NSS Board Meeting

05 April 2019, 10:15 to 13:00
Board Rooms 1 & 2, Gyle Square, Edinburgh

Agenda - B/19/23

1. Apologies for Absence

Julie Burgess, Non-Executive Director
Jacqui Jones, Director HR and Workforce Development

2. In Attendance

Stuart Aitken, Scottish Government
Inire Evong, Audit Scotland
Jim Miller, Director PCF
Aileen Stewart, Depute for Jacqui Jones
Caroline McDermott, Planning Lead
Karen Nicholls, Acting Board Secretary

3. Observers

4. INTRODUCTION — 30 minutes

4.1. Chair's Introduction and Report [B/19/24]

Chair's & CEO's meeting verbal update John Deffenbaugh — Elizabeth Ireland

B1924 Chairs update April 19.pdf (2 pages)

4.1.1. Corporate Governance Blueprint Report [B/19/24a]

Kate Dunlop

B1924a Corporate Governance Blueprint - Self Assessment and Action Plan.pdf (102 pages)

4.2. Chief Executive's Update [B/19/25]

Colin Sinclair

B1925 CE Board Update.pdf (5 pages)

4.2.1. Brexit Update

4.2.2. Public Health Scotland (update)[B/19/31]

B1931 PHR update for NSS Board April 19 v0 1.pdf (3 pages)

5. Minutes of meeting held on 1 February 2019 and Matters Arising [B/19/26 and B/19/27] — 10 minutes

Elizabeth Ireland

B1926 2019-02-01 Board Draft Minutes.pdf (8 pages)

B1927 Action List.pdf (3 pages)

6. Finance Report [B/19/28]

10 minutes

Carolyn Low

B1928 BOARD Finance Report Feb 19.pdf (19 pages)

7. People Report [B/19/29]

10 minutes

Jacqui Jones

B1929 People Report February 2019 - Board Final.pdf (4 pages)

8. NSS STRATEGIC DELIVERY PLANS

60 minutes

8.1. Operational Delivery Plan (Final) - [B/19/45]

B1945 ODP Front Cover Board.pdf (24 pages)

8.2. NSS Strategic Plan [B/19/30]

B1930 NSS Strategy.pdf (54 pages)

9. Digital Transformation Update [Presentation]

15 minutes

Deryck Mitchelson

10. CHI and Child Health Index [Presentation]

15 minutes

James Hall

11. NSS Register of Interests [B/19/35]

5 minutes

B1935 Register of Interests as at 1.4.19.pdf (1 pages)

12. Highlights from NSS Board Sub-Committees [B/19/36] - for information

10 minutes

B1936 February 2019 Highlights Report_1.pdf (4 pages)

12.1. NSS Staff Governance Committee [B/19/38 and B/19/39]

Staff Governance Committee draft minutes 15.2.19
Staff Governance Committee approved minutes 30.11.18

B1938 2018-11-30 SGC Approved Minutes.pdf (5 pages)

B1939 2019-02-15 SGC Draft Minutes.pdf (6 pages)

12.2. NSS Information Governance Committee [B/19/40 and B/19/41

Information Governance Committee draft minutes 20.2.19
Information Governance Committee approved minutes 19.9.18

B1940 2018-09-19 IGC Approved Minutes.pdf (5 pages)

B1941 2019-02-20 IGC Draft Minutes.pdf (5 pages)

12.3. NSS Finance, Performance & Procurement Committee [B/19/42]

Finance, Procurement & Performance Committee 14.2.19

B1942 2019-02-14 FPPC Draft Minutes.pdf (6 pages)

13. NSS Policies [B/19/43 and B/19/44 for noting]

NSS Freedom of Information, Environmental Information Request and Re-Use of Public Sector Information Policy
NSS Information Governance Policy

B1943 2018_FOISA Policy V3 0 (Final).pdf (11 pages)

B1944 NSS IG Policy V4 3 (Final) - Signed.pdf (8 pages)

14. AOB

Board Development Session — Karen Nicholls

15. Date of next meeting

3 May 2019, commencing 0930 hrs, Boardrooms, Gyle Square, Edinburgh - please note that this is a development session not a public meeting.

Minutes (Approved)

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF FORMAL BOARD MEETING HELD ON FRIDAY, 1 FEBRUARY 2019 IN BOARDROOMS 1&2, GYLE SQUARE, EDINBURGH, COMMENCING AT 0930HRS

Present:	**Elizabeth Ireland, NSS Chair** **Jane Davidson, Non-Executive Director** **John Deffenbaugh, Non-Executive Director** **Kate Dunlop, Non-Executive Director** **Carolyn Low, Director of Finance and Business Services** **Mark McDavid, Non-Executive Director** **Alison Rooney, Non-Executive Director** **Colin Sinclair, Chief Executive** **Lorna Ramsay, Medical Director**
In Attendance:	**Jacqui Reilly, Nurse Director** **Jacqui Jones, Director HR and Workforce Development** **Martin Bell, Associate Director Planning, Performance and Service Delivery** **Karen Nicholls, Acting Board Secretary [Minutes]** **Mary Morgan, Director, SNBTS** **Deryck Mitchelson, Director, IT** **Safia Qureshi, Programme Director** **Alex Stirling, Clinical Lead Realistic Medicine** **Hazel Thomson, Interim Director, SNBTS** **Phil Couser, Director PHI** **James Miller, Director PCF** **Norma Shippin, Director CLO** **Matthew Neilson, Assoc. Dir. Customer and Stakeholder Engagement** **Martin Morrison, Assoc. Dir. P&CFS**
Apologies:	**Julie Burgess, Non-Executive Director** **Ian Cant, Employee Director**
Observer:	**Stuart Aitken, Directorate for Health Finance, Scottish Government** **Rachel Browne, Audit Scotland**

ACTION

1. INTRODUCTION

1.1 Professor Ireland welcomed members, attendees and observers to the meeting. Members also noted the apologies above. Before starting the formal business of the meeting, Professor Ireland 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. CHAIR'S REPORT [paper B/19/02 refers]

ACTION

2.1 Professor Ireland took members through her update and advised them that this period had been particularly busy in terms of service delivery and would like to thank Mr Sinclair and his team for their excellent work over the period. It was also noted that recognition of this and the work that NSS is doing across a significant number of issues and projects by colleagues at Scottish Government was high.

2.2 Members noted that work was underway to ensure that NSS governance structure and practices were fully aligned with the new Corporate Governance Blueprint. This project did not just focus on the governance itself, but also on the recruitment process and practices for Non-Executive Directors and how innovative practices could assist this. Professor Ireland advised that Mrs Morgan and Mrs Nicholls were working on this and had already circulated a self-assessment questionnaire, which would form part of the evidence base to provide a base-line for future reporting and action plans. Members noted that the forthcoming development session would focus on the Blueprint. Mrs Nicholls provided Members with a brief outline of the development session programme as follows;

- Session 1 – Corporate Governance Blueprint, facilitated by Mrs Kirstie Brady
- Session 2 – Flow of Information - Reports/Papers, facilitated by Mrs Elsa Mackie
- Session 3 – Using Business Intelligence and Digital Innovation facilitated by the IT Business Intelligence Team

The output from these discussions would then form the content of the Board Improvement Action plan in time to meet with Scottish Government deadline of 31 March 2019.

2.3 Members noted that there had been another excellent awards event in NSS and passed on their thanks to all the teams that input to this event.

2.4 Professor Ireland continued that the recruitment for the Stakeholder Non-Executive Director was underway and an update on progress would come to the next formal meeting of the Board. However, for the role of NSS Chair the process had been delayed and again, an update would be provided at the first opportunity. **Action: Board Secretary to advise as soon as available.** **Board Secretary**

3. CHIEF EXECUTIVE'S UPDATE [papers B/19/03, 03a and 03b refer]

3.1 Mr Sinclair took Members through his report and a number of areas were discussed in detail.

3.2 National Boards collaboration – Mr Sinclair advised that the monetary implications of this for NSS seemed disproportionate and this would be discussed in detail as part of the finance section of the meeting. After a short discussion about how the Chair and Non-Executives could support NSS it was decided that this would be a substantive item for the next formal board meeting. **Action: Board Secretary to add to forward programme.** **Boards Secretary** Professor Ireland added that at this point in time the Board would not support any additional monies above the £500k indicated in the formal finance report.

3.3 Contracts Mr Sinclair advised that contracts had now been signed for CHI,

ACTION

Child Health Index, GPIT and Office 365 projects and Professor Ireland asked that thanks be passed to those who were part of these projects on behalf of the board. Mr Sinclair also advised that he had been given full assurance by government regarding funding of these programmes. Mr McDavid asked whether there were any workforce implications of these big projects. Mr Sinclair advised that at the present time this was manageable and recruitment would be on-going to ensure longer term fulfilment. The main issues could possibly come from the Boards themselves not having sufficient IT resources to implement but this would be monitored.

3.4 Review of Screening The review had now been completed and the key recommendation was to have an overall operational organisation responsible for delivering the screening programme. This could potentially mean additional work for NSS and Mr Sinclair agreed to keep members up to date on progress. **Action: Mr Sinclair to update at future meetings.** **C Sinclair**
Dr Ramsay advised that she had been asked to produce a short report with recommendations around this topic to the next NSS Clinical Governance Committee. **Action: Board Secretary to add to CGC forward programme.** **Board Secretary**

3.5 Brexit Dr Ramsay took members through a short report on the current status of issues affected by Brexit across NSS. After a short discussion Professor Ireland was able to give the members assurance that NSS was preparing well for this given the current uncertainties. Mr Sinclair added that NSS was also involved in planning around required communications, food, fuel and transport contingencies if required. Professor Ireland asked that Mr Ewan Morrison attend future discussions around medicines and pharmacy on this subject. Dr Ramsay responded that a fuller update would be provided to the March 2019 NSS Clinical Governance Committee as detailed above.

3.6 Clinical Waste Mr Bell took Members through a short update on the current status of the clinical waste and contingency planning. Members were reassured by his update and asked that their thanks be passed to all the team members involved for their excellent work in this area.

4. MINUTES OF THE MEETING HELD ON 2 NOVEMBER 2018 AND MATTERS ARISING [papers B/19/04 and B/19/05 refer]

4.1 Members noted the draft minutes and were content to approve them in full. Professor Ireland also welcomed Dr Ramsay as a full board member in her capacity as Medical Director for NSS.

4.2 Action Item 2.3 [meeting held on 2 November 2018] It was noted that the consultation on the requirement for Non-Executive Board members to undertake the Protection of Vulnerable Groups scheme was not yet finished and this action would therefore remain open until this had been completed.

5. NSS VISION, KEY PRIORITIES AND RESOURCE ALLOCATION MANAGEMENT – 5 YEAR PLAN [paper B/19/06 refers]

5.1 Mr Sinclair took Members through his presentation outlaying proposed strategy for NSS over the next 5 year period. This included recommendations on operational matters, finance and workforce, which were presented by Mrs Low and Mrs Jones respectively. Members were asked to approve the direction of travel.

5.2 Members noted that this was a first draft and a final version would be

ACTION

submitted for final approval at the April formal board meeting.

5.3 Professor Ireland passed on her thanks to those who had produced the document. She continued that NSS should be proud of what it achieves, in difficult circumstances and the presentation felt like the correct direction of travel.

5.4 Members provided the following detailed feedback on section 1:

- Addition: Page 28 of 183 – 'we have listened to our stakeholders'
- Change: Page 38 of 183 – Best Possible Health and Care service should read 'for everyone'
- Change: Page 40 of 183 – remove 'operationally'
- Addition: role of NSS in crisis management
- Comment: Need to be clear on what objectives sit outside NSS, but which NSS support.
- Comment: Ensure this document can be translated/communicated to all levels of NSS.
- Addition: User friendly executive summary.

5.5 Members asked that their thanks be passed to Mr Matthew Neilson and team for producing the presentation.

5.6 Members then discussed the remaining slides and asked that the NSS 5-STEP diagram be updated and provided to the formal board meeting in April for final sight. They also provided the following comments:

- Change: Rename the 'disinvest' column as this term could be misleading.
- Addition: Further detail on the enabling activities required.
- Comment: May look from a 'matrix' perspective going forward. How NSS can deliver cross SBUs.

Professor Ireland advised that she had been assured about the 5 Year Plans and that sight of this by SBU may be useful for all Board members at some point. **Action: Updated presentation and NSS 5 Step diagram to be provided for the April 2019 Board meeting.** **C Sinclair**

5.7 Members discussed the possible implications to NSS of the PHI move to the new Public Health Board and Mrs Low advised that this had been done. She continued that there were real opportunities for NSS to build on the use of data, as there were still untapped instances of data across NSS that could provide real value and benefit to the wider population of Scotland. Members also discussed the assumed CRES savings and Mrs Low advised that NSS was at the point now where further savings were not possible. Work was ongoing to determine the 'value' of services, not just in monetary terms, to provide an evidence base for any difficult decisions that would need to be made. Members noted that the emphasis would be on transforming NSS to improve productivity rather than increase prices to Boards, who were facing the same funding constraints as NSS. After further discussion on this section Professor Ireland asked that a joint paper on Finance, Workforce and Transformation be provided for the May Board development session. Mr Sinclair added that this would also form part of the Executive Management Team development session taking place at the end of March. **Action: Board secretary to add to forward programme for development session in May.** **Board Secretary**

ACTION

5.8 Mrs Jones then took members through the workforce section of the presentation. She advised that the 'admin' category of the workforce related to all staff, except clinicians. Members discussed the slides in full and acknowledged that this was an excellent start, but it would be how it was communicated to staff that would now be most important.

5.9 Mrs Dunlop asked that a full breakdown of the ratio of support staff and their cost would also aid future discussions. **Action: Mrs Jones to provide detail on support staff vs cost for the NSS Staff Governance Committee and future board meeting.** Professor Ireland continued that she was assured by the comments around staff and the work being done in partnership with union colleagues in this area. **J Jones**

5.10 Members thanked Mr Sinclair and his team for their work on the strategy document and welcome further iterations of it over the coming months and confirmed their support for the direction of travel.

NOTE *At this point in the meeting Professor Ireland passed on her personal thanks and those of all the board members to Ms Davidson for her help and support as a Non-Executive Director and wished her well in her retirement. Ms Davidson asked that Professor Ireland share her recent letter with the management team and was sure that NSS had a bright future.*

6. REVIEW OF NSS RISK APPETITE [paper B/19/07 refers]

6.1 Mr Bell introduced the paper on the review of the NSS Risk Appetite and advised Members that there were currently no recommendations for change.

6.2 Members thanked Mr Bell for his update and were therefore content to approve the paper.

7. DRAFT OPERATIONAL DELIVERY PLAN [paper B/19/08 refers]

7.1 Members noted the content of the draft Operational Delivery Plan and agreed to forward any comments to Ms Caroline McDermott outwith the meeting. The final version of the document would be presented to the April board meeting. **Action: Members to forward comments to C McDermott outwith meeting.** **ALL**

7.2 After a short discussion members approved the first draft.

8. FINANCE REPORT [paper B/19/09 refers]

8.1 Mrs Low took members through her finance report. She advised that there were a number of essential projects that could be brought forward into this financial year and that there was an increasing visibility at EMT to allow quicker decisions to be made. She continued that at this stage in the year there were far fewer risks, due to this visibility. Members noted the financial discussions relating to clinical waste contingency were being managed and NSS had strong relationships in this area, both with Boards and Scottish Government.

8.2 Members discussed the NSS funding proportion of the combined National Boards savings of £15 million. It was confirmed that the board would not at this time sanction any additional NSS offering, above the extra £500,000 already approved. Mrs Low advised that she would be in a position to

ACTION

provide additional detail on this to the forthcoming NSS Finance, Performance and Procurement meeting. If, after that meeting there was further evidence that this point should be reconsidered, this could be done by the NSS Vice-chair (Mrs K Dunlop) outwith the meeting cycle. **Action: Mrs C Low to update and report back if necessary outwith meeting cycle.** **C Low**

8.3 Members reflected on the terminology used within the narrative of the paper, such as 'architectural runway' and 'release train'. Mrs Low confirmed that these related to Agile terminology. Members asked that for future meetings terminology should be explained in detail. **Action: Mrs Low to consider for future reporting.** **C Low**

9. CROSS-NSS MEDICINES PORTFOLIO [paper B/19/10 refers]

9.1 This subject had been discussed as part of the previous item on Brexit.

10. REALISTIC MEDICINE [Presentation]

10.1 Dr Alex Stirling took members through her presentation on realistic medicine and how NSS were working with the wider population on this subject. Of particular interest was the work being done in the wider care sector, including carehomes. Members reflected that this was not something just for clinical staff, but for the wider NSS population.

10.2 Members welcomed the work being done in and around NSS and thanked Dr Stirling for her informative item.

11. NES DIGITAL SERVICE [presentation] – item taken out of agenda order

11.1 Mr Deryck Mitchelson took members through a presentation highlighting the following areas relating to the digital services within NSS;

- NSS IT SBU would be going through major organisational change with a move to focus more on Digital and Security services.
- Information Security
- Professoressional Services – Office365 etc.
- Automation
- Moving to a 'Cloud First' business model and the associated potential cost savings.
- Big Data.
- Enterprise Digital Capability.
- Investing in the digital communication backbone i.e. WiFi etc

11.2 Members thank Mr Mitchelson for his presentation and asked that for future meetings a more 'plain English' approach be used, rather than technical language, to ensure the best understanding by all. Ms Rooney asked specifically for a meeting with Mr Mitchelson outwith the Board. **Action: Board secretary to arrange suitable date for meeting.** Board Secretary

11.3 After further discussions members asked that a formal paper be presented to the April meeting detailing budgeting, benefits and return on investment including timing for all areas identified in the presentation. **Action: Mr Mitchelson to provide detailed paper in support of the presentation to the April meeting.** **D Mitchelson**

ACTION

12. PEOPLE REPORT [paper B/19/12 refers]

12.1 Mrs Jones took Members through her report and advised that although sickness absence rates in the report had gone over the 4% target, it was anticipated that by using the management processes in place this would move back to target before year end.

12.2 Mrs Jones continued that HR were looking at new ways of reporting, including dashboards and links to these would be available to all Non-Executives and Union colleagues once complete. **Action: Mrs Jones to circulate link to dashboards to all once available.** **J Jones**

12.3 Work being done around the new Public Health Body was progressing and Mrs Jones would be chairing the workforce stream of this. Members asked for reassurance that NSS was that fully cognoscente of the requirements from the Cabinet Secretary around Mental Health and stress and Mrs Jones was able to provide this assurance.

12.4 Members also noted that in terms of recruitment NSS was seen as a good place to work and seen as a supportive employer, even though unable to compete on salary for some specialities.

12.5 Members thanked Mrs Jones for her informative update.

13. UPDATE ON PUBLIC HEALTH BOARD – [Presentation] - item taken out of agenda order]

13.1 Ms Qureshi took members through her presentation providing an update on the current progress around the new Public Health body.

13.2 Members noted that it had been agreed that for the inaugural period NSS would be providing a shared service in a number of areas including workforce and finance. This would be reviewed after the first year, but it was anticipated that an initial period of 3 years would be considered. Members asked that this time-line be confirmed and an updated paper be brought to the April meeting. This should also include the implications for NSS. **Action: Board secretary to add to forward programme.** Board Secretary

13.3 Members thanked MS Qureshi for her informative presentation and looked forward to further updates over the coming months.

14. OUTCOMES FROM BOARD DEVELOPMENT SESSION OCTOBER 2018 – Update

14.1 Members noted that there were no additional updates on this subject and that any items outstanding were discussed under other sections of the meeting or recorded on the forward programme for future meetings.

15. HIGHLIGHTS FROM BOARD SUB-COMMITTEES [paper B/19/13 refers]

15.1 Members noted the content of the paper in full and verbal updates provided.

16. UPDATE ON REGISTER OF INTERESTS [paper B/19/14 refers]

16.1 Members noted the content of this paper.

17. MINUTES FROM OTHER NSS SUB-COMMITTEES [papers B/19/15,

ACTION

B/19/16, B/19/17, B/19/18, B/19/19, B/19/20, B/19/21 and B/19/22 refer]

17.1 Members noted the draft and approved minutes from the Board sub-committees that had been circulated for information.

18. NSS POLICIES

18.1 Members noted that there were no policies for consideration for this session.

19. AOB

19.1 Members approved the venue for the October development sessions as Golden Jubilee.

19.2 It was noted that all Non-Executives would be set up with TURAS and LearnPro accounts going forward. Mrs Nicholls would update when these were available and organise training for Non-Executives as appropriate. **Action: Board secretary to source training/accounts as soon as possible.** **Board Secretary**

There being no further business, the meeting finished at 1500 hrs.

NSS Formal Board Meeting – Friday, 5th April 2019

B/19/24

Chair's Update

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

I would like to thank colleagues for their support and time over the last month when I have been away.

The combined elements of Brexit, clinical waste, Public Health Scotland, Facilities and ministerial priorities have meant that all parts of NSS have had an increased ask in addition to BAU. The feedback I have had from Scottish Government and from colleagues across the Territorial Boards has been one of thanks and recognition of teams and staff that have expertise and the willingness to respond and deliver to meet the needs of customers and of people of across Scotland. Thank you to all.

NSS:

- Governance workshop NSS Board Development session
- Blue Print for Good Governance – survey and report (paper and action plan with papers)
- Finance, Procurement and Performance Committee
- Staff Governance Committee
- Clinical Governance Meeting
- Stakeholder Non Exec interviews
- Audit and Risk Committee (tel conf)

NHS Chairs meeting 25.3.19

- Innovation and Reform
- Integration
- Governance and Leadership
    - Non exec induction
    - Non Exec development
- LIST presentation at NHS Chairs
    - This was delivered by Manira Ahmed and is available on admin control
- Meeting with Cab Sec
    - Waiting times
    - Governance
    - Mental Health

NHS Chairs and CE meeting - verbal update will be provided by John Deffenbaugh who attended on my behalf.

National Boards Chairs and CE Visioning workshop - verbal update

I am informed that the planning and preparation for the recruitment of a new Chair for NSS to take over from me is now underway.

Professor Elizabeth Ireland
NSS Chair
29.2.19

B/19/24a

NSS Board Meeting – 5 April 2019

Purpose

This paper is brought before the Board for approval to enable submission to Scottish Government within the required timelines.

Recommendation

This paper includes a self assessment and suggested board action plan to improve and enhance the work of the NSS Board. Members are therefore asked for their comments prior to final approval.

Timing

This document is brought before the Board for final sign off by 30th April 2019.

Background

Corporate Governance is the system by which organisations are directed and controlled. In the public sector, the Government's role in governance is to appoint the Board and to satisfy themselves that an appropriate governance structure and audit regime is in place. As a result of a review carried out by NHS Highland in 2018, all NHS Boards must now carry out a self-assessment on their governance structures and provide an action plan for improvement to government by 30 April 2019.

It is essential that all Boards provide high quality, safe and sustainable health and social care services and that NSS ensures that all services provide the best value and full transparency of their actions, to the people of Scotland.

The purpose of this report, and self-assessment, is to identify any potential actions which the Chair of NSS could take to strengthen the Board's governance system.

Procurement and Legal

There are no legal implications relating to this document at this point in time.

Engagement

All members of the NSS Board, Executive Management Team and subject matter experts for specific items were invited to complete the self-assessment questionnaires, one as a qualitative assessment and the other in a quantitative survey provided by Scottish Government. (These are available as Appendices to this document)

Equality & Diversity

There are no equality and diversity issues relating to this document at this point in time. This will be reviewed once the action plan has been approved and actioned.

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B/19/24a

NHS NATIONAL SERVICES SCOTLAND

CORPORATE GOVERNANCE BLUEPRINT

REVIEW OF NSS GOVERNANCE 2019

Author: Karen Nicholls, Acting Board Secretary, February 2019

Version: Draft

NSS GOVERNANCE SELF-ASSESSMENT AND DESKTOP RESEARCH REPORT 2019

1. Introduction

Corporate Governance is the system by which organisations are directed and controlled. In the public sector, the Government's role in governance is to appoint the Board and to satisfy themselves that an appropriate governance structure and audit regime is in place. As a result of a review carried out by NHS Highland in 2018, all NHS Boards must now carry out a self-assessment on their governance structures and provide an action plan for improvement to government by 31 March 2019.

It is essential that all Boards provide high quality, safe and sustainable health and social care services and that NSS ensures that all services provide the best value and full transparency of their actions, to the people of Scotland.

The purpose of this report, and self-assessment, is to identify any potential actions which the Chair of NSS could take to strengthen the Board's governance system.

2. Methodology

NSS carried out a desktop based review of Governance, and took into account the results of the Board diagnostic tool carried out in 2018, as well as a qualitative self-assessment questionnaire completed by both Non-Executive Directors and the NSS Executive Management Team. Further research was carried out to identify current governance of NSS Board and Sub-Committees and Appendix A references the documents and templates on which the review was based. A further Corporate Governance on-line questionnaire was completed by Board Members and the results included in the research.

The '*Blueprint for Good Governance'* (Appendix B) detailed the areas that the review should focus on and the research was therefore carried out against the following criteria:

The Functions

- Setting the direction, clarifying priorities and defining expectations.
- Holding the Executive Leadership Team to account and seeking assurance that the organisation is being effectively managed.
- Managing risks to the quality, delivery and sustainability of services.
- Engaging with stakeholders.
- Influencing the Board's and the organisation's culture.

The Enablers

- Acquiring and retaining the necessary skills, experience and diversity at Board level.
- Defining clear roles, responsibilities and accountabilities for the Board Members and the Executive Management Team.
- Creating relationships and conducting business in line with agreed values and standards of behaviour.

The Support

- Assurance information systems that help the Board to hold the Executive Management Team to account.
- Audit services that provide the Board with independent assurance.
- Administration arrangements that ensure the smooth operation of the Board and its sub-committees.

3. **Data Gathering (desktop research)**

A review of templates and reporting standards for all items provided to the Board and Executive Management Team were collated and reviewed (Appendix A) and recommendations for improvement were identified and detailed in *Section 5* of this report. It was recognised that an improvement action plan had already been completed based on the results of the NSS Board Diagnostic Tool findings from 2018 (Appendix B).

A full Board development session was held on 1st March 2019 and focused on the following three areas that had been identified through the desktop research. These were:

- Corporate Governance Blueprint – *focusing on ensuring NSS aligns with the requirements of the blueprint and what should be included in the Action Plan.*
.
- The flow of data in NSS – *the lifecycle of reporting* to Board and Sub-Committees – what, when and how information is generated.

- Options for a Digital Future – how the Board could work differently and reduce reliance on paper reports.

The outcomes from this session are available in Appendix C.

It should also be noted that since the original Board diagnostic tool assessment, the relationships between NSS and a variety of stakeholders have changed significantly. NSS has moved from being a supplier to individual Boards to an organisation of choice to provide national solutions, especially in times of difficulty, for example the issues of clinical waste, Brexit. This change should be part of the focus of any action plan designed around the results of all the research carried out.

4. Self-Assessment

A short questionnaire was provided to the Board and Executive Management Team for completion (Appendix D) during January 2019, to establish a baseline for future reporting, and a draft action plan for any improvements to the governance process in NSS. This was complementary to the findings of the Board Diagnostic Tool carried out by the Board in 2017-18 [Appendix B] and a review of Best Value in NSS [Appendix E]. In addition the results of the Corporate Governance Blueprint survey [Appendix F] influenced the action plan for NSS. The recommendations of this report are therefore based on these three methods of research, taking into account the changed stakeholder relationships mentioned previously. [Note: The self-assessment was started, not only in NSS, but other Health Boards, before the final version of the tool was available from Scottish Government in order to meet the reporting timelines.]

5. Recommendations

By comparing and cross referencing the outcomes of each area of research NSS was able to identify three common areas/themes for improvement.

1. Engagement with stakeholders – both externally and internally.

2. Review of information coming to the Board/Sub-Committees [content, timing, quality]

3. Understanding and communication of Risk.

It is therefore recommended that the NSS Board focus on these specific areas to form the Corporate Governance Action Plan. [It was also noted that the existing action plan for the period 2018-19 had similar areas for improvement and it was recommended that the Board should now review the action plan every 6 months to ensure progress was being made.]

A draft action plan was circulated to the Board members outwith the normal meeting cycle to enable NSS to meet the deadlines for reporting. The Action Plan would then be formally approved at the full board meeting to be held on 5th April 2019.

A copy of the action plan can be found below. In addition a further review of the NSS Induction programme for Non-Executive Directors would also be carried out to ensure the best possible introduction to the Organisation was available to underpin the recommendations above.

NSS BOARD DEVELOPMENT PLAN

NHS National Services Scotland Board Development Plan 2019-2020						
Development Identified(*what you are focusing on, ensuring it is specific, realistic and achievable)*	**Action required to support improvement**	**Measure** *(how will you know if you have achieved success)*	**Timescale** *(when will you have completed this action)*	**Resource** *(are there any additional resources required to complete this action)*	**Responsible** *(who is responsible for completing this action)*	**Review** *(indicate when you intend to review progress against this action)*
Action 1: Improved stakeholder engagement – Internal/External stakeholders						
1.1 Increase exposure of Non-Execs to NSS Staff via a variety of communications channels.	NSS Non-Execs to have recorded video biographies and these made available via intranet.	Video biography for every Board Member.	30.9.19	Involvement with the internal communications team to raise profile of NEDs via video biographies.	Board Secretary/Associate Director SPST	Board meeting on 6.9.19
	Publicise formal board meetings on geNSS and via Pulse to encourage staff to attend.	Number of staff attending meetings.	Immediately	Involvement with the internal communications team and Board Secretary.	Board Secretary/Associate Director SPST	Board meeting on 6.9.19
	Review Non-Exec induction programme to build profile of any new Non-Execs as soon as they join NSS.	Feedback questionnaire on induction programme.	By end Q2 2019-20	Liaison with OD and HR Learning and Development team to review and update induction programme as necessary		Board meeting on 1.11.19

1.2 Develop a whole system map of stakeholders across NHS Scotland, highlighting current and future desired state in terms of the relationships with NSS Non-Execs	Customer engagement team to provide initial mapping exercise and link with Non-Execs to establish crossovers.	Stakeholder map produced. Taking into account the different stakeholder relationships.	By end Q1 2019-20	Involvement with customer engagement team.	Associate Director SPST	Board meeting on 6.9.19
Development Area 2: Review of information provided to the Board to enable appropriate challenge						
2.1 Improve quality and timing of reporting to the Board and sub-committees	Ensure all future meeting dates are identified in line with formal reporting structures within NSS.	Calendar of meeting dates provided to all.	Q1 2019-20	Board team to work with teams across NSS to identify flow of reporting.	Board Secretary.	30.6.19
	Review front cover templates	Front-covers provide appropriate information and focus for Non-Execs	Q1 2019-20	Board team to complete.	Board Secretary	30.4.19
	Look at opportunities to digitise reporting e.g. dashboard real time reports for Sub-Committees	Number of opportunities identified actually used at meetings.	Q4 2019-20	Board team to liaise with IT and authors to look at opportunities for digital options.	Board team to liaise with IT and authors to look at opportunities for digital options.	

Development Area 3: Understanding and communicating risk						
3.1 How we identify risks - Identifying current and future corporate, clinical, legislative, financial and reputational risks.	Run risk workshop specifically for Board members.	NSS Risk Manager Lead to set up workshop looking at how NSS identify and label risks.	By end Q2 2019-20	Board team to work with Risk Manager Lead to identify potential dates/times for workshop.	NSS Risk Manager Lead	Board meeting 1.11.19
Additional areas for review/development						
Non-Executive Induction Programme	Review programme and link into overarching NSS Induction programme		By end Q2 2019-20	Liaison with OD and HR Learning and Development team to review and update as necessary.	Board Secretary/HR	Board meeting 1.11.19

NHS NATIONAL SERVICES SCOTLAND

APPENDICES

CORPORATE GOVERNANCE BLUEPRINT

REVIEW OF NSS GOVERNANCE 2019

NSS Governance/Board Templates - Evidence list

APPENDIX A

Item	Description	Relates to Function	Link
1	2015 Risk benchmarking report CIPFA		2015 Risk benchmarking Report CIPFA _ Final.pdf
2	Risk Appetite Board Paper		Board Paper Seeking Approval 2018 _ NSS Risk Appetite.doc
3	Integrated Risk Management Approach		Integrated Risk Management Approach v1.7_2018_Final.doc
4	Non-Exec Appraisal Master		..\Templates\NSS Templates\Non-Exec Appraisal - Master.docx
5	Record of training (Non-Execs)		..\Templates\NSS Templates\00 Record of Training_Master.xls
6	Format Minutes - template		..\Templates\NSS Templates\Template_Formal Minutes.docx
7	Non-Executive Expenses		..\Templates\NSS Templates\Expenses Q1 - Financial Year 18-19_SAMPLE.xlsx
8	Meeting dates template		..\Templates\NSS Templates\Meeting dates 2019 master checklist_SAMPLE.xlsx
9	Membership lists showing changes during year		..\Templates\NSS Templates\00 Membership Lists_2018-19 showing changes during year.doc
10	Draft Skills Matrix - sample		..\Templates\NSS Templates\00 Draft Skills Matrix_Example.docx
11	Board/SubCommittee paper - front cover template		..\Templates\NSS Templates\Template_Board Front Cover Layout.doc
12	Template for welcome pack (contents)		..\Templates\NSS Templates\00 TEMPLATE for Welcome Pack Updated 2017.docx
13	Internal Audit Annual Plan (sample)		..\Templates\NSS Templates\A2-12 Internal Audit Annual Plan 2017-2018.pdf
14	Best Value project Aug 2018		2019-01-07 copy of 2018 08 13 Best Value to FPP.docx
15	Best Value Guidance for Accountable Officers 2011		Best value Guidance for Accountable Offs Mar 11.pdf
16	Duty of Candour Guidance NSS		..\..\..\Feedback\Duty of Candour\DOC Resources
17	NSS Standing Orders (2018)		..\Templates\NSS Templates\01 NSS Standing Orders_June 2017_FInal Version 08.0.pdf
18	Scottish Government/NSS Framework		..\Templates\NSS Templates\A1-1 SG NSS Framework Document - Final.pdf
19	NSS Board Diagnostic Tool 17/18		BDS1802 NHSS Board Development Diagnostic Tool NSS Results.pdf
20	Board/SubCommittee forward programmes		..\Templates\NSS Templates\NSS Board and Sub-Committee Forward Programmes.pdf

APPENDIX B

NSS BOARD DIAGNOSTICS TOOL OUTCOMES

MANAGEMENT IN CONFIDENCE

NHS Scotland Board Development - Diagnostic Tool 2017/18

Report for:

NHS National Services Scotland

MANAGEMENT IN CONFIDENCE

February 2018

Produced by ISD, NHS National Services Scotland

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Contents

Background Information

Introduction

In January 2018 NHS National Services Scotland completed the NHS Scotland Board Development Diagnostic Tool. This report presents the results of this assessment. Notes to aid interpretation of the information presented within this report can be found in Appendix B. Further notes are available within the NHS Scotland Board Diagnostic Tool Good Practice Guide.

Methodology

All Executive and Non-Executive members of the NHS National Services Scotland Board were invited to complete an online version of the NHS Scotland Board Development Diagnostic Tool. The tool is organised into five sections, each exploring a different domain:

(A) Engaging with Stakeholders:	The Board is clear who its stakeholders are (including patients, public, carers, staff, Public Service Partners, Third and Independent Sector, and Scottish Government) and proactively engages with all of them to ensure that their interests are taken into account in developing and delivering services.
(B) Strategic Intent:	The Board's vision for the organisation reflects the needs and priorities of the population it serves, national policies and strategies, most notably strategies for Quality Improvement. This vision is communicated widely to all staff through a clear set of pan-Board objectives and the Board is confident it has sufficient resources to support this vision.
(C) Holding to Account:	The Board assures itself that it will deliver its strategic priorities, objectives and manage all associated risks.
(D) Board Dynamics:	The Board comprises motivated individuals who have the right blend of skills and experience to help deliver its strategic intent. Board members work constructively together in a climate characterised by informed trust, involvement and robust dialogue.
(E) Board Leadership:	The Board has an effective Chair who has a significant positive impact on the performance of the Board and its members, demonstrating effective leadership. The Board Chair maintains effective focus on its agenda; is visible and well respected both within and outside the organisation and routinely reviews its performance.

Each section of the tool presents a number of **positive** statements; Board members were asked to indicate the extent to which they agreed or disagreed with each statement based upon their experience of the Board during the past six months. Response options were on a six-point scale between (1) "Strongly disagree" and (6) "Strongly agree":

(1) Strongly disagree
(2) Disagree
(3) Slightly disagree
} Negative response

(4) Slightly agree
(5) Agree
(6) Strongly agree
} Positive response

Board members were also given the option to respond "Cannot say"; please note that all "Cannot say" responses have been excluded from the analyses within this report.

At the end of each section Board members were invited to provide further comments by answering a list of specified, but open, questions.

Finally, Board members were asked to rank each domain between one and five in terms of the level of development required by the Board (1 = "Most development required", 5 = "Least development required").

Participation and Response

Participation and Response within NHS National Services Scotland

All members of the NHS National Services Scotland Board were invited to complete the Diagnostic Tool. The table below shows the number of Board members who were invited to participate in January 2018 and the number (and total percentage) of members who responded:

Designation	Description	Members Invited to Participate	Members who Responded
Board Chair	Non-executive appointed as the Chair of the NHS Board.	1	1
Chief Executive	Individual undertaking the role of Chief Executive and Accountable Officer of the NHS Board.	1	1
Executive Director[1]	Individual appointed to the NHS Board by Scottish Ministers as a result of the executive position they hold with the Board.	1	1
Non-Executive Director	Individual appointed to the NHS Board by Scottish Ministers following an open public appointment process.	5	5
Director Other[1]	A Director who participates in Board meetings who is not an Executive Board member.	2	1
Non-Executive Stakeholder[1]	Individual appointed to the NHS Board by Scottish Ministers as a result of the position they hold with a stakeholder group. Includes University, Area Clinical Forum or Area Partnership Forum Member, Employee Director, Care Inspectorate Chair, Scottish NHS Council Chair and Chair of former CHP.	2	1
Local Authority Member	Individual nominated by their local authority to serve on the NHS Board in a non-executive capacity.	0	0
	Total Number	**12**	**10**

(83%)

[1] There were three respondents who selected either "Executive Director", "Director Other" or "Non-Executive Stakeholder" as their designation. Following discussion with NHS National Service Scotland's key contact for this assessment it was agreed that responses given by these participants should be reported as part of the "Executive Director" group.

Comparison with previous Board results

NHS National Services Scotland previously completed the Diagnostic Tool in 2015/16, and this report shows comparisons of the results between the previous assessment and the current one.

Statements with Highest Median Response

Table 1: Statements with the highest median response.[1]

Domain	Statement	Median Score	% Positive	% S.Agree / Agree
(E) Board Leadership	E1: The Chair has a significant positive impact on the performance of the Board.	6.0	100%	100%
(B) Strategic Intent	B5: The Board regularly reviews its risks and planning contingencies.	6.0	100%	100%
(D) Board Dynamics	D7: Board members are able to express their opinions openly and challenge constructively.	6.0	100%	100%
(E) Board Leadership	E5: The Chair consistently models the behaviours expected of others in the Board and wider organisation.	6.0	100%	100%
(E) Board Leadership	E6: The Chair is visible within the organisation and is regarded as approachable by staff, patients and the public.	6.0	100%	89%

[1] Where statements returned the same median score, the highest percent positive result and the strength of that positive result have been used to further select the statements that were most positive.

Statements with Lowest Median Response

Table 2: Statements with the lowest median response.[1]

Domain	Statement	Median Score	% Positive	% S.Agree / Agree
(A) Engaging with Stakeholders	A3: The Board has effective feedback loops and systems which encourage stakeholders to comment and influence the organisation's performance in delivering person centred, safe and effective healthcare.	4.0	67%	33%
(A) Engaging with Stakeholders	A2: The Board has a clear engagement and communication framework which covers all of its stakeholders.	4.0	70%	40%
(A) Engaging with Stakeholders	A6: In defining health needs and influencing priorities, the Board particularly ensures that people who live with long term conditions, health inequalities and /or other life limiting situations are involved.	4.0	83%	33%
(A) Engaging with Stakeholders	A9: Board members actively seek practical opportunities to engage with patients, carers and staff in the system and are generally seen as approachable.	4.0	100%	44%
(A) Engaging with Stakeholders	A8: The Board proactively promotes its identity and reputation in the media and works positively to influence and manage its public image to secure and maintain public confidence in its services.	4.5	100%	50%

[1] Where statements returned the same median score, the lowest percent positive result and the strength of that positive result have been used to further select the statements that were least positive.

(A) Engaging with Stakeholders - Overall Response to Statements

Table 3: Response to statements relating to the "Engaging with Stakeholders" domain.

(Statements ordered from lowest median score to highest median score)

Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.

[1] The "Diff. previous S. Agree / Agree" result is a percentage point change.

Statement	N Responses	Response (%) (1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Diff. previous result (Med)	% Positive	% Strongly Agree / Agree	Diff. previous S. Agree/Agree [1]	Trend (%)
A3: Board has effective feedback loops / systems which encourage stakeholders to comment / influence performance in delivering person centred, safe, effective care.	9			22	11	33	22	11	4.0	-1.0	67%	33%	-53
A2: Board has a clear engagement and communication framework which covers all of its stakeholders.	10			10	20	30	40		4.0	-1.0	70%	40%	-48
A6: In defining health needs / influencing priorities, Board ensures that people living with long term conditions, health inequalities, life limiting situations are involved.	6				17	50	33		4.0	-1.0	83%	33%	-42
A9: Board members actively seek practical opportunities to engage with patients, carers and staff in the system and are generally seen as approachable.	9					56	44		4.0	-0.5	100%	44%	-6
A8: Board promotes identity / reputation in media and works positively to influence / manage public image to secure / maintain public confidence in services.	10					50	40	10	4.5	-0.5	100%	50%	-13
A4: Board can evidence how it actively engages to consider, discuss and influence national policy developments and potential impacts with stakeholders.	10			10	10	20	60		5.0	0	80%	60%	-15
A5: Board responsive to the needs of its stakeholders, ensuring its plans, priorities and actions are informed by robust and regular discussions.	10				10	30	50	10	5.0	0	90%	60%	-26
A1: Board clear who its stakeholders are and how each contributes to the health and well-being of the population they serve.	10				10	20	40	30	5.0	0	90%	70%	-30
A7: All staff understand the vision, aims and objectives of the organisation and support Board in delivering commitments to the public they serve.	10					10	80	10	5.0	0	100%	90%	-10

(A) Engaging with Stakeholders - Median Scores by Respondent Type

Table 4: Median score for each statement relating to the "Engaging with Stakeholders" domain, by respondent type.

(Statements ordered from lowest overall median score to highest overall median score)

Statement	Board Chair (N=1)*	Chief Exec (N=1)*	Exec Director (N=3)*	Non-Exec Director (N=5)*	Director: Other (N=0)*	Non-Exec Stakeholder (N=0)*	Local Auth. Member (N=0)*	Overall (N=10)*
A3: Board has effective feedback loops / systems which encourage stakeholders to comment / influence performance in delivering person centred, safe, effective care.	3.0	6.0	4.0	4.0				4.0
A2: Board has a clear engagement and communication framework which covers all of its stakeholders.	3.0	5.0	4.0	4.0				4.0
A6: In defining health needs / influencing priorities, Board ensures that people living with long term conditions, health inequalities, life limiting situations are involved.		4.0	5.0	4.0				4.0
A9: Board members actively seek practical opportunities to engage with patients, carers and staff in the system and are generally seen as approachable.		5.0	4.0	4.0				4.0
A8: Board promotes identity / reputation in media and works positively to influence / manage public image to secure / maintain public confidence in services.	4.0	5.0	5.0	4.0				4.5
A4: Board can evidence how it actively engages to consider, discuss and influence national policy developments and potential impacts with stakeholders.	5.0	4.0	5.0	5.0				5.0
A5: Board responsive to the needs of its stakeholders, ensuring its plans, priorities and actions are informed by robust and regular discussions.	4.0	5.0	5.0	4.0				5.0
A1: Board clear who its stakeholders are and how each contributes to the health and well-being of the population they serve.	3.0	6.0	5.0	5.0				5.0
A7: All staff understand the vision, aims and objectives of the organisation and support Board in delivering commitments to the public they serve.	5.0	5.0	5.0	5.0				5.0

Median Score: (1) Strongly disagree | (2) Disagree | (3) Slightly disagree | (4) Slightly agree | (5) Agree | (6) Strongly agree

Range of scores: (Highest - Lowest)

* Participants may not have provided a response to every question.

