	**- 2,019,066**	**1,230,934**	**2,256,282**	
Net Position Capital			**1,074,000**	
TOTAL POTENTIAL FUNDS AVAILABLE			**3,330,282**	C £3.3m available for developments

NHS National Services Scotland Board
Financial Performance – October 2021
Developments

Developments Approval

SBU's have reviewed all outstanding developments which can be progressed prior to the end of this financial year and, as expected, the number and value have dropped significantly due to the delay in funding confirmations coming through. The maximum value of in year developments has reduced from £6.6m to £1.4m. Recurring items have then been excluded due to uncertainty on future year funding which reduces **this further to £1.1m revenue and £0.175m capital**.

The Director of Finance has approved items in green and asked for further clarification on amber items.

Lead SBU	Name of Intiative/Service	21/22 Rev	21/22 Cap
SNBTS	Replacement of Blood Donor beds (rolling replacement)	42,760	-
SNBTS	Implementation of automated red cell phenotyping	60,000	-
HR	L&D budget - Corporate Guide	15,000	-
Finance	Blackline additional charges	45,000	-
Finance	South East payroll Consortium support	150,000	-
DaS	Privilege Access Management – NIS Directive Best Practice	100,000	-
DaS	Purchase of Endpoint Devices to support Tech Refresh	400,000	-
DaS	SCOAR - Security Orchestration Automation & Response	150,000	-
DaS	Rolling Replacement of Network Infrastructure	-	175,000
DaS	App estate modernisation	50,000	-
SPST	NSS Assist - Joint Chronologies	10,269	-
P&CFS	SPPA Reports (TC)	40,000	-
		1,063,029	175,000

Development Programme Slippage

Delivery of planned developments have been impacted in 21/22. This has a detrimental effect into future years as funding cannot be carried forward and drives surpluses in the current financial year which often are too late to be diverted onto other priority programmes. Details of the main NSS funded areas of slippage are shown below

P&CFS £1.5m

nDCVP - slippage £323k revenue and £208k capital - delay in PHS work due to staff being redeployed to Covid-19, plus a historical CCN which will not complete until nDCVP is live.
AMS Digital - slippage £800k - The original OBC for this project covered the whole of the Prescribing- Dispensing- Payments pathway, however the Digital Prescribing and Dispensing Programme has now been removed from this part of the project, resulting in a change to the OBC+C14 (currently ongoing) and a reduction in the 21/22 costs. When the re-work of the OBC is complete this may result in reduction of budget required to complete the project in future years.
nCHI - slippage £210k - this project has been delayed by Scottish Government

PCF £0.5m
NHS Assure £0.5m – delays in recruitment to full establishment with an expected underspend in year.

CLO £0.6m
Case Management System expected to be replaced in year, but costs will now significantly slip into 22/23.

A new Accounting Standard relating to Leases which comes into effect on **1st April 2022**.

A lease is defined as a contract that '**conveys the right to control the use of an identified asset for a period of time in exchange for consideration**'

- **The application of IFRS 16 will result in:**
  - ➤ Recognition of all leased assets, with a corresponding liability, on the lessee's Statement of Financial Position; and
  - ➤ A single accounting model for all leases.
- **Key aspects to be considered are**
  - ➤ whether a contract depends on the use of an identified asset
  - ➤ whether a customer has the right to control the use of that identified asset
- **Impact on Budgets**
  - ➤ Capital funding will be required on commencement of new leases from 1/4/2022
  - ➤ Capital Charges (Depreciation) and interest costs will be budgeted rather than lease payments
- **Key Challenges**
  - ➤ Identification of embedded lease in managed service contracts
  - ➤ Increased number of assets with information requirements and recurring valuation assessments
  - ➤ Completeness of Lease Registers

Any queries on implementation of IFRS16 should be logged in the Finance Service Now Portal under "Financial Control "Service

NSS approach

- ➤ Considerable work already undertaken to capture existing leases
- ➤ Further review of Contract Registers including embedded lease identification
- ➤ Specialist external advice where required
- ➤ Purchase and implementation of Pro Lease software to manage lease arrangements
- ➤ Raising awareness at SBU level
- ➤ Involvement of Finance in future Lease / Purchase options analysis
- ➤ Project team overseeing progress on preparation and implementation of new standard

NHS National Services Scotland

Meeting: NSS Board

Meeting date: 2 December 2021

Title: Q2 Remobilisation Plan Performance Report

Paper Number: B/21/71

Responsible Executive/Non-Executive: Lee Neary, Director, SP&ST

Report Author: Steve Wallace, Planning and Performance Manager and Angela Wilson-Coutts, Head of Planning and Performance

1. Purpose

This paper shows Q2 performance against the FY22 NSS Remobilisation Plan (RMP) and is presented to the NSS Board for scrutiny.

2. Recommendation

It is recommended that Board Members approve the report.

It is also recommend that the Members acknowledge that the target date for the current Red measure relating to the creation of the systems, capacity and knowledge to build forward demand estimates based on long term pandemic planning will move to June FY23. This is to reflect delays in the implementation of the Warehouse Management System which this measure is reliant on. Further information is available under the Red measures section.

3. Discussion

NSS currently has 71 remobilisation measures that are reported quarterly. Measures which have completed will be reported as their final performance status prior to completion. A list of measures, their BRAG and live/closed status is available at Appendix A.