(A) Engaging with Stakeholders - Further Comments

Note: All free-text comments have been reported verbatim.

A10: Who do you consider as key stakeholders?

- Territorial boards, Emerging regional constructs, Government, Local Government, IJBs
- SG/Politicians/HB colleagues/ key Social Care groups
- Scottish Government - directors of all groups in SGHSCD - note lead sponsor for NSS is finance, ALL NHS Boards - at every level from front line teams to Board members, Some IJBs/ Local Authorities
- other boards, other service delivery patients, families, tax payers, elected representatives,civil servants
- NHS Boards, patients, suppliers, donors, Government, employees
- NHS Boards, citizens of Scotland, our staff, Government, IJBs and wider public sector.
- Health Boards, wider public sector, GPs, Dentists
- Corporate NSS..stakeholders Scottish government, HBs and IJBs. Little contact with people acccessing service. Each SBU have clearer stakeholders. This is something we come back to regularly at Board
- At issue is defining and shaping our authorising environment. The extent to which we are proactive and view Scotland as a system rather than just the NHS.
- As listed above

(A) Engaging with Stakeholders - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

A11: Please give an example of how you have successfully engaged with some/one of your stakeholders?

- Very good engagement with directorate of population health around the development of thinking of th new public health body. Key people came to board. CEO, MD and employee director all engaged in formula grouping

- The creation of a new Public Health Body for Scotland has led to discussions and engagement with Government and other impacted parties on what this will be and how it will look to deliver the greatest benefit for the people of Scotland while remaining mindful of staff implications. I have been involved in many discussions and will continue to influence as much as possible.

- SWAN, Central Prcurement,

- Plenty of historic stuff, rather at issue is future engagement.

- On-going engagement with Regional Implementation Leads and their lead planners to ensure work underway "once for Scotland" in radiology and laboratories transformation (shared services) remains aligned to and supports emerging operating plans at a regional level. This ensures our efforts are timely and supportive to the efforts underway locally and regionally and that there is buy-in to change.

- ongoing and regular engagement, meetings, presentations

- Impact on National Board plans. Engagement on PHB. Shared Services enagement across range of stakeholders

- I have been on walkarounds within the service, meeting staff at the front line and talking to them about service provision and the board. I have engaged with the Chair of the QPG with regards to setting up clinical governance networks for NEDs, but progress is very slow.

- Cyber attack

- CMO /DCMO /NHS Board Medical Directors- - involved in discussion re access to medicines and offered NSS as resource to facilitate work between all stakeholders to identify a solution.

(A) Engaging with Stakeholders - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

A12: What are some examples of improvements the Board has made as a result of feedback from patients and the public?

- We have limited direct engagement with patients and the public given our role as a national shared services provider.
- Service specific re NSBTS, and in other support logic model shows downstream impact.
- Improved patient network, wider engagement with patients/public. Improved website.
- I find this difficult to answer as at board and committee we see feedback from complaints, incidents. We see the learning that has taken place in the organisation but we don't necessarily have access to the impact that it has made on the public and patients
- Handling of blood donor patients in the event that their blood is not wanted
- External web site; off site board discussions: focus on customer engagement
- clearer signposting, better plainer language, more data.
- BTS donor booking system, Infected Blood Payment Scheme
- Because NSS function is to support the delivery of care from others the direct liaison with public at a Board level limited. Several examples of where the commitment to public engagement has influenced work in SBUs can be offered through managed networks, national screening and in SNBTS

(A) Engaging with Stakeholders - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

A13: What are some examples of improvements the Board has made as a result of feedback from staff?

- We have made board business more accessible - annual review was recorded and made available to all staff.
- Very effective partnership working and transition, e.g. JCC, now PHI
- The 'great place to work' priority led to offering staff a direct line of communication with Chief Executive 'ask Colin?' - this has encouraged staff to suggest improvements including use of green space at Gyle, and need to further improve facilities for those who choose to cycle to work (showers etc well received.
- People report and SGC
- Improved communications,
- Different use of office space
- changed communication protocols
- Better communication and updates for staff via regular comms, pulse and €œAsk Colin€ and the plasma screens where available.

(A) Engaging with Stakeholders - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

A14: How might the Board improve its performance in this domain and what are the priorities for action?

- Who NSS are and what we do is still a mystery to many, we are made up of apparently disparate Business Units who deliver specific services to NHS boards and the public. A strategy to outline not only the individual services we offer but the packages of servic or the synergies between our services would be helpful, I know we have done a bit in this area but more may be necessary.

- Unfortunately first step will be to raise public awareness of what NSS does - this is still a mystery to many within the NHS. Perhaps the focus should return to encouraging engagement with NSS public facing teams eg SNBTS, HPS, Aroma coffee, etc; rather than seek to engage at a Board level - other than offering assurance that services with the NSS 'brand' come as a quality assured product?

- sustained activity,focused effort,improve public understanding

- Stakeholders Mapping with support of CEAD and NED's marking key stakeholders.

- Some work is underway to develop an engagement plan for board members. this needs to be completed and clear actions and targets assigned to each member of the board to take forward.

- Priority is to align engagement to be comprehensive across all stakeholder groups, particularly emphasising benefits to stakeholders through such engagement

- Placing its poker chips

- NSS needs to be proactive in offering help and assistance that reduces cost and improves clinical care WITHOUT appearing to be on a land grab.

- I understand that work goes on lead by CEAD but strategic feedback from CEAD does not come back to the board with priorities for action by the board (unlike another organisation that I am involved with).

- At time of turbulence across Health and social care ...ensure regular review,

(A) Engaging with Stakeholders - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

A15: Any other comments?

- there is work to do generally to increase NSS profile. particu;larly in uncertain times. Much of what we do is very effective but not always visible to stakeholders
- The board is aware that stakeholder engagement needs to improve and is working to rectify this deficiency as a matter of priority
- the board is actively committed to not just engaging with stakeholders but to improving collective performance
- Mandate will be earned, not given
- As NEDs we are ambassadors for NSS and ideally we could have an agreed ambassadors agenda that we can share when networking.

(B) Strategic Intent - Overall Response to Statements

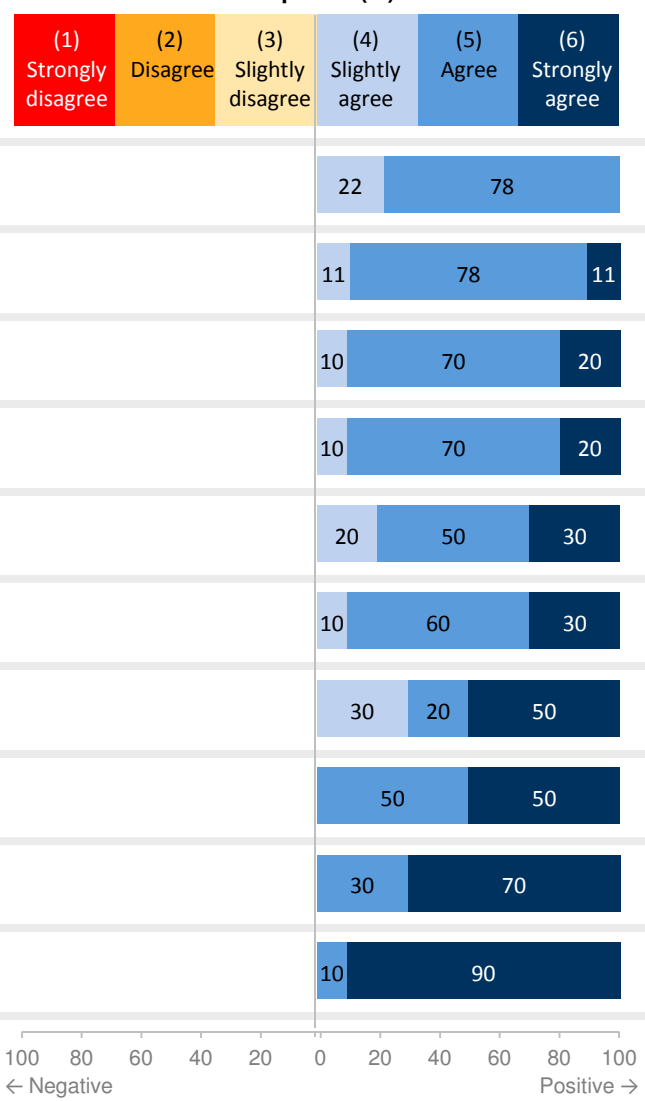
Table 5: Response to statements relating to the "Strategic Intent" domain.

(Statements ordered from lowest median score to highest median score)

Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.

[1] The "Diff. previous S. Agree / Agree" result is a percentage point change.

Statement	N Responses	Response (%)	Median Score	Diff. previous result (Med)	% Positive	% Strongly Agree / Agree	Diff. previous S. Agree/Agree [1]	Trend
B6: Staff and stakeholders would agree that Board articulates its strategic priorities clearly and consistently.	9	(4) Slightly agree: 22; (5) Agree: 78	5.0	0	100%	78%	-8	↓
B10: Stakeholders would describe Board's strategic plan as clear, innovative, ambitious and meeting the needs of its communities in a sustainable way.	9	(4) Slightly agree: 11; (5) Agree: 78; (6) Strongly agree: 11	5.0	-1.0	100%	89%	+3	↑
B2: Board's health-related strategic priorities are based upon the evidence-based needs of the communities it serves.	10	(4) Slightly agree: 10; (5) Agree: 70; (6) Strongly agree: 20	5.0	0	100%	90%	-10	↓
B8: Board confident strategic priorities are adequately resourced with progress reviewed and refreshed during course of each planning / performance cycle.	10	(4) Slightly agree: 10; (5) Agree: 70; (6) Strongly agree: 20	5.0	0	100%	90%	+15	↑
B3: Board members actively influence and drive policy and strategy to encourage continuous improvement.	10	(4) Slightly agree: 20; (5) Agree: 50; (6) Strongly agree: 30	5.0	0	100%	80%	-6	↓
B9: Board discusses and makes decisions about areas for investment and disinvestment and implements these.	10	(4) Slightly agree: 10; (5) Agree: 60; (6) Strongly agree: 30	5.0	0	100%	90%	-10	↓
B4: Board clear about priority to deliver safe, effective, person centred care; has skills, capability, systems to deliver priorities / support org. to continually improve.	10	(4) Slightly agree: 30; (5) Agree: 20; (6) Strongly agree: 50	5.5	+0.5	100%	70%	-30	↓
B7: Every member of Board can articulate the key challenges facing the organisation.	10	(4) Slightly agree: 50; (5) Agree: 50	5.5	+0.5	100%	100%	0	→
B1: Board has a collective vision underpinned by a set of strategic priorities and objectives that can be evidenced.	10	(4) Slightly agree: 30; (5) Agree: 70	6.0	0	100%	100%	0	→
B5: Board regularly reviews its risks and planning contingencies.	10	(4) Slightly agree: 10; (5) Agree: 90	6.0	0	100%	100%	0	→



(B) Strategic Intent - Median Scores by Respondent Type

Table 6: Median score for each statement relating to the "Strategic Intent" domain, by respondent type.

(Statements ordered from lowest overall median score to highest overall median score)

Statement	Board Chair (N=1)*	Chief Exec (N=1)*	Exec Director (N=3)*	Non-Exec Director (N=5)*	Director: Other (N=0)*	Non-Exec Stakeholder (N=0)*	Local Auth. Member (N=0)*	Overall (N=10)*
B6: Staff and stakeholders would agree that Board articulates its strategic priorities clearly and consistently.	5.0	5.0	5.0	4.5				5.0
B10: Stakeholders would describe Board's strategic plan as clear, innovative, ambitious and meeting the needs of its communities in a sustainable way.	4.0	5.0	5.0	5.0				5.0
B2: Board's health-related strategic priorities are based upon the evidence-based needs of the communities it serves.	5.0	5.0	6.0	5.0				5.0
B8: Board confident strategic priorities are adequately resourced with progress reviewed and refreshed during course of each planning / performance cycle.	6.0	6.0	5.0	5.0				5.0
B3: Board members actively influence and drive policy and strategy to encourage continuous improvement.	4.0	5.0	5.0	5.0				5.0
B9: Board discusses and makes decisions about areas for investment and disinvestment and implements these.	6.0	5.0	5.0	5.0				5.0
B4: Board clear about priority to deliver safe, effective, person centred care; has skills, capability, systems to deliver priorities / support org. to continually improve.	4.0	6.0	6.0	5.0				5.5
B7: Every member of Board can articulate the key challenges facing the organisation.	6.0	6.0	6.0	5.0				5.5
B1: Board has a collective vision underpinned by a set of strategic priorities and objectives that can be evidenced.	5.0	6.0	6.0	6.0				6.0
B5: Board regularly reviews its risks and planning contingencies.	6.0	6.0	6.0	6.0				6.0

Median Score: (1) Strongly disagree | (2) Disagree | (3) Slightly disagree | (4) Slightly agree | (5) Agree | (6) Strongly agree

Range of scores: (Highest - Lowest) I

* Participants may not have provided a response to every question.

(B) Strategic Intent - Further Comments

Note: All free-text comments have been reported verbatim.

B11: What are the organisation's top three strategic priorities?

- Underpin - deliver our services with increasing effectiveness and efficiency, Enable - support NHSS and Social Care Transformation, Assist - Support wider public sector
- To enable the transformation of health and social care to help improve the health and wellbeing of the people of Scotland. To underpin a sustainable and resilient NHSScotland by providing excellent support services and expertise. To assist other public sector organisations where there is value in doing so and without compromising our health and care focus
- Service improvement, Great place to work, Customer at the heart, Innovation
- Saving money, Improving patient care ad citizen welfare, Motivating and developing employees
- Once for Scotland; bang for the bucks; building capacity
- Maintaining financial health, Ensuring the provision of high quality and safe services, Supporting (and leading some aspects of) Once for Scotland agenda
- improve the health and well being of citizens, deliver once for Scotland, manage set up of new blood service
- Efficient and effective services to NHS, Support transformational change in delivery of healthcare services through proactive collaboration, Advance the digital agenda, particularly across NHS but also to wider public sector
- 1 identifying opportunities for, and supporting delivery of, transformation in the delivery of care, 2 supporting work across Scotland to implement the Health and Social care delivery plan (and associated policies eg Realistic medicine and national Clinical Strategy), 3 provide commercial solutions to maximise the benefit accrued from public funding - in terms of workforce, equipment,& buildings

(B) Strategic Intent - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

B12: What are the top three strategic risks?

- Reputation risk, Financial sustainability Digital
- Reputation as a result of a high profile IT issue, The impact of the new PH body on NSS and its remaining services, Appropriate strategic leadership following recent announcements
- PACS backups insufficient to provide resilience, Insufficient internal resources to support JCC transition, Workforce plan does not support strategic direction of organisation
- Non delivery of financial objective savings, Tolerance for strategic risk, Delivery of various critical projects eg CHI and Jack Copeland Centre.
- No mandate; poor performance; internal orientation
- No buy in from stakeholders who prefer to go it alone, Overstretch within the organisation -both capability and capacity Maintaining delivery while enabling and developing new services - patient risk and reputational damage
- lack of political vision, failure to deliver key priorities, inspire and motivate all employees
- Imbalance between national, regional and local transformation, Magnitude of €˜ask' but uncertain future environment, Authority and Investment
- 1 Financial pressures lead to cost cutting / failure to invest in modernisation / new ways of working, 2 workforce - NSS depends on a level of technical expertise that is competing with service industry / private sector, 3 capacity - as Scotland seeks solutions to improve and innovate NSS needs to target its limited resource to ensure we exceed expectation in the areas we agree to take forward

(B) Strategic Intent - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

B13: What are the key challenges facing the organisation at this point in time?

- turbulence in the system, finance, resources
- Senior leadership, Maintaining financial health going forwards, The establishment of the new PH body and its impact on the remaining NSS services
- Restructure post Public Health Body, Health boards being willing to support centralisation, Continuing to deliver savings
- Resistance to change both internally and externally, Perceptions of our Board amongst our customers, particularly view that we will take over, National Board collaboration and formation of new Public Health Body
- Planned by for and managing the €˜loss' of a substantial part of the existing organisation to public health, Determining the future shape and resorting accordingly, Engaging stakeholders with a view to collaborating to realise the vision and benefit stakeholder and hence Scottish population
- Mirror of the risks
- External turbulence across public sector, Ensure that NSS supports transformation across HSC, Lack of understanding of expertise from stakeholders
- Ability to influence, Uncertain Environment, Available resources and finance to drive change
- 1 people - public sector needs to encourage a new generation to join, 2 managing expectations - ensuring that other do know what it is that NSS can offer, 3 finance - external inflation, including pay award, against a static / falling core budget

(B) Strategic Intent - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

B14: Please give an example of good practice which you have experienced in your Board in relation to the development and articulation of your strategic intent?

- Recent cyclical review of mission, vision, strategy with clear strategic objectives
- Progress on the shared services agenda, e.g radiology, Opening of the new JCC
- ongoing horizon scanning, analysis of strengths and weaknesses
- Improvements and response to partnerhip working
- Excellent engaement on development of vision and strategic intent.
- engagement at Board level in the work that SG is taking forward in the field of health innovation - the importance of recognising this is being driven at a policy level has required NSS to develop a range of solutions including planning for the major impact of genomics in healthcare
- Direct engagement between Board members and EMT to shape and articulate the vision and strategic priorities. Board offsite discussions to understand operational issues more fully and to further shape direction of travel.
- Comprehensive board engagement
- Active involvement of the Board and management team collectively in discussing and developing the strategy

(B) Strategic Intent - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

B15: How might the Board improve its performance in this area and what are the priorities for action?

- Use of plain English and proratise communication of the strategy such that everyone can understand it and know how it relates to their day to day work
- review how workstreams are being managed with PgMS and CeAD both increasing their contact with INTERNAL groups as well as working to an external stakeholder.
- Perhaps shorten the overall process marginally
- I think that the Board does this very well.
- Eyes up while keeping grip on operational effectiveness, e.g. Napoleonic Leadership
- definition and focus, agree priority activity
- At times we need to have sight of the financial implications of challenges earlier in the day, for example, new PH body.

(B) Strategic Intent - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

B16: Any other comments?

- the board operates in a challenging and uncertain place with competing pressures on scarce resource
- NSS needs to be central in the discussions about how the future delivery of national / all Scotland support for care delivery is organised
- No
- Going forward strategic planning at National Boards level will become increasingly important and there is little alignment or consistency of approach across the 8 national boards and there is a risk that our good practice will be lost in the harmonisation process.

(C) Holding to Account - Overall Response to Statements

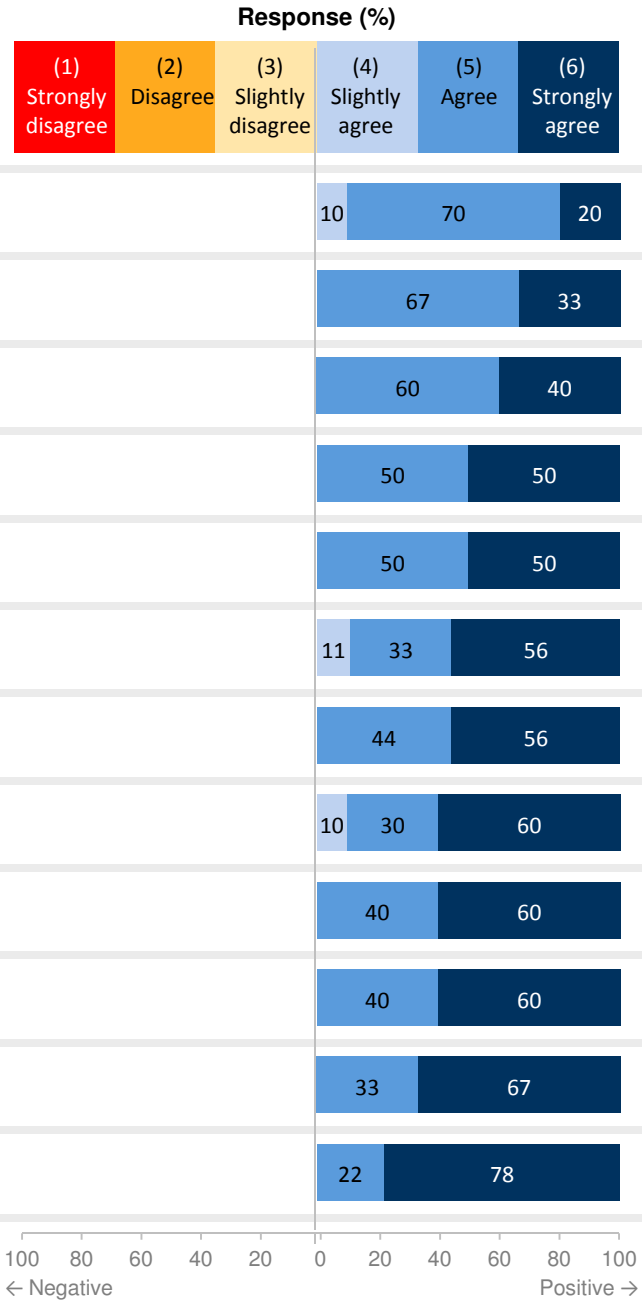
Table 7: Response to statements relating to the "Holding to Account" domain.

(Statements ordered from lowest median score to highest median score)

Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.

[1] The "Diff. previous S. Agree / Agree" result is a percentage point change.

Statement	N Responses	Response (%)	Median Score	Diff. previous result (Med)	% Positive	% Strongly Agree / Agree	Diff. previous S. Agree/Agree [1]	Trend
C5: Board has clear sight of current financial performance and is able to make adjustment to medium and long term projections.	10	10 | 70 | 20	5.0	0	100%	90%	-10	↓
C6: Board has a regular and active process to develop and review plans for medium to long term investment choices.	9	67 | 33	5.0	-1.0	100%	100%	0	→
C1: Board receives sufficient high quality information to enable it to make effective decisions, assess risks, hold Directors to account for organisation's performance.	10	60 | 40	5.0	-0.5	100%	100%	0	→
C2: Board members are skilled and confident in reviewing and challenging a range of data including improvement data	10	50 | 50	5.5	+0.5	100%	100%	0	→
C4: Board decision making processes are robust, ethical and evidence based recognising, where appropriate, social diversity and cultural needs.	10	50 | 50	5.5	+0.5	100%	100%	+14	↑
C9: The agenda for Board meetings clearly reflects the organisation's priorities and places emphasis on person centredness, safety, effectiveness and productivity.	9	11 | 33 | 56	6.0	+1.0	100%	89%	+1	↑
C11: Board can publicly evidence the justification for difficult decisions.	9	44 | 56	6.0	+1.0	100%	100%	0	→
C8: Board regularly and formally reviews progress towards the achievement of the organisation's strategic priorities.	10	10 | 30 | 60	6.0	0	100%	90%	-10	↓
C10: The remit and agendas of Board's standing committees clearly reflect Board's objectives.	10	40 | 60	6.0	+1.0	100%	100%	0	→
C3: Board provides constructive challenge and advice to define and agree clear improvement targets.	10	40 | 60	6.0	+1.0	100%	100%	+14	↑
C12: Board routinely and collectively reviews its effectiveness as a Board, including its governance arrangements.	9	33 | 67	6.0	0	100%	100%	0	→
C7: Board collectively and regularly reviews its governance system and associated leadership arrangements to ensure these are robust and fit for purpose.	9	22 | 78	6.0	0	100%	100%	0	→



(C) Holding to Account - Median Scores by Respondent Type

Table 8: Median score for each statement relating to the "Holding to Account" domain, by respondent type.

(Statements ordered from lowest overall median score to highest overall median score)

Statement	Board Chair (N=1)*	Chief Exec (N=1)*	Exec Director (N=3)*	Non-Exec Director (N=5)*	Director: Other (N=0)*	Non-Exec Stakeholder (N=0)*	Local Auth. Member (N=0)*	Overall (N=10)*
C5: Board has clear sight of current financial performance and is able to make adjustment to medium and long term projections.	5.0	6.0	5.0	5.0				5.0
C6: Board has a regular and active process to develop and review plans for medium to long term investment choices.	6.0	5.0	5.0	5.5				5.0
C1: Board receives sufficient high quality information to enable it to make effective decisions, assess risks, hold Directors to account for organisation's performance.	6.0	6.0	5.0	5.0				5.0
C2: Board members are skilled and confident in reviewing and challenging a range of data including improvement data	6.0	5.0	6.0	5.0				5.5
C4: Board decision making processes are robust, ethical and evidence based recognising, where appropriate, social diversity and cultural needs.	6.0	6.0	5.0	5.0				5.5
C9: The agenda for Board meetings clearly reflects the organisation's priorities and places emphasis on person centredness, safety, effectiveness and productivity.		6.0	6.0	5.0				6.0
C11: Board can publicly evidence the justification for difficult decisions.	6.0	5.0	5.0	6.0				6.0
C8: Board regularly and formally reviews progress towards the achievement of the organisation's strategic priorities.	6.0	6.0	6.0	5.0				6.0
C10: The remit and agendas of Board's standing committees clearly reflect Board's objectives.	6.0	6.0	6.0	5.0				6.0
C3: Board provides constructive challenge and advice to define and agree clear improvement targets.	6.0	6.0	6.0	5.0				6.0
C12: Board routinely and collectively reviews its effectiveness as a Board, including its governance arrangements.	6.0	6.0	6.0	5.5				6.0
C7: Board collectively and regularly reviews its governance system and associated leadership arrangements to ensure these are robust and fit for purpose.	6.0	6.0	5.0	6.0				6.0

Median Score: (1) Strongly disagree | (2) Disagree | (3) Slightly disagree | (4) Slightly agree | (5) Agree | (6) Strongly agree

Range of scores: (Highest - Lowest)

* Participants may not have provided a response to every question.

(C) Holding to Account - Further Comments

Note: All free-text comments have been reported verbatim.

C13: How effective are roles and relationships between the full Boards and the Board's committees of governance?

- Very effective
- They are increasingly effective. The committees are also cross referring items which makes the governance more robust at board level as there is better cross referencing.
- the board actively established the roles and relationships and monitors governance on a regular basis
- Strong and reve2ed regularity.
- Strong and considered join up between board and committees and across committees as well, relationships should be further developed to ensure that items are covered by the appropriate committee with less duplication across committees.
- Strong alignment and mechanisms to ensure read across exist
- good understanding of delegated authority and the need to report progress (BAU) and escalate issues of concern
- Good and feedback process in place
- Effective. Committees all report at the board meeting. Attention has been given to items that overlap committees such that nothing goes down the cracks.
- Appear to be very effective with evidence of both individual committees discharging remits but also cross-Committee discussions/reassurance where appropriate

(C) Holding to Account - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

C14: If there are any areas for further improvement in relation to Holding to Account, what are they and what do you suggest is done to address them?

- with maturity can come complacency-regular reviews counter this issue
- Too soon to make that judgement
- Papers could now be shorter but would need better cover pages to support this.
- Ongoing sharing of information across committees..not just by secretariat but by non execs too.
- no suggestion
- Much improved, and opps via changes in exec team to build intellectual firepower and strategic perspective
- more visibility of national programmes procured and delivered by board on behalf of NHSS

(C) Holding to Account - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

C15: Give an example of where the Board has used improvement data to inform decision making.

- with every decision-evidence based
- The wording of this question is a bit narrow. the use of the clinical flag on the risk register has ensured that risks are considered in the round and clinical risks are clearly identified, or not.
- PHB/JCC/PACs/Discovery
- KPIS for mandatory training and staff absence were red and key remedial actions were required by the board, with progress monitored in key committees. both KPIs are now in line with target.
- Information presented is now more effective via dashboards and summary sheets at the forefront of papers. This enables high level understanding of the paper as well as highlighting particular areas to drill into and interrogate.
- DST
- Donor care in Blood Donor service via customer complaints recording and trending
- Development of cases for shared services, and challenge is to package the message in an impactful influencing style within a mandate that is receptive

(C) Holding to Account - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

C16: Any other comments?

- NSS Board, and subcommittees do need to realise that NSS touches all parts of care in Scotland but that the formal governance of clinical activity lies with the provider of that care. NSS may have an interest / legitimate need to know but must not seek to run a parallel investigation / report

- no

- Board operates effectively in this area

(D) Board Dynamics - Overall Response to Statements

Table 9: Response to statements relating to the "Board Dynamics" domain.

(Statements ordered from lowest median score to highest median score)

Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.

[1] The "Diff. previous S. Agree / Agree" result is a percentage point change.

Statement	N Responses	Response (%) (1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Diff. previous result (Med)	% Positive	% Strongly Agree / Agree	Diff. previous S. Agree/Agree[1]	Trend
D8: Board members have had an effective role related local and national induction.	8				25		75	5.0	0	100%	75%	-13	↓
D11: Board regularly evaluates the impact of its improvements and shares the learning with others.	9				33	44	22	5.0	0	100%	67%	+10	↑
D4: Executives and Non-Executives work effectively together respecting role boundaries and promoting organisational values.	10				70		30	5.0	-1.0	100%	100%	0	→
D1: Sufficient time is spent clarifying Board's understanding of issues and openly discussing/debating the information presented before reaching a clear decision.	10				60		40	5.0	-1.0	100%	100%	+14	↑
D6: Directors go beyond their respective functional specialisms to adopt a broad role as corporate directors.	9				56		44	5.0	0	100%	100%	0	→
D5: Non-Executive Directors recognise the need for, and are skilled in, asking questions and challenging to ensure good governance.	10				50		50	5.5	+0.5	100%	100%	0	→
D3: All Board members are clear about their role and accountability and how this is delivered in line with Board Members' Code of Conduct.	9				44		56	6.0	0	100%	100%	0	→
D12: The culture within Board could be described as a learning culture.	10				10	30	60	6.0	+1.0	100%	90%	+19	↑
D2: Board members consistently uphold the principle of collective and corporate responsibility for all Board decisions and their execution.	10				40		60	6.0	0	100%	100%	0	→
D9: The Chair appraises all Board members on their contribution and ensures development plans are in place and supported.	8				38		63	6.0	+1.0	100%	100%	+14	↑
D10: Stakeholders would agree that Board Members behave in a way consistent with the values of the NHS.	9				22		78	6.0	+1.0	100%	100%	0	→
D7: Board members are able to express their opinions openly and challenge constructively.	10				10		90	6.0	0	100%	100%	0	→

(D) Board Dynamics - Median Scores by Respondent Type

Table 10: Median score for each statement relating to the "Board Dynamics" domain, by respondent type.

(Statements ordered from lowest overall median score to highest overall median score)

Statement	Board Chair (N=1)*	Chief Exec (N=1)*	Exec Director (N=3)*	Non-Exec Director (N=5)*	Director: Other (N=0)*	Non-Exec Stakeholder (N=0)*	Local Auth. Member (N=0)*	Overall (N=10)*
D8: Board members have had an effective role related local and national induction.	5.0	4.0	5.0	5.0				5.0
D11: Board regularly evaluates the impact of its improvements and shares the learning with others.	6.0	4.0	5.0	5.0				5.0
D4: Executives and Non-Executives work effectively together respecting role boundaries and promoting organisational values.	5.0	6.0	5.0	5.0				5.0
D1: Sufficient time is spent clarifying Board's understanding of issues and openly discussing/debating the information presented before reaching a clear decision.	5.0	5.0	5.0	6.0				5.0
D6: Directors go beyond their respective functional specialisms to adopt a broad role as corporate directors.	6.0	6.0	6.0	5.0				5.0
D5: Non-Executive Directors recognise the need for, and are skilled in, asking questions and challenging to ensure good governance.	6.0	5.0	6.0	5.0				5.5
D3: All Board members are clear about their role and accountability and how this is delivered in line with Board Members' Code of Conduct.	6.0	6.0	5.0	5.5				6.0
D12: The culture within Board could be described as a learning culture.	5.0	6.0	5.0	6.0				6.0
D2: Board members consistently uphold the principle of collective and corporate responsibility for all Board decisions and their execution.	6.0	6.0	5.0	6.0				6.0
D9: The Chair appraises all Board members on their contribution and ensures development plans are in place and supported.	5.0	6.0	6.0	5.5				6.0
D10: Stakeholders would agree that Board Members behave in a way consistent with the values of the NHS.	6.0	6.0	6.0	5.5				6.0
D7: Board members are able to express their opinions openly and challenge constructively.	6.0	6.0	6.0	6.0				6.0

Median Score: (1) Strongly disagree | (2) Disagree | (3) Slightly disagree | (4) Slightly agree | (5) Agree | (6) Strongly agree

Range of scores: (Highest - Lowest) I

* Participants may not have provided a response to every question.

(D) Board Dynamics - Further Comments

Note: All free-text comments have been reported verbatim.

D13: What do you consider are the key ingredients of effective challenge in a Board setting?

- trust, mutual respect, expertise
- Trust ad respect, Inclusivity Listening to each voice
- Relationships with support of information and perspective
- questions that seek to draw out issues not directly stated in paper - this to be used to improve content in future papers - importance of staff who make presentation left feeling valued even if more is needed
- Preparation, politeness, conciseness, depersonalised, persistent but not dogmatic, de-personalisation, avoid repetition, conclusion.
- Key ingredients are access to information, access to specialists for advice and greater understanding, openness from colleagues, trust in each other. This enables an environment in which challenge is the norm and comes from an informed position and with the Boards strategic interest at heart.
- Good papers which set out issues, good engagement with stakeholders and good preparation. Strong relationships between staff and Board
- Ensuring sufficient transparency for effective review, Board members having sufficient insight into challenges / risks to ensure robust challenge, culture of continuous improvement with no defensiveness
- Clear information/ Board papers in the first instance, Respect for the person whose contribution is being challenged, Challenge constructively with a view to advancing/enhancing the discussion in question, having listened to what has gone before Not being afraid to ask for further explanation if eg concept is new
- Appropriate relationships between board members, Objective and appropriate questioning that is not personal, Understanding the roles and boundaries around the board table

(D) Board Dynamics - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

D14: In relation to Board Dynamics, what are your recommendations for things to keep, strengthen and/or do differently?

- Treat everyone equally, and be willing to embrace new thinking and perspectives
- The introduction of the NED meetings is a good development
- Keep- enhancing board capability, rotating committee membership, Strengthen- non exec relationships, more time for non exec information sharing and discussion, collaboration with colleague boards. Different- consider more rotation of board and committee venues to improve visibility and access and also increase exposure of what we do and why.
- keep dialogue with EMT open in between formal meetings
- keep challenge, strengthen expertise encourage greater diversity.
- increase visibility of Board discussion and decision, increase visibility of Board members across organisation (only chair present at staff awards ceremony!)
- Execs further develop balcony perspective
- Discussions could be more concise. Not everyone has to comment on everything.
- continue to build relationships and ensure Board get goo high level information to both provide governance and challenge

D15: Any other comments?

- Proud to be part of this Board, the Board has evolved in my time as a member with the challenges changing over this time but I feel we are equipped to meet these head on.
- not an issue- a mature board with sound governance,high expectations and a track record of delivery-sometimes frustrated that it is not permitted to do more.
- BTW some of the questions are pretty sloppy, re wording and apostrophes - assume this is a pilot as would have expected an ace version for roll-out

(E) Board Leadership - Overall Response to Statements

Table 11: Response to statements relating to the "Board Leadership" domain.

(Statements ordered from lowest median score to highest median score)

Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.

[1] The "Diff. previous S. Agree / Agree" result is a percentage point change.

Statement	N Responses	Response (%) (1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Diff. previous result (Med)	% Positive	% Strongly Agree / Agree	Diff. previous[1] S. Agree/Agree	Trend
E10: Board has a programme of development in place and this is reviewed regularly.	9				78		22	5.0	0	100%	100%	0	➡
E8: The Chair is regularly appraised against clear objectives and is open to making changes to how he/she behaves in the light of feedback from others.	6				67		33	5.0	0	100%	100%	+20	⬆
E9: The Chair works continuously to improve the performance of Board, leading on the work necessary to encourage team working.	9				33		67	6.0	0	100%	100%	0	➡
E7: The Chair is active, well respected by other Boards, stakeholders and partner organisations.	9				22		78	6.0	+1.0	100%	100%	0	➡
E2: The Chair and the Chief Executive work effectively together and respect one another's roles.	10				20		80	6.0	0	100%	100%	0	➡
E3: The Chair sets the agenda for effective, well managed meetings that maintain Board's focus on strategy and performance.	10				20		80	6.0	+0.5	100%	100%	0	➡
E4: The Chair sets the style and tone of Board discussions to promote constructive debate and effective decision making.	10				20		80	6.0	0	100%	100%	0	➡
E6: The Chair is visible within the organisation and is regarded as approachable by staff, patients and the public.	9				11		89	6.0	0	100%	89%	-11	⬇
E5: The Chair consistently models the behaviours expected of others in Board and wider organisation.	10				10		90	6.0	0	100%	100%	0	➡
E1: The Chair has a significant positive impact on the performance of Board.	9				100			6.0	0	100%	100%	0	➡

(E) Board Leadership - Median Scores by Respondent Type

Table 12: Median score for each statement relating to the "Board Leadership" domain, by respondent type.

(Statements ordered from lowest overall median score to highest overall median score)

Statement	Board Chair (N=1)*	Chief Exec (N=1)*	Exec Director (N=3)*	Non-Exec Director (N=5)*	Director: Other (N=0)*	Non-Exec Stakeholder (N=0)*	Local Auth. Member (N=0)*	Overall (N=10)*
E10: Board has a programme of development in place and this is reviewed regularly.	5.0	5.0	5.0	5.0				5.0
E8: The Chair is regularly appraised against clear objectives and is open to making changes to how he/she behaves in the light of feedback from others.	5.0	5.0	5.0	6.0				5.0
E9: The Chair works continuously to improve the performance of Board, leading on the work necessary to encourage team working.	5.0	6.0	6.0	5.5				6.0
E7: The Chair is active, well respected by other Boards, stakeholders and partner organisations.		6.0	6.0	6.0				6.0
E2: The Chair and the Chief Executive work effectively together and respect one another's roles.	5.0	6.0	6.0	6.0				6.0
E3: The Chair sets the agenda for effective, well managed meetings that maintain Board's focus on strategy and performance.	5.0	6.0	6.0	6.0				6.0
E4: The Chair sets the style and tone of Board discussions to promote constructive debate and effective decision making.	5.0	6.0	6.0	6.0				6.0
E6: The Chair is visible within the organisation and is regarded as approachable by staff, patients and the public.	4.0	6.0	6.0	6.0				6.0
E5: The Chair consistently models the behaviours expected of others in Board and wider organisation.	5.0	6.0	6.0	6.0				6.0
E1: The Chair has a significant positive impact on the performance of Board.		6.0	6.0	6.0				6.0

Median Score: (1) Strongly disagree | (2) Disagree | (3) Slightly disagree | (4) Slightly agree | (5) Agree | (6) Strongly agree

Range of scores: (Highest - Lowest)

* Participants may not have provided a response to every question.

(E) Board Leadership - Further Comments

Note: All free-text comments have been reported verbatim.

E11: In relation to Board Leadership, what are your recommendations for things to keep, strengthen and/or do differently?

- the chair is to be commended for her style of 'walking around' rather than asking others to meet with her. Commend practice of an 'open' diary even when pressured
- The Chair is a great role model and is always open to feedback and suggestions to improve the board. I think she personally reflects on her own performance and behaviours and I see this playing out on a regular basis.
- Retain positive culture to encourage contributions and buy-in
- Opportunity to go up stream in building capacity of middle leaders enable execs to shape our environment
- Keep openness and respect, Encourage conciseness in discussions and reports, Make the link between projects and strategic objectives clearer. Make language simple and avoid acronyms and fancy names
- keep level of activity, strengthen board representation at political level
- I am the Chair...I would like to be more visible within the organisation.
- Continue to be as open and engaging, Ensure greater focus on transformation with less focus on operational performance
- Board leadership is strong and fosters an environment in which members feel safe, enabled to challenge and question and this must remain. Succession planning may be an area that needs some strengthening and consideration.
- Board Chair is very effective and has built strong personal relationships with colleagues while ensuring focus on Board performance

(E) Board Leadership - Further Comments (cont.)

Note: All free-text comments have been reported verbatim.

E12: What do you see as your own development priorities for the coming year?

- to more fully understand the values and priorities of fellow directors - both non-exec and exec
- More exposure to our colleague boards to understand collaboration opportunities and get a feel for their areas of expertise and consider any potential synergies.
- Improve engagement with non execs in between meeting cycles
- Greater understanding of info for decision making
- Get better at moulding meeting agenda (ARC in particular) to be more clearly linked to strategic objectives and to reduce the attendees to those with as really active role to play.
- Further my understanding of the organisation and engagement with staff generally Deeper understanding of aspects around the strategic objectives, once agreed, Get out and about within NHSS and our stakeholder groups in collaboration with Executive/management to support the drive for visibility and relevance going forward
- Further develop the Board's clinical governance agenda and increase the focus on the improvement agenda, Further develop my chairing skills, Make an effective contribution to strategy development
- Developing experience of working with Board.
- become more involved in PR -stakeholder activity.

E13: Any other comments?

- NSS is a good board to work in and I can see how I have developed as a NED as a result of this positive experience.
- no
- Excellent leadership, the Board is a safe place to ask, debate and challenge and that comes from the Chair and the way they conduct both themselves and the way they encourage and develop others.
- Ace chair

Consolidated Domain Rankings

Table 13: Overall ranking of domains, in terms of the level of development required by the Board.[1]

(Domains ordered from lowest median rank to highest median rank)

Domain	Total Responses	Response (%) (1) Most Development	(2)	(3)	(4)	(5) Least Development	Median Rank
(A) Engaging with Stakeholders	10	80			**10**	10	1.0
(B) Board's Strategic Intent	10		50	30		20	2.5
(C) Holding to Account	10	20	10	50		20	3.0
(D) Board Dynamics	10		40		30	30	4.0
(E) Board Leadership	10			20	20	60	5.0

[1] Respondents were asked to rank all five domains, relative to one another, in terms of the level of development required by the Board. Respondents could not rank domains equally and all domains had to be given a rank (1 = "Most development required"; 5 = "Least development required"). Note: Results have been rounded to the nearest whole percentage; this occasionally results in the sum of the percentages not adding up to exactly 100%.

Further Information

Further information files will be provided to support the analysis of this report.

If you have any queries or require assistance, please contact
NSS.BoardDevelopment@nhs.net

Appendix A: Full Breakdown of Responses

Table 14: Responses to statements relating to the "Engaging with Stakeholders" domain, by respondent type.