Status	Definition
Blue	Exceeded target/on track to exceed target
Green	Met target/on track to meet target
Amber	Within 10% of meeting target
Red	Beyond 10% of meeting target

SBU performance for Q2 is illustrated in the following graph:

Q2 RMP performance by SBU
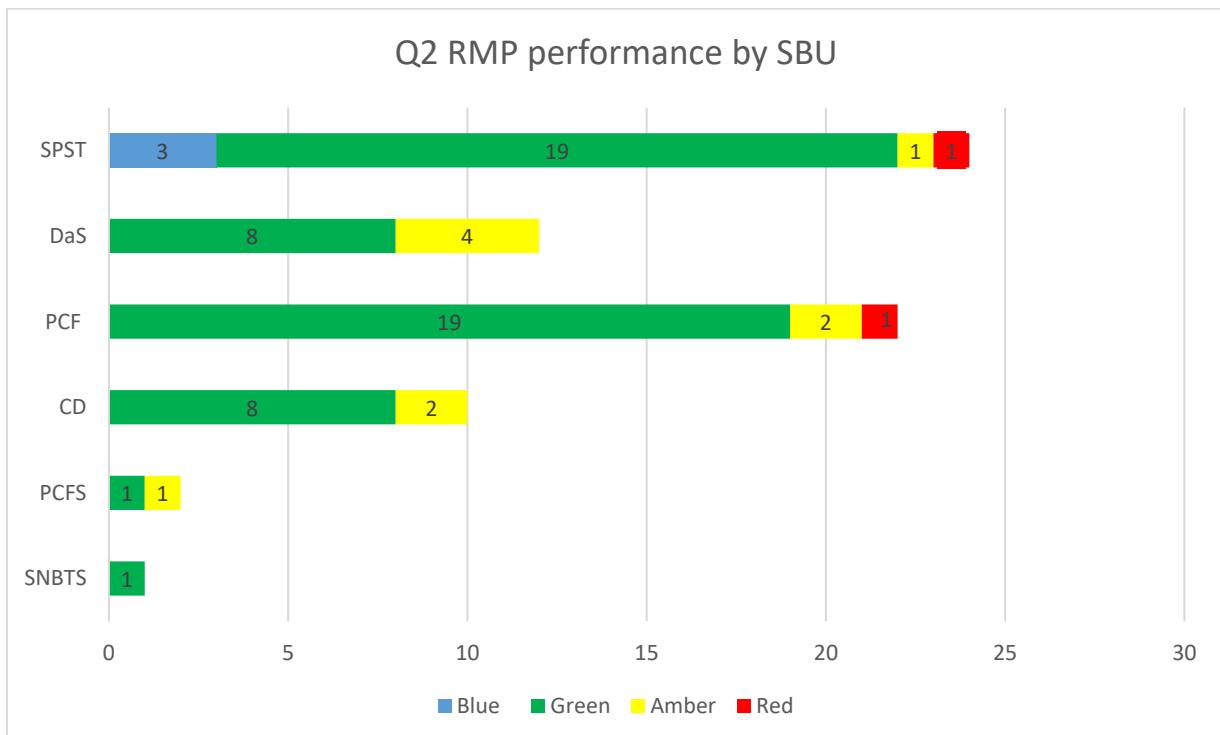
Performance in Q2 is positive with 85% of measures on track to achieve or exceed their targets. This is a combination of 50 Green measures and 11 measures which have now completed. Highlights from the quarter include the following:

Completed measures
National Testing Programme
- National testing sites are now in place. This accounts for four measures. As part of Remobilisation Plan 4, four new measures were added in relation to the ongoing management of testing and these will be reported at Q3. The final status of the National Testing Programme measures is Green.
Digital Prescribing Dispensing
- The Digital Prescribing and Dispensing Programme is split into two separate phases. Phase One was to develop a digital prototype to demonstrate a solution to digitally enable the prescribing and dispensing pathway from GP to Community Pharmacy. A decision was made to change the outcome to a paper prototype that was deliveRed at the end of August 2021. Phase Two is now underway. The final status of this measure is Green.
- The prioritised list of products has now been defined and all prioritised programmes have been funded. The final status of this measure is Green.

The following measures had completed at Q1:
Primary and Community Care Reform
- NHS Ayrshire & Arran have opted for a different solution for their out-of-hours concept ending NSS involvement. The final status of this measure is Amber.
Vaccination Programme

- Four measures covering the delivery of vaccinations completed on time and exceeded target. The final status of these measures is blue.

Amber measures

Nine measures are reported as Amber which is an increase of two in the period.

Movement from Green to Amber

- Maintaining 520 equivalent ICU consumables has moved from Green to Amber in the period, however, orders have been placed for the outstanding items and suppliers are providing mitigation ensuring the situation remains managed.
- The new Community Benefits Gateway launched and has been promoted to health boards and Scottish Government. It is fully expected that this measure will be on track by the end of the year.

No change

- The Centre for Sustainable Development (CfSD) have assumed responsibility for the delivery of SCOTCAP and Cytosponge. At RMP3 it was agreed that NSS would facilitate the wider adoption of SCOTCAP and Cytosponge across NHSScotland. These services have now been implemented by the majority of mainland health boards and the measures are now accounted for in territorial health board RMP reporting and as part of the CfSD work plan as reported to Scottish Government. The business case for SCOTCAP was finalised on time and submitted for a recommendation/decision. The Cytosponge business case was delayed due to slippage in input from the University of Strathclyde however this will conclude by the end of November which is within the 5-8% tolerance of the planned completion date. It has been agreed that NSS no longer needs to report on these measures and its removal will be reflected in Q3 reporting.
- The National Contact Centre has managed 78% of index cases to closure within 72 hours against a target of 80%. There are a number of reasons for this, including:
  - health boards passing cases older than three days to NCC for completion
  - training delivery and script updates in response to high number cases in system taking time to be embedded in working practices and process.
  - experienced NCC core staff supporting health boards with their cases as part of the health board daily workforce is not reflected in NCC case turnaround.
  - NCC workforce made up with higher % of contractors.
  - NCC core workforce not at approved established level.

  To improve results, a recruitment exercise is in place to achieve approved levels. There is close support for contractors with the number of contractors specialising in contact tracing Reduced to one. Finally, script updates are now embedded in working practice
- CHI cloud hosting costs are under review as these increased since the original plan. Costs have increased because of the revised Warranted Environment Specification (WES) provided by Servelec. These have increased slightly but are expected to level back down once the environments move into a BAU operating model and use of testing environments Reduces.

- The project to approve the legacy system replacement roadmap has yet to be formalised however The business systems programme has been formally mobilised.

- The roadmap between NHSScotland Chief Executives and Scottish Government is at risk of not meeting its target due to a Reduction in investment on cyber plans from Scottish Government. While the required funding is in place to mobilise the Cyber Centre of Excellence this year. Discussions with SG DHAC are continuing to secure incremental funding for future growth.

- In order to implement additional technical products to improve predictive analytics, we need to consider additional tools, particularly to support the grown in Business Intelligence. A business case is being developed for the delivery of the new Data Platform Seer 2.0 which will deliver these tools and capabilities.

Red measures

Two measures are reporting Red:

- There continues to be a risk we will not deliver the South East Payroll implementation roadmap this financial year due to limited engagement from health board partners. A meeting took place on 20 October with the Directors of Finance (DOFs) to agree a way forward. DOFs agreed the report provided the necessary assurance around the single supplier approach. NHS Forth Valley will seek board approval in the week beginning 29 November while NHS Fife will do so in January. NHS Lothian and the Scottish Ambulance Service already have internal approval to proceed. The TUPE consultation will take place no earlier than April 2022. Now that all boards have committed, a recruitment process is taking place for a Head of Service.

- The creation of the systems, capacity and knowledge to build forward demand estimates based on long term pandemic planning has moved from Green to Red. At RMP3, it was estimated that this target could be achieved by the end of Q2 FY22. This measure is dependent on the implementation of the Warehouse Management System (WMS) which has been delayed until February/March 2022, it should be noted that despite this delay, there is no immediate risk to current activity, the Inventory Management System roll-out to health boards is on track with positive feedback from participating boards. To compensate for the delay to the WMS, the target date for completion of this measure has been moved to the end of June FY23 and it is anticipated that this target will be achieved.

4. Impact Analysis

4.1 Quality/ Patient Care

All measures which could impact on patient care are being managed and are outlined above. These include:

- The adoption of SCOTCAP and Cytosponge remain at Amber having not reached anticipated levels of uptake (Amber).
- Maintaining 520 equivalent ICU consumables (Amber)

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.

4.3 Data protection and information governance

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

5. Risk Assessment/Management

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. List of Appendices and/or Background Papers

Appendix A – RMP Measures (excel spreadsheet)

SBU	Measure Title	Q1 Position	Q2 Position
SPST	80% priority cohorts first vaccination by May	■ **Blue**	■ **Blue**
SPST	80% priority cohorts 2nd dose vaccination by Aug 21 80% remaining population first doses by Aug 21	■ **Blue**	■ **Blue**
SPST	100% agreement timelines remaining cohorts	■ **Blue**	■ **Blue**
SPST	100% of requests for mobile testing units' deployment are met.	■ **Green**	■ **Green**
SPST	100% of timeframes agreed with Scottish Government for the deployment of the Testing Expansion Plan are met.	■ **Green**	■ **Green**
SPST	Deployment of Testing Team operating model by May 21	■ **Amber**	■ **Green**
SPST	80% cases and contacts communicated within six hrs	■ **Green**	■ **Green**
SPST	2,000 border control calls carried out each week.	■ **Green**	■ **Green**
SPST	100% of NCTC managed index cases contacted within 24 hours of a positive result.	■ **Green**	■ **Green**
DaS	100% delivery Test and Protect digital requests	■ **Green**	■ **Green**
DaS	100% implementation of an 08:00-20:00 7 days a week technical support service.	■ **Green**	■ **Green**
PCF	16 weeks average issue stock core PPE	■ **Green**	■ **Green**
PCF	Maintain 714 bed surge capacity equipment	■ **Green**	■ **Green**
PCF	SG strategy for public sector pandemic consumables supply resilience	■ **Green**	■ **Green**
PCF	COVID-19 incident implement the approved FBC for warehouse capacity and establish the most efficient interoperability across the NSS National Distribution Centre services	■ **Green**	■ **Green**
PCF	To establish contractual arrangements for ongoing supply which delivers on security of supply, social value and ethical trading	■ **Green**	■ **Green**
PCF	To develop sustainable product solutions with low environmental impact working closely with industry and Scottish Government and Scottish Enterprise	■ **Green**	■ **Green**
PCF	Ongoing provision of COVID-19 incident, outbreak , cluster and mortality data	■ **Green**	■ **Green**
PCF	Delivery of priority ARHAI programmes (5 priority) • ICBED • CARHAI • NRGG	■ **Green**	■ **Green**
PCF	Agreed workplan for NHSS Assure	■ **Green**	■ **Green**
PCF	NHS Louisa Jordan decommissioned as agreed	■ **Green**	■ **Green**
PCF	95% delivery against home oxygen contract	■ **Green**	■ **Green**
PCF	Strategic review of the NSS Property Establish group	■ **Green**	■ **Green**
PCF	Review regional PAMS Sept 21	■ **Green**	■ **Green**

	Blue	Green	Amber	Red
SNBTS		1		
PCFS		1	1	
CD		8	2	
PCF		19	2	1
DaS		8	4	
SPST	3	19	1	1