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
A1: The Board is clear who its stakeholders are and how each contributes to the health and well-being of the population they serve.	Board Chair	1	0	0	1	0	0	0	3	-
	Chief Executive	1	0	0	0	0	0	1	6	-
	Executive Director	3	0	0	0	0	3	0	5	0
	Non-Exec Director	5	0	0	0	2	1	2	5	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**1**	**2**	**4**	**3**	**5**	**3**
	Overall (%)		**0%**	**0%**	**10%**	**20%**	**40%**	**30%**		
A2: The Board has a clear engagement and communication framework which covers all of its stakeholders.	Board Chair	1	0	0	1	0	0	0	3	-
	Chief Executive	1	0	0	0	0	1	0	5	-
	Executive Director	3	0	1	0	1	1	0	4	3
	Non-Exec Director	5	0	0	1	2	2	0	4	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**1**	**2**	**3**	**4**	**0**	**4**	**3**
	Overall (%)		**0%**	**10%**	**20%**	**30%**	**40%**	**0%**		
A3: The Board has effective feedback loops and systems which encourage stakeholders to comment and influence the organisation's performance in delivering person centred, safe and effective healthcare.	Board Chair	1	0	0	1	0	0	0	3	-
	Chief Executive	1	0	0	0	0	0	1	6	-
	Executive Director	3	0	1	0	1	1	0	4	3
	Non-Exec Director	4	0	1	0	2	1	0	4	3
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**2**	**1**	**3**	**2**	**1**	**4**	**4**
	Overall (%)		**0%**	**22%**	**11%**	**33%**	**22%**	**11%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 14: Responses to statements relating to the "Engaging with Stakeholders" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
A4: The Board can evidence how it actively engages to consider, discuss and influence national policy developments and potential impacts with stakeholders.	Board Chair	1	0	0	0	0	1	0	5	-
	Chief Executive	1	0	0	0	1	0	0	4	-
	Executive Director	3	0	0	0	1	2	0	5	1
	Non-Exec Director	5	0	1	1	0	3	0	5	3
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**1**	**1**	**2**	**6**	**0**	**5**	**3**
	Overall (%)		**0%**	**10%**	**10%**	**20%**	**60%**	**0%**		
A5: The Board is responsive to the needs of its stakeholders, ensuring its plans, priorities and actions are informed by robust and regular discussions.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	5	0	0	1	2	1	1	4.0	3
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**1**	**3**	**5**	**1**	**5.0**	**3**
	Overall (%)		**0%**	**0%**	**10%**	**30%**	**50%**	**10%**		
A6: In defining health needs and influencing priorities, the Board particularly ensures that people who live with long term conditions, health inequalities and /or other life limiting situations are involved.	Board Chair	0	-	-	-	-	-	-	-	-
	Chief Executive	1	0	0	0	1	0	0	4.0	-
	Executive Director	2	0	0	0	0	2	0	5.0	0
	Non-Exec Director	3	0	0	1	2	0	0	4.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**6**	**0**	**0**	**1**	**3**	**2**	**0**	**4.0**	**2**
	Overall (%)		**0%**	**0%**	**17%**	**50%**	**33%**	**0%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 14: Responses to statements relating to the "Engaging with Stakeholders" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
A7: All staff understand the vision, aims and objectives of the organisation and support the Board in delivering commitments to the public they serve.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	1	1	1	5.0	2
	Non-Exec Director	5	0	0	0	0	5	0	5.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**8**	**1**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**80%**	**10%**		
A8: The Board proactively promotes its identity and reputation in the media and works positively to influence and manage its public image to secure and maintain public confidence in its services.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	1	1	1	5.0	2
	Non-Exec Director	5	0	0	0	3	2	0	4.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**5**	**4**	**1**	**4.5**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**50%**	**40%**	**10%**		
A9: Board members actively seek practical opportunities to engage with patients, carers and staff in the system and are generally seen as approachable.	Board Chair	0	-	-	-	-	-	-	-	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	2	1	0	4.0	1
	Non-Exec Director	5	0	0	0	3	2	0	4.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**5**	**4**	**0**	**4.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**56%**	**44%**	**0%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 15: Responses to statements relating to the "Strategic Intent" domain, by respondent type.

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
B1: The Board has a collective vision underpinned by a set of strategic priorities and objectives that can be evidenced.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	2	3	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**3**	**7**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**30%**	**70%**		
B2: The Board's health-related strategic priorities are based upon the evidence-based needs of the communities it serves.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	1	4	0	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**7**	**2**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**70%**	**20%**		
B3: Board members actively influence and drive policy and strategy to encourage continuous improvement.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	1	2	2	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**2**	**5**	**3**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**20%**	**50%**	**30%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 15: Responses to statements relating to the "Strategic Intent" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
B4: The Board is clear about its priority to deliver safe, effective person centred care and has the skills, capability and organisational systems to deliver strategic priorities and support the organisation to continually improve.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	1	0	2	6.0	2
	Non-Exec Director	5	0	0	0	1	2	2	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**3**	**2**	**5**	**5.5**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**30%**	**20%**	**50%**		
B5: The Board regularly reviews its risks and planning contingencies.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	1	4	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**1**	**9**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**10%**	**90%**		
B6: Staff and stakeholders would agree that the Board articulates its strategic priorities clearly and consistently.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	4	0	0	0	2	2	0	4.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**2**	**7**	**0**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**22%**	**78%**	**0%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 15: Responses to statements relating to the "Strategic Intent" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
B7: Every member of the Board can articulate the key challenges facing the organisation.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	0	4	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**5**	**5**	**5.5**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**50%**	**50%**		
B8: The Board is confident that strategic priorities are adequately resourced with progress reviewed and refreshed during the course of each planning and performance cycle.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	5	0	0	0	1	4	0	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**7**	**2**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**70%**	**20%**		
B9: The Board discusses and makes decisions about areas for investment and disinvestment and implements these.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	5	0	0	0	1	2	2	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**6**	**3**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**60%**	**30%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 15: Responses to statements relating to the "Strategic Intent" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
B10: Stakeholders would describe the Boards strategic plan as being clear, innovative, ambitious and meeting the needs of its communities in a sustainable way.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	4	0	0	0	0	3	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**1**	**7**	**1**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**11%**	**78%**	**11%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 16: Responses to statements relating to the "Holding to Account" domain, by respondent type.

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
C1: The Board receives sufficient high quality information to enable the Board to make effective decisions, assess risks and hold Directors to account for the organisation's performance.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	0	4	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**6**	**4**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**60%**	**40%**		
C2: Board members are skilled and confident in reviewing and challenging a range of data including improvement data.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	4	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**5**	**5**	**5.5**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**50%**	**50%**		
C3: The Board provides constructive challenge and advice to define and agree clear improvement targets.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	0	3	2	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**4**	**6**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**40%**	**60%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 16: Responses to statements relating to the "Holding to Account" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
C4: Board decision making processes are robust, ethical and evidence based recognising, where appropriate, social diversity and cultural needs.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	0	3	2	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**5**	**5**	**5.5**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**50%**	**50%**		
C5: The Board has clear sight of current financial performance and is able to make adjustment to medium and long term projections.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	1	4	0	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**7**	**2**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**70%**	**20%**		
C6: The Board has a regular and active process to develop and review plans for medium to long term investment choices.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**6**	**3**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**67%**	**33%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 16: Responses to statements relating to the "Holding to Account" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
C7: The Board collectively and regularly reviews its governance system and associated leadership arrangements to ensure these are robust and fit for purpose.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	4	0	0	0	0	0	4	6.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**2**	**7**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**22%**	**78%**		
C8: The Board regularly and formally reviews progress towards the achievement of the organisation's strategic priorities.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	1	2	2	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**3**	**6**	**6.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**30%**	**60%**		
C9: The agenda for Board meetings clearly reflects the organisation's priorities and places emphasis on person centredness, safety, effectiveness and productivity.	Board Chair	0	-	-	-	-	-	-	-	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	1	2	2	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**1**	**3**	**5**	**6.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**11%**	**33%**	**56%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 16: Responses to statements relating to the "Holding to Account" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
C10: The remit and agendas of the Board's standing committees clearly reflect the Board's objectives.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	0	3	2	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**4**	**6**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**40%**	**60%**		
C11: The Board can publicly evidence the justification for difficult decisions.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	4	0	0	0	0	1	3	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**4**	**5**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**44%**	**56%**		
C12: The Board routinely and collectively reviews its effectiveness as a Board, including its governance arrangements.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**3**	**6**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**33%**	**67%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 17: Responses to statements relating to the "Board Dynamics" domain, by respondent type.

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
D1: Sufficient time is spent clarifying the Board's understanding of issues and openly discussing/debating the information presented before reaching a clear decision.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	0	2	3	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**6**	**4**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**60%**	**40%**		
D2: Board members consistently uphold the principle of collective and corporate responsibility for all Board decisions and their execution.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	5	0	0	0	0	2	3	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**4**	**6**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**40%**	**60%**		
D3: All Board members are clear about their role and accountability and how this is delivered in line with the Board Members' Code of Conduct.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**4**	**5**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**44%**	**56%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 17: Responses to statements relating to the "Board Dynamics" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
D4: Executives and Non-Executives work effectively together respecting role boundaries and promoting organisational values.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	3	0	5.0	0
	Non-Exec Director	5	0	0	0	0	3	2	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**7**	**3**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**70%**	**30%**		
D5: Non-Executive Directors recognise the need for, and are skilled in, asking questions and challenging to ensure good governance.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	4	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**5**	**5**	**5.5**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**50%**	**50%**		
D6: Directors go beyond their respective functional specialisms to adopt a broad role as corporate directors.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	4	0	0	0	0	4	0	5.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**5**	**4**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**56%**	**44%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 17: Responses to statements relating to the "Board Dynamics" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
D7: Board members are able to express their opinions openly and challenge constructively.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	1	4	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**1**	**9**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**10%**	**90%**		
D8: Board members have had an effective role related local and national induction.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	1	0	0	4.0	-
	Executive Director	2	0	0	0	0	2	0	5.0	0
	Non-Exec Director	4	0	0	0	1	3	0	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**8**	**0**	**0**	**0**	**2**	**6**	**0**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**25%**	**75%**	**0%**		
D9: The Chair appraises all Board members on their contribution and ensures development plans are in place and supported.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	2	0	0	0	0	0	2	6.0	0
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**8**	**0**	**0**	**0**	**0**	**3**	**5**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**38%**	**63%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 17: Responses to statements relating to the "Board Dynamics" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
D10: Stakeholders would agree that Board Members behave in a way consistent with the values of the NHS.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**2**	**7**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**22%**	**78%**		
D11: The Board regularly evaluates the impact of its improvements and shares the learning with others.	Board Chair	1	0	0	0	0	0	1	6.0	-
	Chief Executive	1	0	0	0	1	0	0	4.0	-
	Executive Director	3	0	0	0	1	2	0	5.0	1
	Non-Exec Director	4	0	0	0	1	2	1	5.0	2
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**3**	**4**	**2**	**5.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**33%**	**44%**	**22%**		
D12: The culture within the Board could be described as a learning culture.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	1	1	1	5.0	2
	Non-Exec Director	5	0	0	0	0	1	4	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**1**	**3**	**6**	**6.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**10%**	**30%**	**60%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 18: Responses to statements relating to the "Board Leadership" domain, by respondent type.

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
E1: The Chair has a significant positive impact on the performance of the Board.	Board Chair	0	-	-	-	-	-	-	-	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	0	5	6.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**0**	**9**	**6.0**	**0**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**0%**	**100%**		
E2: The Chair and the Chief Executive work effectively together and respect one another's roles.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	1	4	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**2**	**8**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**20%**	**80%**		
E3: The Chair sets the agenda for effective, well managed meetings that maintain the Board's focus on strategy and performance.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	1	4	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**2**	**8**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**20%**	**80%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 18: Responses to statements relating to the "Board Leadership" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
E4: The Chair sets the style and tone of the Board discussions to promote constructive debate and effective decision making.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	1	2	6.0	1
	Non-Exec Director	5	0	0	0	0	0	5	6.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**2**	**8**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**20%**	**80%**		
E5: The Chair consistently models the behaviours expected of others in the Board and wider organisation.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	0	5	6.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**10**	**0**	**0**	**0**	**0**	**1**	**9**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**10%**	**90%**		
E6: The Chair is visible within the organisation and is regarded as approachable by staff, patients and the public.	Board Chair	1	0	0	0	1	0	0	4.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	4	0	0	0	0	0	4	6.0	0
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**1**	**0**	**8**	**6.0**	**2**
	Overall (%)		**0%**	**0%**	**0%**	**11%**	**0%**	**89%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 18: Responses to statements relating to the "Board Leadership" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
E7: The Chair is active, well respected by other Boards, stakeholders and partner organisations.	Board Chair	0	-	-	-	-	-	-	-	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	5	0	0	0	0	2	3	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**2**	**7**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**22%**	**78%**		
E8: The Chair is regularly appraised against clear objectives and is open to making changes to how he/she behaves in the light of feedback from others.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	1	0	0	0	0	1	0	5.0	0
	Non-Exec Director	3	0	0	0	0	1	2	6.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**6**	**0**	**0**	**0**	**0**	**4**	**2**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**67%**	**33%**		
E9: The Chair works continuously to improve the performance of the Board, leading on the work necessary to encourage team working.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	0	1	6.0	-
	Executive Director	3	0	0	0	0	0	3	6.0	0
	Non-Exec Director	4	0	0	0	0	2	2	5.5	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**3**	**6**	**6.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**33%**	**67%**		

Appendix A: Full Breakdown of Responses (cont.)

Table 18: Responses to statements relating to the "Board Leadership" domain, by respondent type (cont.).

Statement	Respondent Type	Total Respondents	(1) Strongly disagree	(2) Disagree	(3) Slightly disagree	(4) Slightly agree	(5) Agree	(6) Strongly agree	Median Score	Range
E10: The Board has a programme of development in place and this is reviewed regularly.	Board Chair	1	0	0	0	0	1	0	5.0	-
	Chief Executive	1	0	0	0	0	1	0	5.0	-
	Executive Director	3	0	0	0	0	2	1	5.0	1
	Non-Exec Director	4	0	0	0	0	3	1	5.0	1
	Director Other	0	-	-	-	-	-	-	-	-
	Non-Exec Stakeholder	0	-	-	-	-	-	-	-	-
	Local Authority Member	0	-	-	-	-	-	-	-	-
	Overall	**9**	**0**	**0**	**0**	**0**	**7**	**2**	**5.0**	**1**
	Overall (%)		**0%**	**0%**	**0%**	**0%**	**78%**	**22%**		

Appendix B: Notes to Aid Interpretation

The results for the assessment are presented in a number of structured formats within this report. The notes below describe how to interpret these results.

(1) Consolidated Domain Ranking

Board members were asked to rank the five domains, relative to one another, in terms of the level of development required by the Board (1 = "Most development required", 5 = "Least development required"). A table showing the results of this exercise for this Board is presented. The following information is given within this table:

Domain: the name of the domain being ranked.

Total Responses: the total number of respondents within this Board who ranked this domain.

Response (%): the percentage of respondents within this Board who selected each ranking option in relation to the domain. Ranking options are shown on a coloured five-point scale between 1 (most development; red) and 5 (least development; dark blue). Note that results have been rounded to the nearest whole percentage and this occasionally results in the sum of the percentages not adding up to exactly 100%.

Median Rank: a summary score indicating the "mid-point" ranking for this domain within this Board. To calculate the median rank all rankings are listed in numerical order; the median rank is the middle ranking within that list, with half the rankings lying above the median and half below. Where there are an even number of rankings in the list, the median rank is calculated by taking the arithmetic mean of the two middle ranks. In the NHS Scotland Board Diagnostic Tool the five ranking options were assigned values between 1 and 5 (most development = 1; least development = 5); therefore, the lower the median rank the more development respondents indicated is required for this domain within this Board.

Note that the domains within this table have been ordered from the lowest median rank to the highest median rank. Where two domains returned the same median rank the domains have been further ordered from the highest percentage of "most development" responses to the lowest percentage of "most development" responses.

(2) Statements with Highest / Lowest Median Response

Summary tables listing the statements that drew the highest / lowest median response, across all the domains, are presented. Where two statements returned the same median score, the highest / lowest percent positive result and the strength of that positive result have been used to further select the statements that were most / least positive. The following information is given within these tables:

Domain: the domain that the statement relates to.

Statement: the statement that the response relates to.

Median Score: a summary score indicating the "mid-point" response to this statement by respondents within this Board. To calculate the median score all responses are listed in numerical order; the median score is the middle value within that list, with half the responses equal to or above the median and half equal to or below the median. Where there are an even number of responses in the list, the median score is calculated by taking the arithmetic mean of the two middle values. In the NHS Scotland Board Diagnostic Tool the six response options were assigned values between 1 and 6 (strongly disagree = 1; disagree = 2; slightly disagree = 3; slightly agree = 4; agree = 5; strongly agree = 6); therefore, the higher the median score the stronger the agreement with the statement.

% Positive: the percent positive result; defined as the total percentage of respondents who responded positively to this statement within this Board (% strongly agree + % agree + % slightly agree).

Appendix B: Notes to Aid Interpretation (cont.)

(3) Overall Response to Statements

For each of the five domains within the assessment, a table showing the response to each statement within that domain is presented. The purpose of these tables is to show the balance and strength of positive / negative response to each statement and the variation in response across the Board. The following information is given within these tables:

Statement: the statement that the response relates to.

N Responses: the total number of respondents within this Board who provided a valid response to the statement. Note that "Cannot say" responders have been excluded.

Response (%): the percentage of respondents within this Board who selected each response option in relation to the statement. Response options are shown on a coloured six-point scale between 1 (strongly disagree; red) and 6 (strongly agree; dark blue). Blue sections of the scale represent responses that are positive, whereas red/orange/yellow sections represent responses that are negative. Note that results have been rounded to the nearest whole percentage and this occasionally results in the sum of the percentages not adding up to exactly 100%.

Median Score: a summary score indicating the "mid-point" response to this statement by respondents within this Board. For an explanation of how the median score is calculated, please see above. In the NHS Scotland Board Diagnostic Tool the six response options were assigned values between 1 and 6 (strongly disagree = 1; disagree = 2; slightly disagree = 3; slightly agree = 4; agree = 5; strongly agree = 6); therefore, the higher the median score the stronger the agreement with the statement.

Diff. previous survey (Med): the difference between this Board's median score and the median score in a previous assessment. For example, a difference of -1.0 indicates that the median score for this Board is 1 point lower than the equivalent score for the Board in the previous assessment.

% Positive: the percent positive result; defined as the total percentage of respondents who responded positively to this statement within this Board (% strongly agree + % agree + % slightly agree).

Diff. previous S. Agree/Agree (%): the difference between this Board's percent positive result and the percent positive result in a previous assessment. For example, a difference of +1% indicates that the percent positive result for this Board is 1 percentage point higher than the equivalent result for the Board in the previous assessment.

Note that the statements within these tables have been ordered from the lowest median score to the highest median score. Where two statements returned the same median score the statements have been further ordered from the lowest percent positive result to the highest percent positive result.

(4) Median Scores by Respondent Type

For each of the five domains, a table showing the median score for each statement by respondent type is presented. The purpose of these tables is to highlight any differences in response patterns amongst the various respondent types. The number of respondents within each respondent type group is shown in brackets below the name of the group (e.g. N=5).

Each median score is accompanied by a coloured column that helps to indicate how positive / negative the score is; the higher the score / taller the column the more positive the median score. Blue columns represent median scores at the positive end of the scale; Red/orange/yellow columns represent median scores at the negative end of the scale. In both cases, the stronger the colour, the stronger the strength of the response. For an explanation of how the median score is calculated, please see above.

Median scores can be difficult to interpret in isolation. For example a score of 3.5 could indicate consistent responses around slight agreement / slight disagreement, or it could be generated from a mixture of strong opinions in either direction. To aid interpretation, a thin grey bar showing the spread of values around the median score is also shown; the top of the bar indicates the highest score that was recorded for the statement by a respondent(s) within this group, whereas the bottom of the bar indicates the lowest score recorded for the statement by a respondent(s) within this group; the longer the bar the greater the spread of responses. For respondent type groups with only one respondent (e.g. Board Chair, Chief Executive) no grey bar is shown.

Note that the statements within these tables have been ordered from the lowest median score to the highest median score. Where two statements returned the same median score the statements have been further ordered from the lowest percent positive result to the highest percent positive result.

Appendix B: Notes to Aid Interpretation (cont.)

(5) Further Comments

For each of the five domains, Board members were invited to provide further comments by answering a list of open questions. The comments that were made by respondents within this Board have been reported verbatim. Responses to these questions have not been altered or classified in any way; they are simply listed under each related question.

(6) Appendix A: Full Breakdown of Responses

Appendix A presents a full breakdown of the responses that were received for each statement within each domain by respondent type. The following information is given within these tables:

Statement: the statement that the response relates to.

Respondent Type: the type of respondent who gave the response (e.g. Board Chair, Executive Director).

Total Responses: the total number of respondents within this respondent type group / NHS Board who provided a valid response to the statement. Note that "Cannot say" responders have been excluded.

(1) Strongly disagree; (2) Disagree; (3) Slightly disagree; (4) Slightly agree; (5) Agree; (6) Strongly agree: the total number of respondents within this respondent type group / NHS Board who selected each response option in relation to the statement.

Median Score: a summary score indicating the "mid-point" response to this statement by respondents within this respondent type group / NHS Board. To calculate the median score all responses are listed in numerical order; the median score is the middle value within that list. Where there are an even number of responses in the list, the median score is calculated by taking the arithmetic mean of the two middle values. In the NHS Scotland Board Diagnostic Tool the six response options were assigned values between 1 and 6 (strongly disagree = 1; disagree = 2; slightly disagree = 3; slightly agree = 4; agree = 5; strongly agree = 6); therefore, the higher the median score the stronger the agreement with the statement.

Range: the numerical difference between the highest score that was recorded by a respondent(s) within this group and the lowest score recorded by a respondent(s) within this group. The larger the range, the greater the spread of responses. For respondent type groups with only one respondent (e.g. Board Chair, Chief Executive) the range is not reported.

Note: the symbol "-" denotes cases where there is no value to display (for example, where no response was given to a particular question or by a particular respondent type).

APPENDIX C

CORPORATE GOVERNANCE BLUEPRINT	Sub-set			Action	Responsible	Additional Comments
Non-Execs need enough understanding of what NSS does to enable meaningful discussions with their own networks/peers.				Stakeholder engagement - links with other Boards/EMTs		
Do the Board influence culture enough - need the right kind of conversations at the board meetings						
	Define our culture?				Kirstie Brady	
	How we react					
	How we discuss					
	How we focus					
	How do we measure (culture)			Cause/Effect i.e. Sickness absence/staff engagement	Jacqui Jones	
	Inquisitive Piece/Focus Piece					
How does change happen in NS?						
	Board understanding of this			Possible item for next development session?	Mary M/Jacqui J?	
	Cause and effect info.					
How do we answer the points above?						
What would inform these answers?	What reporting etc			Review of forward programmes to ensure most appropriate data is being provided i.e. Timings or reports etc	Karen Nicholls with Exec Leads	
Understanding our stakeholders						
	Attend other Boards meetings?			Explore Further	Matthew Neilson	
	Attend other Boards annual reviews?			Explore Further	Matthew Neilson	
Clear close off of previous year's Board Action Plan				Review and sign off of completed actions at June and November Board meetings. Board Sec to add to forward programme	Karen Nicholls	
Update/change Non-Execs indution Programme				Part of a national initiative being overseen by Sharon Millar, NES	Karen Nicholls	Board Secretary's group involved in updating the Induction programme.
	Meet staff?			Possibility of 'Non-Exec Video Blog' to be discussed with comms.	Karen Nicholls/Matthew Neilson	
	IG Opportunities					
	How would you consider other areas?			Finance		
				Venues		
				SBUs		
Skill Sets						
	Review skill sets in terms of new strategic direction and objectives			Update Skills Gap Matrix		
We are a learning organisation						
	Continuous improvement including Board			Board members training and development programme	Kirstie Brady/Karen Nicholls	
Relationships	Across the whole Board			Relationships bewteen Exec leads and Committee Chairs	ALL	Board Secretary to reinstate 1-1 meetings. In progress as at 15.3.19
Time	allow time in meetings for more Board engagement			Also came across from the Data Flow discussions.		
Focus on HOW the Board works				Send article from JFD to Board	Karen Nicholls	

FLOW OF DATA IN NSS	Sub-set			Action	Responsible	Additional Comments
Systems						
	What systems do we have now			Further work with the IT Business Intelligence Team		
	What is coming in the near future			Use of dashboards etc. See above.		
Types of information						
	What do we need to talk about			Review of forward programmes and more detailed overarching programme of work for Board and sub-committees		
	How do we receive the information			See item 2.1.1		
What conversations should we be having as a Board?						
	Front cover review?			Update/review front cover - IN PROGRESS	Karen Nicholls	
Take time						
	Ensure there is time in the agenda for the Board to actually challenge/reflect			Look at agendas/timings	Board Team	Board Team meeting 21.3.19 to begin this process
	"Did we meet our objectives for this Board/Sub-Committee meeting?"			Look at agendas/timings	Board Team	Board Team meeting 21.3.19 to begin this process
	Stand back at look at what information is actually needed to provide assurance to the Board			Look at agendas/timings. This will also be reviewed as part of the Governance Blueprint where we are looking at synergies across all Boards to make sure the most appropriate and accurate information is being received/produced at the right times.	Board Team	Board Team meeting 21.3.19 to begin this process
How we present information						
	Summary points for Committee should look at the "10 Questions" which come from the TORs			Look at agendas/timings	Board Team/Exec Leads/Sub Committee Chairs	
				Detailed information to be provided via Tableau with two page update/guidance/additions/exceptions to Board prior to the meeting.	Board Team/Exec Leads/Sub Committee Chairs	
	Provide and exec summary and guide to what the committee is being asked to do			Update/review front cover	Karen Nicholls	
	Information tailored to audience/requirements			Update/review front cover	Karen Nicholls	
	Automate information where possible to free up time to have the 'so what' conversations.			Summary points for Committee should look at the "10 Questions" which come from the TORs		
				Update/review front cover		
	Timeliness of data/information/papers			Review of when NSS reporting times are then co-ordinate with meetings schedule.	Karen Nicholls	Board Team meeting 21.3.19 to begin this process
	Report by exception			Detailed information to be provided via Tableau with two page update/guidance/additions/exceptions to Board prior to the meeting.		
Consider provision of just one report						
	This would include Finance/Risk/Feedback/HR etc to provide the BIG PICTURE			EMT to discuss possibilities - KN to add to future meeting of EMT	Karen Nicholls	
	Be in the shoes of the person you are writing the report for			Possible article for Pulse? A day in the life of style?	Sub-Committee Chairs/Matthew Neilson/Board Team	
Relationship between Sub-Committee Chair and relevant Exec Lead	Set-up meetings between Sub-Com Chair, Exec Lead and Board Secretary			Meeting dates to be set up now.	Karen Nicholls	In progress as at 15.3.19

APPENDIX D

The Functions	Ref	Where does the key responsibility sit for this?	What are we doing well?	What are we doing less well?	How could we improve?
F1 - Setting the direction					
Provide leadership, support and guidance to the organisation, including determining the organisation's purpose and ambition	F1.1				
Approve the strategies and plans to deliver the policies and the priorities of the Cabinet Secretary for Health and Sport and the Scottish Government	F1.2				
Agree aims, objectives, standards and targets for service delivery in line with the Scottish Government's priorities	F1.3				
F2 - Holding to Account					
Monitor, scrutinise, challenge and then, if satisfied, support the Executive Leadership Team's management of the organisation's activities, in order to ensure that the organisation's aims, objectives, performance standards and targets are met.	F2.1				
Safeguard and account for public money to ensure resources are	F2.2				

used in accordance with Best Value principles					
Ensure compliance with the requirements of relevant regulations or regulators	F2.3				
Ensure the application and implementation of fair and equitable systems of performance management for the Executive Leadership Team. Ensure continuous improvement is embedded in all aspects of service delivery, identifying system failures and receiving assurances of remediation action.	F2.4 F2.5				
F3 - Assessing Risk					
Agree the organisation's risk appetite Approve risk management strategies and ensure they are communicated to the organisation's staff	F3.1 F3.2				
Identify current and future corporate, clinical, legislative, financial and reputational risks Oversee an effective risk management system that assesses level of risk, identifies mitigation and provides assurance that risk is being effectively treated, tolerated or eliminated.	F3.3 F3.4				

F4 - Stakeholder Engagement					
Involve stakeholders in the development of policies and the setting of priorities	F4.1				
Take into account the views of stakeholders when designing services. Ensure priorities are clear, well communicated and understood by all stakeholders, including staff, service users and the general public	F4.2 F3.7				
Establish and maintain public confidence in the organisation as a public body Report on stewardship and performance and publish an Annual Report and Accounts Contribute to the development of Scottish Government policies	F3.8 F3.9 F3.10				
F5 - Influencing Culture					
Determine and promote shared values that underpin policy and behaviours throughout the organisation Demonstrate the organisation's values and exemplify effective governance through Board Members'	F5.1 F5.2				

individual behaviours.					
Develop a cultural blueprint consistent with the organisation's purpose and ambition that describes an organisation where: • People are treated fairly, with respect and valued for their individual differences • People are clear about their objectives and are sufficiently challenged • People have an input into how they deliver their responsibilities and are involved in relevant decisions that affect their work. • People are well informed and get the right information, at the right time, delivered in the right way. • People receive the right training at the right time.	F5.3 □F□□□ F5.5 F5.6 F5.7 F5.8				
Encourage a leadership approach where: • Leaders are sufficiently visible and give a clear sense of purpose and ambition • Leaders help people understand how they contribute to achieving the Board's	F5.8 F5.10 F5.11				

purpose and ambition. • Leaders recognise good performance and deal with poor performance. • Leaders encourage people to challenge and look for ways to improve performance. • Leaders help people identify and make the best use of development and career opportunities.	F5.12 F5.13 F5.14				
F6 - Providing Support: Assurance Information Systems					
Assurance information/systems provide relevant, accurate, timely information on: • Performance management • Quality management • Financial management • Human Resources management • Change management • Risk management • Information management	F6.1				
Benchmarking the	F6.2				In progress 10.1.19

organisation/s performance against those of similar organisations?						

APPENDIX E

Meeting: NSS Finance, Procurement and Performance Committee Wednesday, 5th September 2018

Paper Number: *(will be added by Committee Services)*

Title of Paper: Review of NSS Activity against Scottish Government Best Value Guidance

Paper Type: The purpose of this paper is to give the biennial update on progress against the Best Value Guidance for Accountable Officers since the last summarised review in October 16 and from a full review in 2013.

Decisions Required:

The paper is for information.

Analysis:

Name(s) of Author(s) Caroline McDermott
Role(s) of Author(s) Head of Planning
Tel: 0131 275 6518
Email: carolinemcdermott@nhs.net

1. Introduction

This paper builds upon previous formal reviews against Best Value guidance, which took place in October 2013, 2015 and in 2016. Rather than repeating a full blown review, this paper provides a further update on major changes in the position since 2016.

Overview

Across the 5 key themes within the Best Value Assessment, all are graded green. This level of performance is as expected and remains in line with the previous report. The 5 themes are:

- Vision and leadership
- Effective partnerships
- Governance and accountability
- Use of resources and
- Performance management.

There are 2 cross cutting themes, 'Equality' and 'Sustainability,' which are also graded green.

This paper gives examples of performance within each area and highlighting changes since the last report. In summary, NSS has built upon work previously shown to demonstrate our performance against the Best Value standards.

Results

Theme	RAG
Vision and leadership	
Effective partnerships	
Governance and accountability	
Use of resources	
Performance management	
Equality	
Sustainability	

Examples of Achievement

Vision and Leadership

The achievements outlined in the previous report still stand, i.e.:

- NSS has a clear strategic plan with objectives, reviewed on a regular basis by our Board and SBUs through our annual Strategic Planning / Resource Allocation process. Our strategic planning and resource allocation / budgeting process is mature and assured for quality as evidenced by the KPMG Audit findings (Aug 16) and Audit Scotland Report (Jun 18). Work is ongoing to develop a 2 to 5 year strategy as we now review the strategic direction of NSS, particularly given financial challenges ahead and the planned move of PHI to Public Health Scotland.

- Performance relates to strategy and is managed at all levels in the organisation from individual performance reviews to strategic performance management at Board level. Performance is reported to our Scottish Government Sponsor quarterly and to various stakeholder groups, including the public, through our Annual Review. There is also more routine accountability through various pan-NHSScotland operational groups.

- We have a systematic risk management process which has been benchmarked in the top quartile of wider public bodies across Scotland. We also review our risk appetite on an

annual basis. The Board regularly review those risks identified as being strategic and the EMT review montly the corporate risks across the organisation.

One area highlighted within the standards is that leaders and managers should have a vision of how Best Value contributes to achieving effective outcomes for the organisation and that this is communicated clearly.

- We communicate our outcomes in terms of Health, Financial and Environmental Impact. These were used for example in our public Annual Reviews to explain our achievements. Our New and Improved Services (NISe) tool will link with our Decision Support Tool to identify performance indicators to measure benefits of newly introduced or improved services.

Effective Partnerships

- Each SBU identifies customer needs within the strategic planning process.

- Our Customer Engagement and Development Directorate (CEAD) support a structured approach, ensuring the organisation continuously improves its management of customer engagement. We measure our engagement in terms of satisfaction and net promoter scores.

- There is ongoing working with public bodies outside of health and we maintain and develop a number of partnerships where we can support public bodies.

- Stakeholders are involved through a range of meetings, project and programme Boards where outcomes are identified and progress is monitored and reported.

- Regular reports on customer engagement activities are provided to EMT.

Governance and Accountability

- Our Operational Delivery Plan, agreed with SG and wider stakeholders, sets out the targets and milestones associated incorporated into our corporate 5-year plan.

- We have held successful public Annual Reviews with positive feedback from customers, partners and the public.

- NSS worked with the Scottish Public Services Ombudsman, Scottish Government and NHS Boards to deliver the new Model Complaints Handling Procedure for the NHS in Scotland. This is successfully implemented across NSS.

- There was one area of weakness related to the management of the SG eHealth portfolio. Internal and external audits were conducted to ensure all lessons that could be learnt were captured and an action plan has been put in place to ensure these lessons are delivered. This issue while serious was addressed appropriately and in a timely manner, hence there is no associated reduction in the grading of this measure.

Use of Resources

- We have agreed that all new and improved service developments go through the agreed, electronic New and Improved Services (NISe) process before being considered as a business case, therefore all considerations are treated in the same manner. We are reviewing this system to ascertain improvements and link with the Decision Support Tool to generate performance information aligned to benefits.
- The annual planning /resource allocation process is being reviewed in light of the review of 2 – 5 year planning mentioned above to ensure that planning remains genuinely strategic.

- An Information Governance Strategy has been developed setting out our future approach to improving information governance and an Information Asset Register is in place.

Performance Management

- A wide range of performance measures are incorporated in the Decision Support Tool at corporate, SBU and lower levels.
- Measures are discussed and performance managed at Executive Management Team and senior management teams, project groups and stakeholder meetings.
- Regular reports are provided on performance and risk to enable informed decision making.

Equality

- All HR policies clearly define a commitment to equal opportunities.
- The Equality and Diversity Leads produce a monthly Equality newsletter for staff. This group shares good practice; provides guidance to the business and promotes equality, diversity and inclusion. A disAbility network is in place offering support to staff with a disability .NSS has received the status of Disability Confident employer, which means we are committed to supporting our staff, whether they become disabled throughout their working life or are new recruits to NSS. A LGBTI+ group is in place which offers support to staff. Online equality and diversity training is mandatory for all staff.
- We are reviewing what actions we need to take for people who use British Sign Language and in line with the national British Sign Language Plan.

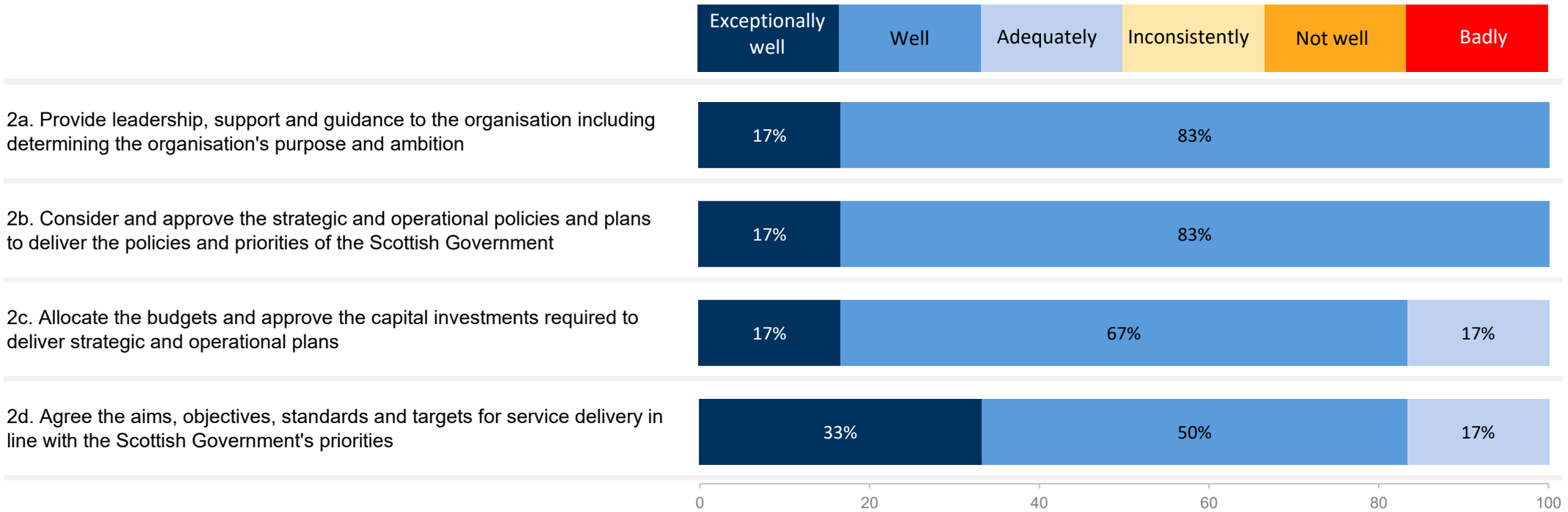
Sustainability

The Finance, Procurement and Performance Committee are updated on a regular basis with separate papers on Sustainability. This paper will therefore not go into any detail on that area. The Sustainability Strategy and associated work programmes are ongoing with responsible officers for implementation identified. The work is overseen by a Sustainability Governance Board. We are on track to meet our targets for Good Corporate Citizenship.

Blueprint for Good Governance

March 2019

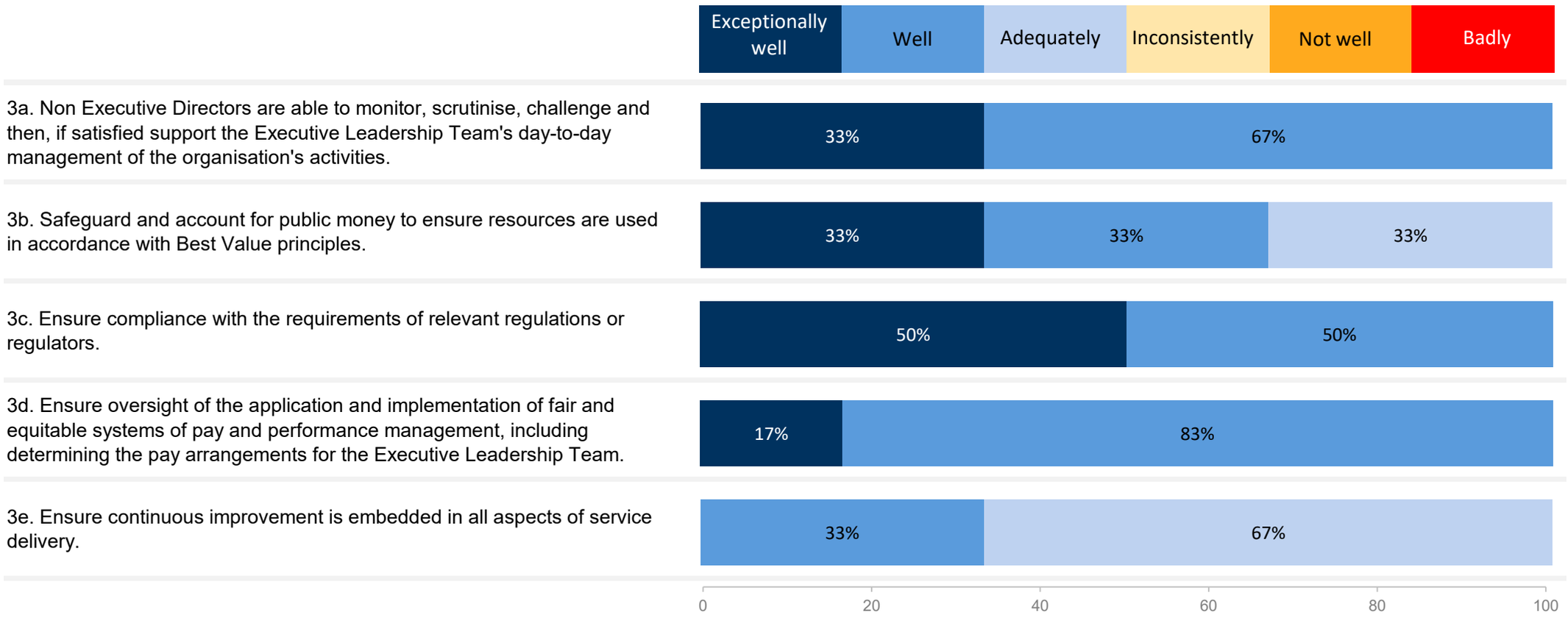
Section 2: Setting the Direction - How well do we do this currently?



Blueprint for Good Governance

March 2019

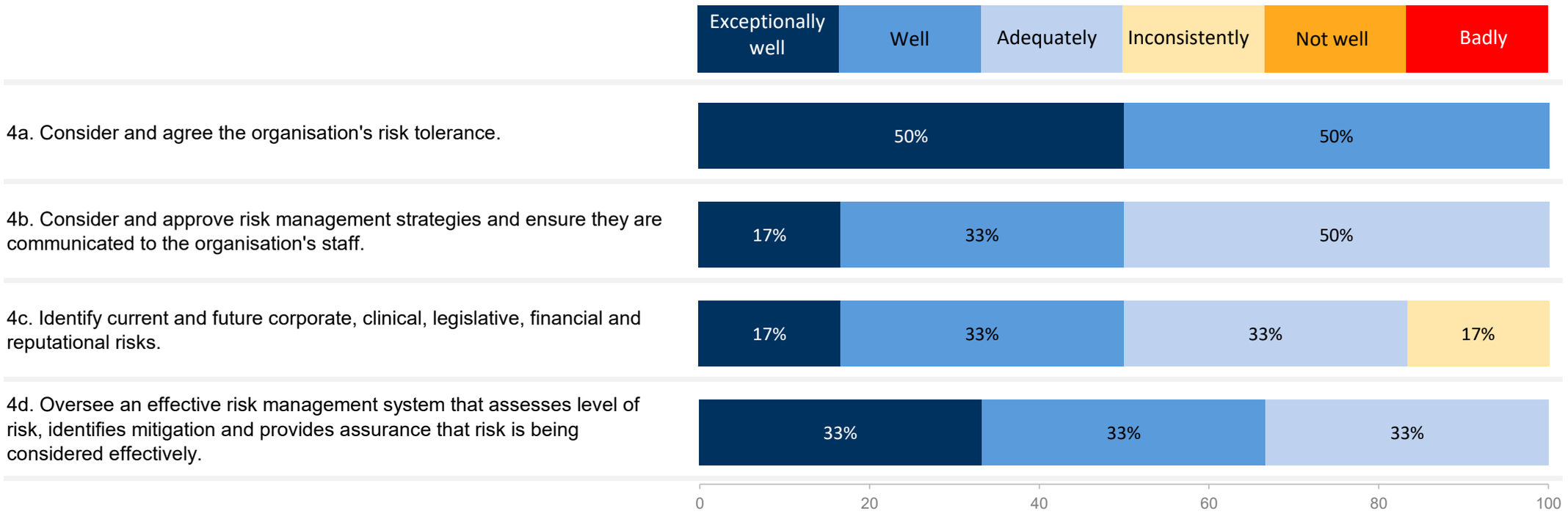
Section 3: Holding to Account - How well do we do this currently?



Blueprint for Good Governance

March 2019

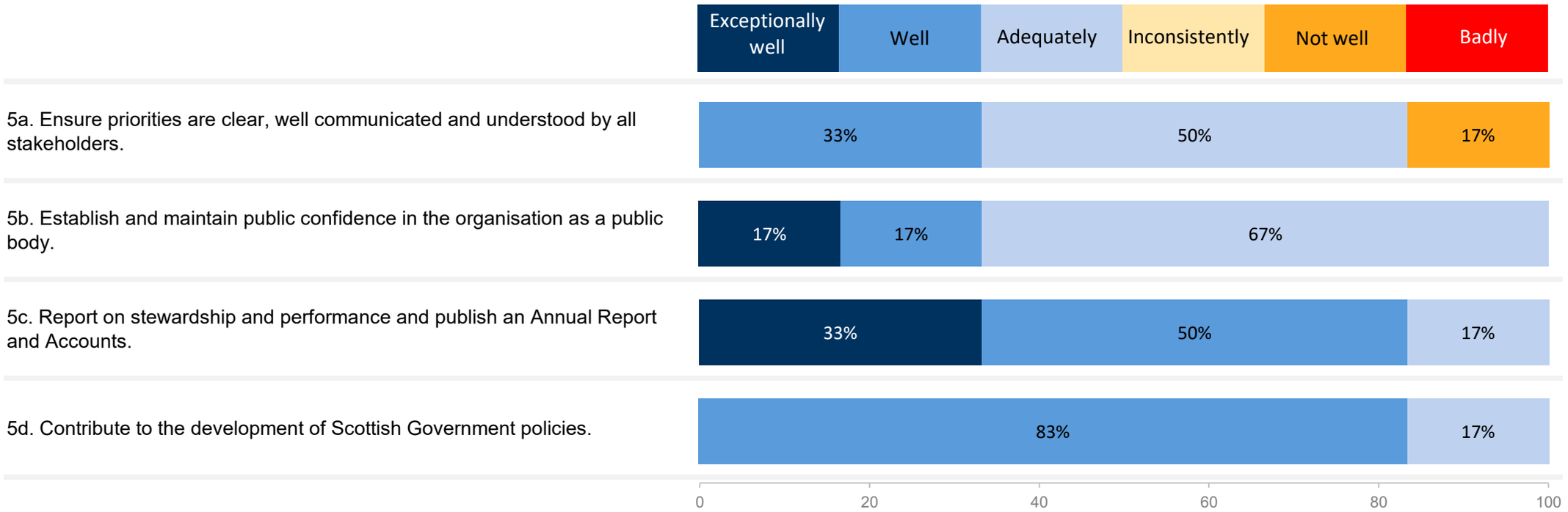
Section 4: Assessing Risk - How well do we do this currently?