Chart Title
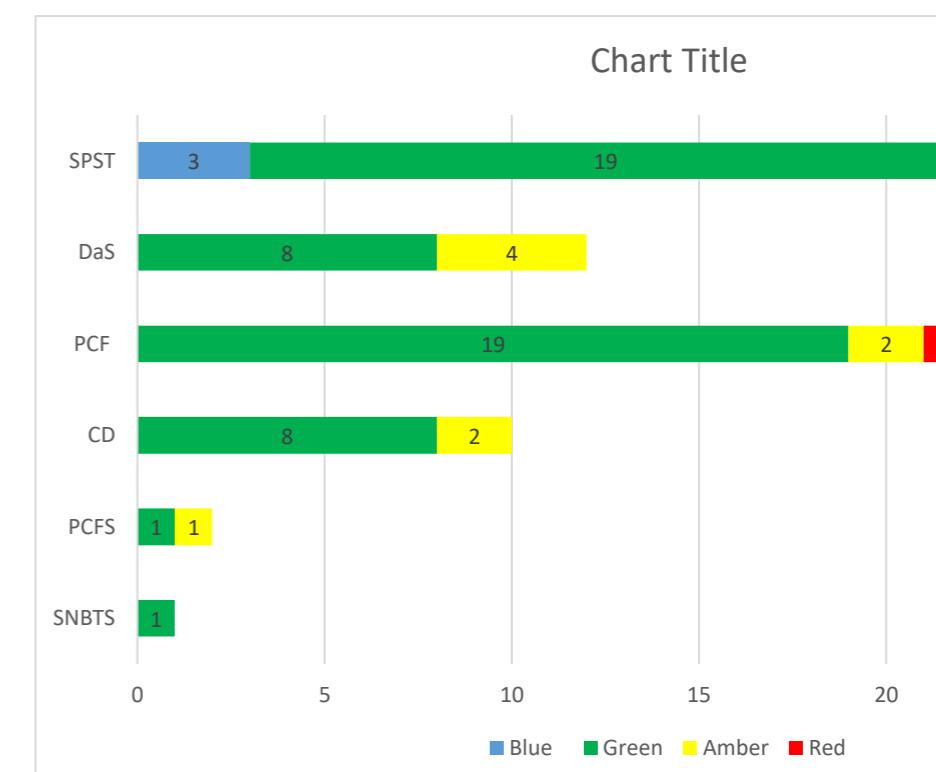
SBU	Measure Title	Q1 Position	Q2 Position
PCF	draft strategy NSS Property Dec 21	■ Green	■ Green
PCF	Proposal NSS Property linking with national Boards Mar 22 Target 1.Establish group. NSS00031	■ Green	■ Green
PCF	Remobilise to deliver on 21/22 NP workplan and maintain focus on supporting the H&SC recovery	■ Green	■ Green
PCF	Work with SG and Scottish Enterprise to deliver resilience in supply chain	■ Green	■ Green
PCF	Launch community benefit marketplace Apr 21	■ Green	■ Green
PCF	All NP high value contracts to have community benefits built in contracts £1m	■ Green	■ Green
DaS	Establish National Cyber Security Centre of Excellence March 22	■ Green	■ Green
DaS	> 62,000 endpoint devices enabled with advanced protection	■ Green	■ Green
DaS	Extend health board utilisation of our security information and event management solution.	■ Green	■ Green
DaS	Delivery of data platforms within Seer to enable screening services and primary care reform	■ Green	■ Green
DaS	Implementation of Data Strategy Use Cases in line with agreed priorities.	■ Green	■ Green
P&CFS	60,000 paper records in paper light practices to be scanned	■ Green	■ Green
SPST	Outline business case for data analytics proof of concept c H&SCP Aug 21	■ Green	■ Green
SPST	100% mapping digital systems and dependencies of patient registration	■ Green	■ Green
SPST	Outline business case for integrated online registration	■ Green	■ Green
Clinical	National service adoption readiness framework	■ Green	■ Green
Clinical	Innovation playbook	■ Green	■ Green
Clinical	Innovation navigation portal	■ Green	■ Green
Clinical	business case for ongoing SCOTCAP and Cytosponge Oct 21	■ Green	■ Green
Clinical	National Cancer Resource Recruit staff may 21	■ Green	■ Green
Clinical	Clinical management guidelines (CMG) May 21	■ Green	■ Green
Clinical	Small volume cancer (SVC) patient pathways project deliverables May 21	■ Green	■ Green
Clinical	Launch National Cancer Resource July 21	■ Green	■ Green
SPST	PHS Customer satisfaction	■ Green	■ Green
SPST	PHS Customer advocacy	■ Green	■ Green
SPST	PHS customer effort	■ Green	■ Green
SPST	Launch service March 22	■ Green	■ Green
SNBTS	Business Case case for the establishment of a plasma for fractionation collection programme Dec	■ Green	■ Green
SPST	109 test sites in Scotland	■ Green	■ Green