Blueprint for Good Governance

March 2019

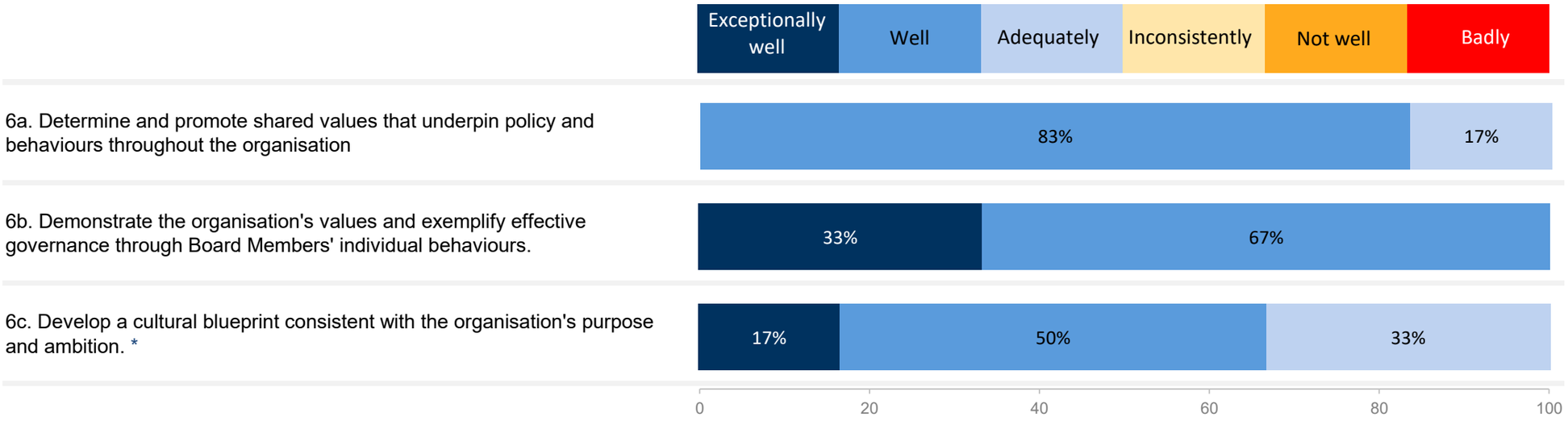
Section 5: Engaging Stakeholders - How well do we do this currently?



Blueprint for Good Governance

March 2019

Section 6: Influencing Culture - How well do we do this currently?



* Full Text: 6c. Develop a cultural blueprint consistent with the organisation's purpose and ambition (e.g. visible and supportive leadership, creating the right environment and working practices such as open and transparent decision making, empowering staff and supporting a psychologically safe environment).

Blueprint for Good Governance

March 2019

Please select a survey section:

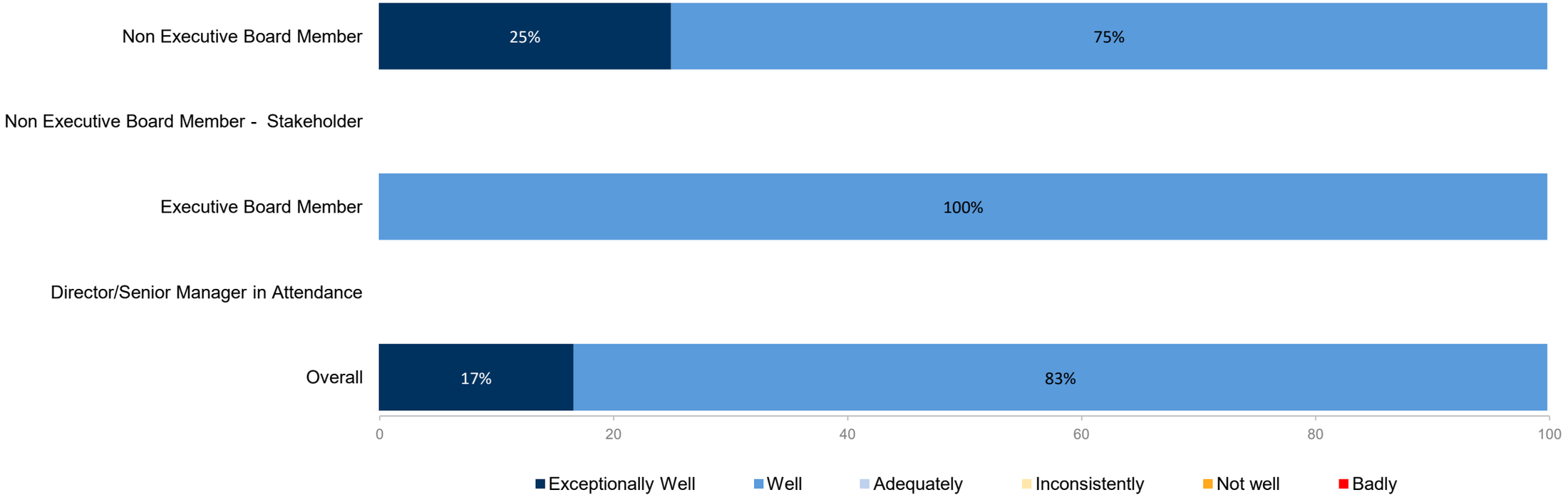
Section 2: Setting the Direction - How well do we do this currently?

Please select a question:

2a. Provide leadership, support and guidance to the organisation including determining the organisation's purpose and ambition

		Exceptionally Well		Well		Adequately		Inconsistently		Not well		Badly	
	Response	N	%	N	%	N	%	N	%	N	%	N	%
2a. Provide leadership, support and guidance to the organisation including determining the organisation's purpose and ambition	Non Executive Board Member	1	25	3	75	0	0	0	0	0	0	0	0
	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0
	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0
	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0
	Overall	**1**	**17**	**5**	**83**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

2a. Provide leadership, support and guidance to the organisation including determining the organisation's purpose and ambition



Blueprint for Good Governance

Note: All free-text comments have been reported verbatim.

Q7: Your Views - What 3 areas of governance are working well in our Board?

Q7a	Culture
Q7a	Challenge
Q7a	Board and committee organisation, including accuracy of minutes
Q7a	Risk management
Q7a	Performance Management
Q7a	setting direction, esp around finances/ capital investment, performance and targets
Q7b	Risk
Q7b	Holding to account
Q7b	Risk management
Q7b	Strategic review
Q7b	Strategy Development
Q7b	holding to account in generally done well, in particular around regulatory compliance
Q7c	Service
Q7c	Devolved leadership
Q7c	Ensuring issues/risks are considered across the different agendas and not silo based
Q7c	Operational performance review
Q7c	Committee Governance
Q7c	influencing culture

Blueprint for Good Governance

Note: All free-text comments have been reported verbatim.

Q8: Your Views - What areas of governance need improvement?

Q8	Stakeholder.... Best value across whole organisation
Q8	Getting across the message of public value
Q8	1) Better and consistent challenge of the financial reports, with some deep dives. 2) stakeholder engagement and the plans thereof need to be imbedded from frontline ro board room. 3) better balance between process and outcomes - too process focused at present
Q8	The flow of monies is complex eg source of funds - SG, Territorial Boards etc etc. Sometimes this can be time consuming to untangle so as to ensure close governance. Sometimes it can be difficult to track back spend and initiatives to SG objectives. It can be difficult to relate the scale of the spend to the scae of the result.
Q8	Approach to Risk. Challenge to raise our level of ambition
Q8	clarity of strategic direction and level of ambition. Focus on value and on continuous improvement. Clear communication with stakeholders/ taking their views into account in designing services. Effective risk management system

Blueprint for Good Governance

Note: All free-text comments have been reported verbatim.

Q9: Your Views - What suggestions do you have to make improvements?

Q9	See development session
Q9	Development further of middle management
Q9	See above - as in 8
Q9	A more standardised presentation of spend proposals which indicates the scale of the results versus the spend against each of the SG priorities/objectives. This will assist in the proposers thought process and allow the governors to get more quickly to the key issues AND most importantly identify best value for money and also assist in the inevitable decision (given the current financial situation) as to what NOT to spend.
Q9	Governance generally works effectively and is robust. Good structures in place and process
Q9	Clarity of strategic direction and level of ambition: good work underway needs to be completed, well disseminated and then consistently applied in informing our decisions on priorities, resource allocation, etc. Clarity of roles and responsibilities for NSS/ SBUs can often be challenging when there are complex arrangements involving multiple organisations. Important we ensure clarity in order to appropriately discharge our duties. Focus on value and on continuous improvement: need to review our articulation of value and how we apply that in our governance/ decision-making processes to align with Triple Value. Seek evidence of continuous improvement being embedded in ways of working across the organisation - less obvious in some areas. Clear communication with stakeholders/ taking their views into account in designing services: improve how we articulate what we do and how we add value in ways which are meaningful to our stakeholders. Consolidate and extend our initial work around user research and user centred design approaches and experience. Effective risk management system: complete work to make our systems easier to use and to provide meaningful reports to support assurance and challenge. Also need to reinforce the importance of good risk management with managers in some areas.

Blueprint for Good Governance

March 2019

Table 1. Table showing counts (N) and percentages (%) by job designation of responses to the Blueprint for Good Governance survey

		Exceptionally Well		Well		Adequately		Inconsistently		Not well		Badly		Total
Question	Designation	N	%	N	%	N	%	N	%	N	%	N	%	N
Q2a	Non Executive Board Member	1	25	3	75	0	0	0	0	0	0	0	0	4
Q2a	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2a	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q2a	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2a	Overall	1	17	5	83	0	0	0	0	0	0	0	0	6
Q2b	Non Executive Board Member	1	25	3	75	0	0	0	0	0	0	0	0	4
Q2b	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2b	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q2b	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2b	Overall	1	17	5	83	0	0	0	0	0	0	0	0	6
Q2c	Non Executive Board Member	1	25	2	50	1	25	0	0	0	0	0	0	4
Q2c	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2c	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q2c	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2c	Overall	1	17	4	67	1	17	0	0	0	0	0	0	6
Q2d	Non Executive Board Member	2	50	2	50	0	0	0	0	0	0	0	0	4
Q2d	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2d	Executive Board Member	0	0	1	50	1	50	0	0	0	0	0	0	2
Q2d	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q2d	Overall	2	33	3	50	1	17	0	0	0	0	0	0	6

Blueprint for Good Governance

March 2019

Table 1. Table showing counts (N) and percentages (%) by job designation of responses to the Blueprint for Good Governance survey

		Exceptionally Well		Well		Adequately		Inconsistently		Not well		Badly		Total
Question	Designation	N	%	N	%	N	%	N	%	N	%	N	%	N
Q3a	Non Executive Board Member	2	50	2	50	0	0	0	0	0	0	0	0	4
Q3a	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3a	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q3a	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3a	Overall	2	33	4	67	0	0	0	0	0	0	0	0	6
Q3b	Non Executive Board Member	2	50	0	0	2	50	0	0	0	0	0	0	4
Q3b	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3b	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q3b	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3b	Overall	2	33	2	33	2	33	0	0	0	0	0	0	6
Q3c	Non Executive Board Member	3	75	1	25	0	0	0	0	0	0	0	0	4
Q3c	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3c	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q3c	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3c	Overall	3	50	3	50	0	0	0	0	0	0	0	0	6
Q3d	Non Executive Board Member	1	25	3	75	0	0	0	0	0	0	0	0	4
Q3d	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3d	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q3d	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3d	Overall	1	17	5	83	0	0	0	0	0	0	0	0	6
Q3e	Non Executive Board Member	0	0	2	50	2	50	0	0	0	0	0	0	4
Q3e	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3e	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q3e	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q3e	Overall	0	0	2	33	4	67	0	0	0	0	0	0	6

Blueprint for Good Governance

March 2019

Table 1. Table showing counts (N) and percentages (%) by job designation of responses to the Blueprint for Good Governance survey

		Exceptionally Well		Well		Adequately		Inconsistently		Not well		Badly		Total
Question	Designation	N	%	N	%	N	%	N	%	N	%	N	%	N
Q4a	Non Executive Board Member	3	75	1	25	0	0	0	0	0	0	0	0	4
Q4a	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4a	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q4a	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4a	Overall	3	50	3	50	0	0	0	0	0	0	0	0	6
Q4b	Non Executive Board Member	1	25	2	50	1	25	0	0	0	0	0	0	4
Q4b	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4b	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q4b	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4b	Overall	1	17	2	33	3	50	0	0	0	0	0	0	6
Q4c	Non Executive Board Member	1	25	2	50	0	0	1	25	0	0	0	0	4
Q4c	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4c	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q4c	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4c	Overall	1	17	2	33	2	33	1	17	0	0	0	0	6
Q4d	Non Executive Board Member	2	50	2	50	0	0	0	0	0	0	0	0	4
Q4d	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4d	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q4d	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q4d	Overall	2	33	2	33	2	33	0	0	0	0	0	0	6

Blueprint for Good Governance

March 2019

Table 1. Table showing counts (N) and percentages (%) by job designation of responses to the Blueprint for Good Governance survey

		Exceptionally Well		Well		Adequately		Inconsistently		Not well		Badly		Total
Question	Designation	N	%	N	%	N	%	N	%	N	%	N	%	N
Q5a	Non Executive Board Member	0	0	2	50	1	25	0	0	1	25	0	0	4
Q5a	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5a	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q5a	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5a	Overall	0	0	2	33	3	50	0	0	1	17	0	0	6
Q5b	Non Executive Board Member	0	0	1	25	3	75	0	0	0	0	0	0	4
Q5b	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5b	Executive Board Member	1	50	0	0	1	50	0	0	0	0	0	0	2
Q5b	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5b	Overall	1	17	1	17	4	67	0	0	0	0	0	0	6
Q5c	Non Executive Board Member	2	50	1	25	1	25	0	0	0	0	0	0	4
Q5c	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5c	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q5c	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5c	Overall	2	33	3	50	1	17	0	0	0	0	0	0	6
Q5d	Non Executive Board Member	0	0	3	75	1	25	0	0	0	0	0	0	4
Q5d	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5d	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q5d	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q5d	Overall	0	0	5	83	1	17	0	0	0	0	0	0	6

Blueprint for Good Governance

March 2019

Table 1. Table showing counts (N) and percentages (%) by job designation of responses to the Blueprint for Good Governance survey

		Exceptionally Well		Well		Adequately		Inconsistently		Not well		Badly		Total
Question	Designation	N	%	N	%	N	%	N	%	N	%	N	%	N
Q6a	Non Executive Board Member	0	0	4	100	0	0	0	0	0	0	0	0	4
Q6a	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6a	Executive Board Member	0	0	1	50	1	50	0	0	0	0	0	0	2
Q6a	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6a	Overall	0	0	5	83	1	17	0	0	0	0	0	0	6
Q6b	Non Executive Board Member	2	50	2	50	0	0	0	0	0	0	0	0	4
Q6b	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6b	Executive Board Member	0	0	2	100	0	0	0	0	0	0	0	0	2
Q6b	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6b	Overall	2	33	4	67	0	0	0	0	0	0	0	0	6
Q6c	Non Executive Board Member	1	25	3	75	0	0	0	0	0	0	0	0	4
Q6c	Non Executive Board Member - Stakeholder	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6c	Executive Board Member	0	0	0	0	2	100	0	0	0	0	0	0	2
Q6c	Director/Senior Manager in Attendance	0	0	0	0	0	0	0	0	0	0	0	0	0
Q6c	Overall	1	17	3	50	2	33	0	0	0	0	0	0	6

Blueprint for Good Governance

March 2019

ID	Q1a	Q1b	Q2a	Q2b	Q2c	Q2d	Q3a	Q3b	Q3c	Q3d	Q3e	Q4a	Q4b	Q4c	Q4d	Q5a	Q5b	Q5c	Q5d	Q6a	Q6b	Q6c
61	NHS National Services Scotland	Non Executive Board Member		2	2	2	2	2	1	1	2	3	2	2	2	2	3	3	2	2	2	2
73	NHS National Services Scotland	Non Executive Board Member		1	1	1	1	1	1	1	1	2	1	1	1	1	2	2	1	2	2	1
94	NHS National Services Scotland	Non Executive Board Member		2	2	2	2	2	3	2	2	3	1	3	4	2	5	3	3	3	2	2
237	NHS National Services Scotland	Non Executive Board Member		2	2	3	1	1	3	1	2	2	1	2	2	1	2	3	1	2	2	1
269	NHS National Services Scotland	Executive Board Member		2	2	2	3	2	2	2	2	3	2	3	3	3	3	1	2	2	2	3
288	NHS National Services Scotland	Executive Board Member		2	2	2	2	2	2	2	2	3	2	3	3	3	3	3	2	2	3	3

APPENDIX F

Variable	Description
id	generic unique ID given to each responder
Q1a	The NHS Board to which the record belongs
Q1b	Job designation of the responder
Q2a	
Q2b	
Q2c	
Q2d	
Q3a	
Q3b	
Q3c	
Q3d	1 = Exceptionally Well
Q3e	2 = Well
Q4a	3 = Adequately
Q4b	4 = Inconsistently
Q4c	5 = Not Well
Q4d	6 = Badly
Q5a	
Q5b	
Q5c	
Q5d	
Q6a	
Q6b	
Q6c	

B/19/25

NSS Formal Board Meeting – Friday, 5th April 2019

Chief Executive's Update

1 Context

The period since the last Board meeting has continued to be both busy and challenging but overall NSS is playing a critical role across a number of key areas. Our Strategy development work has continued and will hopefully be concluded at today's meeting. We continue to deliver effectively and our role in contingency activity such as Brexit and Clinical Waste remains positive. SG focus continues on waiting times, mental health and integration. Malcolm Wright is now in position as Director General and Chief Executive for NHS Scotland and his engagement with Chief Executives has been very constructive, recognising the need for SG and Boards to be working in tandem.

Overall we remain on track to achieve our financial, operational and great place to work targets with only a slight increase in sickness absence and having had 5 RIDDORs in the year, being a disappointing element of our performance.

Brexit planning has continued predominantly through PCF. The ongoing political uncertainty has resulted in a planning approach that has had to assume a no deal position and at the date of writing this report, the situation still remains unclear. The delivery of the clinical waste contingency plans continues and there has been no disruption to health boards' activities. The new supplier is developing their implementation plan and engaging with staff from the old supplier. Disposal of waste remains challenging and we are supporting, in partnership with Scottish Government, options to improve this situation. These will be discussed in a separate Commercial in Confidence session.

There has been increasing parliamentary and press attention on the fungal infection issues in Greater Glasgow and Clyde in particular the link to the built environment. Jim Miller and Phil Couser attended the Health and Sport Committee as part of their investigation into infection control issues and both HFS and HPS continue to be engaged in both supporting Boards and understanding the implications from the recent issues. We have been asked by Scottish Government to look at the role of both HFS and HPS and if they should play a greater role in compliance specifically ensuring procedures, processes and policies are followed by Boards again particularly in the buildings and facilities management area.

Our Strategy development work has been concluded and along with the five year budget will be reviewed at today's meeting. The approach is in line with that which the Board has already approved and in financial terms we will be able to balance next year but the out years remain challenging.

Public Health Scotland preparations continue although the timelines to ensure a 1st December vesting date are looking extremely challenging. Specific legislation is required to establish the organisation and the timeline for this is proving difficult and could make the current vesting date challenging. The pressure on SG colleagues presented by Brexit is making delivery to timelines of work in other areas increasingly testing.

The discovery work for the implementation of Office365 has been completed but is suggesting we need more and different licences to ensure we get the maximum benefit from this product. A significant amount of work is required with Boards to reconcile this

position and address any funding challenges which may emerge as a result of this.

2 Response to Health and Social Care Delivery Plan

NHSS Approach

SG focus continues on the 3 priority areas with current specific challenges around infection control issues in both Greater Glasgow and Clyde and now Lothian. The Regional and National discussion documents have still not been published and it is now over a year since they were concluded. Malcolm Wright has now taken up post and has had a high profile at Chief Executives meetings and a joint Chair and Chief Executives session. He is clearly intent on ensuring a fully joined up approach between the Boards and Scottish Government. The joint meeting was helpful in terms of a commitment to a cohesive approach to the challenges faced but there is still work to do to ensure we are operating as a single team rather than 22 separate organisations. The format of the Chief Executives meeting with his team was changed to focus on key challenges. Chief Executives are also going to work with colleagues in Government to articulate the link between all the current initiatives. Financial sustainability remains a key challenge with an underlying deficit for next year still to be addressed and at least 4 Boards seeking brokerage.

Public Health

Planning for Public Health Scotland continues although the process for appointing the Chair and Chief Executive are still not underway. This is likely to see particularly the Chief Executive recruitment not completed until the Autumn. Vesting date remains the 1st December 2019 but challenges around completing the legislative requirements could have an impact on this date. The Shared Service requirements are coming together and we are being asked to provide services in HR, Finance, Procurement, Buildings and Operations and IT. We have been requested to provide a proposal but I am clear that this is on the basis that NSS is expected to deliver these services and not on any tender type basis. It is clearly essential that PHS outline their specific requirements and in principle we should meet these needs but I see this very much as a partnership, not solely a customer/supplier relationship. Work is still underway around staff who may transfer from Health Scotland and finding an appropriate agreement to allocate funding between the two organisations. There may be some implications for HPS and Public Health Scotland relating to the infection control issues and I will cover this later in the paper.

National Board Collaboration

The National Board Collaboration plan has still not been published although much of the work has started. Overall funding for these initiatives has been reduced for 19/20 and detailed work is underway to understand the impact of this on existing programmes. Collaborative work on external facing activities such as digital, primary care and transformation is gaining some pace although there is work still to do and ensuring the appropriate governance structures for the specific programmes is important. In terms of our collaborative approach to support services such as HR and Finance, a recent report by Deloitte has emphasised the benefit of this and the need to ensure we have a collective vision for the future. The recent workshop with National Board Chairs and Chief Executives made some progress towards this and there is a clear expectation that we need to pick up the pace in this area and frustration that we have not delivered more. It was given back to Chief Executives to develop an approach to come back to Chairs in June. In regard to the £15m saving for next year, NSS allocation has been reduced to our pro-rata share as with the other 5 National Boards who have consistently contributed. This still leaves a gap of around £3m for next year plus the £3m shortfall for this year to be found which will be extremely challenging. The approach agreed at the joint workshop should be helpful but is unlikely to see delivery until 2020.

3 Performance Summary

Finance/Operations/People
Performance operationally and financially remains on track after month 11. Some funding for projects has been given back to SG with the expectation that it will be returned in 19/20 but there is an element of risk to this. Sickness absence is slightly above target at 4.2% and while it is likely to come down in March following the peak months, we will finish the year end above 4%. There were 3 RIDDOR incidents during January and February taking our yearly total to 5. This was extremely disappointing given the work put into Health and Safety. The 3 issues were in separate places and with different circumstances. The underlying issues will be investigated through OHSAC.

Senior Management Forums were held in March. Focus was on the NSS Strategy with specific workshops on financial planning, sustainability and managing grievance, discipline etc. Feedback was very positive with the next forums scheduled for November focussing on our digital transformation.

eHealth
The eHealth Finance plan has been fully implemented and Carolyn Low will provide an update and lessons learned report to the next Finance, Procurement and Performance Committee. This should allow this specific issue to be closed although the work in Finance and its reorganisation will continue.

CHI/GPIT and Office 365
CHI and GP IT implementation plans are now underway with appropriate programme and governance structures in place to support delivery. The discovery work on Office365 has presented some potential challenges particularly from a budgetary point of view. The initial licence requirement was established by a team in Scottish Government working in liaison with the Health Boards but the discovery work now suggests that more licences may be required and that a specific security licence which is necessary to allow the system to operate in a single way across NHSScotland was not procured. The potential impact of having to purchase additional licences is significant and will need to be reviewed and agreed with Board Chief Executives and SG. In many respects the discovery phase is designed to highlight potential issues like this and despite the potential need for additional licences the overall case for Office 365 remains valid and any potential alternatives with Microsoft were untenable from both and operational and financial position. The implementation team are currently working to establish a definitive position and explore potential options to reduce and manage any financial implications.

Our own Strategy for the Digital Business Unit is now concluded as presented to the Board recently. Deryck is in the process of developing both the structures and governance to focus on its implementation. Key elements include our role in Cyber Security and negotiation of a potential Atos Contract extension and increasing use of the public cloud to support service delivery.

4 Key Issues

Current key operational issues are as follows:

HPS/HFS Future Role – The infection control issues in Glasgow and Lothian have brought increased scrutiny to the roles of Health Protection Scotland and Health Facilities Scotland. Both are currently predominantly advisory organisations but have been providing broad support to Government and Boards. As highlighted at the Health and Sport Committee the overall position in Scotland with regards to hospital acquired infections compared favourably with other countries in the UK and Europe but clearly given the seriousness of the issues, SG are keen to understand how this situation can be further improved. Specifically they have asked about a potentially increased role for both

organisations in regards to supporting Board compliance and generally improving overall performance. In regards to HPS there have been questions about protecting its working relationship with HFS and the potential impact on this of the move to Public Health Scotland. In regards to HFS we have provided an outline paper to SG in regard to potentially increasing its role. More work needs to be done including engagement with key stakeholders in SG and the Boards. Gordon James is leading on this for HFS having recently been appointed as Director on a permanent basis.

Brexit – Brexit contingency planning is in full swing with NSS playing a pivotal role. We are having to plan on the basis of no deal given the current political uncertainty. NSS is being asked to set up a response service that Boards can contact where they have specific Brexit related shortages, both in terms of consumables held within the NDC but also for products held in the UK contingency stocks. In addition this service is expected to extend to accessing medicines which again is being managed on a UK wide basis. This process is designed to focus on Brexit issues and not run of the mill shortages which can happen across the whole range of products. The operation would involve a small call handing service for Boards with issues and then on a Scotland wide basis manage the interaction with the UK contingency arrangements. This service is being established on a 24/7 basis in England but currently it will be Monday to Friday in Scotland. Normal shortage management protocols should be in place across Boards and as a result there should be early warning of potential issues rather than the challenge of shortages emerging at very short notice. We remain in close working relationships with colleagues in SG and the Boards.

NSS has committed significant cost to the process so far but is anticipating being funded by Scottish Government although the increasing workload on a limited number of appropriate staff is a potential issue.

Screening Review – A paper has been sent to the Cabinet Secretary recommending that in the short term NSS is asked to start the planning for the Operational Oversight Team which would take responsibility for the delivery of screening services. The paper allows this to change in the future if required but I believe it is a prudent approach in the short term and one supported by EMT. A decision is currently awaited from the Minister.

Clinical Waste – Contingency plans for the collection of clinical waste continue to work effectively with no disruption to clinical services. The waste industry in the UK is facing some structural issues and capacity for the disposal of clinical waste generally is under pressure. SG and NSS are working on a project to provide additional capacity in Scotland which will be covered in the Commercial in Confidence section. This should have a positive and quick impact for certain types of waste which is giving us our immediate challenges. The contract with Tradebe, our new supplier, has been agreed and implementation work is fully underway. Discovery work with Boards has gone well and they are currently seeking the required planning permissions for their new site in Bellshill. They have also been engaging with HES staff about future employment opportunities. The implementation will not be concluded until early August and contingency will therefore remain in place. Martin Bell has now moved to his new role as Director of P&CFS with Martin Street, Strategic Sourcing Director in PCF, now looking after this. We continue to contribute very positively to this agenda overall but there is no doubt the next few months will be challenging to ensure our contingency plans remain robust particularly around disposal.

5 Next Steps

- Implementing Strategy following April Board
- Manage implementation and operational and financial implications of Office 365.
- Continue to implement key Digital Programmes and governance around the Health and Social Care Digital Strategy

- Complete operational, financial and workforce planning for 19/20 and beyond
- Develop Shared Services proposition for Public Health Scotland
- Continue to manage NHSScotland waste management requirements
- Brexit preparation
- Develop recommendations on enhanced HFS and HPS role

COLIN SINCLAIR
March 2019

29/03/2019

MASTER COPY

NSS FORMAL BOARD ACTION LIST 2018-2019

CLOSED

B/19/27

Ref Item	Action	Responsible	Deadline	Status
FROM 1 FEBRUARY 2019				
2.4	Board secretary to provide update on NSS Chair recruitment as soon as available.	K Nicholls	Outwith meeting cycle	29.3.19 – Recruitment now underway. Interviews will be held on 18/21/28.6.19
	Chief Executive's Update [B/19/03, 03a, 03b refer]			
3.2	National Boards collaboration to be added to forward programme for April meeting.	K Nicholls	5.4.19	Contained within CEO Update for 5.4.19
3.4	Review of screening and implications for NSS – CS to provide update on progress.	C Sinclair	5.4.19	Contained within CEO Update for 5.4.19
3.4	LR to provide update paper on Screening to NSS Clinical Governance Committee. KN add to forward programme for CGC.	L Ramsay	CGC – 21.3.19	Agenda item discussed at CGC.
	NSS Vision, Key Priorities and Resource Allocation Management [Presentation]	K Nicholls	3.5.19	
5.6	Presentation and NSS 5 Step diagram to be provided for the April Board meeting.	C Sinclair	5.4.19	Will form part of the strategy document on agenda for 5.4.19
5.7	Detailed paper on workforce, finance and transformation to be provided for the May 2019 Board development session. KN to add to forward programme	K Nicholls	Immediately	Agenda item for 5.4.19
5.9	J Jones to provide breakdown of support staff by cost to future Staff governance and board meeting.	J Jones	Future meetings of SGC/Board	
7.1	**Draft Operational Delivery Plan** members to forward any comments to McDermott	ALL	Outwith meeting	Agenda item for 5.4.19
	Finance Paper [B/19/09 refers]			
8.2	C Low to update finance paper reflecting National Boards commitment and report back via Vice-Chair if further decisions are required.	C Low	Outwith meeting	
8.3	C Low to consider narrative and terminology of papers for future meetings.	C Lo	Future meeting	

Ref Item	Action	Responsible	Deadline	Status
	NES Digital Service [presentation]			
11.2	Board secretary to arrange meeting between A Rooney and D Mitchelson	K Nicholls	Outwith meeting cycle	KN to liaise with Elaine White re diaries.
11.3	D Mitchelson to provide detailed report to support the presentation to April meeting.	D Mitchelson	5.4.19	Agenda item for 5.4.19
12.2	**People Report [B/19/12 refers]** J Jones to circulate link to new HR dashboards once available.	J Jones	Future meeting	
13.2	**Update on Public Health Board [presentation]** Board secretary to add to forward programme on implications for NSS on new board.	K Nicholls	5.4.19	Agenda item for 5.4.19
19.2	**AOB** Board secretary to confirm account details for TURAS and LearnPro for all Non-Executives.	K Nicholls	Outwith meeting cycle	Accounts now active. KN to liaise with individual non-execs re guidance on action/completion of mandatory training. In progress 29.3.19
FROM 2 NOVEMBER 2018 MEETING				
	Digital Health and Care Strategy			
	Highlight the need for regular reporting from the Strategic Portfolio Board into the Transformational Change Programme Board to ensure effective governance.	E Ireland / C Lamb	Immediate	
	Articulate risk and mitigation around some of the messaging to staff on Digital Strategy activity. Ensure NSS had the necessary capability to enable it to actively support the development of Vision and be part of it. Provide a clinical perspective on Vision.	C Sinclair / D Mitchelson/ L Ramsay	November EMT Review Brief Staff December	
11.2	**Biannual Risk Management Update** Mr Cant to liaise with Mrs Marion Walker re possible risk workshop for OHSAC.	I Cant	Outwith Board meetings	29.3.19 In progress IC been on sick leave will sort out final date on return.
	Any Other Competent Business			
15.2	A Stewart to provide update on progress on new NSS policy on Zero Hours contracts to the next available NSS Staff Governance Committee meeting.	A Stewart	SGC 15.2.19	
	GP IT Re-Provisioning Project Submit comments on the business case to C Low (cc others in) by 09.11.18. CL would then provide a summation of the position reached.	ALL / C Low	09.11.18	

Ref Item	Action	Responsible	Deadline	Status
FROM 7 SEPTEMBER 2018 MEETING – NO OUTSTANDING ACTIONS				
FROM 29 JUNE 2018 MEETING - NO OUTSTANDING ACTIONS				
FROM 6 APRIL 2018 MEETING – NO OUTSTANDING ACTIONS				

NSS BOARD – 5th April 2019

FINANCE REPORT AS AT 28th February 2019

NHS National Services Scotland

B/19/28

OVERVIEW OF FINANCIAL PERFORMANCE

At the end of February, NSS remains on track to meet its statutory financial targets for 2018/19.

NSS Target	RAG rating	Year to Date	Full Year Outturn
Revenue outturn	Green	£1.4m surplus	Breakeven
NSD CRES savings	Green	98%	100%
NSS CRES savings	Green	106%	111%
Capital outturn	Green	£0.1m surplus	£0.1m surplus

Revenue

NSS is reporting a year to date **under spend of £1.4m.** SBU trading positions have improved again in month by a total £0.3m.

The full year forecast of **break-even** assumes that the current **underlying surplus of £0.8m** will be fully utilised. Appendix 1 provides further detail on the revenue position for NSS along with the SBU position and non pay expenditure to date.

Key messages are as follows:

- **Pay costs –** There continues to be a high level of under spend on pay due to vacancies across CLO, P&CFS, PCF, PHI and SNBTS. This is offset by additional staff within IT and SPST providing support to both NSS and National programmes.

- **Non Pay costs –** The profile of non pay spend is detailed in Appendix 1. This shows there is a high level of spend required in a number of areas in the last month of the financial year in order to break even. Cost of Sales (NDC) and Purchase of Healthcare (NSD) relate to pass through costs and although high value are on target. Main areas of anticipated spend in March are property costs and professional fees. Other operating costs relate mainly to internal recharging for ATOS which will be completed in March.

- Vat advisors have identified a possible over recovery of VAT as a consequence of a paper issued to HFMA by HMRC clarifying the treatment of legal fees under Heading 52 – professional fees. We are working closely with our advisers EY and the CLO to ensure that the appropriate level of VAT is paid in this financial year. The impact could be as high as £500k, and would be an immediate call against the forecast underlying surplus at year end.

Outstanding Allocations

As at 28th February, NSS has received funding allocations from SG amounting to £472.9m, representing 99% of our total anticipated funding requirements. The remaining allocations (£6.1m) are expected in the March letter from SG.

In 2018/19 NSS returned a total of £21.6m to SG through the allocation letter mechanism. Of that sum £3.0m is required for 19/20 to support National Transformation programmes and our own O365 implementation and digital transformation. Further detail is provided at Appendix 2.

There is a risk that the £3m returned in 18/19 as a result of slippage in both internal and national programmes will not be available for that purpose in 19/20. The financial pressure facing NHSScotland means that SG cannot confirm carry forward monies into next year at this stage.

Capital

A year to date under spend of £0.1m is reported with only 60% of the capital budget spent to date. The full year slippage of £0.3m is mainly due to the delay with the Warehouse Management System upgrade of £1.0m (£0.7m already returned to SG). This will be returned in full to SG and requested again next year as required. The Capital Programme for 2018/19 is presented at Appendix 3.

CRES

The total CRES target for 2018-19 is £17.1m, including £9m for NSD and £8.1m across SBUs, which represents a 5% reduction of baseline funding. To date, NSS has delivered savings of £16.9m and is on track to exceed the 5% target by the year end. The Efficiency programme for 2018/19 is presented at Appendix 4.

National Boards Collaboration Savings

As reported in previous months it has become increasingly difficult for the patient facing boards in particular to contribute towards the £15m. NSS contributed a further £0.5m in February reducing the gap for 18/19 to £2.4m.

SG agreed to a proposal that the balance is carried forward into 2019/20, with the caveat that all surpluses reported by boards who have not contributed their pro rata share will be used in the first instance to meet the National Boards collaboration shortfall in 2018/19.

TRANSFORMATIONAL CHANGE FUND PROGRAMMES

A full review of the transformation programmes has been carried out. Identified slippage was returned to SG in February. There are no significant movements since this review.

The funding position for 19/20 remains uncertain, and our focus will be to do everything we can to ensure programmes that are already delivering continue to be funded. There will be a prioritisation exercise carried out and as a Board we will need to consider which of our programmes should continue to be prioritised, which can be deferred or delayed, and which could be supported by BAU.

3. SUMMARY

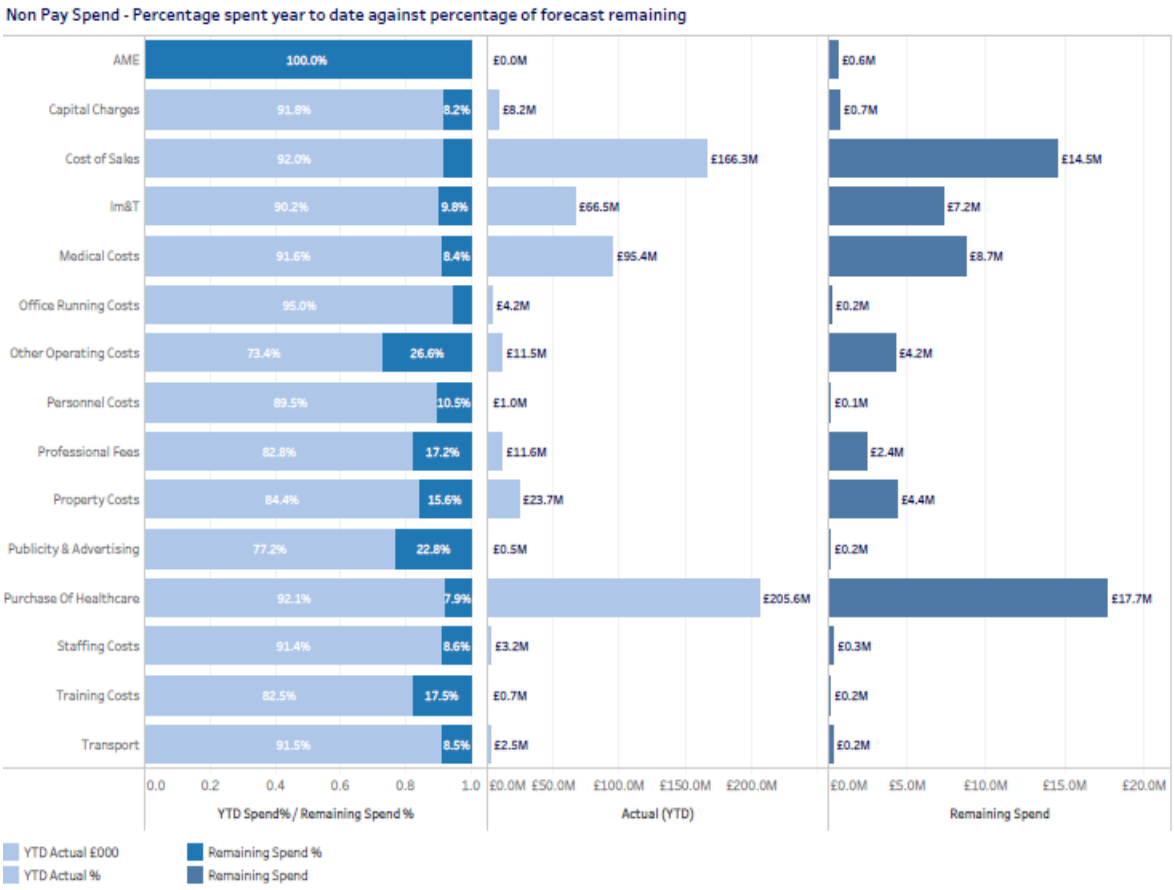
The NSS BOARD is asked to note this report, in particular:

- Underlying revenue surplus of c£0.8m – £2m returned relating to O365 implementation for NSS is now at risk. We may need to utilise £0.5m for over recovery of VAT. Any further movement to the forecast at this stage is difficult to manage.
- Capital surplus of £0.3m relating to delay on Warehouse Management System, discussions ongoing with SG.

Carolyn Low
Director of Finance
15th March 2019

Appendix 1 (a) – Summary NSS Revenue Position

	YTD Budget £000	YTD Actual £000	YTD v Budget £000	FY Original Budget £000	FY Forecast £000
Income					
NSS Baseline Allocation	297,562	297,562	0	328,186	328,186
SG Allocation	136,513	136,513	0	107,265	150,721
NHSS Health Board Trading	220,975	218,6511	(2,364)	268,821	240,240
SGHD Trading	1,881	1,854	(27)	2,590	1,987
Non NHSS Income	56,378	87,561	31,183	58,663	94,997
Total Income	**713,308**	**742,101**	**28,973**	**765,526**	**816,131**
Expenditure					
Pay	140,939	140,077	862	153,338	153,669
Non Pay	188,663	220,521	(31,858)	195,280	248,829
Depreciation/ Capital Charges	8,161	8,224	(63)	8,838	8,961
Purchase of Healthcare	205,034	205,559	(525)	221,888	223,267
Cost of Sales	170,339	166,327	4,012	186,082	180,840
AME	0	0	0	100	565
Total Expenditure	**713,136**	**740,707**	**(28,433)**	**765,526**	**816,131**
Net Surplus/ (Deficit)	**173**	**1,394**	**1,221**	**0**	**0**



Appendix 1 (b) – Summary SBU Revenue Position

Strategic Business Unit	YTD Variance (£000's)	Forecast Outturn (£000's)
Central Legal Office	50	0
Information Technology	238	0
Procurement, Commissioning and Facilities	(517)	(264)
Practitioners & Counter Fraud Services	313	170
Public Health & Intelligence	97	0
Scottish National Blood Transfusion Service	651	672
Finance	(4)	0
Clinical Directorate	65	94
Strategy, Planning & Service Transformation	288	237
Human Resources	88	102
Trading Position	**1,268**	**1,011**
NSS Reserves	(46)	(1,011)
Overall NSS Position	**1,221**	**0**

	Change in YTD Variance (£000's)	Change in Forecast Outturn (£000's)
Central Legal Office	17	0
Information Technology	212	0
Procurement, Commissioning and Facilities	(109)	28
Practitioners & Counter Fraud Services	(169)	134
Public Health & Intelligence	18	0
Scottish National Blood Transfusion Service	12	0
Finance	(24)	0
Clinical Directorate	12	24
Strategy, Planning & Service Transformation	100	113
Human Resources	3	51
Trading Position	**72**	**350**

Appendix 1 (c)– SBU Revenue Performance Reports

CLO

	FINANCIAL POSITION	Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	190	512	323	170.2%
	Income	7,095	7,453	358	5.0%
	Total Income	**7,285**	**7,965**	**680**	**9.3%**
	Total Pay	6,536	6,963	427	6.5%
	Non Pay	669	1,002	333	49.8%
	Cost Of Sales / Healthcare	0	0	(0)	-100.0%
	Total Expenditure	**7,205**	**7,965**	**760**	**10.5%**
	Net Surplus/(Deficit)	**80**	**0**		

STAFFING	WTE
Actual (Mar 18)	111.3
Budget (current period)	112.9
Actual (current period)	107.9
Variance (Current period)	**5.0**
Movement since Mar 18	-3.4
Active Vacancies	**0.0**

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	512	512	0	512
	Income	6,990	6,764	(226)	7,198
	Total Income	**7,502**	**7,276**	**(226)**	**7,710**
	Total Pay	6,383	6,119	264	6,656
	Non Pay	946	933	13	1,053
	Cost Of Sales (Logistics)	0	0	0	0
	Total Expenditure	**7,329**	**7,053**	**276**	**7,710**
	Net Surplus/(Deficit)	**173**	**224**	**50**	**0**

CRES	£000
Target YTD	0
Actual YTD	0
Variance	**0**

CLO's YTD position for the 11 months Apr 2018 to Feb 2019 has improved by £17k in Feb to £50k better than the phased budget. Feb income was £60k below its budget target of £755k, offset by £34k Feb staff vacancies 5 WTE. The combined shortfall of Income less Pay was £26k adverse in Feb; however, non pay expenditure was £43k under budget, giving the Feb improvement of £17k in position.