SBU	Measure Title	Q1 Position	Q2 Position
SPST	60 local test sites in Scotland	🟩 **Green**	🟩 **Green**
SPST	7 regional test sites in Scotland	🟩 **Green**	🟩 **Green**
SPST	42 mobile test units in Scotland	🟩 **Green**	🟩 **Green**
DaS	100% deployment of vaccination programme digital solutions.	🟩 **Green**	🟩 **Green**
SPST	and dispensing 95% of projects are on track to deliver to time and budget July 21 - 95% on track	🟩 **Green**	🟩 **Green**
SPST	Define prioritised list of products July 21 95% on track deliver to time and budget	🟩 **Green**	🟩 **Green**
SPST	80% of all NCTC managed index cases created in the case management system should be closed with 72 hours.	🟨 **Amber**	🟨 **Amber**
PCF	Maintain 520 equiv ICU consumables	🟩 **Green**	🟨 **Amber**
PCF	20 community benefits (10 by Sept)	🟩 **Green**	🟨 **Amber**
DaS	Roadmap agreed with NHSScotland Chief Executives and SG March 22	🟨 **Amber**	🟨 **Amber**
DaS	implementation of additional technical products to improve predictive analytics	🟨 **Amber**	🟨 **Amber**
DaS	hosting of HEPMA and CHI/Child Health on secure cloud platform	🟨 **Amber**	🟨 **Amber**
DaS	Approval of legacy system replacement roadmap	🟨 **Amber**	🟨 **Amber**
Clinical	Managed service for SCOTCAP min 80 procedures per week	🟨 **Amber**	🟨 **Amber**
Clinical	Managed service for Cytosponge minimum 110 procedures per week	🟨 **Amber**	🟨 **Amber**
PCF	To create the systems, capacity and knowledge to build forward demand estimates based on long term pandemic planning	🟩 **Green**	🟥 **Red**
SPST	Agree implementation roadmap with South east Payroll TBC	🟥 **Red**	🟥 **Red**
SPST	100% of NHS Ayrshire & Arran utilising the RPA out-of-hours concept.	🟨 **Amber**	🟨 **Amber**

NSS BOARD PROGRAMME 2021-22
(as at 23.9.21)

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	30/09/2021	Responsible Officer	Author	02/12/2021	Responsible Officer	Author
Apologies/Additional Attendees	Audit Scotland/Scottish Government			Audit Scotland/Scottish Gov/5 x NSS Staff			Audit Scotland/Scottish Government			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	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	Actions from previous meetings	Keith Redpath	Board Services	Actions from previous meetings	Keith Redpath	Board Services
				NSS Annual Accounts**			NSS Annual Accounts**			RMP4 - In Private Session for approval	Mary Morgan	Lee Neary	Register of Interests	Keith Redpath	Board Services
Additional Requests	Standing Financial Instructions Review/NSS Strategy Update	Carolyn Low Mary Morgan	Laura Howard Matthew Neilson	1. Corporate shared services - Fiona Callan. 2. RIDDORS (OHSAC)									SNBTS Strategy	Craig Spalding	Craig Spalding
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 Nielson	Register of Interests (6 monthly)	Keith Redpath	Board Services									
					All Committee Chairs	Board Services									
	Review of Risk Appetite	Matthew Neilson	Marion Walker	Committee Annual Reports											
	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				Chair's Report	Keith Redpath	Keith Redpath		Keith Redpath	
	Chief Executives Report	Mary Morgan	Mary Morgan	Chief Executives Report	Mary Morgan	Mary Morgan				Chief Executives Report	Mary Morgan	Mary Morgan	Chief Executives Report	Mary Morgan	Mary Morgan
	Finance Report	Carolyn Low	Finance	Finance Report	Carolyn Low	Finance				Finance Report	Carolyn Low	Finance	Finance Report	Carolyn Low	Finance
	Performance Report	Mary Morgan	Matthew Neilson	Performance Report	Lee Neary	Matthew Neilson				Performance Report Q1	Lee Neary	Matthew Neilson	Performance Report Q2	Lee Neary	Matthew Neilson
	People Report	Jacqui Jones	HR	People Report	Jacqui Jones	HR				People Report	Jacqui Jones	HR	People Report	Jacqui Jones	HR
	Digital and Security Report	Deryck Mitchelson	DaS	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				Corporate shared services* from June meeting	Lee Neary	Fiona Callan			
	New Ways of Working	?	Matthew Neilson							National Care Service Consultation - T McHugh IN PRIVATE	Lee Neary	Tom McHugh	Sturrock Report Update	Jacqui Jones	Jacqui Jones
										New strategic risks	Lee Neary	Matthew Neilson			
										Annual Feedback and Complaints Report	Lee Neary	Louise Maclennan			
Items moved or deferred				*deferred to September meeting per Fiona Callan						NSS RDI strategy	Lorna Ramsay	Lorna Ramsay	Digital and Security Report	Deryck Mitchelson	DaS
				** 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						NSS Policies			NSS Policies		
	Draft and Approved Minutes from all Board Committees			Draft and Approved Minutes from all Board Committees						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											

Minutes (Approved)

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON TUESDAY 31 AUGUST 2021 VIA TEAMs DIGITAL PLATFORM AT 1400 HRS

Present:

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

In Attendance:

Jacqui Jones – Director of HR and Workforce Development
Jane Fewsdale –Head of People Insights, Performance and Systems
Jacqui Reilly – Nurse Director (Items 1 – 3)
Matthew Neilson - Associate Director of Strategy, Performance and Communications
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Mary Morgan – Chief Executive
Suzanne Milliken – Trade Union Representative

1. WELCOME AND INTRODUCTIONS

1.1 J 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, J Deffenbaugh asked Members if they had any interests to declare in the context of the items on the agenda. 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 SG/21/24 and SG/21/25 refer]

2.1   Members noted the minutes from 13 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.

2.2   Members discussed the position of Vice-Chair and the possibility of it being filled by a Trade Union Representative and whether that would be appropriate. The Trade Union Representatives had no objections to it but and felt I Cant would be the best option. Members recognised that, if that option were to be taken for this committee, the Vice-Chair position would not be part of succession planning and more of a recognition of partnership. I Cant agreed to look at how this could be taken forward.

Action: I Cant to consider the options and implications of having a Trade Union Representative as Vice-Chair

3.   WHISTLEBLOWING REPORT [Paper SG/21/26 refers]

3.1   J Reilly spoke to then paper, which highlighted the work on cases and the lessons learned from the process of recent cases. Members commended the hard work being done to keep the standards at the front of everyone's mind and discussed the following:

- NSS was doing well and on the right track but there was always room to learn lessons and improve.