Despite the favourable overall position, CLO is forecasting to break even by financial year end, since income has fluctuated above and below (eg below in Sep, Dec, Feb) the phased budget targets and March is still uncertain.

IT

	FINANCIAL POSITION	Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	27,915	64,062	36,147	129.5%
	Income	56,992	24,512	(32,480)	-57.0%
	Total Income	**84,908**	**88,574**	**3,667**	**4.3%**
	Total Pay	18,304	19,039	734	4.0%
	Non Pay	65,158	70,765	5,607	8.6%
	Cost Of Sales / Healthcare	0	(1,230)	(1,230)	-122978541.0%
	Total Expenditure	**83,462**	**88,574**	**5,112**	**6.1%**
	Net Surplus/(Deficit)	**1,445**	**0**		

STAFFING	WTE
Actual (Mar 17)	333.8
Budget (current period	333.4
Actual (current period	345.2
Variance (Current p	**-11.9**
Movement since Mar 1	11.4

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	56,485	56,485	0	61,171
	Income	22,462	21,761	(701)	26,018
	Total Income	**78,946**	**78,246**	**(701)**	**87,189**
	Total Pay	17,306	17,923	(617)	19,799
	Non Pay	61,641	60,086	1,555	67,390
	Cost Of Sales (Logistics)	0	0	(0)	0
	Total Expenditure	**78,947**	**78,009**	**938**	**87,189**
	Net Surplus/(Deficit)	**(1)**	**237**	**238**	**0**

Active Vacancies	

CRES	£000
Target YTD	289
Actual YTD	468
Variance	**178**

IT SBU is reporting an overall YTD Surplus of £230k at the end of February 19 and a full year breakeven position. The surplus is being driven by recently identified ATOS printing true ups and service credits, these have not been communicated but plan to be returned to the Health Boards in March 19.
Hosted Funds - CHI is currently forecasting £900k underspend which will be returned to SG in March, previously IT planned to offset 'journey to the cloud' cost but SG have now indicated that they want NSS IT to host on the as yet unidentified NDS Cloud Hosting Platform, this will now not be possible in this financial year. There has been a delay in installing the JCC Mobile solution and this mean the majority of the Capital spend will slip into 19/20.

P&CFS

	FINANCIAL POSITION	Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	33,757	34,171	⇧ 414	1.2%
	Income	707	800	⇧ 93	13.2%
	Total Income	**34,464**	**34,971**	⇧ **508**	**1.5%**
	Total Pay	16,016	16,370	354	2.2%
	Non Pay	15,933	18,602	2,669	16.8%
	Total Expenditure	**31,949**	**34,971**	⇧ **3,022**	**9.5%**
	Net Surplus/(Deficit)	**2,515**	**0**		

STAFFING	WTE
Actual (Mar 18)	466.2
Budget (current period)	461.2
Actual (current period)	446.3
Variance (Current period)	**15.0**
Movement since Mar 18	-19.9

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	31,270	31,270	0	34,577
	Income	730	1,085	355	1,052
	Total Income	**32,001**	**32,355**	**355**	**35,629**
	Total Pay	14,975	14,584	391	15,926
	Non Pay	17,026	17,459	(433)	19,534
	Total Expenditure	**32,001**	**32,043**	**(42)**	**35,460**
	Net Surplus/(Deficit)	**(0)**	**313**	**313**	**170**

CRES	£000
Target YTD	1,105
Actual YTD	1,105
Variance	**0**

P&CFS is currently reporting a YTD surplus of £313k (reduced from last months surplus of £481k), originating from £391k savings in pay arising from vacancies which are greater than the budgeted Vacancy Factor (which was fully achieved in M7) offset with £78k additional non pay costs for approved in year developments. The full year forecast has increased to a surplus of £170k is mainly due to slippage on ePharmacy. In light of recent SG discussions on the possible risk with return of funds for 1920 no further returns have been requested at this stage. P&CFS Management continue to monitor the financial position to ensure identfied risks are managed.

PCF

	FINANCIAL POSITION	Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	261,769	289,246	27,477	10.5%
	Income	229,087	252,049	22,963	10.0%
	Total Income	**490,856**	**541,295**	**50,439**	**10.3%**
	Total Pay	25,360	26,649	1,289	5.1%
	Non Pay	285,078	328,566	43,488	15.3%
	Cost Of Sales / Healthcare	180,717	186,080	5,363	3.0%
	Total Expenditure	**491,156**	**541,295**	**50,140**	**10.2%**
	Net Surplus/(Deficit)	**(300)**	**0**		

STAFFING	WTE
Actual (Mar 18)	646.1
Budget (current period)	644.1
Actual (current period)	633.3
Variance (Current period)	**10.8**
Movement since Mar 18	-12.7

Active Vacancies	

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	262,640	262,640	0	289,056
	Income	232,677	261,152	28,475	284,614
	Total Income	**495,317**	**523,791**	**28,475**	**573,670**
	Total Pay	24,320	24,118	202	26,449
	Non Pay	300,679	333,890	(33,211)	366,661
	Cost Of Sales	170,317	166,300	4,017	180,824
	Total Expenditure	**495,317**	**524,308**	**(28,992)**	**573,934**
	Net Surplus/(Deficit)	**(0)**	**(517)**	**(517)**	**(264)**

CRES	£000
Target YTD	7,296
Actual YTD	9,476
Variance	**2,180**

PCF are reporting a deficit of £517k for the year to date with a full year projection of £264k deficit. The positive movement for the remaining month relates to PAMS sustainability expenditure budgeted in March which will now be capitalised due its nature. Overall PCF forecast deficit of £264k is similar to previous month.
The income variance includes Rebates £31.7m, Logistics £0.5m netted against an income shortfall on Plasma products £4.5M (IVIG) due to shortages. Budget pressures continue in Strategic Sourcing, OFM and Logistics (Brexit) but are offset by non recurring savings in Business Development and Directorate. For NSD, a review of the 9 month activity returns has identified a £2m underspend arising mainly from recombinant price savings and a reduced proton beam therapy activity. This funding has been returned to Health Boards.

PHI

	FINANCIAL POSITION	Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	31,355	32,497	⇧ 1,141	3.6%
	Income	6,256	6,277	⇧ 21	0.3%
	Total Income	**37,611**	**38,773**	⇧ **1,162**	**3.1%**
	Total Pay	31,314	33,412	2,099	6.7%
	Non Pay	6,049	5,361	(688)	-11.4%
	Total Expenditure	**37,363**	**38,773**	⇧ **1,411**	**3.8%**
	Net Surplus/(Deficit)	**248**	**0**		

STAFFING	WTE
Actual (Mar 18)	711.1
Budget (current period)	725.6
Actual (current period)	724.8
Variance (Current period)	**0.8**
Movement since Mar 17	⇧ 13.7

	Active Vacancies	**15.0**

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	29,347	29,347	0	32,497
	Income	5,619	5,549	(69)	6,177
	Total Income	**34,965**	**34,896**	**(69)**	**38,673**
	Total Pay	30,555	30,444	112	33,242
	Non Pay	4,410	4,356	54	5,431
	Total Expenditure	**34,965**	**34,799**	**166**	**38,673**
	Net Surplus/(Deficit)	**0**	**97**	**97**	**0**

CRES	£000
Target YTD	1,752
Actual YTD	1,866
Variance	**114**

After January's improved turnaround of £250k from the previous month, the position has steadied, with a slightly higher surplus of £97k reported. Many posts have been filled internally, resulting in further vacancies and several appointments have been delayed, Furthermore, turnover has also resulted in significant savings as a result of new staff being placed much lower on payscales. CRES remains ahead of schedule and non-pay costs are on target. As a result of the improved position, the pressure resulting from £240k of Regional Planning Support not being funded has been absorbed and a balanced outturn remains forecast, with a likely shortfall against income of £100k being offset by similar savings against pay. There are no particular concerns that require escalation at this time.

SNBTS

	FINANCIAL POSITION	Actual 16/17 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	47,068	41,748	(5,320)	-11.3%
	Income	8,018	7,003	(1,015)	-12.7%
	Total Income	**55,086**	**48,751**	**(6,335)**	**-11.5%**
	Total Pay	35,677	35,275	(402)	-1.1%
	Non Pay	17,654	13,914	(3,740)	-21.2%
	Cost Of Sales / Healthcare	11	(439)	(450)	-4088.8%
	Total Expenditure	**53,342**	**48,751**	**(4,591)**	**-8.6%**
	Net Surplus/(Deficit)	**1,744**	**0**		

STAFFING	WTE
Actual (Mar 18)	780.8
Budget (current period)	806.9
Actual (current period)	772.0
Variance (Current period)	**34.9**
Movement since Mar 18	-8.8

Active Vacancies	**27.0** 43.25 va

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	37,919	37,919	0	41,748
	Income	7,158	7,162	4	7,173
	Total Income	**45,077**	**45,081**	**4**	**48,921**
	Total Pay	32,360	31,302	1,059	34,249
	Non Pay	12,717	13,128	(412)	13,984
	Cost Of Sales (Logistics)	0	0	(0)	16
	Total Expenditure	**45,077**	**44,430**	**647**	**48,249**
	Net Surplus/(Deficit)	**(0)**	**651**	**651**	**672**

CRES	£000
Target YTD	2,002
Actual YTD	2,415
Variance	**413**

SNBTS is reporting a year to date revenue surplus of £651k and a year end forecast of £672k surplus.

PAY: £1.059m surplus

Pay variance is due to 43 WTE vacancies within SNBTS, we are currently recruiting a large number of these vacancies. Although SNBTS is carrying these vacancies this doesn't have an immediate impact on the services delivery, but could if we are unable to recruit into these vanacies in the short term.

NON PAY: £412k deficit

Non pay variance is due higher spend on storage costs, legal fees because of the UK Blood Inquiry and importing of Human Tissues (Tendons) this is because SNBTS has been unable to retrieve Tendons in 18/19 due to regulatory reasons, this will continue to have an adverse inpact throughout the financial year.

Non-pay recurring savings not fully achieved within the targeted areas.

FORECAST: £672k surplus

Higher health board income of £179k anticipated by year end due to increased activity output to NHS Health Boards

Forecast Pay position of £1.026m due to vacancies throught the year , this is caused by high staff turnover at the start of the FY and difficulties in recruiting.

Non Pay costs of £548k overspend, this is due to legal fees for the UK Blood Inquiry costs of £110k, higher storage costs of £25k because SNBTS is unable to destroy old records as planned due to the UK Blood Inquiry. Importing of Human Tissues (Tendons), Non pay recurring savings not fully achieved within target areas.

CD

	FINANCIAL POSITION	Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	1,489	1,127	(361)	-24.3%
	Income	3	0	(3)	-100.0%
	Total Income	**1,492**	**1,127**	**(365)**	**-24.5%**
	Total Pay	1,332	960	(372)	-28.0%
	Non Pay	143	168	25	17.5%
	Cost Of Sales / Healthcare	0	0	(0)	-100.0%
	Total Expenditure	**1,475**	**1,127**	**(347)**	**-23.6%**
	Net Surplus/(Deficit)	**18**	**0**		

STAFFING	WTE
Actual (Mar 18)	7.5
Budget (current period)	9.6
Actual (current period)	7.5
Variance (Current period)	**2.1**
Movement since Mar 18	0.0

Active Vacancies	**0.0**

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	1,000	1,000	0	1,127
	Income	0	1	1	1
	Total Income	**1,000**	**1,001**	**1**	**1,128**
	Total Pay	873	811	62	889
	Non Pay	127	125	2	145
	Cost Of Sales (Logistics)	0	0	(0)	0
	Total Expenditure	**1,000**	**936**	**64**	**1,034**
	Net Surplus/(Deficit)	**0**	**65**	**65**	**94**

CRES	£000
Target YTD	42
Actual YTD	42
Variance	0

The latest full year forecast is an underspend of £94k, after recent updates of forecast expenditure according to strict accounting treatment by March 31st, including further reductions in innovation expenditure possible by the end of March, which added to the mid year reduction of innovation forecast by £30k since the start of year NSS innovation budget to CD of £50k

The other main component of CD underspend was the Nurse Director position not being fully charged to CD until the last months of this financial year.

Externally funded Scotcap (Capsular Endoscopy) programme: all but £42k of the SG £270k SG funding received earlier in 2018/19 has been returned as approved by programme governance, due to a required delay in the programme evaluation and business case phases, which will now take place mainly in 2019/20.

Finance

	FINANCIAL POSITION	Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	2,922	2,995	73	2.5%
	Income	385	401	16	4.2%
	Total Income	**3,307**	**3,396**	**89**	**2.7%**
	Total Pay	2,694	2,618	(76)	-2.8%
	Non Pay	662	778	116	17.5%
	Total Expenditure	**3,356**	**3,396**	**40**	**1.2%**
	Net Surplus/(Deficit)	**(49)**	**0**		

STAFFING	WTE
Actual (Mar 18)	65.3
Budget (current period)	51.5
Actual (current period)	57.6
Variance (Current period)	**-6.1**
Movement since Mar 18	-7.7

Active Vacancies	**0.0**

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	2,685	2,685	0	2,995
	Income	368	409	41	426
	Total Income	**3,053**	**3,094**	**41**	**3,421**
	Total Pay	2,358	2,395	(36)	2,616
	Non Pay	695	704	(9)	805
	Total Expenditure	**3,053**	**3,098**	**(45)**	**3,421**
	Net Surplus/(Deficit)	**0**	**(4)**	**(4)**	**0**

CRES	£000
Target YTD	119
Actual YTD	57
Variance	(62)

The year date position shows a deficit of £4K. The implementation of the eHealth actions agreed by the board, NHS24 moving their payroll to GG&C along with resuorcing issues have had a significant impact on finance department this year

Funding has been received to support initiatives such as Year 2-5 planning, zero based budgeting, implementation of Blackline system, external review of finance function and training for all staff. As a result of this funding Finance are forecasting a breakeven position.

HR

	FINANCIAL POSITION	Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	3,503	3,411	(92)	-2.6%
	Income	1,013	1,343	330	32.5%
	Total Income	**4,516**	**4,753**	**237**	**5.3%**
	Total Pay	3,194	3,473	279	8.7%
	Non Pay	1,215	1,280	65	5.4%
	Cost Of Sales / Healthcare	0	0	0	0.0%
	Total Expenditure	**4,408**	**4,753**	**345**	**7.8%**
	Net Surplus/(Deficit)	**107**	**0**		

STAFFING	WTE
Actual (Mar 18)	76.3
Budget (current period)	76.6
Actual (current period)	80.2
Variance (Current period)	**-3.6**
Movement since Mar 18	3.9
Active Vacancies	**0.0**

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	3,069	3,069	0	3,411
	Income	1,231	1,215	(16)	1,367
	Total Income	**4,300**	**4,284**	**(16)**	**4,777**
	Total Pay	3,183	3,163	20	3,442
	Non Pay	1,117	1,034	84	1,233
	Cost Of Sales (Logistics)	0	0	(0)	0
	Total Expenditure	**4,300**	**4,196**	**104**	**4,675**
	Net Surplus/(Deficit)	**(0)**	**88**	**88**	**102**

CRES	£000
Target YTD	145
Actual YTD	145
Variance	0

HR are currently reporting a surplus of £88k. The under spend relates mainly to training such as the leadership programme/ H&S behind schedule. There is a small under spend on pay due to a vacancy and income received for eESS support provided to HIS & Health Scotland is slightly higher than expected.
The business expects to be aprroximately £102K in surplus by the year end

SP&ST

	FINANCIAL POSITION	Actual 17/18 £000	Budget 18/19 £000	Movement / Variance £000	
FULL YEAR	Total Allocations	0	8,440	8,440	#DIV/0!
	Income	0	2,182	2,182	#DIV/0!
	Total Income	**0**	**10,622**	**10,622**	**#DIV/0!**
	Total Pay	0	8,562	8,562	#DIV/0!
	Non Pay	0	2,060	2,060	#DIV/0!
	Total Expenditure	**0**	**10,622**	**10,622**	**#DIV/0!**
	Net Surplus/(Deficit)	**0**	**0**		

STAFFING	WTE
Actual (Mar 18)	163.7
Budget (current period)	184.7
Actual (current period)	182.4
Variance (Current period)	**2.3**
Movement since Mar 18	18.7

Active Vacancies	**0.0**

		Budget	Actual	Variance	Forecast
YEAR TO DATE	Total Allocations	7,142	7,142	0	8,062
	Income	2,000	2,902	902	3,153
	Total Income	**9,142**	**10,043**	**902**	**11,215**
	Total Pay	7,336	7,834	(498)	8,783
	Non Pay	1,806	1,922	(116)	2,195
	Total Expenditure	**9,142**	**9,756**	**(614)**	**10,978**
	Net Surplus/(Deficit)	**(0)**	**288**	**288**	**237**

CRES	£000
Target YTD	191
Actual YTD	163
Variance	**(28)**

SPST is currently showing a surplus of £288K for the year due in the main to additional income received for projects supported by PgMS. The full year forecast assumes income within PgMS will remain similar in March to February, resulting in a surplus of £184K for this area. S&G and CEaD forecast an overall surplus of £50K due to savings in salaries. Transformation programmes, which are currently forecast to breakeven for the year will be moved to a separate reports from FY19/20 to show transparancy of the programmes spend for the year.

Appendix 2 – Additional Allocations

Outstanding at 28th February 2019

SBU	Description	Amount £000
PCF	Clinical Waste Contingency	7,892
	HAI Funding	100
RES	AME Provisions	465
CLO	CLO Fees	211
PHI	SCRIS Adjustment	160
IT	Flu Mailers	119
	PMS Capital Charges – provided by SG and paid by Boards	(1,991)
	CHI Programme	(900)
Outstanding Allocations at 28 February 2019		6,056

Allocations Returned as at 28th February 2019

Category	Description	Amount £000	Return Required in 1920
Savings	Contribution to £15m	(6,000)	No
	Return of NSD Risk Share to NHS Boards	(2,000)	No
NSS Baseline	Support NSS Implementation of O365	(2,000)	Yes
National IT Programmes	eHealth	(2,409)	No
	SLA Funding	(575)	No
	CHI Programme	(900)	No
	GP IT	(200)	No
	Adastra	(137)	No
	PCDS	(128)	No
Transformation Fund	Various Transformation Programmes	(510)	Yes
Other National Programmes	Radiology	(498)	Yes
	Colonoscopy Capsule project	(228)	No
SG Error	PMS Capital Charges – provided by SG and paid by Boards	(1,991)	No
	NSD A4C Pay Uplift – transferred as negative allocation	(1,480)	No
	Low value allocations to NSS in error returned	(377)	No
Transfer Funding to NHS Boards	eESS Programme funding to NHS GG&C	(1,750)	No
	SCOTSTAR	(375)	No
Returned Allocations at 28 February 2019		(21,558)	

Appendix 3 - NSS Capital Programme 2018-19

SBU	NSS Funded Programmes	Business Case o/s	LDP Capital Plan £'000	Movement in funding £'000	Revised Programme £'000	YTD Budget £'000	YTD Expenditure £'000	Full Year Expenditure £'000	FY Variance £'000
PCF	Breast Screening Mobiles	No	215	0	215	0	0	210	5
	Breast Screening Mobiles	No	**215**	**0**	**215**	0	0	210	5
	General Capital Programme - Transferred to Boards	No	**500**	(461)	**39**	0	0	0	39
	Molecular Genetics - Transferred to Boards	No	300	(347)	(47)	0	0	0	(47)
	NDC Warehouse Management System Upgrade	No	1,000	0	1,000	0	0	0	1,000
	Gyle Courtyard - NSS Funding	No	0	**31**	31	31	31	31	(0)
	Gyle Courtyard - GEP Funding	No	0	**61**	61	42	42	65	(4)
	Aberdeen Property OBC	No	0	**759**	759	623	623	666	93
	National Catering Information System / Bedside Electronic Patient Meal Ordering	No	0	**634**	634	0	0	450	184
	Energy Efficiency Project (LEDs)	No	0	**0**	0	0	61	194	(194)
	Raysafe Dosimeters	No	0	**30**	30	30	30	30	0
	Warehouse CCTV	No	0	**38**	38	0	0	38	0
	Climate Change Mapping Tool	No	0	**50**	50	0	0	44	6
	Charging Points for Electric Cars	No	0	**38**	38	0	0	36	2
	TranMan Traffi Log	No	0	**28**	28	0	0	34	(6)
	Imop XXL 64cm Scrubber Dryer System	No	0	**10**	10	0	0	0	10
	Ellab Loggers	No	0	**120**	120	0	0	120	0
	Automated Dispatcherless Portering Task Tracking System	No	0	**76**	76	0	0	0	76
Subtotal	**PCF**		**2,230**	**1,065**	**3,295**	**726**	**786**	**2,125**	**1,170**
IT	Audio Visual / Video Conferencing Replacement	No	300	0	300	300	299	299	1
	Network Replacement	No	300	0	300	300	236	300	0
	Server Replacement	No	300	0	300	300	269	300	0
	Legacy "Burning Platform" Programme	No	120	0	120	120	59	120	0
	Cyber Security	No	0	539	539	539	539	539	0
	Aberdeen Property Move	No	0	182	182	182	182	182	0
	JCC Mast	No	0	0	0	0	0	54	(54)
Subtotal	**IT**		**1,020**	**721**	**1,741**	**1,741**	**1,583**	**1,794**	**(53)**
SNBTS	National Fleet Replacement	No	360	0	360	123	123	209	151
	National Replacement & Equipment Improvement Programme	No	356	0	356	260	260	313	43
	eProgesa (Semester patch)	No	100	0	100	50	**50**	100	0
	Hospital Web Based Ordering	No	150	0	150	76	76	150	0
	National Centre completion	No	0	**741**	741	603	603	741	0
	Flow Cytometer (TCAT)	No	0	**0**	0	0	0	127	(127)
Subtotal	**SNBTS**		**966**	**741**	**1,707**	**1,111**	**1,111**	**1,639**	**68**
BS	Radiology (STRP) NRIIP	No	0	167	167	0	0	167	0
	Radiology (STRP) IT Conectivity	No	0	1,007	1,007	568	568	1,007	0
	National Labs - Transformation Programme	No	0	241	241	147	147	229	12
Subtotal	**Transformation Programmes**		**0**	**1,415**	**1,415**	**715**	**715**	**1,403**	**12**
PHI	Homelessness	No	5	0	5	5	5	5	(0)
	SCRIS	No	**303**	(169)	134	22	7	134	0
	DAISY	No	0	0	0	0	0	50	(50)
Subtotal	**PHI**		**308**	**(169)**	**139**	**27**	**13**	**189**	**(50)**
P&CFS	SHSC Video Conferencing	No	0	0	0	0	0	20	(20)
Subtotal	**P&CFS**		**0**	**0**	**0**	**0**	**0**	**20**	**(20)**
RES	Formula Allocation		(174)	(506)	(680)	0	0	0	(680)
	Transfer of capital allocation to HIS (agreed as part of NBC)		0	**(100)**	(100)	0	0	0	(100)
	Reserves		**(174)**	**(606)**	**(780)**	**0**	**0**	**0**	**(780)**
	Total Capital Programme		**4,350**	**3,167**	**7,517**	**4,320**	**4,209**	**7,171**	**346**

SBU		LDP Capital Plan £'000	Movement in funding £'000	Revised Programme £'000	YTD Budget £'000	YTD Expenditure £'000	Full Year Expenditure £'000	FY Variance £'000
IT		**1,020**	**721**	**1,741**	**1,741**	**1,583**	**1,794**	**(53)**
PCF		**2,230**	**1,065**	**3,295**	**726**	**786**	**2,125**	**1,170**
PHI		**308**	**(169)**	**139**	**27**	**13**	**189**	**(50)**
P&CFS		**0**	**0**	**0**	**0**	**0**	**20**	**(20)**
SNBTS		**966**	**741**	**1,707**	**1,111**	**1,111**	**1,639**	**68**
SPST		**0**	**1,415**	**1,415**	**715**	**715**	**1,403**	**12**
Reserves		**(174)**	**(606)**	**(780)**	**0**	**0**	**0**	**(780)**
Total Capital Programmes		**4,350**	**3,167**	**7,517**	**4,320**	**4,209**	**7,171**	**346**

Appendix 4 – Efficiency Programme 2018/19

		Infrastructure		Procurement		Productivity		Workforce		Total	
	CRES Target (5%) £000	Rec £000	Non Rec £000	Rec £000	Non Rec £000	Rec £000	Non Rec £000	Rec £000	Non Rec £000	Rec £000	Non Rec £000
IT	825	450	0	0	0	0	110	0	0	450	110
P&CFS	1,141	78	0	242	427	0	40	46	368	366	835
PCF	1,117	0	0	0	0	0	267	575	0	575	267
PHI	914	0	0	0	0	992	657	262	0	1,254	657
SNBTS	2,002	0	0	290	0	773	526	967	0	2,030	526
BS	163	0	0	0	0	0	64	0	0	0	64
CD	**43**	**0**	**0**	**0**	**0**	**0**	**43**	**0**	**0**	**0**	**43**
CEaD	86	0	0	0	0	0	88	0	0	0	88
HR	**159**	**0**	**0**	**0**	**0**	**0**	**159**	**0**	**0**	**0**	**159**
S&G	90	0	0	0	0	0	90	0	0	0	90
RESERVES	1,145	0	0	0	1,000	0	0	0	0	0	1,000
NSD	**9,019**	**0**	**0**	**9,019**	**0**	**0**	**0**	**0**	**0**	**9,019**	**0**
TOTAL	**16,704**	**528**	**0**	**9,551**	**1,427**	**1,765**	**2,044**	**1,578**	**640**	**13,694**	**3,839**
									Efficiencies Delivered	**17,533**	
									Efficiencies Planned	**16,704**	
									Surplus/(Deficit)	**829**	

Efficiency Savings	SBU	RAG	Full Year Target	Year to Date	Forecast year end outturn
			£000s	£000s	£000s
Total savings target per agreed LDP			**16,704**	**13,920**	**16,704**
TOTAL RED EFFICIENCIES		**R**	**0**	**0**	**0**
TOTAL AMBER EFFICIENCIES		**A**	**0**	**0**	**0**
A&I - Increase efficiency/automation	PHI	G	33	33	**33**
A&I - Realignment of teams	PHI	G	95	95	**95**
A&I - Reduction in frequency	PHI	G	45	45	**45**
A&I - Reduction in service	PHI	G	246	246	**246**
CKRS - Income Generation	PHI	G	171	157	**171**
CKRS - Realignment of teams	PHI	G	114	114	**114**
CKRS - Reduction in service	PHI	G	195	195	**195**
CKRS - Reduction in service	PHI	G	102	102	**102**
Clinical - Income Generation	PHI	G	198	182	**198**
DM&SD - Income Generation	PHI	G	184	169	**184**
DM&SD - Realignment of teams	PHI	G	53	53	**53**
DM&SD - Streamline processes	PHI	G	113	113	**113**
HPS - Income Generation	PHI	G	104	104	**104**
HPS - Reduction in service	PHI	G	92	92	**92**
HPS - Reduction in service	PHI	G	166	166	**166**
Vacancies not Filled/reduction of travel costs	PCFS	G	268	268	**268**
Reduction in GP Stationery & NHS Publications	PCFS	G	200	184	**200**
eSystems Automation (inc termination of QOF charges)	PCFS	G	78	72	**78**
reduction in travel costs and leased cars	PCFS	G	42	39	**42**
Increase in SHSC income target	PCFS	G	40	30	**40**
Increase in Vacancy Factor	PCFS	G	100	100	**100**
Reduction in Clinical budget (sessional Fees)	PCFS	G	46	46	**46**
Vacancies not Filled	PCFS	G	427	366	**427**
Staff Rationalisation - dis-established posts & associated costs	SNBTS	G	867	867	**867**
Pay protection reduction	SNBTS	G	100	92	**100**
G&S demand reduction	SNBTS	G	200	183	**200**
Reduction in Leuco costs due to Quality Analyst	SNBTS	G	100	90	**100**
Diamed contract savings	SNBTS	G	175	160	**175**
Collaborative procurement - euro packs	SNBTS	G	91	74	**91**
Apheresis reduction	SNBTS	G	115	108	**115**
National Centre synergies	SNBTS	G	148	136	**148**
Reduction in sample storage	SNBTS	G	115	105	**115**
MVS Supplied maintenance reductions	SNBTS	G	100	90	**100**
HTLV Savings	SNBTS	G	20	10	**20**
Additional savings	SNBTS	G	274	290	**316**
Diamed Contract Settlement	SNBTS	G	274	210	**210**
Non Pay Savings	Clincal	G	43	17	**18**
Nurse Director - reduced to 0.6WTE	Clincal	G	43	25	**25**
Non Pay Savings	SPST	G	88	59	**88**
Non Pay Savings	SPST	G	77	51	**77**
Internal Audit	SPST	G	13	8	**13**
Shared Service - Financial Services	Business Services	G	92	0	**0**
Additional Income- FP&A	Business Services	G	64	57	**64**
Non Pay Savings	HR	G	159	145	**159**
Additional external income	IT	G	50	333	**110**
Savings to NSS from collaborative working IT tools such as Office 365	IT	G	50	0	**50**
NSS portion (including benefit to P & CFS) of National IT Contract (NITC) Atos OA eg up	IT	G	150	138	**150**
Hosted Only power efficiency & increased transaction volume efficiency from modernisi	IT	G	100	92	**100**
eLinks data transfer efficiencies	IT	G	100	92	**100**
Local Networks BW increase for same cost (cost aviodance)	IT	G	50	46	**50**
NSD Efficiencies	PCF	G	9,019	8,816	**9,019**
Contract Implementation Manager (Lothian)	PCF	G	74	74	**74**
Warehouse Manager Role removed from Budget	PCF	G	51	51	**51**
CI Supervisor Role removed from Budget	PCF	G	28	28	**28**
Data Analyst role	PCF	G	50	50	**50**
L&D costs	PCF	G	17	16	**17**
CLO costs	PCF	G	25	0	**25**
Business Development (Admin Support 2.6wte)	PCF	G	70	70	**70**
Stores Assistants	PCF	G	51	0	**51**
Vacancies not Filled	PCF	G	225	120	**225**
Masnet / Locums staff	PCF	G	189	189	**189**
Programme Manager	PCF	G	62	62	**62**
Reduction in Contingency	RES	G	1,000	1,000	1,000
TOTAL GREEN EFFICIENCIES		**G**	**17,631**	**16,924**	**17,533**
TOTAL EFFICIENCIES			**17,631**	**16,924**	**17,533**
Balance (outstanding) / overachieved			**927**	**3,005**	**829**

NSS Board
Friday, 5 April 2019

People Report February 2019

B/19/29

Purpose

The purpose of this paper is to inform the NSS Board of progress against the key workforce targets in the Great Place to Work Plan and to provide a summary of key workforce information as at 28 February 2019.

Recommendation

The Board is asked to note the information contained in the report and the key discussion points summarised below. It should also be noted that a full year end report will be presented at the next Board in June.

Timing

The report covers the Year to Date Position to February 2019.

Summary

The overall position in respect of workforce issues for NSS is in the main positive. However, there are a number of areas of concern that SBU Directors, with HR support are required to address. Firstly, sickness absence is increasing and needs to be managed within a robust process. There is evidence that in some areas absence isn't being managed as effectively as it could be. HR will be working with SBU Directors to ensure that proactive interventions are in place to manage sickness absence. The other area of concern is the four RIDDORs which have occurred within SNBTS, two of which occurred in month. HR is working with the SBU Director and other senior managers to ensure that measures are in place to prevent further occurrences. A National Slips and Trips campaign is due to be delivered at the end of March in collaboration with the Communications Team.

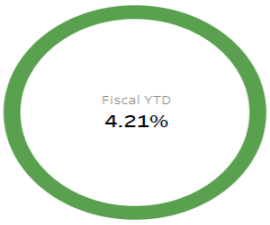
There has been a small increase in the sickness absence rate from December to February (0.13%) with the YTD at NSS level sitting at 4.21%. Based on current trend it is now anticipated that NSS will end the year just above target. This has also seen a rise in the cost of absence from £3.3m to £3.6m for current YTD. However, to provide further assurance NSS is regularly reported to have one of the lowest rates of absence in comparison to the other Boards across NHS Scotland.

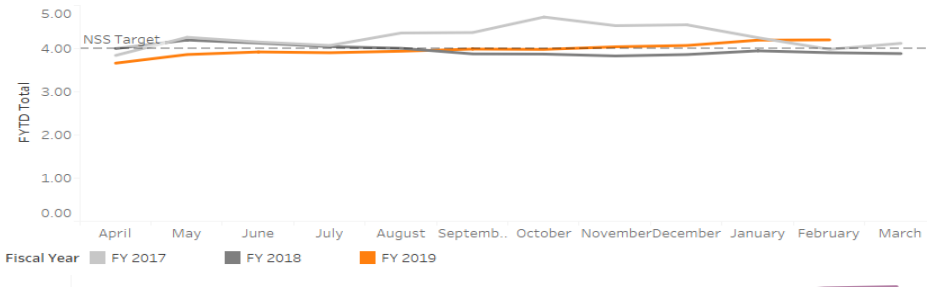
Turnover has increased since the last report by 1.02% with a current YTD position sitting at 7.85%. It is now forecasted that NSS will end the year just above 8% which is above the 7% target. Although there are no immediate concerns regarding the level of staff turnover within NSS, the Board should note that HR is currently developing a turnover breakdown dashboard in Tableau which will provide valuable insights and evidence into the reasons why employees choose to leave NSS.

The number of cases being supported by HR via the Managing Capability and Promoting Attendance framework has increased slightly with an average number of supported cases at 78. HR continues to support managers to ensure cases are managed effectively and staff are appropriately supported. A number of case management awareness sessions were run at the recent Senior Managers forum in order to develop an understanding of the leadership behaviours and qualities required to reduce the number of cases coming into HR. By demonstrating these leadership skills this will enable Senior Managers to champion the right values and take ownership of work place issues.

The target for statutory and mandatory training is on track to be achieved.

Sickness Absence





There has been a small increase in the sickness absence rate from December to February with the YTD at NSS level at 4.21%. Long Term absence has seen a slight increase by 0.08% currently sitting at 2.63% and Short Term absence has also seen an increase of 0.06% to 1.58%.

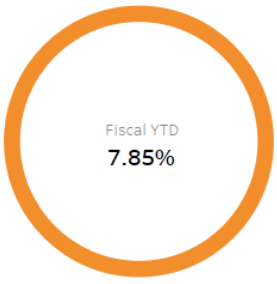
The top three reasons for absence at NSS level have continued to be the same since December.

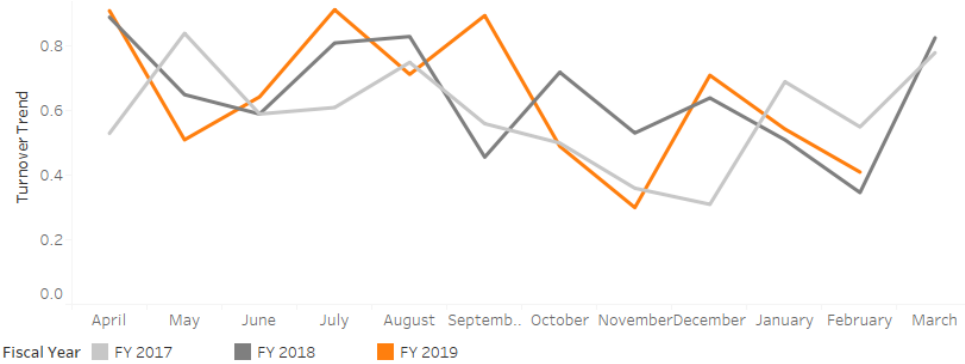
- Anxiety/stress/depression with the total hours lost increasing by 13,945 hours to 71,499 hours lost YTD along with a cost increase of £0.88m to £1.10m.
- Gastro-intestinal problems have seen an increase in hours lost from 19,598 to 23,969 hours and costs from £0.28m to £0.35m.
- Cold/flu is the second biggest reason with the number of hours increasing from 12,868 hours to 19,646 hours YTD, along with an associated increase of costs from £0.19m to £0.30m.

In addressing absence through anxiety/stress and depression, HR have a number of proactive interventions currently in place such as Mentally Healthy Workplace training for managers, (although this is available to all staff) to enable them to provide additional support. A Scotland Mental Health First Aid course is also offered to train staff to become a First Aider in Mental Health. It should be noted that some staff have already been trained and are currently deployed across NSS. HR also delivers a number of Health Fairs which promote and provide information on health and wellbeing, along with on-line stress questionnaires and self assessments to help support staff.

Furthermore HR supports SBUs, by providing on site HR clinics, awareness sessions, and regular engagement with HR BPs, Directors and Associates to discuss absence along with offering the appropriate support.

Turnover



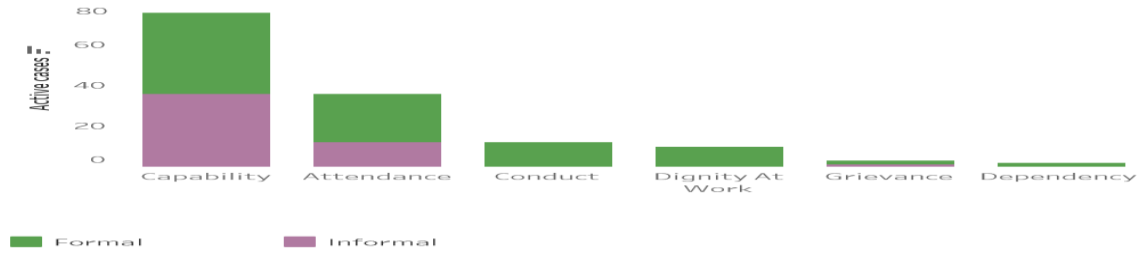


As highlighted in the summary, turnover has increased by 1.02% with a current YTD position sitting at 7.85%. It is now forecasted that NSS will end the year above the 8% target. The number of new

starters YTD is 251 with the number of leavers at 282 YTD. Turnover remains fairly steady, and therefore very little change to the workforce breakdown.

HR are currently developing a turnover breakdown dashboard within Tableau which will provide valuable and evidence based insights into reasons why staff are leaving, including how valued and developed staff feel, along with morale and career progression. This dashboard will be deployed in the new financial year.

Case Management and Recruitment



The number of cases being supported through the framework of Management of Capability and Promoting Attendance has increased slightly since December from 73% to 74% with HR currently supporting an average of 78 formal, active cases. HR Services continue to work with managers raising awareness of staff absences and providing advice to ensure that the cases are managed effectively and that staff are supported throughout their absence. As highlighted earlier, a number of sessions were run at the recent Senior Managers Forum in order to develop an understanding of the leadership behaviours and qualities required to reduce the number of cases that are referred to HR. By demonstrating these qualities senior managers will ensure that they display the right leadership skills championing the right values and taking ownership of workplace problems.

Recruitment activity has decreased since December, with the number of posts advertised which was 23 as opposed to 20 in February. There were 28 posts closed in February compared to 50 closed in December.

The Recruitment team were involved in providing User Acceptance Testing for the new National Recruitment system Jobtrain during January and February, which has now been implemented across NSS. HR have also delivered a number of Jobtrain system demonstrations to recruiting managers, where feedback on the new system has in the main been very positive, and we are starting to see an increase of candidate applications for NSS posts. As the system starts to embed across NSS, HR will be able to provide further insightful and evidence based data to further support this report and NSS.

Health and Safety

As highlighted in the summary, since the last report there have been a further two RIDDORs and the RIDDOR YTD total for 2018/2019 is four. All four RIDDORS have been within SNBTS and through analysis are all unrelated incidents, with the exception of those related to behaviours. HR have been working closely with the management within SNBTS, and the RIDDORs have been raised at the SNBTS National Safety Group, where they are ensuring further workplace inspections are being conducted, along with additional Health and Safety training for managers.

The highest rate of reported incidents/accidents throughout the year continues to be in slips and trips and falls with 21 incidents and 17 accidents, closely followed by struck by a moving/falling object with 21 incidents and 18 accidents reported YTD. However, in order to further increase the importance of Health and Safety in the workplace across NSS, a National Slips and Trips campaign is being launched across NSS at the end of March, working in collaboration with the Communications Team. Also being piloted is an Institution of Occupational Safety and Health

(IOSH) accredited eLearning package for managers which will include managing safety, understanding their roles and responsibilities and undertaking workplace risk assessments.

Statutory and Mandatory Training

Statutory Fire Safety Awareness Training is currently showing 79.21% compliance at the end of February with Mandatory for All Training three year courses showing 83.51%. All SBUs have been reminded to ensure staff training is prioritised in advance of the end of year.

Public Health Body

A paper by the HR Steering Group was presented to the Public Health Reform Programme Board in February, covering the review of workforce policies, workforce systems and workforce metrics and KPIs. The programme board were content with progress which is being made and this work continues.

The Public Health Programme Board agreed that given the scale of the staff transfer, all identified employees should transfer to Public Health Scotland on existing terms and conditions of employment. The programme board also agreed that structural change in respect of transferred staff (with the exception of the Chief Executive and immediate reports into the Chief Executive) should take place after transfer. That is the vast majority of staff will transfer in their current role and team structure. On this basis discussions have commenced with the Trade Unions on a 45 day consultation period, which they have indicated is acceptable.

A paper on the process to be applied to the filling of the Chief Executive and immediate reports was considered at the HR Steering Group on 12 March and following further discussion with the Trade Unions a paper will be taken to the next meeting of the Public Health Reform Programme Board.

There are implications from the Corporate Services project on certain groups of staff and that are related to the TUPE consultation and will require caveats for this.

A decision will be required by the programme board in respect of a single and aligned solution for day one payroll provision and this will be taken forward by the Corporate Services and HR project.

Jacqui Jones
Director of HR and Workforce Development
20 March 2019

B/19/30

NSS Board Meeting – 5th April 2019

Purpose
This paper seeks approval from the Board to approve the NSS Strategy and associated Stakeholder Engagement Plan.

Recommendation
For approval.

Timing
A decision is required by 5 April 2019.

Background
Since the approval of the NSS Strategy by the Board at its meeting in February, a number of refinements have been made.

- The EMT has agreed and finalised the strategic themes for the 'enable' strategic priority.
- SBUs have reviewed and agreed their 'underpin' goals and key deliverables for the period of the strategy and also identified the value this will create.
- The 'assist' priority now includes a section on Integration Joint Boards following engagement with the chair of the Chief Officers Group.
- The strategic objectives of customer at the heart, improving how we do thing, increasing our service impact and great place to work have now been incorporated.
- A draft has been created that will be used by Marketing Communications to create a public version of the strategy and other materials.
- A stakeholder engagement plan to support the delivery of the strategy has been developed with input from the EMT.

The attached pack includes the following:

1. The draft text and visual ideas for the public version of the document.
2. Tables setting out SBU goals, deliverables and the value this will create.
3. An outline stakeholder engagement plan to support the roll out of the strategy.

Additional notes:

Draft text
Introduction. This section uses the original text from the strategy discussion document. This was well received by stakeholders as it articulates the need for the new strategy and the operating context in which it has been created.
Where we are now. This section gives an idea of the visual approach we wish to take to our strategy document. Most strategy documents are text heavy and little read. Our goal is to adopt a more engaging and straightforward style throughout the document. We have a number of case studies that can be summarised and used throughout the document. Similarly we will develop a new at a glance section based on FY19 results that can be reused for our annual review.

Where we need to be. This section sets out our goals and deliverables in respect of the three strategic priorities of underpin, enable and assist. This has been updated to reflect final SBU commitments for 'underpin', the agreed activities for 'enable' and the additional commitment to Integration Joint Board within 'assist'.

How we will get there. This section shows how our continued focus on the NSS strategic objectives will enables NSS to deliver against its strategy. All of the enabling activity identified in the original strategy is covered within this section and there is more detail on corporate area deliverables.

Summary. This section will provide a one page summary of the strategy that can be used as a takeaway by stakeholders. The draft version shown will be updated to include the purpose and the final set of deliverables mapped against better health, better care and better value.