- It was worth exploring the possibilities for including this kind of information in the whistleblowing section of the People Report.

- The Independent National Whistleblowing Officer was quite keen to learn from NSS's work.

- Consideration was being given to how to manage grievances alongside whistleblowing;

- The lessons learned had come from consultation with those involve;

- The whistleblowing programme had been widely communicated. No way of quantifying this for sure but large numbers of staff seemed to be aware and had completed the training;

3.2   Members were given an overview of the strategy and plan for the coming year and noted the following;

- It was positive that the processes had been used, refinements had then been identified and were now being taken forward. Members were keen to keep that continual improvement going as it was important.

- Communication had been extensive but as it was a new process so some more time was needed to settle into a "Business As Usual" position.

- Trade Unions had been identified as key partners in this, for their members to approach when considering Whistleblowing and that should continue.

- Whistleblowing was usually the result of a management failure so Members felt that the Business as Usual position should be top class management. It could also be seen as a failure of partnership working as it should not be felt to be necessary if conduct and grievance procedures were robust;

- In terms of benchmarking and comparison, processes and learning had been shared between Boards and, in terms of case numbers Territorial Boards tended to be higher. However, there were more opportunities for networking around this;

- The role of managers continued to be a key theme and, while there was a large element of training and communications involved in supporting that, the setting up of confidential contacts would also be key in embedding it;

- There was a distinction in the lessons learned between those specifically about the cases and those about the process. Members were keen to see the lessons learned on process potentially being included within the annual report and this was a dynamic process and not over yet.

3.3   Finally Members received an overview of the process developed in respect of service contractors and National Procurement had done great work in ensuring this process was known and followed.

4.   **PARTNERSHIP FORUM UPDATE**

4.1   This continued to be a positive space. Recent meetings had concentrated on Future Ready and also been focussed a lot on COVID response and recovery planning.

5.   **SPOTLIGHT SESSION: FUTURE READY**

5.1   M Neilson spoke to highlights of the presentation he had given to a recent meeting of the NSS Partnership Forum [For Information paper **SG/21/29** refers], focusing on the tensions identified between then needs and expectations of individuals, teams and NSS. Members were impressed by the detail gone on into and discussed the following:

- NSS was being exemplar in its approach and it had been heartening that a third of the workforce attended a recent question and answer session on Future Ready;

- Members could be assured that NSS was going in the right direction, had the support and could deliver the proposed framework. From a governance perspective this was an exemplar of what partnership working should and could be;

- It was acknowledged that this was possibly the biggest piece of work NSS could ever undertake and the benefits over the long terms could be significant;

- Members were given an overview of the engagement, changes and challenges faced in respect of Future Ready. They also briefly heard about the experiences of members who had joined virtually and had been struggling with home working at the beginning, with an overview of how the senior team in HR had worked to find the best working patterns etc.;

- Work done by the project team had set NSS in great stead, recognising it was not possible to always get it right but there was a willingness to learn and improve;

- Management has been an ongoing challenge and Members were given an overview of the initiatives being taken to address that;

- Measuring success would be done through indicators within iMatter but additional indicators would also be identified or developed which would not overlap with surveys;

- Embedding the concept of trust and autonomy could be aligned with the NSS objectives of enable and assist. Future Ready was an opportunity to take that and run with it;

- There was an understanding Covid-19 was still going to have to be a consideration, to at least some degree, for the foreseeable future so having as much flexibility within realistic parameters was key;

- It would also be important to be mindful of equality issues and the potential negative impacts on specific groups that there could be (e.g. young people, women, staff with disabilities etc,).

5.2   Members commended this as great work but agreed that it could do with having more on addressing leadership style.

6.   PEOPLE REPORT [Paper SG/21/27a refers]

6.1   J Jones spoke to the paper which covered all key issues associated with compliance with the Staff Governance Standard and best employment practice. In particular, Members noted the following highlights:

- the in-house vaccination programme staff had been concluded, with the small number of outstanding second doses being referred to local health boards;

- the lateral flow testing programme for staff was progressing. NSS Staff members in NSS priority groups 1 - 5 had now been contacted and been given the opportunity to request a Lateral Flow Testing kit;

- the Wellbeing Programme also continued to progress, with Mental Health Workplace Training for Line Mangers being rolled out;

- Sickness absence rates were increasing in comparison to the 2020/21 fiscal year. However, these were still lower than in previous years and would continue to be monitored;

- Mandatory training and Turas compliance rates were improving;

- Focussed work was being undertaken on the incidents reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), which included taking a coaching approach with the individuals involved, and this will continue;

- Members could be assured that NSS was in a good place in respect of people issues and areas that needed to be addressed were being addressed.

6.2   Members then went on to discuss the length of time home working had been going on for and the need for ensuring that business as usual was resumed in terms of the tasks and outputs, regardless of where staff were working from. They also enquired about the increase in the staff turnover figures, and were given an overview of the contributory factors to that (e.g. demographics in age, use of agency staff etc,). J Jones provided an update on youth employment strategy and work J Jones had been doing with ADHD UK about what more could be done to offer support to those who were neurodiverse, both in respect of existing staff and in attracting new staff.

6.3   Members had an in-depth discussion about the whistleblowing section of the paper, seeking clarification of the terms (upheld, partially upheld, etc,), noting that the recommendations and actions were observations which did not have a bearing on the cases being upheld or not. Members suggested looking to achieve a balance in

the reporting to provide enough detail to assure the approach was appropriate. Members recognised the complexity and breadth of the cases and appreciated the extensive action plan now in place as a result of that. Members agreed that there was a distinction between the case-specific lessons learned within the Whistleblowing quarterly report and lessons learned in respect of the whistleblowing process which would be part of the annual Whistleblowing Report. For the quarterly update, Members would expect to see the recent recommendations, with some high-level assurance they were being addressed and a brief statement of the numbers relating to contractors. Members agreed that A Langa and J Jones should refine this off line and reach the balance of information and detail needed for assurance.