SBU tables
Copies of all the 5 step diagrams for each SBU are available on AdminControl. The tables have been created to help summarise SBU goals, the current situation, key deliverables and the value they will create over the next 5 years. Our intention is to use these tables to inform a strategic scorecard that will help the board understand how NSS is performing against its strategy.

Stakeholder engagement plan
We have used the Government Communications Service (GCS) framework for campaigns to develop the plan. It uses the OASIS approach to determine objectives, audience, strategy, implementation and success measures. This document will be used by Customer Engagement and Development to deliver a range of coordinated activities in support of the strategy.

Procurement and Legal

There are no procurement and legal requirements associated with this request.

Engagement

The strategy has been developed with input from external stakeholders, the NSS Board, the Executive Management Team, the NSS Partnership Forum and SBU Senior Management Teams.

Equality & Diversity

If approved, Equality Impact Assessments will be undertaken against the programmes of work contained with strategy – managed through our existing approach.

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Designation: Associate Director Strategy, Performance and Communications
Tel: 0131 275 7384
Email: matthewneilson@nhs.net

NSS Strategy 2019-2024

NHS National Services Scotland

Public Document (DRAFT)

Introduction

NHS National Services Scotland (NSS) provides national infrastructure services and solutions which are integral to NHSScotland. Using our expertise in a wide range of specialist areas, we are able to support a successful health and care service – locally, regionally and nationally.

Our main focus is on supporting NHSScotland, but we are now working more widely across health and care. This ensures the benefits and value we achieve through our national infrastructure can help many different areas of local front line services to improve outcomes for the people of Scotland.

Our national infrastructure is wide-ranging, covering clinical areas, such as the safe supply of blood, tissues and cells, through to non-clinical areas, such as providing essential digital platforms and cyber security for health and care.

We are also able to increase the value we create for health and care by bringing our services together and focusing them on delivering solutions in key areas, such as the shift to prevention and meeting NHSScotland's current priorities on waiting times, mental health and integration.

With the planned transition of Information Services Division (ISD) Scotland and Health Protection Scotland (HPS) to the new public health body in December 2019, we are at a point where our strategic focus needs to take account of this change and to confirm our future role and responsibilities.

Introduction

This strategy outlines areas our stakeholders have said they need us to deliver against over the next five years and has been informed by a number of key requirements for health and care:

Achieving the Scottish Government's priorities on mental health, waiting times and health and social care integration.

Enabling the people of Scotland to live longer, healthier lives at home or in a homely setting (1).

Ensuring everyone who provides healthcare in Scotland is able to demonstrate their professionalism (2).

Helping Scotland to become a more successful country by increasing the wellbeing of people and creating opportunities for everyone who lives here (3).

Taking the actions needed to shift NHSScotland towards long-term, fundamental change and securing its future (4).

1 - Health and Social Care Delivery Plan (2016); Scotland's Digital Health and Care Strategy (2018)
2 - Realistic Medicine (2016); Realising Realistic Medicine (2017); Practising Realistic Medicine (2018).
3 - Scotland's National Performance Framework (2018).
4 - NHS in Scotland 2018 (2018); The Governance of the NHS in Scotland – Ensuring Delivery of the Best Healthcare for Scotland (2018).

Introduction

We are committed to delivering services and solutions that support the achievement of these requirements. We also acknowledge that we must continue to evolve as an organisation and will need to:

- Increase our pace of change so the value we create for health and care can be realised more quickly.
- Continuously develop our services so they support a step change in improving health performance and delivering health and care outcomes.
- Ensure our future sustainability by developing our workforce, improving our productivity and ensuring our services are the most efficient they can be.
- Optimise our governance and build strong and compassionate leadership in all areas of the organisation.

NSS Strategy 2019-2024

Where we are now

Our purpose

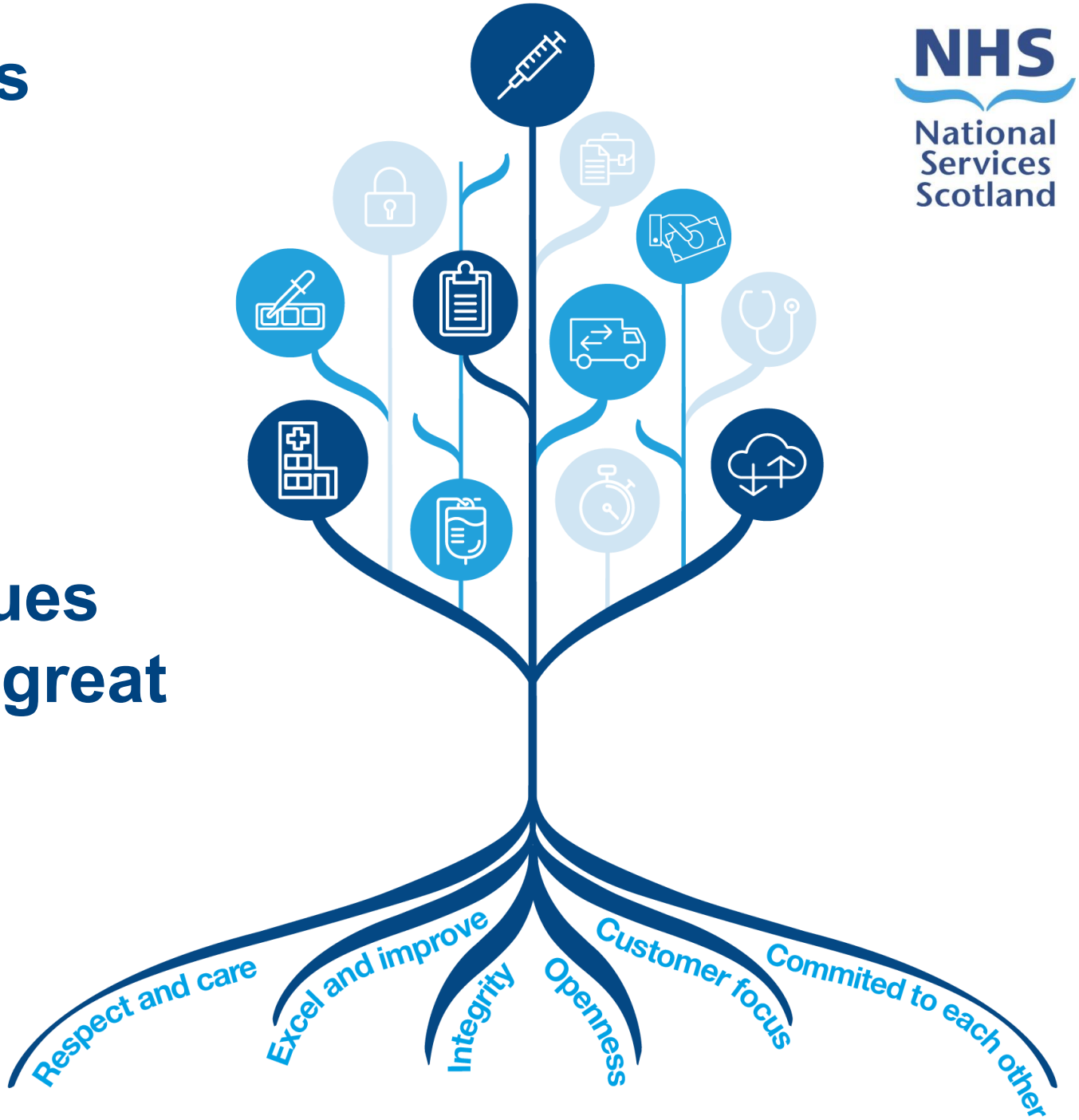
NHS National Services Scotland

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

Our values

NHS National Services Scotland

Great values underpin great delivery



Our current services

NHS National Services Scotland

Our key successes
Example infographic

NHS National Services Scotland

This document provides information on aspects of our performance in year 2017/18.

Local Intelligence Support Teams (LIST) actively worked with GP clusters to support intelligence-led decision making in 90% of health and social care partnerships against a target of 60% and provided sustained support to all Integrated Authorities.

The value of our national contracts has increased from £1,400 million to £1,440 million, as well as saving £31 million spend on vital goods and services for the benefit of patients across Scotland.

We have 112,388 active donors from who we collected 151,323 donations and supplied 188,298 blood components to the rest of NHSScotland.

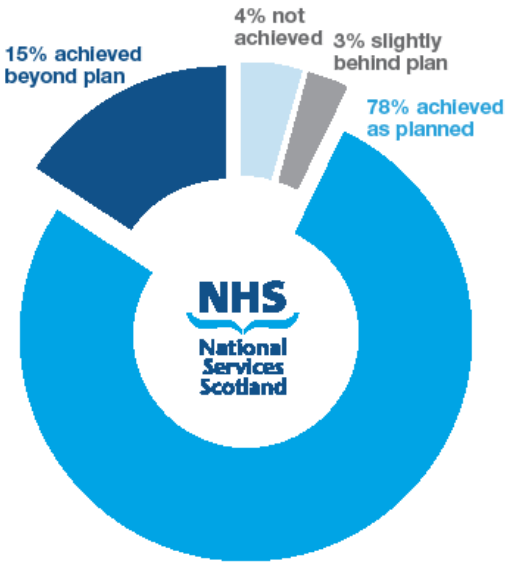
This includes 127,114 adult red cell units transfused to 28,795 patients. 1,655 neonatal blood cell units transfused to 602 babies.

Over 98% of goods worth £150 million delivered on time in full (OTIF).

National IT contracts delivered as planned for the NHS in Scotland and the wider public sector to the value of £45 million.

£207 million commissioned national specialist services for rare conditions on behalf of NHS Boards.

The home oxygen service continues to aid around 6,400 patients across Scotland.



Local Delivery Plan - achievement of milestones 93%

NSS customer satisfaction score was at 75% against a target of 70%. We have worked with our business units to develop action plans to improve customer satisfaction.

We achieved 80% Good Corporate Citizen score which shows how sustainable our organisation is and the impact on the environment.

Our iMatter staff survey resulted in a participation rate of 76% with an employee engagement index of 77% in 2017/18.

Sickness absence for the year 2017/18 was at 3.89% which is below the target of 4%.

During 2017/18 Counter Fraud Service (CFS) actions and initiatives are estimated to have reduced financial crime in NHSScotland by £3.7 million.

CFS also recovered £935,000 from patients who claimed exemption but were not exempt from payment for services received.

We achieved 99.9% accuracy for all primary care contractor payments against a target of 99.5%. Over 552,000 patient medical records were transferred and met the target timescales. Targets of 80% of electronic records transferred within two weeks and 80% of paper records transferred within six weeks were met. All patient registrations were achieved within timescales.

A total of 419 incidents and outbreaks were reported by NHS Boards to Health Protection Scotland between April 2017 and March 2018, covering a wide range of infectious diseases. All of these were managed in line with national guidelines.

£808,000 savings achieved by getting best value from Public Private Partnerships working with NHS Boards. This was against a target goal of £500,000 for 2017/18.

In 2017/18, we supported the NHS in Scotland to reduce its consumption and spend on energy. From a base year of 2015/16, reduced energy use by 2.4% and CO_2 emissions by 14%. This delivered a cost saving of £11.5 million or 10.6%.

Our Central Legal Office charges were 65% lower when compared with the pursuers' expenses in the settled cases during this year.

Our key successes

Example case studies

NHS National Services Scotland

NHS National Services Scotland

Major trauma in Scotland

Pioneering clinical excellence

Specialist Health Care Commissioning

Partners involved in project
Scottish Government
Scottish Ambulance Service
All health boards in Scotland
Four regional trauma networks: North, East, West and South East

Working with the Scottish Government, NSS is helping to lead the coordination for the development of Scotland's new trauma network - designed to **deliver the highest quality** of integrated, multi-speciality care for severely injured patients. As part of this, four new Major Trauma Centres (MTCs) will be launching in the next few years, the first two of which will open in Aberdeen and Dundee later this year.

The Scottish Trauma Network was set up following a review of trauma care in Scotland, to **improve and optimise** the health and wellbeing of the seriously injured and to pioneer clinical excellence, health intelligence, innovation, education and research. The Scottish Trauma Network will involve the Scottish Ambulance Service and hospitals across Scotland, including the four major trauma centres with staff in each region supporting the implementation of the new trauma network across Scotland.

This new approach to trauma care will save more lives and improve patient outcomes throughout the trauma pathway – from prevention to rehabilitation. The new trauma centres will deliver the **'Once for Scotland'** approach, ensuring that no matter where an individual has their trauma incident in Scotland, they will receive the same high level of integrated multi-specialised care.

Interested in finding out more? Contact nss.communications@nhs.net

@NHSNSS

nhsnss.org

Our key successes

Example case studies

NHS National Services Scotland

Modernising diabetes care in Scotland

NHS National Services Scotland

3,990 patients on insulin pumps

National Procurement

Partners involved in project
All health boards in Scotland
Diabetes Scotland

Currently Scotland has the third highest incidence of type 1 diabetes in the world, and work is being done at a national level to ensure more patients have appropriate **access to new technology** as it becomes available.

In the last few years insulin pumps and associated technology have revolutionised patient care in Scotland, enabling patients to have better control and **more independence** in how they manage their condition. Insulin pumps allow more tailored control, normally eliminating the need for multiple daily injections.

Central funding from the Scottish Government has allowed health boards to support the increased investment in insulin pump technology in recent years. At the time of writing, there are **3,990 patients in Scotland on insulin pumps**, with 1,111 of those aged under 18 such as Jacob (pictured).

In National Procurement, insulin infusion pumps and associated technology are sourced for supply to NHSScotland, with input from a clinical advisory panel (CAP). The CAP has representation from all health boards in Scotland including paediatric and adult clinical teams as well as patient representatives who are invited to review products and determine tender requirements. Each tender then specifies additional requirements, such as training in equipment and supply of **education programmes** for patients.

To find out more about how NSS can support local authorities please contact Tom McHugh on tom.mchugh@nhs.net

@NHSNSS

nhsnss.org

Our key successes

Example case studies

NHS National Services Scotland

Transforming patient experience through technology

NHS National Services Scotland

Shorter hospital stays for patients

Partners involved in project
NHS Highland
Highland and Islands Enterprise
Scottish Government
Digital Health & Care Institute

A 'smart' pill has been revolutionising the treatment of bowel disorders, in a pilot programme in the Highlands. NSS staff have been working to further the progress of the programme, providing expertise in a number of different areas and working in partnership with health boards and other organisations.

The colon capsule endoscopy (CCE) is used to investigate bowel problems in patients. The capsule camera is swallowed by the patient and the images are then reviewed. This type of investigation is more convenient for patients, as it eliminates the need for more invasive procedures such as a traditional colonoscopy.

The success of the pill has now led to programmes which will further evaluate the colon capsule technology to determine whether it can become routinely available across the country.

David (pictured) became seriously unwell and was airlifted off his oil rig in the North Sea with unexplained internal bleeding. He underwent a procedure using similar technology to the CCE, which ultimately helped save his life and get David home to his wife and two young daughters.

> **"The camera identified where blood started to appear in my bowel. This gave the surgeons a starting point to perform my surgery, minimising my time in theatre."**

Interested in finding out more? Contact nss.communications@nhs.net

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Our existing commitments

Although our strategy looks forward 5 years, we recognise there are some important existing commitments we still need to deliver.

NHSScotland priorities

Scottish Government has identified the following priorities for health and care:

- mental health;
- waiting times; and
- health and social care integration.

We already have a range of examples where we support these areas, including providing data to support decision making around service provision; technology to provide information to patients; and supporting services to allow people receive the right care in the right setting.

We will continue to work with health and social care partners to identify where we can best support local delivery to make improvements in these priority areas.

Our existing commitments

Public Health Scotland

We will ensure the smooth and successful transition of Information Services Division (ISD) Scotland and Health Protection Scotland (HPS) to the new public health body in December 2019. We will also co-create a corporate services solution for the new body so that Public Health Scotland can focus a greater proportion of its efforts on achieving the national public health priorities.

This supports ambitions for improving public health and supporting the shift in care to prevention and early intervention.

National Boards Collaboration

We will work with our National Board partners to further improve the quality, value and efficiency of national services. We will support delivery of the National Board Collaborative priorities of: improvement, transformation and evaluation; digitally enabled service redesign; and a sustainable workforce.

This work supports the need for more effective, joined up and consistent national services to support regional and local delivery.

NSS Strategy 2019-2024

Where we need to be

Our vision

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

We want the people of Scotland to have the best possible health and care service in the world. We know we can play an important role in making this a reality for them.

Over the next five years we will support the change that is needed across health and care, while also reforming our services so they remain integral to the ongoing success of NHSScotland and the wider health and care landscape.

Our priorities

Our stakeholders have told us where they need us to prioritise our efforts for the next 5 years:

1. Enabling health and care transformation with new services.
2. Underpinning NHSScotland with excellent services.
3. Assisting other organisations involved in health and care.

Enabling health and care transformation with new services

NHS National Services Scotland

We will harness the wide ranging skills and expertise NSS has to deliver better care, better health and better value for Scotland.

Primary and community care

We will enable the modernisation and integration of primary and community care in Scotland. This includes assessing primary care capability and capacity, supporting the modernisation and integration of primary care systems and processes, assessing the current state of the general practice estate and actively engaging with community care to understand their needs.

This programme will help deliver a more sustainable and resilient primary and community care service that improves patient care with more effective multi-disciplinary team working.

Medicines

We will enable the introduction of new treatments, develop the use of genomics and cellular therapies and help improve prescribing pathways. This includes reviewing and redesigning prescribing pathways and improving access to medicines data, support the research, development and introduction of new treatments and ensuring Scotland gets best value from its spend on medicines.

This programme will help ambitions for the right medicine or right treatment to be given to the right patient at the right time and by the right clinician in any location.

Enabling health and care transformation with new services

We will harness the wide ranging skills and expertise NSS has to deliver better care, better health and better value for Scotland.

Digital and data

We will enable the successful delivery of the digital health and care strategy. This includes optimising the use of the public cloud, creating a new national security operations centre for NHSScotland and improving access and use of NSS national data sets.

This programme will help our customers turn ideas into practical digital-first solutions through digital service transformation.

Transformation, innovation and integration

We will enable stakeholders and partners in Scottish Government, territorial health boards, regions and integration authorities to deliver change. This includes developing an innovation network with partners, harnessing expertise to support innovators and supporting the scale up of key innovations across Scotland.

This programme will help maximise the potential for key innovations to be successfully implemented across health and care in Scotland.

Underpinning NHSScotland with excellent services

Better health

The Scottish National Blood Transfusion Service (SNBTS) will ensure that hospital blood banks are supported to provide adequate staffing levels, regulatory compliance and clinical safety. They will introduce 'eBlood' management systems to support supply and stock accuracy and deliver supply chain efficiencies.
SNBTS will continue to supply a resilient, safe and sustainable blood, tissue and cell delivery model.

Health Protection Scotland (HPS) will move to Public Health Scotland in December 2019. This is a new public body which will bring together expertise in public health and support different ways of working to build a whole system approach to improve health and reduce health inequalities.
HPS will protect the health and wellbeing of the people of Scotland, developing resilience and capacity to support new and emerging threats.

National Services Division (NSD) will continue to commission a range of health services, networks and screening services. Through their national planning arrangements, they will support the design of tertiary care in Scotland.
NSD aims to improve the health of those who require specialist care that can't be provided locally and those who require tertiary services.

Underpinning NHSScotland with excellent services

Better care

Health Facilities Scotland (HFS) will utilise its technical and operational expertise to develop the national approach to infrastructure management through their support to the National Infrastructure Board and stewardship of the strategic facilities agenda. They will also support the NHS in Scotland to improve the sustainability of services by limiting their impact on the environment and helping them adapt to climate change.
HFS will use its expertise to support safe, fit for purpose infrastructure and reduce environmental impact.

Practitioner Services Division (PSD) will continue to provide best in class payment, patient registration and records transfer for primary and community care contractor services (general practice, community dental, community pharmacy and optometry). Over the forthcoming period of this strategy they will fully automate all primary care payments and fully refresh the Community Health Index.
PSD aim to provide faster and more accurate payments, increased productivity and cost efficiencies to release resources for other activities.

Underpinning NHSScotland with excellent services

Better care

Digital and Security (D&S) will transform digital and security capabilities by adopting a 'security to design' approach in the delivery of digital services and cloud platforms. This will enable on demand access to critical systems and business intelligence for informed decision making.

D&S will ensure health boards and health and social care partnerships are able to function efficiently and safely.

Information Services Division (ISD) Scotland will move to Public Health Scotland in December 2019. This is a new public body which will bring together expertise in public health and support different ways of working to build a whole system approach to improve health and reduce health inequalities.

ISD will provide joined up data and intelligence to the public, professionals and public bodies.

Underpinning NHSScotland with excellent services

Better value

National Procurement (NP) will continue to underpin medicine programmes by supporting vaccine initiatives and patient access schemes. They will make better use of technology to deliver a more efficient service for all their customers and support initiatives to ensure the optimal use of the products and service solutions they provide.
NP will focus its efforts on achieving best value in procurement and supply chain services for NHSScotland.

Counter Fraud Service (CFS) will ensure a continued drive to countering fraud with a goal of increasing detection and prosecution of fraud against the NHS in Scotland. They will achieve this by introducing new skills, such as business analytics, and adopting new detection technologies, such as artificial intelligence.
The savings made from detecting and stopping crime will support the NHS in Scotland in times of significant financial challenge.

Underpinning NHSScotland with excellent services

Better value

Central Legal Office (CLO) will continue to provide high quality and highly rated legal services in relation to litigation, employment, property and commercial contracts. They will redesign and improve their services using digital technologies, ensuring they are aligned to Scotland's Digital Justice ambitions. They will also continue to benchmark their costs to ensure they represent best value for their clients.
CLO will create a more efficient, user focused and easier to access service.

Programme Management Services (PGMS) will help organisations realise the benefits of their critical health and care change programmes by providing a flexible and scalable approach to portfolio management, programme and project management and programme assurance. They will launch a transformation support service for health and care.
PGMS will support the transformation of health and care and ensure benefits can be realised at pace.

Assisting other organisations involved in health and care

NHS National Services Scotland

By connecting with partners and stakeholders in other public bodies, we can use our national position to ensure our services, solutions and programmes of work are aligned to, coordinated with and integrated into regional and local initiatives. This will help ensure we are supporting transformation throughout the health and care system.

With Integration Joint Boards

We will strengthen our relationships with Chief Officers and explore opportunities to support changes that deliver against recommendations set out in the Ministerial Strategic Group for Health and Community Care's Review of Progress with Integration of Health and Social Care (2019).

With Local Government

We will continue to strengthen our relationships with local authorities and governing bodies, such as the Convention of Scottish Local Authorities (COSLA) and the Society of Local Authority Chief Executives (SOLACE).

Assisting other organisations involved in health and care

NHS National Services Scotland

With the Third Sector

We will ensure we comply with Public Participation Standards and will work with the Scottish Health Council and national organisations, such as the Scottish Council of Voluntary Organisations, to deliver a new public participation strategy.

With Emergency Services

We acknowledge that the Scottish Fire and Rescue Service and Police Scotland are key partners in delivering joined up health and care services. We will seek opportunities to collaborate with them on activities that benefit health and care.

NSS Strategy 2019-2024

How we will get there

Our strategic objectives

NSS recognises that its ambitions can only be achieved by successfully aligning our mission, vision and values with our strategic priorities and operational delivery plan. To help us measure our success, we have adapted the balanced scorecard approach and created four strategic objectives.

- Customers at the heart
- Improving the way we do things
- Increasing our service impact
- Great place to work

Customer at the heart

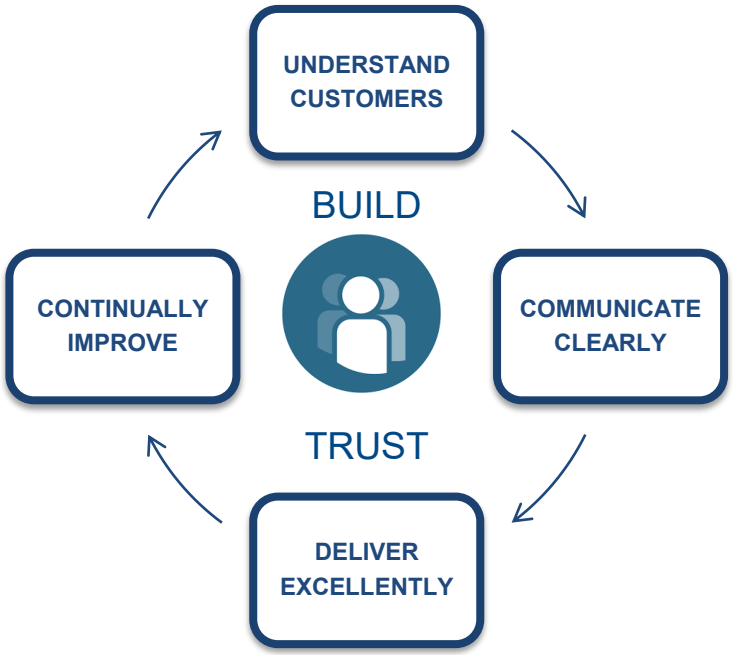
We recognise that as the provider of national infrastructure services and solutions our stakeholder and customers are at the heart of everything we do.

Our primary goal is to build and maintain trust, so that stakeholders and customers can be confident that we can and will deliver what they need us to.

NSS already performs well against UK benchmarks for customer satisfaction and our customer engagement index helps us to track and monitor performance.

To help improve performance, all services are now required to produce an annual customer action plan and customer at the heart standards are being introduced.

This will ensure every part of the organisation is proactively engaging with customers and stakeholders as they improve or transform existing services or create new services or solutions.



Customers at the Heart Standards

Improving how we do things

We are introducing a Service Sustainability Plan to ensure financial and workforce sustainability while also delivering the transformation of NSS services.

The NSS Service Sustainability Plan is focused on delivering three primary outcomes during the lifetime of this strategy:

- Strong financial management
- Workforce effectiveness
- Transformed services

Our approach is based on having a full understanding of our cost drivers, exploring the workforce challenges we face now and could face in the future, and better recognising the value our services can create.

Ensuring our service are fully optimised and sustainable gives us confidence that we can deliver against our strategic priorities.

Increasing our service impact

This objective will assess how services are performing against the goals and deliverables set out in our strategic priorities. NSS is also committed to improving the corporate services that underpin its frontline services.

Finance will deliver excellence in strategic financial management. They will achieve this by adopting a digital first operating model, optimising procurement and improving reporting to help the organisation achieve financial balance.

HR will provide innovative people solutions. They will achieve this through effective workforce planning, promoting and supporting flexible working, adopting artificial intelligence to access to HR Services and placing wellbeing at the heart of their service delivery.

Clinical will ensure NSS services and solutions meet Scotland's health and social care needs and deliver value to the people of Scotland. They will achieve this by aligning NSS activity with the approaches, behaviour and attitudes of Realistic Medicine, increasing our engagement with clinical leadership and delivering the next level of maturity on clinical assurance and quality improvement across NSS.

Strategy, Performance and Service Transformation will be integral to a world leading health service. They will achieve this by delivering subject matter expertise in specialist areas, supporting the Board to ensure all aspects of the Board Assurance Framework are met and supporting service transformation across NSS.

Great place to work

We want all our staff to thrive and be successful.
Their success is our success.

NSS has placed significant focus in making our organisation a great place to work. We assess and measure our performance against the NHSScotland staff governance standards using iMatter. Presently we are in the upper quartile of NHSScotland performance, but acknowledge there is more we can do – especially as we seek to transform ourselves and help transform others.

Consequently, we have considered the type of organisation we need to be to meet our five year strategy and have identified key principles to define our approach.

NSS needs to be an organisation that:

- Values its employees as its greatest asset
- Treats all employees with dignity and respect
- Celebrates and supports diversity and difference
- Promotes a culture of health and wellbeing for all
- Encourages collaborative and values based leadership at all levels

The NSS Great Place to Work Plan and NSS Workforce Strategy sets out our approach and actions. It has been developed in partnership with staff and the unions. Governance and oversight will come from our Board, Scottish Government and the unions.

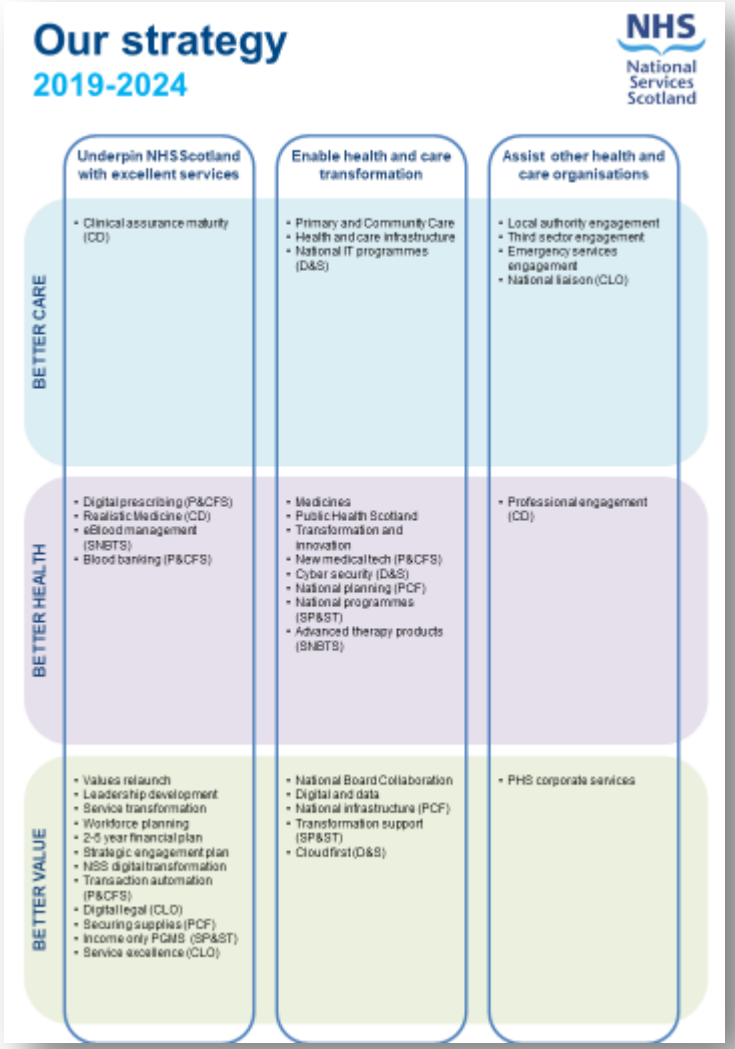
NHS National Services Scotland

NSS Strategy 2019-2024

Summary

Strategy summary

NHS National Services Scotland



NSS Strategy draft March 2019

The following tables summarise the strategic intent and key deliverables for each service area for Underpin.

Tables will be created for each strategic theme following EMT agreement of which ones will be prioritised.

Underpin

Service	5 year goal	Current position	Key deliverable(s)	Value created
Central Legal Office	Fully digital and integrated legal service	• Paper file based legal service • Significant volumes of paper • Heavy files and difficult to transport and share • Scottish court system is moving to digital	• Creation of a CLO portal for managing and sharing legal and medical records • Introduction of a secure online collaboration space • Developing the case management system into eFiling system • Shape and support the development of a digital Scottish court system	• More efficient • User focused • Easier to access • Smaller property footprint • More agile team working • Customer satisfaction

Service	5 year goal	Current position	Key deliverable(s)	Value created
Practitioner Services	Full automation of primary care payments for general practice, dentistry, pharmacy and ophthalmology.	• General practice – XX% automation • Dentistry – XX% • Pharmacy – 76% • Ophthalmology –	• Introduction of a new Data Capture Validation and Pricing (DCVP) system. • Total refresh of the	• Faster and more accurate payments • Increased productivity • Cost efficiencies

		100%	Community Health Index (CHI).	
Counter Fraud Services	Increased detection and prosecution of fraud against NHSScotland.	• Growth in recovery from patient exemption fraud/error • Limited detection capability	• Introduction of new skills, such as business analytics. • Adoption of new detection technology, such as artificial intelligence.	• Protecting resources • Faster detection • Increased deterrence

Service	5 year goal	Current position	Key deliverable(s)	Value created
Scottish National Blood Transfusion Service	Ensure resilient, safe and sustainable blood service delivery model.	• Sustainability issues in remote areas • General v specialist expertise • Dilution of competencies and experience	• Hospital blood banks support (staffing, regulatory compliance and clinical safety) • Introduction of 'eBlood Management' (smart fridges, stock replenishment system, vendor managed inventory system)	• Regulatory compliance • Improved safety across Scottish hospitals • Reduced need for 24/7 staffing to support transfusion • Supply and stock accuracy, availability and visibility • Supply chain efficiencies

Service	5 year goal	Current position	Key deliverable(s)	Value created
Digital & Cyber Security	Transform our digital and cyber security	• Reliable health based IT service	• We will achieve our goal through a	• Health boards and health and social

	capabilities.	provider with established customer base and some influence across broader public sector IT domain.	‘security to design’ approach in the delivery of our digital services and cloud platforms, enabling on demand access to critical systems and business intelligence for informed decision making.	care partnerships are able to function efficiently and safely and make informed decisions.

Service	5 year goal	Current position	Key deliverable(s)	Value created
Procurement, Commissioning and Facilities	We will ensure our procurement and supply chain service delivers best value and continues to support health and care by supporting initiatives to make better use of the products and service solutions we provide. We will continue to underpin medicine programmes by supporting vaccine initiatives and patient access schemes.	• Trusted and respected by stakeholders. Good reputation, especially where needed to support urgent matters.	• Internal transformation for national procurement and better use of technology for more efficient service.	• Deliver best value for the NHS in Scotland and improve health by making best use of the products and service solutions we provide.
	We will commission and co-ordinate a range of	• Respected partner in providing	• Provide a delivery mechanism for the	• Improve the health of those who

	services, networks and screening services Through our national planning arrangements, we will support the design of tertiary care in Scotland. We will utilise our technical and operational expertise to further develop the national approach to infrastructure management through our support to the National Infrastructure Board, and stewardship of the strategic facilities agenda. We will also support the NHS in Scotland improve the sustainability of services by limiting their impact on the environment and helping them adapt to climate change.	expertise in commissioning national specialist and screening services. • Trusted and respected for advice. Working to develop regional and national models of facilities management.	work of service design and asset planning using the National Planning Board & Infrastructure Board • Centre of expertise and assurance for SG for policy and technical advice, working with infrastructure board. Continue to work with regional planning groups around a consistent facilities and estates model. Implement 'one facilities management' delivery model for national boards.	require specialist care and tertiary services. • Safe, fit for purpose infrastructure and reducing environmental impact.

Service	5 year goal	Current position	Key deliverable(s)	Value created
Public Health and	A robust health protection function and	• Developing capacity and resilience to	• Move to Public Health Scotland by	• Protect and improve the health

Intelligence	joined up public service data and intelligence.	enable us to respond to new and emerging threats. • Demand for analysis and decision support is growing.	December 19	and wellbeing of the people of Scotland.

Service	5 year goal	Current position	Key deliverable(s)	Value created
Strategy, Performance and Service Transformation	To be integral to a world leading health service	• Enabling service transformation, supporting continuous improvement, championing best practice.	• SPST strategy • Launch transformation support for health and care. • PGMS move to externally funded business model.	• Support service to underpin transformation of health • Business support area that is focused on customer care and

Service	5 year goal	Current position	Key deliverable(s)	Value created
Finance	**Delivering excellence in strategic financial management enabled by sound governance, business insight and efficient and effective services.**	• Financial control processes are sound, with evidence of variation, and opportunities to simplify and automate. • Financial reporting is resource intensive and	• A new digital first operating model • Optimising value and reducing cost through zero based budgeting, cost consciousness and optimising procurement. • Improved reporting, utilising business	• Strong financial management • Better business decisions • Transformed services

		historic. • Support to business units inconsistent and reactive.	intelligence technology. • Opportunities for career development for our staff	

Service	5 year goal	Current position	Key deliverable(s)	Value created
Clinical	To ensure NSS services and solutions meet Scotland's health and social care needs and deliver value to the people of Scotland	• Providing professional insight and networks. • Informing and shaping solutions. • Effective clinical governance	• Aligning activity with the approaches, behaviour and attitudes of Realistic Medicine and on delivering triple value. • Increase clinical leadership and engagement, focusing on strategic themes (including primary care, medicines, data and clinical services transformation). • Achieve a next level of maturity across NSS on clinical assurance and quality improvement, increasing our RDI	• Maximised personalised, allocative and technical value.

			impact in support of health and social care.	

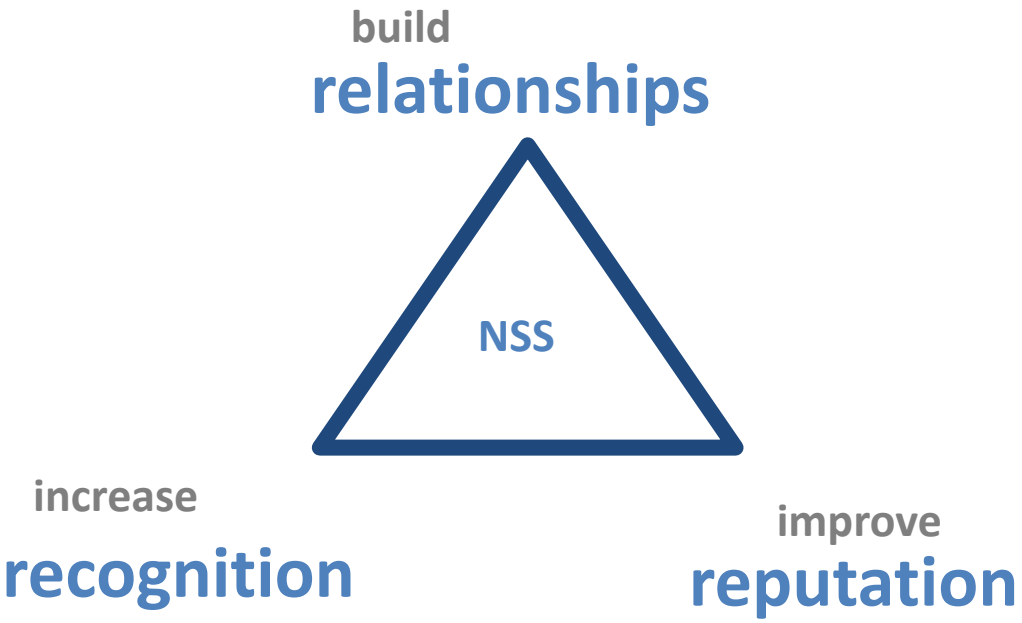
Service	5 year goal	Current position	Key deliverable(s)	Value created
Human Resources	Providing innovative people solutions and leadership to enable NSS and our partners to improve the health and wellbeing of the people of Scotland.	• Continuing a journey to transform services to improve people' experience. Improving processes and management information. • Embracing flexible, agile and quality approach. • Key role in the development of 'Once for Scotland' / nationals / regional approach where applicable.	• Lead and drive effective workforce planning to deliver against future service needs. • Promote and support smart flexible working to allow staff to achieve their full potential and support service delivery. • Use artificial intelligence to expand and enhance the customer experience and access to HR Services; • To place wellbeing at the heart of service delivery;	• Provides professional advice and expertise on people related matters; • Delivers strategies that keep our people Healthy, Well, Safe and here; • Employee engagement that supports the delivery of NSS being a Great Place to Work; • Provides people evidenced based data and insights around the performance of our people within NSS;

				• Provision of a continually cost effective service;

NSS Strategy 2019-2024

Stakeholder engagement plan

Objectives



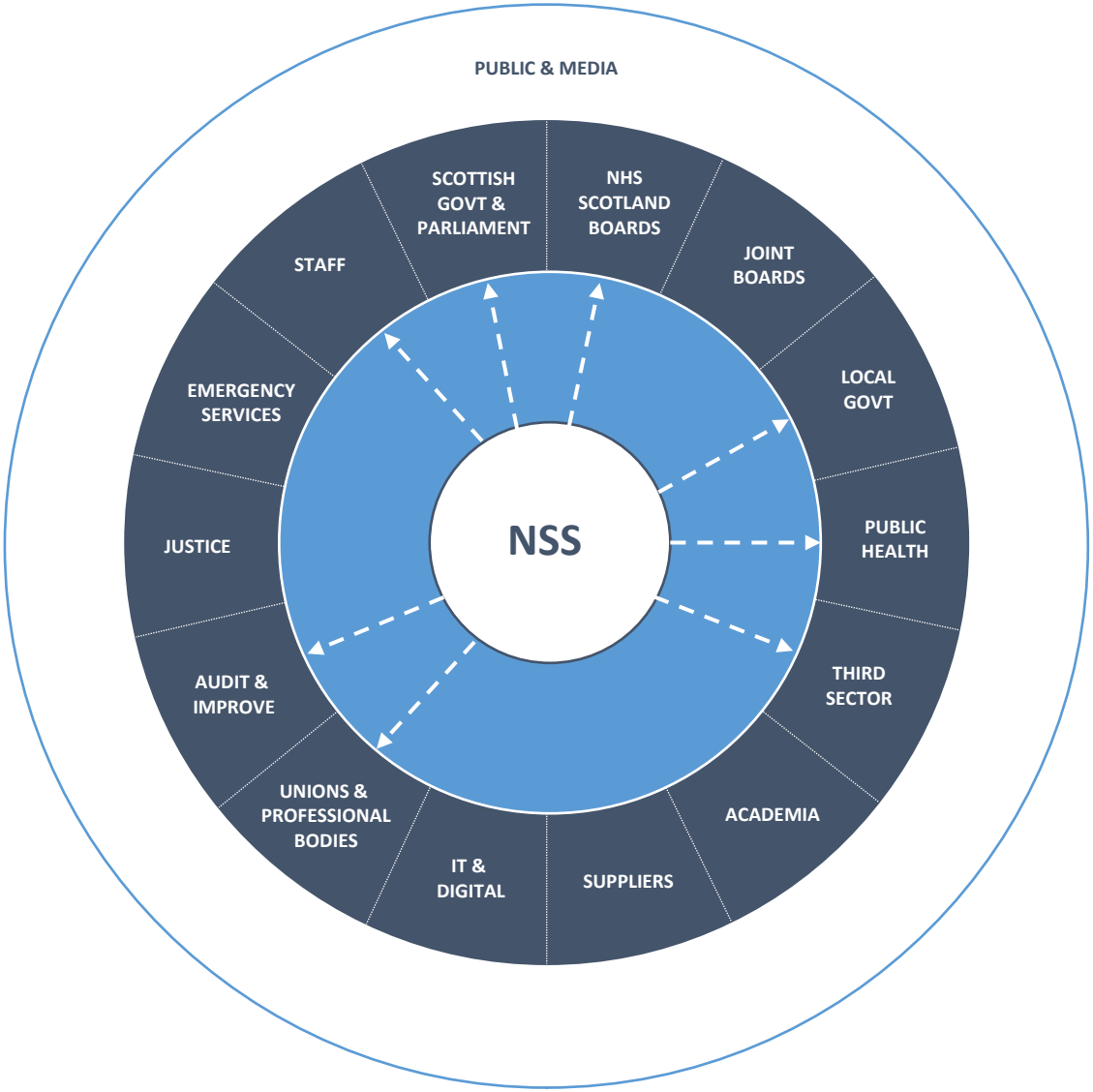
To **increase recognition** by key stakeholders of the value that NSS creates for health and care.

To **improve** our **reputation** as a trusted partner for national infrastructure solutions in health and care.

To **build** strong and successful **relationships** with key partners and stakeholders in health and care.

Audience

Our stakeholder landscape



The main interface with stakeholders is typically managed through our SBUs and service delivery.

NSS also has direct corporate relationships with key stakeholders.

Audience

Key corporate stakeholders

The EMT identified 12 key corporate stakeholders as our primary audience. We recommend assessing NSS service performance in relation to these 12 stakeholders to understand any potential issues that need addressing.