ACTION: A Langa and J Jones to refine the information included in the Whistleblowing section of the People Report.

6.4   Moving on to the reported near misses, Members discussed the increased challenges in dealing with these in a home-working environment. However, it was acknowledged that, regardless of the environment, safety was a shared responsibility between the employee and line manager which should inform how these challenges were addressed. Raising the issue of getting people back to normal, Members were reminded that in some cases there were elements of that which were outside of NSS's control. It was also highlighted that the issues raised had already been raised through other mechanisms and were already being addressed.

7.   STAFF RISKS [Paper SG/21/28 refers]

7.1   J Fewsdale spoke to paper, which provided details of the current situation for corporate staff risks recorded on the NSS Risk Register as at 31 July 2021, along with assurance that those risks were being appropriately monitored and managed.

7.2   Following an overview of the background to risk 6452, Members challenged as to whether it really was a risk and J Jones advised she could feed that back. Members were assured that the intention was to use the risk register to generate an action plan. There was a genuine belief that there was a risk that some managers would struggle and this risk was in recognition of the need to provide support on that. It was suggested that it would be worth looking at articulating this better. In general, Members were keen that careful consideration be given to the distinction between corporate, strategic, and operational risks and achieving the right balance of risks.

7.3   Members were advised that there were some concerns around the upcoming UN Climate Change Conference of the Parties (COP26). NSS's main office in Glasgow was on a major walkway down towards the Clyde. COP26 was expected to have 25,000 attendees and it was also expected that it would attract some protests. Members noted that a conversation would be taking place at EMT about how best to keep staff safe and potentially close Meridian Court during the COP26 period.

8.   FORWARD PROGRAMME [Paper SG/21/30 refers]

8.1   Members noted the current draft of the Forward Programme and were reminded to contact Board Services at any time if they had any updates to it.

9. ANY OTHER BUSINESS

9.1 Members noted that the Staff Governance Monitoring return was being completed Due to the submission timescales set by Scottish Government, its approval would be managed via e-mail and homologated at the next meeting.

9.2 Members were advised that there would be a consultation on pensions in the coming months and given an overview of the potential implications of that.

10. MEETING REVIEW

10.1 Members felt the discussions had been helpful and the agenda had been well managed to allow the room for them.

There being no further business, the meeting closed at 1701hrs.

Minutes
(Approved)

NHS
National
Services
Scotland

NHS NATIONAL SERVICES SCOTLAND CLINICAL GOVERNANCE AND QUALITY IMPROVEMENT COMMITTEE (CGQIC)

MINUTES OF MEETING HELD ON WEDNESDAY 1 SEPTEMBER 2021 VIA TEAMs DIGITAL PLATFORM AT 1400 HRS

Present:

Alison Rooney – Non-Executive Director [Chair]
Lisa Blackett – Non-Executive Director
Gordon Greenhill – Non-Executive Director
Arturo Langa – Non-Executive Director

In Attendance:

Brendan Faulds – Innovation Programme Director
Victoria Moffat – Scottish Clinical Leadership Fellow
Lorna Ramsay – Medical Director & Executive Lead for Clinical Governance
Jacqui Reilly – Nurse Director & Executive Lead for Quality Improvement
Megan Rowley – Associate Medical Director, SNBTS [Observer]
David Stirling – Director of Healthcare Science
Calum Thomson - Associate Director for Nursing, Clinical Governance and Quality Improvement
Marc Turner – SNBTS Medical Director
Lynsey Bailey – Committee Secretary [Minutes]

Apologies:

Mark McDavid – Non-Executive Director
Keith Redpath – NSS Chair

1. WELCOME AND INTRODUCTIONS

1.1 A Rooney welcomed all to the meeting, in particular to those attending for the first time, which was being held virtually via the TEAMs platform.

1.2 Before starting the formal business of the meeting, A Rooney asked Members if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

Chair   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/21/30 and CG/21/31 refer]

2.1   Members noted the minutes from the previous meeting on 19 May 2021 and, following a brief discussion, approved them as an accurate record of the meeting. Members noted that all actions were either completed, covered by the agenda, or programmed in for a future meeting.

3.   NSS RESEARCH, DEVELOPMENT AND INNOVATION (RDI) STRATEGY [Paper CG/21/32 refers]

3.1   L Ramsay gave some background to the development of the strategy and the broadening of the focus from research to include innovation. Members also received a presentation covering the vision, strategic aims, NSS's RDI Services, governance structure, benefits, and a high level workplan. Members suggested providing a glossary for the lay reader and were assured that the need for this had been recognised and it would be included in the publicly-accessible version. Members were given an overview of the various sources of grants and funding bids (academic, government, private sector, etc), how this was split between internal core funding and specific contract funding, and how this could be built on to have a minimum budget to maintain RDI activity. Members were advised that, while it could be helpful to generate a surplus (e.g. SNBTS), this should not be expected or relied upon. The aim would be to maintain a cost-neutral position. Members asked about the forum for the ideas and were advised that it depended on the roles (e.g. for SNBTS, ideas would be mostly internally generated, other areas would have a more enabling/supporting role).