Stakeholder Group	Key Stakeholder
Scottish Government & Parliament	Cabinet Secretary for Health and Sport NHSScotland Chief Executive Chief Medical Officer Health Finance eHealth
Territorial Boards	NHS Ayrshire & Arran (West) NHS Lothian (East) NHS Highland (North)
National Boards	NHS Education for Scotland NHS 24 Health Scotland Healthcare Improvement Scotland

Strategy

Engagement approach

- Initial focus on communicating overall strategy
  - Staff engagement (internal stakeholders)
  - NHSScotland event (external stakeholders)

- Focus throughout the year will be on strategic themes
  - Key messages developed for each theme
  - New collateral, e.g. case studies/thought leadership

- Central tracking of engagements

- New reports on activity and success measures

Strategy

Draft overarching key messages

Overarching
"NHS National Services Scotland (NSS) is a national board operating right at the heart of NHSScotland. NSS provides national services and solutions which are integral to improving the health and wellbeing of the people of Scotland. *Supporting Scotland's health.* *Delivering for Scotland and improving for the future."*

Enable	Underpin	Assist
"NSS delivers excellent national core services, while supporting health and care transformation with the delivery of new services. *NSS delivers excellent national core services, while supporting improvements to the health and wellbeing of the people of Scotland."*	*"NSS provides core infrastructure services to NHSScotland, working to continually improve the quality and value of these services."*	*"By collaborating with other public bodies, NSS works to ensure that our core services and solutions can be integrated across Scotland."*

Staff
"Our values define and underpin our organisation, ensuring that NSS is an organisation that continues to attract and retain staff. "

Strategy

Visual approach (NHSScotland Event)

Implementation

Outline plan

	April	May	June	July
Actions	Finalise NSS Primary Care Transformation engagement plan	Link Complaints, FOI, and survey feedback loops	Finalise NSS Medicines engagement plan	Conduct quarterly stakeholder mapping
	Key message workshops	Finalise NSS strategic key messages	Develop 19/20 exec engagement content	Re-evaluate action plan
	Staff communications plan	Develop thought leadership calendar	Deliver 1st board stakeholder update	
	Media response plan			
Events	Primary Care Phase 2 approval **Engagements:** Richard Foggo – Director Primary Care NHS Chief Executives Meeting NHS Chairs Meeting NHS National Boards CEO Meeting	NHS Event **Engagements:** NHS Chief Executives Meeting NHS Chairs Meeting NHS National Boards CEO Meeting	**Engagements:** Richard Foggo – Director Primary Care NHS Chief Executives Meeting NHS Chairs Meeting NHS National Boards CEO Meeting	**Engagements:** NHS Chief Executives Meeting NHS Chairs Meeting NHS National Boards CEO Meeting

Implementation

Staff Engagement Approach

Staff engagement, in partnership, based around:

- Featured, signposted content on GeNSS
- Pulse articles on each strategic theme
- Workplace visuals

With potential for:

- Leadership-led roadshows
- Video content through social media channels
- Live twitter chat/online discussion

Success measures

Objectives	Measures	Targets
To increase **recognition**	Advocacy scores *Uses customer engagement index to assess scores by Stakeholder Group. Annual.*	**+ve**
To improve our **reputation**	Satisfaction & effort scores *Uses customer engagement index to assess scores by Stakeholder Group. Annual.*	**>70%**
To build strong and successful **relationships**	Relationship scores *New self-assessment based on NSS Strategic Influencing framework. Quarterly.*	**TBC**

B/19/31

NSS Board Meeting – 5th April 2019

Update on the Public Health Reform Programme

Purpose

The Board is asked to review the attached paper which summarises progress in relation to the creation of Public Health Scotland, the new public health body, and the associated implications for NSS.

Recommendation

The Board is asked to note the update and the direction of travel outlined.

Timing

There is likely to be an approximate delay of 3 months to this programme.

Background

There has been a delay in starting the public consultation regarding the legislative changes necessary to create Public Health Scotland. This has consequently delayed the programme to transfer staff from Public Health Intelligence strategic business unit.

Procurement and Legal

The Public Health Reform Programme Board has requested that NSS detail a shared services offer for the following corporate services: IT, finance & legal services, HR, procurement and facilities management. This request is welcome and aligns with the preparatory work that is well underway within NSS. Details of the Public Health Reform team's process and timeline for implementing the offer are to follow.

Engagement

There is a full and ongoing programme of staff engagement ranging from events to email updates. The HR team have plans for the formal TUPE consultation well in hand.

Equality & Diversity

No specific issues identified.

Name of the Author Mary Morgan
Designation Director: Strategy, Performance and Service Transformation
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Email: mary.morgan@nhs.net

Enabling Public Health Scotland Programme STATUS REPORT for NSS Board April 2019

Date	As at 29.03.19	**RAG status:**	**Rationale:**
SRO	Mary Morgan, Director: Strategy, Performance and Service Transformation	**Amber**	Delays to programme at SG level. Budget request to be confirmed.

Finance	• NSS has requested £637,128 of additional funding for the coming financial year for work being undertaken to enable the creation of Public Health Scotland. This includes project support costs and backfill for PHI service managers. • An additional request to cover associated IT posts has been made via the IT Steering Group.
Public Health Reform Programme	• **Legislative consultation:** delayed. 1st April date for legal establishment of PHS will be missed and revision to a September date has been suggested. The public consultation paper is awaiting sign off from the Cabinet Secretary. • **Target Operating Model:** version 1.0 was issued for comment in March. More than 70 pieces of written feedback were received and 200 staff gave feedback at engagement events in Edinburgh and Glasgow. An updated version was presented to the March Public Health Reform programme board and a final version is expected by the end of April. • **Appointment of Chair and Chief Executive:** posts remain unadvertised. The Chief Executive post is expected to be advertised at the beginning of April and the Chair in mid-April. Chair/CE will be in place by October/November at the earliest. An announcement regarding interim arrangements is expected imminently. • **Corporate Services:** at its March meeting the Public Health Reform programme board asked NSS to submit its offer to deliver the following on a shared services basis: HR, IT, finance, procurement and facilities management. • Work on developing a **Memorandum of Understanding** between Scottish Government and COSLA has commenced. • **Timeline:** a delay in vesting day from 1st December 2019 to April 2020 is anticipated.
Implications for NSS	• **Corporate Services:** Work already undertaken to respond to the emerging shared services requirements of Public Health Scotland means that NSS is in a good position to respond quickly and positively to the request from the Public Health Reform team to submit a shared services request. The timeline and format required to deliver the offer are to be clarified. • **HR Steering Group:** The NSS Director of HR chairs the HR Steering Group for the Public Health Reform team and is leading on the staff consultation regarding TUPE and the process for senior team appointments. Agreement has been reached with the Trade Unions to hold a 45 day consultation in relation to a straight forward TUPE change of employer for the majority of staff in scope to transfer. The current target is to begin the consultation process in May. • **Accommodation:** The Public Health Reform programme board has asked

	NSS to consider a number of options in relation to consolidation of Health Scotland and PHI staff onto adjacent floors at both Meridian Court and Gyle. This will be taken forward through the regular building management governance routes for clarification of the implications for staff of NSS and other tenants. Costs associated with any change will be the responsibility of the Public Health Reform programme. • **Finance:** The NSS Director of Finance leads the Public Health Reform team's finance project. Given resource capacity issues, an external delivery partner is being appointed to support in the delivery of project deliverables. The initial task will be to deliver the necessary work on conducting the due diligence following completion of the Public Health Scotland Target Operating Model. The overall financial envelope for Public Health Scotland should be agreed in July. Financial implications for NSS have been built into the NSS Financial plans. • **Programme Delivery:** NSS is establishing a Transition Delivery Group to pull together all the relevant action plans and drive the NSS transition activities. The group will report to the enabling Public Health Scotland Programme Board (NSS).
Risks	Risks are managed through the programme and include: • delay to vesting day • delay to formal agreement of budget • impact on NSS staff of accommodation request
Issues	• Managing the complex governance arrangements, including timing and governance of decision making

NEXT STEPS

Awaiting clarification regarding :	• Public consultation re legislative changes • Confirmation of decision re proposed delay in vesting day • Senior matching/recruitment process • Accommodation options
Work in progress	• Draft SLA in development • Shared services offer

2018/19 REGISTER - AS AT 1/4/2019

Changes during year

Changes since last report to Board

Board Member	Gifts & Hospitality	Remuneration	Related Undertakings	Contracts	House, Land & Buildings	Shares & Securities	Non Financial Interests	Election Expenses
Julie Burgess	Nil	Advisory Board Member (Health) of Interim Partners 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	Nil
Ian Cant	Nil	Nil	Nil	Nil	Nil	Nil	Chair Unison Scottish Health Care Branch (wef 26/03/15)	Nil
Jane Davidson	Nil	Chief Executive, NHS Borders	Nil	Nil	Nil	Nil	Member - Managers In Partnership Member - Institute of Chartered Accountants Scotland	Nil
John Deffenbaugh	Nil	~~Director, Frontline Consultants Ltd~~	Director, Frontline Consultants Ltd	Nil	Nil	Nil	Nil	Nil
Kate Dunlop	Nil	Chair, Alan Dunlop Architects ~~Non-Executive Director, Education Scotland~~ ~~Non-Executive Director, Accountant in Bankruptcy~~	Nil	Nil	Nil	Nil	Nil	Nil
Elizabeth Ireland	Nil	Self Employed Locum GP ~~Part time salaried GP at Cos Lane Medical Practice, Glenrothes~~	Nil	Nil	Nil	Nil	NHS Chairs' Representative, CMO task Force - Improving Services for VIctims of Rape and Sexual Abuse Member, National Health and Social Care Delivery Plan Board Fellow of Royal College of Physicians Honorary Chair, University of Stirling Member, Medical & Dental Defence Union, Scotland Member, BMA	
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	Nil	Nil	Nil	Nil	Nil	Nil
Colin Sinclair	Nil	Nil	Nil	Nil	Nil	Nil	Chair, National Infertility Group ~~Member, Data Management Board, Scottish Government~~ Member (representing NHSS CEOs) of Strategic Leaders Group for the Scottish Leaders Forum. Member, Digital Health and Care Strategy Group Member Scottish Medicines Consortium Member, Infrastructure Delivery Group	Nil

HIGHLIGHTS FROM NSS BOARD SUB-COMMITTEES SINCE NSS BOARD MEETING
FEBRUARY 2019 - IGC

Issues & Risks for the Board's Attention

-

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

- The Committee received an update on the Corporate Data Warehouse which provided assurance regarding information governance arrangements in place. The Committee recognised the statistical analysis expertise in Public Health and Intelligence along with the need to ensure this was shared more widely.
- The Committee was updated on progress to date towards full GDPR compliance, noting that there were no major concerns and that NSS was not an outlier in comparison with other public sector bodies. Processes were in place to ensure NSS understood any compliance gaps, with appropriate mitigations in place as necessary.
- The Committee were pleased to note the progress in respect of Cyber Essentials. They were also provided with a brief overview of the proposed next steps to achieve Cyber Essentials Plus certification and maintain NSS's reputation as an exemplar organisation.
- Work was still being done to fully understand the impact of Public Health Scotland(in terms of NSS's Caldicott Guardian resilience, data flow etc.) to avoid overcomplicating the final arrangements.

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

-

Other Matters of Interest

-

HIGHLIGHTS FROM NSS BOARD SUB-COMMITTEES SINCE NSS BOARD MEETING

CGC FEBRUARY 2019

Issues & Risks for the Board's Attention

- SNBTS Baseline revenue allocation – the CGC discussed this in detail and were reassured that this was being monitored by the EMT.
- Human Tissue (Authorisation) (Scotland) Bill – CGC to keep watching brief on progress with SG and funding sources.
- Brexit – in terms of medicines/medical devices the CGC were assured by the work being done by NSS.

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

- Good work being done in SNBTS around donor feints lessons learned has reduced occurrences.
- Screening – NSS role is beginning to change around this subject moving to more of a Once for Scotland approach.

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

- Agreed to refocus CGC Annual report to align with the specific work remit in the TORs.
-

Other Matters of Interest

- NSS has been doing a good job around the clinical waste issues and the committee asked that their thanks be forwarded to the teams involved.
- Further clarification being sought in relation to the Scottish Dental Practice Board.
- PACS – CGC delighted to see the clinical outcomes relating to PACs and the back-ups etc are now in place. The CGC was assured by the work being done in NSS.

HIGHLIGHTS FROM NSS BOARD SUB-COMMITTEES SINCE NSS BOARD MEETING
SGC FEBRUARY 2019

Issues & Risks for the Board's Attention
•

Emerging Themes for Board Awareness e.g. changing trends in elements of NSS performance
• The Committee received two presentations - one on the re-vamped induction programme, and the other on the workforce strategy, and its links to the overall NSS strategy • Throughout all the papers and discussions, the Committee has begun to see a greater focus on staff contributions to performance, and the pivotal role of staff in achieving the proposed long-term plans.

Governance Improvements e.g. actions which have strengthened governance of Committee and should be shared
• Statistical Process Control (SPC) data was being introduced to the workforce reports being presented, which would help the Committee see the longer-term trends.

Other Matters of Interest
•

HIGHLIGHTS FROM NSS BOARD SUB-COMMITTEES SINCE NSS BOARD MEETING

FPPC FEBRUARY 2019

Issues & Risks for the Board's Attention
• There were no instances where the standing financial instructions had not been followed during the period. • Further consideration to be given around prescribing and any implications of Brexit.

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

Governance Improvements e.g. actions which have strengthened governance of Committee and should be shared
• Future finance reports to include additional narrative for ease of use.

Other Matters of Interest
• The contract for Internal Audit has been awarded to KPMG • Excellent work being done via National Procurement with regards to the contract schedule.

Minutes (APPROVED)

B/19/38

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

MINUTES OF MEETING HELD ON FRIDAY, 30 NOVEMBER 2018 IN ROOM 030, GYLE SQUARE EDINBURGH, COMMENCING 0950 HOURS

Present: Mr John Deffenbaugh – Non-Executive Director [Chair]
Mr Ian Cant – Employee Director
Mrs Susan Cook – UNISON
Mr Tam Hiddleston – UNISON
Mr Gerry McAteer – UNISON

In Attendance: Ms Jane Fewsdale - HR Workforce Information, Systems & Business Support Manager
Mrs Jacqui Jones – Director of HR & Workforce Development
Ms Louise MacLennan - Head of Equality and Engagement
Mr Neil Redhead – Head of Operations
Mr Colin Sinclair - Chief Executive
Mrs Lynsey Bailey – Committee Secretary [Minutes]

Apologies: Professor Elizabeth Ireland – NSS Chair
Mr Mark McDavid – Non-Executive Director

ACTION

1. APOLOGIES AND INTRODUCTIONS

1.1 Mr J Deffenbaugh welcomed all to the meeting and noted apologies as above. Members were asked to declare any interests in the context of the Agenda items to be considered. No interests were declared.

2. MINUTES AND MATTERS ARISING FROM STAFF GOVERNANCE COMMITTEE MEETING HELD ON 28 SEPTEMBER 2018 [papers SG/18/53 & SG/18/54 refer]

2.1 Following a brief discussion, Members approved the minutes of the meeting held on 16 February 2018, pending a correction of the attendance list to show Mr Cant as an apology, corrections to the paper references, and the inclusion of the policies for noting.

2.2 Members noted the updates provided on the action list and noted the following:

- An overall NHSScotland Non-Executive lead on whistleblowing was due to be appointed, which may provide more structure in respect of Boards' own Non-Executive Whistleblowing Champion roles. Mr Deffenbaugh asked for a paper at the next meeting on this. **HR**
- Wording would be provided for the minutes to confirm regarding the leadership "launch"
- Mental ill-health absence figures would be covered in People Report but, in addition, the Tableau system allowed Directors to see the real-time information. Members confirmed that they were content to accompany the regular People Report with a high-level overview of Tableau.

3. NSS PARTNERSHIP FORUM UPDATE [SG/18/55 refers]

3.1 Members noted the content of the NSS Partnership Forum update.

- Mr Sinclair, as Senior Responsible Officer, was doing what he could to progress the HR Shared Services work but the pace was slower than would be

ACTION

preferred. For the other National Boards' Partnership Forums, this was not as high up on their agenda as other priorities tended to take over.

- Members asked how lessons learned from the Aroma re-branding at Gyle Square were being taken forward and were assured that this would be part of the review. The biggest concern was that the values had not been evidenced in how it had been handled and the subsequent reputational impact. Members requested a paper at a future meeting on lessons learned for assurance. **C Sinclair/ I Cant**

4. HR PEOPLE REPORT

4.1 Members noted the content of paper **SG/18/56**, which provided an update on HR case management, the management of employee capability, sickness absence figures and workforce issues. The highlights were as follows:

- Sickness absence figures were still below target and remaining steady in the split between long and short-term. However, the biggest cause of sickness absence was still anxiety, stress, and depression;
- No new incidents to report under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), and there had also been a decrease in the overall accident rate.
- For case management, a mechanism was being put into place to enable/support follow-up on the calls HR received asking for advice, especially those regarding sickness absence;
- NSS had achieved positive iMatter results given the period of change the organisation was going through, and actions from the results were being built into the Staff Governance Action Plan and Great Place To Work plan.

2.2 Members made the following observations:

- In respect of sickness absence management, Members initially were concerned that managers were asking for advice, but then not seeming to "process" that advice. However, Members were reassured that this had been identified and was being addressed.
- In recognition that, in cases of mental ill health, the manager in some cases contributed to the problem, Members received an overview of the mental health training and support available
- Having a breakdown of absence costs was useful and helped highlight how much could be saved by reducing sickness absence. By continuing the work being done so far, NSS would begin to see this emerging in future reports.
- Members were keen on promoting the idea that, in some cases and where appropriate, working from home could also help, but there was also recognition of the cultural obstacles to this which should be tackled.
- Members recognised the challenges in respect of historical case management and how the work being around training for managers, along with the leadership programme, would position NSS better.
- As a result, Members hoped to see both absence figures (and associated costs) and the case management workload decreasing, e.g. "upstream" work delivering "downstream" results.
- For future reports, Members asked if the figures for the number of hours lost could also be included and agreed that pages 6-10 (People Report Guidance) were no longer necessary. **HR**

5. OCCUPATIONAL HEALTH, SAFETY, WELLBEING AND FIRE QUARTERLY REPORT [paper SG/18/57 refers]

5.1 Members discussed the paper and noted the key highlights:

- Members were pleased to note significant improvements arising from the behavioural and general awareness training to try and reduce accidents and sickness absence.

ACTION

- The tender process was now underway for an electronic Health and Safety management system, which should make all reporting much easier.
- The flu vaccination campaign was ongoing (just over 770 staff have been vaccinated so far, uptake looked to be around the same as last year). Members discussed the various challenges in improving the uptake, also noting that some staff may go to their GP or local pharmacy instead and NSS had no mechanism for capturing this.
- In the overall fire update, Members were pleased to note all risk assessments had carried out in timescales. They were also provided with an overview of fire incidents the Fire Safety review and an update on the fire training figures.
- The new fire safety e-learning module had, in principle, been approved but concerns and issues had been identified regarding the local information that should be covered through induction.
- Members were updated on SNBTS's pilot programme highlighting personal responsibility and noted that a full report would be brought to a future meeting.

6. RESOURCING OVERVIEW [paper SG/18/58 refers]

6.1 Mrs Jones took members through the paper which provided an update on workforce resource team and redeployment figures.

- HR would be doing some work around helping staff who have been on the register longer than 12 months.
- An overall review of the redeployment service was being carried out. Organisational change was anticipated for NSS in the coming years and this was being factored in.
- Members were assured that staff on the redeployment register were being given meaningful work placements. There were a few occasions when this had not gone as intended, but these were the exceptions and HR recognised that this needed to be addressed.

7. NSS STAFF RISKS – RED AND AMBER [paper SG/18/59 refers]

7.1 Members noted the contents of the paper:

- There had been no real movement in the risk profile, although a red corporate risk had been added regarding clinical waste and Members were assured by the overview of the plans in place.
- Regarding Brexit, Members were updated on the questionnaire response so far and provided with an overview of the issues with the Home Office's pilot settlement scheme. Members commended the work being done by HR around this.
- Members discussed the impact of the settlement scheme issues. As it was not known how many people would be looking to use it, the plan was to maintain the current levels of communications and continue to process re-imbursement claims for the related fee payments. There was recognition that clarity may also need to be provided for situations where a member of staff's partner/spouse was the one directly impacted.
- Members felt that there were some risks being reported which seemed to be "business as usual". They were advised that these risks were included solely for information and assurance. On that basis, Members requested that future reports more clearly identified which risks were to be discussed and which were included for assurance (highlighting the mitigations in place for the latter). **HR**
- Members also requested that the next report included some of the risks relating to upcoming organisational change. **HR**

ACTION

8. WORKFORCE STRATEGY

8.1 Mrs Jones spoke to presentation (paper **SG/18/60**) which updated on the progress with the NSS workforce strategy:

- Members initially expressed concerns that the focus was now on staff as the area to save money but were reassured that this was an attempt to fully illustrate the implications of budgetary challenges when reporting back to the Scottish Government.
- Members were keen that the focus for the strategy was on what NSS needed/wanted as an organisation, with the Scottish Government requirements being factored into how it would be achieved.
- Members were assured the draft 2019/20 workforce strategy would be available for their next meeting in February 2019. **HR**

9. PUBLIC HEALTH BODY [paper SG/18/61 refers]

9.1 Members were provided with an update on the transfer of staff to Public Health Scotland, covering workforce governance arrangements, key deliverables, employee engagement, current positions and timescales. Members were pleased to note the work was progressing well. However, there were challenges in relation to the resource required from a Trade Union perspective and ensuring the right input. Members asked that Mr Kenny Small, as leader of the HR Project Initiation Document Steering Group, be invited to a future meeting **L Bailey**

10. QUARTERLY FEEDBACK REPORT [paper SG/18/62a refers]

10.1 Members noted the paper, which summarised of the number and nature of feedback received relating to staff and how it had been responded to:

- Members were pleased to see application of the lessons learned over the last year (particularly around communications to donors) and the inclusion of a "You Said, We Did" section.
- Overall, there had been a downturn in the number of complaints.
- Members felt this was a good example of upstream activity shaping downstream results.
- Ms MacLennan offered a demonstration of the Service Now reporting system at a future meeting, and agreed to link in with Mrs Jones on this. **L MacLennan**

11. NSS STAFF GOVERNANCE COMMITTEE TERMS OF REFERENCE

11.1 Members noted paper **SG/18/63** and that it had been refreshed early this year so no major changes were envisioned. They were invited to provide any feedback to Mrs Bailey as soon as possible to enable her to provide an updated draft for approval at the next meeting in February 2019. **All**

12. ITEMS FOR THE DRAFT INTERNAL AUDIT PLAN

12.1 Members had nothing to add to the draft Internal Audit Plan at this time.

13. OTHER RELEVANT COMMITTEE GOVERNANCE ISSUES

13.1 There was nothing from the other committees which would not have already been covered at the NSS Board.

14. ITEMS FOR THE SUB-COMMITTEE HIGHLIGHTS REPORT [paper SG/18/64 refers]

14.1 Members agreed that the following should be covered within the highlights report:

- Recognition of good work "upstream" having positive "downstream" results
- More in depth discussions were taking place around the "upstream" activities,
- More strategic conversations were able to take place,
- Plans were progressing for management of future organisational change

ACTION

15. REVIEW OF MEETING [paper SG/18/65 refers]

15.1 Members commended the quality of the papers. They felt there had not been much decision-making required this time but recognised this could be due to the timing, and that there had been some actions requested. Members agreed that the conversations had been reflective and effective and the risks discussion was more reassuring. Members were happy with the overall value and effectiveness of the meeting and felt that the smaller list of attendees helped discussions. However, it was still important for paper authors to be present where at all possible. Members asked to have the spotlight session on induction at the next meeting in February 2019 and to try and ensure Trade Union representation at all remaining spotlight sessions. Mr Deffenbaugh asked Mrs Cook to take this meeting review item at the February 2019 meeting.

16. ANY OTHER COMPETENT BUSINESS

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

There being no further business, the meeting finished at 1240hrs.

Minutes (DRAFT FOR APPROVAL)

NHS National Services Scotland

NHS NATIONAL SERVICES SCOTLAND STAFF GOVERNANCE COMMITTEE

B/19/39

MINUTES OF MEETING HELD ON FRIDAY, 15 FEBRUARY 2019 IN ROOM 030, GYLE SQUARE EDINBURGH, COMMENCING 0950 HOURS

Present: Mr John Deffenbaugh – Non-Executive Director [Chair]
Professor Elizabeth Ireland – NSS Chair
Mr Gerry McAteer – UNISON

In Attendance: Ms Kirstie Brady – Organisational Development and Learning Manager
Mrs Mairi Gaffney – Head of Healthy Working Lives
Mrs Jacqui Jones – Director of HR & Workforce Development
Mrs Mary Morgan – Director of Strategy, Performance and Service Transformation
Ms Angela Paton – HR Workforce Information and Systems Team Leader
Mr Neil Redhead – Head of Operations
Mr Colin Sinclair – Chief Executive
Ms Aileen Stewart – Interim Associate Director of HR
Mrs Lynsey Bailey – Committee Secretary [Minutes]

Apologies: Mr Ian Cant – Employee Director
Mrs Susan Cook – UNISON
Mr Tam Hiddleston – UNISON
Mr Mark McDavid – Non-Executive Director

Observers: Ms Fiona McClean – HR Business Officer
Ms Amy McIntyre – Business Support Officer

ACTION

1. APOLOGIES AND INTRODUCTIONS

1.1 Mr J Deffenbaugh welcomed all to the meeting and noted apologies as above. Members were asked to declare any interests in the context of the agenda items to be considered. No interests were declared.

2. MINUTES AND MATTERS ARISING FROM STAFF GOVERNANCE COMMITTEE MEETING HELD ON 30 NOVEMBER 2018 [papers SG/19/03 & SG/19/03 refer]

2.1 Following a brief discussion, Members approved the minutes of the meeting held on 30 November 2018.

2.2 In addition to the updates provided on the action list, Members noted the following:

- Members were assured that the Aroma rebranding lessons learned had been approached from the point of view of "what could have been done better" rather than "what went wrong"; the action would be amended accordingly;
- Members were updated on changes to the Public Health Scotland HR steering group following Mr Kenny Small's departure and Mrs Jones suggested it might be useful to invite Health Scotland's Employee Director, Mr Michael Craig, to a future meeting of the NSS Staff Governance Committee;
- Members noted that, in respect of the Equality and Diversity Service Now demonstration, Mrs Jones and Ms MacLennan had been working on this and would pick it up for a future meeting.

ACTION

3. TERMS OF REFERENCE [paper SG/19/04 refers]

3.1 Members discussed the current terms of reference and agreed they required no significant updates. However, the following observations were made:

- Following a query about how anonymous complaints were handled, Members received an overview and assurance around the discussions between the Director of HR and the Chief Executive;
- Members were reminded that these draft Terms of Reference may need to be updated following the review of governance due to take place at the March 2019 Board Development Session.

4. SPOTLIGHT SESSION: INDUCTION [paper SG/19/15 refers]

4.1 Ms Brady spoke to her presentation, which summarised the improvements made to the process for new employees joining NSS:

- Members discussed IT and suggested an action should be looking into providing new starts with access to an NHS e-mail address before their official start date. This would have the benefit of providing a secure means of sending out pre-employment information;
- Members were pleased to note the proposals for tailoring the induction programme to specific groups of staff, (e.g clinical/professional groups) and further detail would be considered around what these users would like included;
- Members suggested that a refresh of a previous video that explained the work of NSS would be useful for new starts;
- Members discussed setting up a method for attendees of each corporate induction session to keep in contact after the session and maintain the networks, and enthusiasm, generated in the room, building a community;
- Members were pleased to see the focus move beyond the corporate induction to a more holistic approach being proposed with an end to end process;
- However, Members were keen to see consideration was given to the logistics of the corporate induction sessions and getting commitment from Executive Management Team (EMT) to attend as it was an essential and effective method of engagement;
- Members suggested it implementing some form of survey or interview of new starts, perhaps three or four months into their employment, about how NSS had met their expectations. HR agreed to discuss and engage with the NSS Partnership Forum and EMT to look into this;
- Members discussed providing the option of providing induction for those who may have inadvertently been missed or would simply like a refresh;
- Members were advised that a parallel piece of work on a Non-Executive Director induction programme was being considered once this work was completed.

Ms Brady agreed to give consideration to how to implement these suggestions. **K Brady**

5. HR PEOPLE REPORT [papers SG/19/05 refers

5.1 Ms A Paton spoke to the workforce information dashboards on the Tableau system:

- There had been a slight increase in the sickness absence figures, which is now at 4.2%. It was expected that by year-end this would even out and be on target as the contributory issues had been identified and appropriate interventions had been taken;
- Members discussed the need to introduce more statistical process control (SPC) data to provide longer term trends to illustrate the key messages being provided within the narrative;
- Members acknowledged that the dashboard information was useful from an EMT and senior management perspective, but they were more interested in getting assurance around how it was being used and feedback on the support being provided to staff on sickness absence;

ACTION

- Members were assured the workforce information in Tableau was being used proactively within Senior Teams;
- NSS was in a positive overall position with no major concerns, and HR were working to align the Workforce Strategy with the Great Place To Work and Staff Governance Action Plans;
- Members discussed the possibility of having a deep dive session on stress and anxiety-related sickness absence at a future meeting. **HR**

6. RESOURCING OVERVIEW [paper SG/19/06 refers]

6.1 Mrs Jones took members through the paper which provided an update on the workforce resource team and redeployment figures:

- NSS was in a positive position in respect of redeployment and the numbers were reducing;
- Staff who had been on redeployment for longer than 12 months were being actively supported;
- Sickness absence levels were low across all Redeployment groupings;
- HR anticipated that there would be more staff coming on to redeployment over the coming years as the organisation would be transforming;
- Temporary work assignment matching had improved, along with better managing of line managers' expectations, which had contributed to the current, positive position;
- Members felt it was worth restating the focus on identifying the required skills, knowledge and expertise profile to better inform workforce planning.

7. NSS STAFF RISKS – RED AND AMBER [paper SG/19/07 refers]

7.1 Members noted the contents of the paper:

- There had been little movement in the risk profile, although Brexit had been added and Members were provided with an overview of the specific risks related to that (and the mitigations in place);
- Members received assurances about the mitigations in place for the risks relating to the UK infected blood inquiry and clinical waste;
- Discussions had taken place at the Finance, Procurement and Performance Committee regarding the consistency of committee paper formatting and the information provided;
- Members were keen to consider how to capture risks that may have a tangential or indirect staff impact (possibly through a similar method to the clinical flag);
- Members also discussed the sustainability of the workforce and how to mitigate any associated risks appropriately.

8. OCCUPATIONAL HEALTH, SAFETY, WELLBEING AND FIRE QUARTERLY REPORT [paper SG/19/08 refers]

8.1 Members discussed the paper provided and noted the key highlights:

- Members were pleased to note it had been a busy and productive quarter;
- There had been one new incident to report under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), which took the year to date total up to three. Members were updated and assured regarding the actions taken in response;
- Members were provided with an update on the review of the Occupational Health and Safety Advisory Committee's terms of reference and membership;
- Flu vaccination uptake had increased by 13.4% this winter and it was hoped to build on that for next winter;

ACTION

- Members noted the progress made in the purchase of the new Health and Safety monitoring system and that Healthy Working Lives hoped to have this completed and delivered quickly;
- A health and safety dashboard (similar to the workforce information in Tableau) was in development and Members were assured that this would include visibility of RIDDORs and other incident rates;
- Members were assured regarding NSS's resilience from a fire risk assessment perspective and were provided with an overview of the risk assessments undertaken to date (which had no adverse findings);
- Fire safety awareness training was on target and Members were provided with an overview of the recent fire alarm activations and exercises;
- Members were updated on the progress of the fire safety policy review and noted the expected timelines for sign-off;
- Members commended the Canderside health and safety YouTube video, which had been circulated to the NSS Board for information;
- Members requested, for future reports, more trend data to allow better focus on the problem areas;
- Members were provided with an overview of questions asked by Scottish Government following the Queen Elizabeth University Hospital infection issues and NSS's responses. Members were assured regarding NSS's own estates and that NSS had the relevant assurances in respect of shared estates.

9. WORKFORCE STRATEGY

9.1 Ms Stewart spoke to a presentation on the workforce strategy which covered pay spend analyses, workforce demographics and potential attraction strategies, what type of organisation NSS wanted to be, and an overall statement of intent. Members noted the update, along with the proposed next steps, and made the following observations:

- In respect of training and support for progression, Members supported increasing the recognition that career moves may not always be linear;
- Members were assured that these plans linked in with plans already discussed in respect of the induction process, managing sickness absence etc.;
- Members sought and received assurances regarding consistency in how policy was being applied. They acknowledged that staff perception also contributed in this respect and noted the work being done to address this;
- Members suggested re-wording the bullet point that begins "Trains and supports all employees to do their current role..." to instead say "Trains and supports all employees to flourish within their current role" or "...be successful in their current role...".

9.2 Mr Sinclair spoke to his presentation which gave a high level overview of the overall NSS strategy:

- The gist of the strategy was focusing on NSS's strengths such as infrastructure support, underpinning service delivery and subject matter expertise;
- Members focussed on the workforce and payroll elements of the financial plan and noted the National Boards' collaborative savings target, along with the potential financial challenges in future years;
- Members discussed the need to look at the pace of change and how organisational change would need to be managed in future. In light of this, Members acknowledged the importance of finding ways to allow staff to flourish and thrive in times of uncertainty;
- Members also discussed the need for NSS to be an exemplar transformational change organisation within the NHS, recognising that adopting an "Own House in Order" (OHIO) model, the work being done by the EMT on cross-cutting themes, and effective engagement with staff would be key to this;

ACTION

- Members were given an overview of the workstreams to deliver financial sustainability, focussing on the workforce effectiveness element, which they found re-assuring;
- Members also discussed partnership working principles in relation to the agile methodology proposed for progressing these plans and were keen to ensure that unions were still provided with the space to consult with their members.

10. QUARTERLY FEEDBACK REPORT [paper SG/19/09 refers]

10.1 Members noted the paper, which summarised the number and nature of feedback received relating to staff and how it had been responded to:

- Members were pleased to note there were no significant concerns;
- Members asked about the timescales for completing the roll-out of the Model Complaints Handling Procedure training and Mrs Morgan agreed to find that out from Ms MacLennan; **M Morgan**
- Members were also pleased to note the introduction of an electronic method for reporting which was helping with the data collation;
- Going back to the discussion on anonymous complaints, Mr Sinclair, Mrs Jones, and Mr McAteer agreed to discuss, reflect, and report back. While the volume of anonymous complaints was not statistically significant, Members acknowledged that they could have a disproportionate impact. **C Sinclair/ J Jones/ G McAteer**

11. EQUALITY AND DIVERSITY UPDATE

11.1 This item was deferred in Ms MacLennan's absence.

12. WHISTLEBLOWING – CURRENT AND FUTURE ARRANGEMENTS

12.1 Members discussed and noted paper **SG/19/10**, which provided background and context to the Non-Executive and Executive Whistleblowing Roles, and an overview of the proposed future arrangements. However, some of the finer detail of the future arrangements at a national level was still to be finalised and this was expected in due course. Members would receive further updates as this emerged.

13. NSS PARTNERSHIP FORUM UPDATE [SG/19/11 refers]

13.1 Members noted the content of the NSS Partnership Forum update. Follow-up work on strategy would be the main focus over the coming months.

14. PUBLIC HEALTH BODY

14.1 Members were provided with and noted the following updates on the work regarding Public Health Scotland:

- Mrs Jones had been appointed as chair of the HR Project Steering Group;
- In respect of the work ongoing around staff transfer, the Steering Group was trying to keep the consultation at the simplest level;
- Workforce metrics were being looked into and there were some differences in the approach used but Health Scotland was adopting NSS's approach;
- In respect of other HR systems, there was also a need to align delivery of payroll services;
- Members noted that the People workstream in the Corporate Services project potentially overlapped with the HR project and conversations had taken place to manage this;
- Members also noted proposals for inviting leads of the Public Health Scotland project strands to the NSS EMT;
- Members were assured that the issues were highlighted, being appropriately managed and would also be discussed by the NSS Board.

ACTION

15. DRAFT ANNUAL REPORT [paper SG/19/12 refers]

15.1 Members briefly discussed the draft report of the Committee's activities in 2018/19. They were invited to feed back any updates to Mrs Bailey in time to allow a finalised version to be brought to the next meeting scheduled for May 2019. Mrs Jones and Mrs Bailey would also liaise to agree some further updates. **All**

16. OTHER RELEVANT COMMITTEE GOVERNANCE ISSUES

16.1 Members were updated on the Finance, Procurement and Performance Committee's discussions regarding the finance aspects of the service transformation plan, and the NSS strategy.

17. ITEMS FOR THE SUB-COMMITTEE HIGHLIGHTS REPORT [paper SG/19/13 refers]

17.1 Members agreed that the following should be covered within the highlights report:

- the provision of Statistical Process Control (SPC) data for assurance;
- the focus on staff contributions to performance;
- the spotlight session on the revamped induction programme;
- progress of the workforce strategy, and its links to the overall NSS strategy;
- the pivotal role of staff in achieving the long-term plans being proposed.

Mrs Bailey agreed to draft this up for Mr Deffenbaugh's approval ahead of submitting to the April 2019 NSS Board. **L Bailey**

18. REVIEW OF MEETING [paper SG/19/14 refers]

18.1 Members made the following observation s about the meeting:

- There had been lots to discuss, which led to the timing being tight so some consideration would need to be given to how to focus reporting;
- Members were impressed by the work done so far on wellbeing and were keen to see it being taken further;
- Mrs Gaffney and Mrs Jones agreed to look at distilling the information required from the Occupational Health, Safety, Wellbeing, and Fire Report and how it could then be merged into the People Report, presenting both upstream and downstream information to show cause and effect;
- Members were keen to find ways to free up time for more of the transformational change discussions and how to balance the agenda to allow for this. It was hoped that the governance discussions at the next Board development session, scheduled for 1 March 2019, would provide a good starting point.

19 ANY OTHER COMPETENT BUSINESS

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

There being no further business, the meeting finished at 1315hrs.

Minutes (APPROVED)

B/19/40

NHS NATIONAL SERVICES SCOTLAND (NSS)

MINUTES OF INFORMATION GOVERNANCE COMMITTEE MEETING HELD ON WEDNESDAY, 19 SEPTEMBER 2018 IN ROOM 030, GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS

Present: Ms Alison Rooney – Non-Executive Director (Committee Chair)
Mrs Kate Dunlop – Non-Executive Director
Professor Elizabeth Ireland – Chair of NSS

Apologies Ms Julie Burgess – Non-Executive Director
Mr Deryck Mitchelson – Director of IT

In Attendance: Dr Marian Aldhous – Research Fellow, PHI
Mr Ewan Bowers – IT
Mr Phil Dalgleish – Principle Information Development Manager, PHI
Mr James Hall – Director of IT Operations (via teleconference, deputising for Mr D Mitchelson)
Mr Colin Howarth – Principal IT Security Consultant (Item 11 only)
Dr Kirsty Licence – Consultant in Public Health Medicine
Ms Stacey Moffat – Information and Clinical Governance Manager (via teleconference)
Dr Lorna Ramsay – NSS Medical Director
Ms Trish Ruddy – NSS Head of Data Protection/Data Protection Officer
Mr Colin Sinclair – Chief Executive
Mrs Lynsey Bailey – Committee Secretary (Minutes)

ACTION

1. CHAIR'S INTRODUCTION

1.1 Ms A Rooney welcomed everyone present to the meeting and noted apologies as above.

1.2 Members confirmed that they had no interests to declare in the context of the agenda items to be considered.

2. MINUTES OF THE NSS INFORMATION GOVERNANCE COMMITTEE MEETING HELD ON 25 APRIL 2018 [paper IG/18/27 refers]

2.1. Following a brief discussion, Members were content to approve the minutes as an accurate reflection.

3. MATTERS ARISING FROM THE NSS INFORMATION GOVERNANCE COMMITTEE MEETING OF 25 APRIL 2018 [Paper IG/18/28 refers]

3.1 Members noted that all of the action points were complete, covered by the agenda for this meeting, or programmed into a future meeting. Members were advised that the planned review of the NSS Whistleblowing policy was on hold pending direction from Scottish Government. Members discussed capturing suggestions and other outcomes that were not specifically actions and were assured that this would be captured in Board highlights or in links between committee chairs etc.

ACTION

4. INFORMATION GOVERNANCE ADVERSE EVENTS AND COMPLAINTS REPORT [Paper IG/1829 refers]

4.1. Ms S Moffat spoke to the paper which summarised the information governance related adverse events and complaints. Members were advised that the increase in reporting was likely to be the result of raised awareness through the updated Information Governance training and the General Data Protection Regulations. This was based on the fact that it was a general, overall rise with no specific trends in a particular area or category. However, Members sought and received assurances about improvement plans and systems in place to monitor this. They also discussed the length of time between identifying and reporting an adverse event and were assured that weekly reviews took place.

4.2. The SNBTS Category 2 event (suspected breach of confidentiality relating to staff clinical details) had been closed as an adverse event. It was now being managed through the disciplinary process with an investigation still ongoing. Members also discussed the PHI category 3iii events which had undergone a Level 2 management review and were assured by actions which had been taken. They were keen to see the outcomes around the research data linkage issues reported at a future meeting. They were particularly interested in whether it had been a one-off occurrence, what the scheme of delegation was, and how the confidentiality of study participants was managed and maintained. They also discussed the way the datasets had been corrected and were assured that other options had been considered.

4.3. Members were pleased to note that there had been no information governance-related complaints. Members asked about the progress of the plan. They were advised that the 2018/19 plan had been created but had not included in this report. They were assured that any outstanding actions from the 2017/18 plan were due to pausing the work on QPulse and this would be picked up by the E-nable digital project work. Members were content with the report and noted the update to Healthcare Improvement Scotland's National Adverse Events Framework.

5. INFORMATION GOVERNANCE RISKS [Paper IG/18/30 refers]

5.1. Members were advised that there had been no change in the number of amber risks. There was a new Red risk reported since the paper had been published – 4577 (Information Governance Legislation Breach) had been escalated from Amber to Red due to the severity of the impact (now £30m rather than £0.5m). However, Members were assured that its likelihood and the mitigation plan had not changed. Members expressed concerns about risk 4924 relating to the effectiveness of the Public Benefit and Privacy Panel but were assured in respect of some of the contributory factors to this, noting that the presentation later in the agenda would also cover this in more detail. With Public Health and Intelligence moving to form part of Public Health Scotland, Members were keen to capture a risk around ensuring that NSS's information governance support is "protected". They were assured that Dr K License was having the appropriate discussions.

6. NATIONAL STRATEGIC AND OPERATIONAL GOVERNANCE UPDATE [Paper IG/18/31 refers]

6.1. Dr K License updated on the ongoing work in respect of Public Health Body - the information governance implications and public engagement. Members asked about the Common Law Duty of Confidentiality statement and were advised the final wording was still to be agreed. Members were keen to know the risk to NSS of not having this yet. They were assured that the risk was not significant and it was better to take the time to get it right. It was not always straightforward trying to distinguish data protection and confidentiality due to an

ACTION

element of overlap. Members acknowledged that getting the statement right was crucial to allow NSS to realise the full benefit of the digital strategy.

7. NSS INFORMATION GOVERNANCE STRATEGY UPDATE [Paper IG/18/32 refers]

7.1. Ms T Ruddy spoke to paper, which provided an overview of the work ongoing to progress NSS's information governance strategy. Members were advised that clarity around the roles and responsibilities for the Scottish Government's Digital Health and Care Strategy was still being established. However, Members were pleased to note that NSS was being proactive in offering its expertise and capability and looked forward to hearing how this progressed. Mr M Bell spoke to a slide which outlined a high-level plan and offered to circulate it following the meeting, subject to discussions with Mr D Mitchelson. **M Bell**

8. PROJECT UPDATE – PUBLIC BENEFIT AND PRIVACY PANEL (PBPP)

8.1 Dr M Aldhous spoke to her presentation which updated on the background, remit, scope, structure, and challenges of the PBPP, along with its application and scrutiny processes. Members were particularly interested in the Information Governance leads involved, and received assurances regarding the process for dealing with any conflicts of interest that arose. Members noted that while the PBPP had decision making authority, individual boards still had ultimate accountability. Members were provided with an overview of the escalated, Tier 2 part of the process which was invoked when the initial Tier 1 panel found the potential for significant conflict between privacy and public benefit. Members were also assured regarding the training and monitoring provision in place for panel members. Members enquired about digitalisation of the process and were advised that the Integrated Research Application System covered that. Members were content for the previously discussed risk 4924 to be updated in light of this presentation.