3.2   Members were delighted to see the alignment with the overall NSS strategy and national framework, and felt that more could be made of it.   Members recognised the complexity of the landscape and work involved to ensure there was no duplication of effort or "stepping on toes". Members were also given an overview of the variety of expected commissioners and how this needed to be carefully monitored.   Members discussed how collaboration within NSS would work and how non-clinical RDI in other areas of NSS would not directly come in to this Committee although the Clinical team would have some visibility of these to monitor any possible overlap. Members asked about any potential conflicts of interest that may arise in respect of national programmes where NSS has oversight responsibility, and looking at NSS having a role through which it could help to identify what innovations were needed and available in order to the drive them forward. They were assured that the existing networks would be used rather than NSS looking to become a commissioner. It was also intended that the office function would be there to ensure awareness of what was out there and consolidate thinking and planning, rather than to generate more work.

3.3   Members commended the strategy as well-written and comprehensive but reinforced that it could be more accessible. They sought clarification of the resource requirements for the proposed office function and were advised that the additional headcount would be very small as it was largely bringing together what was already in place across NSS. Members asked for some more detail on the workplan to be brought back to the CGQIC Development Session scheduled in January 2022. They also suggested highlighting that this was an

excellent model of collaborative working. Members confirmed that they were content to approve it for presentation to the Board.

Action: Glossary to be added and accessibility improvements made to RDI Strategy document.

Action: RDI workplan to be brought to CGQIC Development session January 2022.

4. **MEDICAL DIRECTOR'S UPDATE [Paper CG/21/33 refers]**

4.1   L 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:

- Digital prescribing had received approval from three parts of Scottish Government, so was now progressing and would also be included in the Programme for Government;

- NSS had been asked by Scottish Government to take on the clinical governance oversight for COVID-19 testing in Scotland so scoping was underway to develop a proposal for how that could be delivered;

- Brendan O'Brien would attend the next CGQIC Development Session in October 2021 to talk about clinical informatics;

- Work is underway to progress towards compliance with new medical device regulations and keep NSS on track for its target date of June 2022;

- Progress continued to be made in developing the case for NSS's Undergraduate Nursing Programme, aiming to get a decision by March 2022;

- The Healthcare Acquired Infection quarterly report would be a separate report to CGQIC going forward;

- Commendation of the work headed up by A Lamont in respect of frequently used supplies and ensuring any temporary shortages or safety recalls had limited impact on service delivery.

4.2   Members asked about the non-compliance of the Diabetic Eye Screening Autograder device and were assured that this had been picked up proactively, allowing it to be addressed before the new regulations took effect. Members also recognised the increase in ask around National Screening Oversight. They were given an overview of how this was being managed, being mindful of the current situation and aiming for a sustainable position from a workforce perspective and prioritisation. Members asked for more detail about the Artificial Intelligence Laboratory and were advised that this was still in early stages and more detail would be available in the coming months. Members were pleased to note that there had been people assigned to positions for the Scottish Cancer Network programme. They sought and received clarification

around what those roles involved and what the network was expected to achieve.

5. BLOOD SAFETY REPORT [Paper CG/21/34 refers]

5.1 M Turner spoke to his report, which updated on blood safety issues within the Scottish National Blood Transfusion Service (SNBTS). Members noted the current blood stock challenges but were assured that it was manageable, commending the efforts of SNBTS and blood bank staff to improve stock management. Members discussed the introduction of new testing for Hepatitis B, its implications, and the potential frequency of re-testing required for those testing positive (which was still to be finalised by the Advisory Committee on the Safety of Blood, Tissues and Organs). Members were also given an update on the Infected Blood Inquiry in terms of the ask on NSS and any concerns this raised. Members were assured that the workforce concerns were proportionate in relation to the current environment and being monitored and mitigated as best as possible.

5.2 Members asked about the supply chain for plastic-ware and reagents and were given an overview of the current issues and contingencies in place. They were assured that SNBTS was as confident as it could be that any potential impact would be minimised. Members were also pleased to note that the implementation of recommendations from the FAIR (For the Assessment of Individualised Risk) Steering Group had been smooth, had not led to the level of donor loss expected, and colleagues seem to be coping well. Members confirmed they felt sufficiently assured by the report. They thanked M Turner and his SNBTS colleagues for their work.

6. ADVERSE EVENTS AND COMPLAINTS [Paper CG/21/35 refers]

6.1 Members considered the paper which updated on all clinical adverse event activity during the period April to June 2021. Members discussed the three Duty of Candour events and were assured that appropriate implementation of actions was being undertaken. They also received an update on the previously-discussed fatal incident attributed to an unexpected medicine interaction. It had been established by the lead territorial Board that the incident was the result of a known complication of the disease that the patient was being treated for and also a side-effect of the medicine they had been given. Members appreciated how these cases had been handled.

6.2 Looking at the National Category 2 event QIN 12176 (post-donation faint), Members noted that this could not have been foreseen or prevented. Members also discussed the National Category 1 external event ADV0000133 (cancelled colposcopy), noting that the patient's GP had deviated from guidelines so an investigation was currently underway in the lead NHS board. However, NSD would also be sending national communications to all sample-taker locations, and actions to ensure a more joined up approach with maternity and screening services were being considered. Members felt assured that all adverse events were being addressed and managed well.

7.   CLINICAL RISKS [Paper CG/21/36 refers]

7.1   Members 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. There were no new corporate red risks but four amber risks, of which one was new. However, this was related to blood supply resilience which had been discussed earlier in the agenda (see minute 5.1). Members were assured that good dialogue continued with the SBU clinical governance committees in monitoring and managing the clinical risks. Members commended the report as very clear, providing the necessary assurance that risks were manageable and being mitigated or escalated appropriately.

8.   PAPERS FOR INFORMATION

8.1   Members noted the following papers, which had been provided for information only:

- NSS Clinical Governance Committee Forward Programme [paper **CG/21/37** refers];

9.   ANY OTHER BUSINESS

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

There being no further business, the meeting closed at 1645hrs.

Minutes
(Approved)

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

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/21/32a 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 took 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.