9. CORPORATE DATA WAREHOUSE

9.1. Dr L Ramsay provided some context to the modernisation of the corporate data warehouse, with some updates on the management of associated confidentiality challenges and concerns. However, due to timing and staff availability the rest of the discussion was deferred to the next meeting. Members were particularly keen to understand how data storage and data principles would work in future. While it they had found it helpful to have reassurance around security, Members were keen to hear about the strategic overview for the development of the Corporate Data Warehouse and what it meant going forward. They were also keen for assurance from PHI about application of the new capabilities which had been introduced as part of the modernisation.

10. CYBER SECURITY

10.1. Members were advised that NSS's Cyber Essentials assessment was scheduled for beginning of October and Mr C Howarth was working through pre-questionnaire results in preparation. There were many internet-facing services with findings to be addressed. Contacts had been established to enable necessary mitigation work to start but Mr C Howarth faced challenges in the follow-up. Members noted that he would be meeting with Mr D Mitchelson next week to look at the outstanding gaps and potential mitigations. However, NSS was not likely to "pass" the assessment on this occasion. Members were concerned that this posed a reputational risk and asked for assurance and detailed information around actions, timescales and progress towards addressing this for the next meeting, and going forward. Mr C Sinclair agreed to provide an update on this between meetings and Mr C Howarth was

ACTION

preparing a paper. Members recognised good work was being done to address these issues that potentially needed to be reported better.

10.2. Members also asked for an update on the Microsoft upgrade. Members were advised the main focus would on migrating to Windows 10. In respect of Office 365 migration, there was a need to look into its security and authentication methods. NSS IT had been tasked with implementation across Scotland and was in the early stages of planning, assembling a team, and understanding the licensing needs based on features that would be used. This work created risks for NSS so mitigating actions would be identified and the risk register would be updated with this. Members were keen to get reassurance that access to the various applications used in the primary care estate would not be compromised. Mr C Howarth agreed to bring another update on this once the implementation plan was more developed. Finally, Members were pleased to note that the national roll-out of the cybersecurity infrastructure was going well and a more detailed update would come to the next meeting

11. GENERAL DATA PROTECTION REGULATIONS (GDPR) COMPLIANCE [Paper IG/18/33 refers]

11.1. Members note the highlights of the report which acknowledged that there was still gaps to close and an action plan was in place based on what had been identified as not closed when GDPR went live. However, this was not an issue unique to NSS and, in general, NSS was better placed than most. The key areas of focus were establishing rights, demonstrating security, and embedding the accountability principle (which would be covered in more detail later). Information Security Management System deals with the security aspect of the plan. However, the work on establishing rights were trickier as, while there were some clear legal positions in respect of the right to use information, the right to restrict was less clear so this was the main area of focus. Members would received an update on progress at the next meeting in January 2019, Members were keen to get information on what would happen if new infrastructure was necessary in order to meet the requirements. As it overlapped, Members discussed the update provided on the accountability principle (paper **IG/18/34**), which covered the actions identified in relation to each of the Information Commissioner's Office checklist requirements along with their current status. Members were pleased to note that the actions required were mainly about ensuring that the good practice in place was adequately recorded and evidencing the appropriate measures. Members were content and reassured regarding NSS's position in respect of GDPR and wished to record their thanks for the work that had gone into this.

12. ACCOUNTABILITY PRINCIPLE PROPOSALS [Paper IG/18/34 refers]

12.1. This had been covered under the previous item on the agenda.

13. BOARD HIGHLIGHTS REPORT

13.1. Mrs L Bailey agreed to compile the highlights report and pass to Ms A Rooney and Mr M Bell for comment before submission to the Board Secretary for the next NSS Board Meeting on Friday, 2 November 2018. Members asked for the template to be included for reference at future meetings. **L Bailey**

14. ANY OTHER BUSINESS

14.1. Following a brief discussion, Members agreed that for future presentations, an accompanying SBAR to provide some additional context would be useful. **Committee secretary**

ACTION

15. DATE OF NEXT MEETING

15.1. The next NSS Information Governance Committee Meeting was proposed for 24 January 2019 at Gyle Square but, as 2019 dates were still in the process of being finalised, the specific time and venue would be confirmed in due course.

There being no further business, the meeting finished at 1245hrs

Minutes (DRAFT FOR APPROVAL)

B/19/41

NHS NATIONAL SERVICES SCOTLAND (NSS)

MINUTES OF INFORMATION GOVERNANCE COMMITTEE MEETING HELD ON WEDNESDAY 20 FEBRUARY 2019 IN ROOM 030, GYLE SQUARE, EDINBURGH COMMENCING AT 0930HRS

Present: Ms Alison Rooney – Non-Executive Director (Committee Chair)
Mrs Kate Dunlop – Non-Executive Director

Apologies Ms Julie Burgess – Non-Executive Director
Professor Elizabeth Ireland – Chair of NSS
Mr Deryck Mitchelson – Director of National Digital (and Senior Information Risk Owner)

In Attendance: Dr Eleanor Anderson **-** Information Governance Lead & Caldicott Guardian, Public Health and Intelligence [Items 4 & 5]
Mr Martin Bell - Associate Director of Planning, Performance & Service Delivery [Items 5-13]
Mr Scott Heald - Head of Profession for Statistics [Items 4 & 5]
Mrs Mary Morgan – Direct of Strategy, Planning and Service Transformation
Mr James Hall – Director of IT Operations (deputising for Mr Deryck Mitchelson)
Ms Trish Ruddy – NSS Head of Data Protection/Data Protection Officer
Dr Lorna Ramsay – Medical Director
Mr Colin Sinclair – Chief Executive
Mrs Lynsey Bailey – Committee Secretary (Minutes)

ACTION

1. CHAIR'S INTRODUCTION

1.1 Ms A Rooney welcomed everyone present to the meeting and noted apologies as above.

1.2 Members confirmed that they had no interests to declare in the context of the agenda items to be considered.

2. MINUTES OF THE NSS INFORMATION GOVERNANCE COMMITTEE MEETING HELD ON 19 SEPTEMBER 2018 [paper IG/19/02 refers]

2.1. Following a brief discussion, Members identified some corrections to the "In Attendance" list (Mr Sinclair and Dr Ramsay should be included) and some minor typos in the date and paper number references. They also suggested a wording change at minute 11.1 - from "finding appropriate measures" to "evidencing the appropriate measures". Pending these updates, Members were content to approve the minutes as an accurate reflection. **L Bailey**

3. MATTERS ARISING FROM THE NSS INFORMATION GOVERNANCE COMMITTEE MEETING OF 19 SEPTEMBER 2018 [Paper IG/19/03 refers]

3.1 Members noted that the actions were completed, covered by the agenda, or ongoing. Members agreed that the action at 14.1 about providing context for presentations should refer to a general short summary paper rather than specifically an SBAR. Members also noted that discussions had been held at other committees around consistency of the Committee paper cover sheet format in respect of the information to be provided.

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

Chair Professor Elizabeth Ireland
Chief Executive Colin Sinclair

ACTION

3.2. Looking at other matters arising from the minutes, Members requested an update on whistleblowing and received an overview of the national position regarding the Non-Executive role. They were assured that NSS had appropriate arrangements in place, and the policy review would now be progressed. Members were keen to include matters like this on the action list for visibility. **L Bailey** Members discussed points raised in minute 4.2 around Public Health and Intelligence (PHI) research data linkage and were assured that this was covered within the Information Governance Report later in the agenda but noted there would also be the opportunity to ask Mr Heald for a specific update. Regarding the Adverse Events Action Plan mentioned at minute 4.3, **L Bailey/S Moffat** Members requested that it be presented at their next meeting.

[Secretary's Note: The following two items were taken out of order to accommodate presenters' availability]

4. NATIONAL STRATEGIC AND OPERATIONAL GOVERNANCE UPDATE [Paper IG/19/05 refers]

4.1. Dr Anderson spoke to the paper, which provided an update on the national picture of health and social care related information governance in Scotland, including the information governance challenges of major strategies and developments. Members noted that the information governance around the Digital Health and Social Care Strategy was still at early stages while the data flow in respect of Public Health Scotland (PHS) was being established. They were provided with an overview of the meetings held around this and progress made so far. Members sought assurances regarding the risk relating to Caldicott Guardian resilience in light of PHI staff moves to PHS. They were advised that it had been raised to ensure adequate arrangements were in place to provide Dr Ramsay with sufficient support following the PHI moves. Members asked about the level of Caldicott Guardian activity required and noted that this was still being established. Mrs Morgan agreed to bring a **M Morgan** paper to a future meeting, which would outline answers to Members' questions once the overall landscape had been clarified.

4.2. Members noted that there was a need for a greater focus on Public, Professional and NHS Board engagement although were provided with overview of what had been done so far. Members were advised that the Common Law Duty of Confidentiality statement was still being finalised with input from CLO. On CLO advice, it remained an internal document for now due to ambiguity in some of the terms being used. Members were keen for clarity on what the ambiguity was and requested an update on the status of the paper for the next NSS Information Governance Committee meeting scheduled for 14 May 2019. Members discussed the options for simplifying the statement and aligning it with the overall NHS position. However, it was confirmed that there was currently no overall NHSScotland position and NSS's statement was potentially going to be a template for that. Members suggested setting a deadline for CLO within the next few weeks and taking the agreed statement to the Caldicott Guardians' Group as a form of peer review by the end of March 2019. Dr Anderson agreed to follow this up and provide an update. **E Anderson**

4.3. Members enquired about the rollout of the software for the Scottish Primary Care Information Resource (SPIRE) and Mr Heald provided an overview of the progress so far, and the anticipated timescales for standardisation. Members also discussed the issues being reported around the timescales for applications to the Public Benefit and Privacy Panel (PBPP). They were assured that this primarily arose from perceptions and that there was evidence that timescales were occasionally skewed by complex applications. There was the additional issue of researchers generally feeling frustrated by the overall process and conflation with the electronic Data Research and Innovation

ACTION

Service. Members asked for more of this kind of context in future and suggested introducing KPIs. They were assured that the information governance strand of the digital Health and Care strategy would be looking at processes like PBPP with a view to how best to manage people's expectations of them, provide better guidance for users and identify where other improvements could be made. Members were also provided with assurance regarding IT engagement and support for the upcoming projects around Community Health Index and Child Health systems, and Office 365.

5. CORPORATE DATA WAREHOUSE [Paper IG/19/09 refers]

5.1. Mr Heald provided members with an overview of the opportunities available through investment in the corporate data warehouse (CDW) and virtual data platform. Members noted how principles of data minimisation (accessing only the information required for the specific analysis being done) and automation (reducing the number of steps from data analysis to publication of statistics) were being applied to use of the CDW. They were also given a brief overview of the ongoing programme of work to move off legacy systems and embed the new practices throughout all statistical publications. Members were updated on an encrypted version of the Community Health Index (i.e. removing personal identifiers to enable the use of its information in legacy systems) and the sharing of code to provide transparency about the data and the analysis undertaken. Members were assured regarding the robustness of the information governance protocols being applied in relation to this and noted that it was also positive for Caldicott Guardians as it provided them with assurance on the process.

5.2. Mr Heald noted that the paper was more focussed around PHI as that was where the largest proportion of the work took place, but it could still be applied to the wider NSS. Members recognised the statistical analysis expertise in PHI and the need to ensure this was shared more widely. In discussing how the accountability principle would be evidenced, Members were given an overview of the audit mechanism within the warehouse which could identify instances of inappropriate data access, and the action which would be taken if this was raised. Members asked about the governance arrangements for the CDW once PHI moved to Public Health Scotland and were assured that this would be similar to existing arrangements with other Health Boards. With access to the CDW now settled, the work could begin towards minimising the data being captured. Members asked whether other public bodies (e.g. police) were looking at adopting this. They were advised that the Scottish Government were currently undertaking some work around data and there was an opportunity to help them understand how NSS could support that. Members wished to record their thanks to all who helped to reach this point. They felt assured regarding information governance around the CDW, recognising this was a step change for NSS, and wished to encourage the team look at how NSS could be leading by example.

6. NSS INFORMATION GOVERNANCE REPORT (INCLUDING ADVERSE EVENTS AND COMPLAINTS) [Paper IG/19/04 refers]

6.1. Members were pleased to note that there had been no Category 1 events (i.e. events that may have contributed to or resulted in permanent harm). However, there had been three Category 2 events (i.e. events that may have contributed to or resulted in temporary harm) and Members were assured by the details of the responses. While the adverse event reviews indicated improved data and reporting, there was still room to improve the articulation of lessons identified and lessons learned. Members also noted the update and assurances around the information governance related complaint which had been raised and the adverse finding by the Information Commissioner's Office. Members were

ACTION

advised that volume of Freedom of Information requests had increased, mainly relating to Brexit, clinical waste and the UK infected blood inquiry. Members also noted, and were assured by, the updates on key actions identified in relation to the information governance strategy. Members expressed concerns about the caveat in the report about absence of routine contributors and were keen to get assurances around what was being done to ensure resilience.

6.2. Members discussed the mention of NSS's continued use of fax and were keen to understand the justification for it and see a plan for how to move away from it. For future reports, they also requested to see more trend analysis and were advised that statistical process control would be used going foward. Members also discussed moving towards improved and more consistent sharing of lessons learned. Members expressed concerns about the mention of issues with handing of documents (e.g. payslips) being transferred between sites. They were advised that it was partly the result of a breakdown in communications regarding the delegation of responsibilities, and were assured it only comprised a small proportion of transactions. However, Members were keen to understand more about this, and also get an overview of the uptake of ePayslips, at their next meeting on Tuesday, 14 May 2019. **L Bailey/S Moffat**

6.3. In respect of the complaint regarding the sharing of GP details, Members were assured that the improvement actions from the Information Commissioner's Office investigation were on track and being completed. Members noted that e-mail handling errors (e.g. incorrect recipients, content or attachments not checked) remained the most frequent type of information governance error. They briefly discussed whether there was any good practice from elsewhere that could be introduced and were assured that Information Governance Leads were being proactive in considering this. There was also recognition of the need to consider more forms of electronic communications than just e-mail. Members confirmed they were content with the updated format of the report.

7. INFORMATION GOVERNANCE RISKS [Paper IG/19/06 refers]

7.1. Members noted the contents of the paper, which provided details of the Corporate Information Governance risks on the NSS Risk Register. The report specifically highlighted risks outwith the agreed risk appetite, and Members received assurance that the mitigations were in place. However, some still remained above the tolerance level. Members recognised that there were potentially general risks, which had an information governance element, but the information governance element itself was potentially not beyond the risk appetite. Members discussed the information being provided and how to establish the level of detail required to assure the committee. Members suggested simplifying the statement to remove reference to the risk appetite and replace with a short statement of assurance in relation to the information governance elements of the risks highlighted. Mrs Morgan and Mr Bell agreed to discuss the best way forward to provide the necessary assurance. **M Morgan/ M Bell**

8. CYBER SECURITY

8.1 Members noted the contents of paper **IG/19/07**, which provided assurance on NSS's position in respect of Cyber Essentials. There had been only one failure, which had since been addressed and NSS was now awaiting certification on the back of that. The report also provided assurance on NSS's overall Information Security programme. Members received a brief overview of how the next steps were being prioritised to achieve Cyber Essentials Plus certification and maintain NSS's reputation as an exemplar organisation. For the next update Members requested a gap analysis against the Network and Information Systems (NIS Directive) Act 2018. Members were pleased by the progress made since the update to the last meeting in September 2018. **D Mitchelson**

ACTION

9. DATA PROTECTION OFFICER (DPO) UPDATE [Paper IG/19/08 refers]

9.1. Members were advised that NSS was making progress, although slower than hoped. However, this was a universal theme across the whole of the public sector and NSS was in a comparatively good position. Mrs Ruddy provided an overview of her ongoing work, as well as the identified arrangements for DPO resilience. Members requested assurance regarding implementation of these resilience arrangements going forward. Members noted the slight slippage in the closure date for the General Data Protection Regulations (GDPR) action plan. They were updated on progress to date, noting that there were no major concerns and that NSS was not an outlier in comparison with other public sector bodies. Members also discussed the previously mentioned move towards a culture of data minimisation. Overall, Members were assured that NSS was making good progress towards full GDPR compliance and that processes were in place to ensure NSS understood any compliance gaps, with appropriate mitigations in place as necessary. The timescale for this work was also being monitored. Members noted the requirements for evidence of compliance and how capturing this was now becoming part of processes and procedures by design and default.

10. NSS INFORMATION GOVERNANCE COMMITTEE TERMS OF REFERENCE

10.1. Members briefly discussed the draft terms of reference provided (paper **IG/19/10** refers). They agreed that the list of attendees needed to be updated but nothing further was required at this point. Mrs Bailey agreed to circulate a finalised updated version outwith the meeting. **L Bailey**

11. BOARD HIGHLIGHTS REPORT [Paper IG/19/11 refers]

11.1. Mrs L Bailey agreed to compile the highlights report and pass to Ms A Rooney for comment before submission to the Board Secretary for the next NSS Board Meeting on Friday, 5 April 2019. **L Bailey**

12. ANY OTHER BUSINESS

12.1. Members asked to have visibility of the 2019/20 Adverse Events Action Plan at an early stage. **S Moffat**

13. DATE OF NEXT MEETING

13.1. The next NSS Information Governance Committee Meeting was scheduled for Tuesday, 14 May 2019.

14. DOCUMENTS CIRCULATED FOR INFORMATION/GENERAL UPDATE ONLY

14.1. NSS Freedom of Information, Environmental Information Request and Re-Use of Public Sector Information Policy [Paper **IG/18/12** refers]

14.2. NSS Information Governance Policy [Paper **IG/18/13** refers]

14.3. NSS Information Governance Committee Forward Programme [Paper **IG/18/14** refers]

There being no further business, the meeting finished at 1248hrs

minutes (DRAFT)

B/19/42

NHS NATIONAL SERVICES SCOTLAND BOARD

MINUTES OF MEETING OF THE FINANCE, PROCUREMENT AND PERFORMANCE COMMITTEE HELD IN ROOM 030, GYLE SQUARE, EDINBURGH COMMENCING AT 1000HRS ON THURSDAY 14 FEBRUARY 2019

Present: Kate Dunlop, Non Executive Director (in the Chair)
Elizabeth Ireland, NSS Chair

In Attendance: Mary Morgan, Director Strategy, Performance and Transformation
Martin Bell, Strategy, Performance and Service Transformation
Karen Nicholls, Acting Board Secretary (Minutes)
Carolyn Low, Director, Finance and Business Services
Colin Sinclair, Chief Executive
Martin Street, Strategic Sourcing Director (Item 5)
Marion Walker, Risk Manager Lead (Item 9)
Caroline McDermott, Head of Planning (Items 11, 12 & 13)

Apologies: Ian Cant, Non-Executive Director
Julie Burgess, Non Executive Director

ACTION

1. INTRODUCTION AND APOLOGIES FOR ABSENCE

1.1 Ms K Dunlop welcomed everyone to the meeting and apologies were noted as above. Members were asked if they had any interests to declare in the context of the Agenda items to be considered. No interests were declared.

2. MINUTES OF THE MEETING HELD ON 23 NOVEMBER 2019, MINUTES 5 SEPTEMBER 2019 (second reading) AND MATTERS ARISING [papers FPP/19/02, FPP/19/03 and FPP/19/04 refer]

2.1 Members noted that the minutes from the NSS Finance, Procurement and Performance meeting held on 5 September 2018 had been returned to the committee as material changes had been required. This was necessary as the minutes had been produced by Mrs Nicholls from notes taken by Ms Caroline Lang, and as a direct result of this, some of the interpretations had been updated after further consultation. Members noted the issues and thanked the Board Services Team for their support during this period. The minutes were then approved with the recommended changes.

2.2 Members approved the minutes of the meeting held on 23 November 2019 and noted that the actions were either complete or an integral part of the agenda for the current meeting.

3. DRAFT NSS INTERNAL AUDIT PLAN 2019/20 – Feedback on any additional areas to be included [paper FPP/19/05 refers]

3.1 Mr Bell took members through the paper and informed them that the contract for Internal Audit had now been awarded to KPMG after a tender exercise. Mr Bell continued that the draft internal audit plan was now open for discussion, and that so far an additional 22 days audit time had been

ACTION

identified. He advised that prioritisation was now required to determine whether this extra resource was appropriate, or whether some of the work could be moved to further years.

3.2 Members discussed the list in full and made the following observations:

1. National Boards Collaboration – it was decided that this was not best value as work was already being done by another auditor at the request of the National Boards themselves. **Action: Reduce audit time to 5 days for this item. To be discussed further at next NSS Audit & Risk Committee meeting.** **M Bell Board Secretary**
2. CHI and GPIT – members recommended that the amount of days allocate by reduced as this was an audit of the programme management not the programme itself. **Action: Review audit time for this item.** **M Bell**
3. Clinical Waste – Mr Bell advised that this audit should take place in the current year but agreed to review the time allocated. **Action: Review timing of this audit.** **M Bell**
4. NSS Brand – review of whether this audit was necessary. **Action: Mr Bell to review with Mrs Morgan.** **M Bell/ M Morgan**
5. Screening Review – sponsor to be Dr Lorna Ramsay, NSS Medical Director.
6. Members asked that Mrs Low look at the scope of the action plan to ensure that a financial risk aspect was a focus to ensure appropriate balance and include customer views. **Action: Mrs Low/Mrs Morgan and Mr Bell to revisit scope for audit plan and provide update to NSS Audit and Risk Committee.** **C Low/ M Morgan/ M Bell**

3.3 Members thanked Mr Bell for his update and welcomed the level of detail provided.

4. FINANCE PAPER UPDATE 2018-19 [paper FPPC/19/06 refers]

4.1 Mrs Low took Members through the finance paper and advised that it had already been presented to the full Board. Members discussed the following items in detail:

1. Members noted that Scottish Government colleagues were supportive and Professor Ireland advised that the help NSS had been providing around Brexit and Clinical Waste was very much appreciated by our relevant sponsors.
2. Some funds had been released for developments and were being managed effectively.
3. Contingency – Clinical Waste – Scottish Government had confirmed that they would be providing funding for the 2018-2019 year end associated with clinical waste, but that Boards would be responsible for the costs for quarter 1 2019-2020. Mr Bell advised that work was underway to ensure that any costs were allocated fairly and would keep the committee up to date on this issue. **Action: Mr Bell to update committee as appropriate.**
4. Property Asset Management – Ellens Glen Road (EGR) – Members noted that EGR had now been fully vacated and NSS would be focusing on making the facility ready for sale, liaising with NHS Lothian as this was a shared site. Mrs Low confirmed that Scottish Government had confirmed that any monies raised by the sale of this site would not be reclaimed. Mrs Low advised that the NSS Property Asset Management (PAMs) team would be considering these funds as part of the new PAM for NSS.

ACTION

5. Narrative – Members asked that some thought be given to the narrative within the paper to ensure it was person centred. **Action: Mrs Low to consider for future reports.** **C Low**
6. National Boards – Mrs Low to prepare a briefing document on the fair allocation of savings between National Boards in time for the next Chairs/Chief Executives meeting on 26 March 2019. Thought should also be given on the impact of the creation of Public Health Scotland. It was noted that the Board would not approve any additional funding above those already agreed levels at this time. **Action: Mrs Low to produce briefing document.** **C Low**
7. Members also noted and welcomed the progress against the actions identified during the eHealth review within NSS finance teams.

4.2 Members thanked Mrs Low for her informative report.

5. NSS DRAFT FINANCE AND WORKFORCE PLAN [paper FPP/19/07 refers - presentation]

5.1 Mrs Low took Members through a presentation on the NSS Draft Finance and Workforce Plan and focused on the budgets for 2019-2020. Members noted that formal guidance had not yet been received from Scottish Government on budgets and required savings.

5.2 After a detailed discussion Members asked that an updated paper be provided for the August 2019 meeting. Mrs Dunlop added that she would welcome details on how NSS will measure productivity to support this work. **Action: Board Secretary to add to forward programme.** **Board Secretary**

6. OCCURENCES WHERE STANDING FINANCIAL INSTRUCTIONS HAVE NOT BEEN FOLLOWED

6.1 Members noted that there had been no instances where the NSS Standing Finance Instructions had not been followed.

7. NATIONAL PROCUREMENT CONTRACT SCHEDULE [paper FFP/19/08 refers]

7.1 Mr Martin Street took Members through his paper. It was noted that at this stage of the year NSS had already demonstrated a very strong position on savings and it was expected that this would secure £48 million at the half year point, compared to the £7.9 million reported in November 2018. He continued that this had resulted from a focus on pharmacy ordering and that the £50 million target for Health Board savings at year end had already been achieved.

7.2 Mr Street asked Members to note the draft workplan for 2019-2020, and advised that this was similar to the previous year. However, preparations for Brexit would also feed into the plan.

7.3 Members thanked Mr Street for his report and were pleased to see the excellent work NSS was doing in this arena.

8. BREXIT [paper FPP/19/09 refers]

8.1 Mr Street went through the update paper on NSS preparations for Brexit. He advised that there was currently a 3 pronged approach to planning including:

1. UK level – weekly calls – to ensure Scotland have clarity on joint suppliers
2. What do we do with the National Distribution Centre and stocks that NSS hold to ensure continuity of supply.
3. Advice and preparation provided by NSS around existing contracts e.g. National suppliers in Scotland that cover significant number of NHSS Boards.

8.2 Members noted that there were growing concerns around primary and social care, particularly levels of resource and staffing. There had already been a significant number of staff leaving the social care sector. Professor Ireland passed on her thanks to the Procurement Teams and advised that there was recognition from the Cabinet Secretary around the very significant contribution the team was making. Further discussion around prescribing took place and Professor Ireland asked that Dr Katharine Ross from the NSS Clinical Directorate be included in discussions going forward. **Action: M Street to meet with K Ross outwith committee.** **M Street**

8.3 Mrs Low asked whether sufficient NSS resources (staff) were in place to cope with this extra ask and Mr Street advised that there was as shortfall. Members discussed this further and the NSS Chair and Vice Chair gave formal permission for extra resources to be provided. **Action: Mr Street and Mrs Low to discuss further outwith Committee.** **M Street**

9. CLINICAL WASTE CONTINGENCIES UDPATE [paper FPP/19/10 refers]

9.1 Members noted the content of the paper and that Mr Street would be taking over as lead for clinical waste from 1 March 2019 as Mr Bell would take up a new role as Director of Practitioner and Counter Fraud Services.

9.2 After a detailed discussion Members asked that this now be reported within the risk report and finance report to ensure appropriate levels of governance, as well as the bespoke report to this committee. It was noted that there was considerable extra work around this subject in terms of Freedom of Information requests, press questions and parliamentary questions.

9.3 Members requested that this be a standing item for both the FPP and formal Board whilst the contingency was still in place. **Action: Board Secretary add to forward programmes.** **Board Secretary**

10. SUSTAINABILITY UPDATE [paper FPP/19/11 refers]

10.1 Members noted the content of the sustainability update report and the actions in place to ensure NSS met the targets required in this area.

11. NSS LDP PERFORMANCE QUARTER 3 REPORT [paper FPP/19/12 refers]

11.1 Miss C McDermott took Members through the paper and it was noted that those currently showing an Amber rating (under the Red/Amber/Green target thresholds) had mitigation in place to ensure they were met at year end.

11.2 Members asked for further clarity on Whole System Modelling (WSM) and Miss McDermott agreed to report back to the next meeting. **Action: Miss C McDermott to provide update on WSM for next meeting.** **C McDermott**

12. NSS DRAFT OPERATIONAL DELIVERY PLAN 2019/20 [paper FPP/19/13 refers]

12.1 Miss McDermott took Members through the paper and advised that this had been updated with the comments made by the Board at the meeting held on 1 February 2019.

12.2 After a short discussion Members advised that they were content with the draft and that further work would be done to ensure measures were SMART and measurable. Members would also welcome focus on the cross cutting themes and how these fitted into this workplan and what would be put in place to measure them. The paper would now be forwarded to Scottish Government colleagues in draft format with final approval from the NSS Board at the April 2019 meeting. **Action: Board Secretary add to forward programme for formal Board meeting.** **Board Secretary**

13. RESILIENCE UPDATE [paper FPP/19/14 refers]

13.1 Members noted the content of the report and the discussions that had already taken place around Brexit and clinical waste.

14. REVIEW OF BUSINESS RISKS ON RISK REGISTER [paper FPP/19/15 refers]

14.1 Mrs Walker took Members through the Risk management update paper and advised that there were currently 2 remaining Red business being managed under the Integrated Risk Management approach.

14.2 Members asked for further information around Risk 5107 – IT Lack of suitably trained staff be provided as a matter of urgency. **Action: Mr D Mitchelson, Director of IT to provide urgent update. Board Secretary to circulate update once received.** **D Mitchelson Board Secretary**

14.3 Members noted the report in full.

15. FPPC TERMS OF REFERENCE UPDATE [paper FPP/19/16 refers]

15.1 Members noted the Terms of Reference and agreed that the focus remained the same. Mrs Nicholls advised that the TORs of all NSS Board and Sub-Committees would be reviewed and updated once the outcome of the new Scottish Government Corporate Governance Blueprint had been completed. This would then dictate what was included. The next NSS Board development session, taking place on 1 March 2019 would focus on this work, including timing of meetings going forward, reporting timelines etc.

15.2 Members asked that Mrs Nicholls provide and update to the committee once this work had been completed. **Action: Board Secretary to provide updated TORs once governance review had been completed.** **Board Secretary**

16 FEEDBACK FROM RELEVANT SUB COMMITTEE CHAIRS ON GOVERNANCE ISSUES

16.1 Professor Ireland ask that it be noted that the Board meeting had looked at similar issues to those included on the agenda for the meeting, specifically Brexit and clinical waste. She added that there had been no issues from the Information Governance Committee. Mrs Dunlop would feed back to the next Board meeting on the discussions that had taken place at this meeting. There had been no other Board sub-committee meetings since the formal board meeting to report on.

17. BOARD HIGHLIGHTS REPORT [paper FPP/19/17 refers]

17.1 This item was discussed under item 16 of these minutes.

18. ANY OTHER BUSINESS

18.1 There was no other competent business discussed.

19. DATE OF NEXT MEETING

19.1 Monday, 13 May 2019, GS 1.1, Gyle Square, Edinburgh EH12 9EB, commencing 0900 hours.

There being no further business, the meeting finished at 1315 hrs.

B/19/43

Freedom of Information, Environmental Information Request and Re-Use of Public Sector Information Policy

Date Published: 01 MARCH 2019
Version: V 3.0 (Final)
Owner/Author: Associate Director of Corporate Affairs and Compliance

DOCUMENT CONTROL SHEET

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Scope of Document		All NSS
Linked Documentation		Hyperlinked within text of Policy.
Related Legislation		Freedom of Information (Scotland) Act 2002. Environmental Information (Scotland) Regulations 2004 Re-Use of Public Sector Information Regulations 2015
Approved by/~~Unapproved~~ & Date		NSS Partnership Forum: 30 DEC 2018 NSS Information Governance Committee: 20 FEB 2019
Author	***Name(s)***	E McLaughlin
	Job Title(s)	Associate Director Corporate Affairs and Compliance

Amendment History

Date	**Issue No.**	**Section/Page**	**Details of Change**	**Authorised By:**
Oct 2009	2.1	Paras 10 & 14 Para 10 Page 12	Addition of references to NSS Information Request Protocol; Disclosure Log. Updated hyperlinks and email addresses	Information Governance Group
Jan 2012	2.2	Section 12 Section 14	Information Governance Group amended to Information Management Group. No additional amendments required.	Head of Corporate Affairs

Nov 2014	2.3		Review of policy – Change job title of NSS Corporate Lead for FOI. Policy transferred to new Policy format template	
Feb 2015	2.4		Additional references added to Useful Information section. Revised wording Sections 10, 11 & 13. Changed Staff Governance to Information Governance	Information Governance Group
Mar 2015	2.5	Whole document	Multiple changes to text to include Environmental EIRs and general refresh. Formatting changed and appendix added	
April 2017	2.6	Whole document	Review and refresh where applicable	
Sep 2018	2.7	Whole document	Review and refresh following delay in approval	
Oct 2018	2.8	Whole document	Updated following consultation	
Mar 2019	3.0	Whole document	Policy approved as V3.0 (Final) post approvals.	Partnership Forum & Information Governance Committee.

Section **Page No.**

1. Summary

This Policy covers three pieces of legislation relating to openness and transparency of information held by organisations within the public sector. These are:-

- Freedom of Information (Scotland) Act 2002 (referred to in this Policy as "FOISA")
- Environmental Information (Scotland) Regulations 2004 ("EIRs")
- The Re-Use of Public Sector Information Regulations 2015 ("ROPSI")

FOISA requires public authorities to be transparent and open about information they hold. As a public authority, NHS National Services Scotland (NSS) is required to comply with FOISA. In the same way, NSS is required to comply with the requirements of the EIRs and ROPSI. NSS has made a commitment to all stakeholders, including patients and staff, to be as open and transparent as possible in the way that it works. This is a commitment which gives the public greater rights to access information held by NSS. NSS will use all appropriate and necessary means to ensure that it complies with FOISA, the EIRs and ROPSI.

2. Useful Information

Other policies/guidance that you may find useful include: -

- NSS Information Governance Policy
- NSS Data Protection Policy
- NSS Records Management Policies
- NSS Records Management Procedures
- NSS Handling a Request for Information

In order to respond to Freedom of Information (FOI) requests effectively, efficiently and within legislative timeframes, good records management is vital to ensure organisational records are searchable and located quickly. All staff must ensure that all records comply with the NSS suite of corporate records management policies and procedures for record keeping. NSS has a Document Storage, Retention and Disposal Policy with supporting systems and procedures that will ensure compliance with the Scottish Government's NHS Scotland Records Management Code of Practice and also Section 61 of FOISA for the management of records.

3. Scope

This Policy provides a framework within which NSS will ensure compliance with the requirements of FOISA, EIRs and ROPSI. This Policy applies to all staff. Failure by staff to adhere to this Policy and its associated procedures may result in disciplinary action.

4. General Access to Information

FOISA, EIRs and ROPSI are part of the Government's commitment to greater openness and transparency in the public sector, and this is a commitment that is fully supported by NSS. The legislation enable members of the public to scrutinise information held which may inform the decisions of public authorities and seek their own assurance that the services provided are efficiently and properly delivered.

a) In relation to FOISA:

Section 1 of FOISA gives a general right of access to recorded information held by NSS, subject to certain conditions and exemptions as detailed within the legislation. Simply put, any person in the world making a request for information to NSS is entitled:

i) to be informed in writing whether NSS holds the information of the description specified in the request; and,

ii) if NSS holds the information, to have that information provided to them unless an exemption applies;

iii) should an exemption apply, unless it is an absolute exemption, the public interest test (as set out in FOISA) should be undertaken, and the information still released should the public interest in releasing the information outweighs the public interest in maintaining the exemption.

A request for information under FOISA must be received in writing, stating the full name (forename and surname) of the applicant with an address for correspondence. It must describe the information requested. For the purposes of general rights of access, a request is to be treated as made in writing if it is transmitted by electronic means, is received in a legible form and is capable of being used for subsequent reference.

b) In relation to EIRs:

All requests for information received are technically received under FOISA, even when they relate to environmental information.

In order to apply the EIRs to the request and respond under that legislation, it is necessary to first exempt the request from the FOISA regime and process under the EIRs, otherwise the request may require to be considered under both pieces of legislation which could result in different results in relation to information to be disclosed.

Any request seeking environmental information should be looked at solely under EIRs. Anyone can make a request under the EIRs but, unlike requests received under FOISA, the request can also be made verbally.

Sometimes the information requested is information which is not suitable to be released. In these circumstances exceptions apply rather than exemptions. Unlike FOISA, all exceptions are subject to the public interest test. For further information on how to answer an EIRs request, please see the FOI and EIR Response Guidance and Template Letters on how to respond to requests.

The Office of the Scottish Information Commissioner (OSIC) has the power to enforce FOISA and EIRs.

c) In relation to ROPSI:

ROPSI requires NSS to make certain documents available to the public for re-use. These documents are those held by NSS to carry out its public task. For information on NSS's public task, please see the Statement of Public Task on our website. For NSS, this means documents held in relation to NSS' statutory functions. Documents created for internal administration/operations (e.g. HR policies or User Guides to IT systems) would not be included. Also not included is anything which would not be released under FOISA.

NSS must respond to requests for re-use of these documents. All requests must be received in writing and state the name, correspondence address, the documents required and the purpose for which the document is to be re-used. From the date of the request, NSS has 20 days to respond either to allow the re-use, provide a reasoned refusal or give an estimated response time.

NSS has authority to impose conditions on the re-use of its documents but on provision of appropriate reasoning. For example, in relation to a document which includes health advice, it would be reasonable to impose a condition to restrict changes to these documents as this may impact on the interpretation of the advice given.

If NSS refuses a request, with reasons, the applicant can request an internal review of the decision. This would be undertaken by the Associate Director of Corporate Affairs and Compliance. Should an applicant still not be satisfied, they have a right of appeal to the UK Information Commissioner.

A fee may be imposed under ROPSI but these fees should only cover costs involved in responding to requests and producing any copies of documents. Fees will be in line with those imposed under FOISA.

5. Legal Compliance

While NSS is required to comply with FOISA and the EIRs, there must always be a balance in relation to the rights of the individual. NSS regards all personal identifiable information (PII) relating to individuals as confidential in line with the FOISA Section 38 exemption and the EIRs Regulation 11 exception as well as ensuring compliance within the legal and regulatory framework around data privacy. While PII and patient information should never be released under FOISA, in limited specific circumstances, staff information may be released, particularly when this information is already within the public domain. At all times, NSS will comply with Data Protection legislation as it interacts with FOISA, EIRs and ROPSI.

6. The Publication Scheme and FOI Disclosure Log

NSS is required by FOISA to publish a publication scheme which details information that NSS makes routinely available to the general public. It details the format in which the information is held and whether there is a charge for its provision. The publication scheme is available on the NSS external facing website and in hard copy on request from the Strategy, Performance and Service Transformation SBU.

The FOI Disclosure log, part of the FOI page on the NSS website provides a useful list of requests already answered. SBU FOI Teams update the log regularly with responses that are suitable for publication in line with the procedure for Publishing to the FOI Disclosure Log. This log should be used as a point of reference and review when answering requests.

7. Duty to Provide Advice and Assistance

Under Section 15 of FOISA NSS has a duty to provide advice and assistance to persons who have made, or wish to make, requests for information. NSS will ensure that systems and procedures are in place to meet this duty. The systems and procedures will conform to the Code of Practice issued under Section 60 of FOISA.

8. Handling a Request for Information

Further detail on handling requests for information under FOISA, EIRs or ROPSI is provided in the Handling a Request for Information guidance.

It is recognised that sometimes the boundaries between FOISA requests and requests for information (not submitted under the legislation) can be blurred. This is particularly relevant when requests for analysis of data sets are received by parts of NSS such as the Information Services Division (ISD) part of the Public Health and Intelligence SBU.

ISD have a protocol for handling such information requests. Clarity was sought from the OSIC over what would be captured under FOISA legislation. This has been captured in guidance notes for staff "Distinguishing between a Freedom of Information Scotland Act (FOISA) Request and an Information Request (IR)". The clarification states:-

"a relevant factor in deciding whether new information must be created will be the degree of skill and judgment that must be applied, and the Commissioner has found that a public authority will hold information if it holds the building blocks to generate the information and no complex judgment is required to produce it".

To determine whether new information is to be created (and therefore the request would fall outwith FOISA and become an Information Request), the following must be considered:-

- whether the data/information already exists within NSS and can simply be extracted and presented; or

- whether there is required a complex judgment and high degree of skill to extract, interpret or collate the data.

To assist, the guidance for staff provides a five step test that should be followed in each case. Should the FOISA request be found to fall under the Section 17(1) exemption "Information Not Held", full reasoning, using the outcome of these tests should be detailed to the requester.

9. Review

Where an applicant is unhappy with the manner in which NSS has handled their request the applicant has 40 working days in which to seek a "Review" of their request. The review procedure is outlined in the "Handling a Request for Information" guidance.

10. Responsibilities and Training

The NSS Chief Executive has overall responsibility for compliance with FOISA, EIRs and ROPSI.

The Associate Director of Corporate Affairs and Compliance has day-to-day responsibility for implementing the legislation, monitoring compliance with FOISA, EIRs and ROPSI and reporting on an annual basis to NSS Information Governance Committee.

The Freedom of Information Leads across the SBUs have a key role in ensuring that the work necessary for NSS to comply with FOISA, EIRs and ROPSI is carried out.

The NSS Information Governance Group will ensure that all policies and procedures concerning compliance with the legislation are produced, approved, implemented and monitored. It will also ensure adequate training is provided to relevant personnel and a general awareness is given to all NSS staff.

The Freedom of Information Leads across the SBUs will also assist with any investigations and reviews concerning NSS`s compliance with FOISA and the EIRs as required. They may also have to be involved with any reviews about decisions to supply or not supply requested information.

Managers at all levels are responsible for ensuring that the staff for whom they are responsible are aware of and adhere to this Policy and that staff undertake the mandatory Freedom of Information e-learning module on LearnPro. They are also responsible for ensuring staff are updated in regard to any changes in this policy.

All staff, whether permanent, temporary or contracted, and contractors are responsible for ensuring that they are aware of the requirements incumbent upon them and for ensuring that they comply with these on a day to day basis.

11. Monitoring and Reporting

The Strategy & Governance Directorate within the Strategy, Performance and Service Transformation SBU will maintain a log of all requests made for information under the legislation. The NSS Corporate Records & FOI Organisational Lead will generate quarterly reports in a prescribed format to the Associate Director of Corporate Affairs and Compliance and SBU IG Leads.

Collated quarterly updates will be presented to the NSS IG Group, concerning numbers and types of request received and any non-compliance issues.

The Information Governance Committee of the NSS Board will receive an annual report on the numbers of information requests received under the legislation and the timeliness on responses to these. The Associate Director of Corporate Affairs and Compliance will report any issues or concerns relating to specific information requests to the NSS Board.

12. Policy Review

This policy will be reviewed two years from its effective date to ensure that arrangements put in place are appropriate to the operating requirements of NSS.

Date policy is effective: 1 March 2019

Reviewed by:

Agreed by: Alison Rooney Date: 4 March 2019

Chair, Information Governance Committee

B/19/45

NSS Board Meeting – Friday 5th April 2019

Operational Delivery Plan 2019/20

Purpose

The Board is asked to approve the Operational Delivery Plan 2019/20.

Recommendation

This Board is asked to approve the document for submission to Scottish Government as a final document.

Risks to delivering the Plan will be incorporated in to the Corporate Risk Register when the targets are agreed with sponsors, if they are not already on the Register.

The associated finance and workforce plans have been developed alongside this service plan as detailed in the 'Financial Plan 2019/20 to 2023/24' paper.

Timing

Progress towards delivery of the Plan will be monitored on a quarterly basis.

Background

This Operational Delivery Plan has been drafted in line with guidance received from Scottish Government and is aligned with the NSS Strategy (see separate paper).

Targets and annual milestones within the Plan have been submitted by SBUs as part of the Strategic Planning and Resource Allocation process and are fairly consistent with last year. The draft Plan was sent to sponsors at Scottish Government and comments have been taken into account.

In October 2018, the Cabinet Secretary announced in the Scottish Parliament that NHS Boards would move to a three year planning and performance cycle to support the delivery of the Health and Social Care Medium Term Financial Framework, with the first year of the new cycle being 2019-20. The Financial Plan has developed in-line with new requirements.

Procurement and Legal

Not applicable.

Engagement

Engagement has included Executive Management Team members in bringing together the document. SBUs have engaged various stakeholders in the development of targets. SG sponsors have had the opportunity to comment on the draft as has the Partnership Forum.

Equality & Diversity

No issues have been identified from an Equality and Diversity perspective. The document can be made available in alternative formats if required.

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Operational Delivery Plan 2019/20

Date Published:	April 2019
Version:	Final Document Type:Word
Owner/Author:	Caroline McDermott
Review Date:	January 2020
Contact:	Caroline McDermott

NSS Operational Delivery Plan

1.0 Introduction

NHS National Services Scotland (NSS) provides national infrastructure services and solutions which are integral to NHSScotland. Using our expertise in a wide range of specialist areas, we are able to support a successful health and care service – locally, regionally and nationally.

Our main focus is on supporting NHSScotland, but we are now working more widely across health and care. This ensures the benefits and value we achieve through our national infrastructure can help many different areas of local front line services to improve outcomes for the people of Scotland.

Our national infrastructure is wide-ranging, covering clinical areas, such as the safe supply of blood, tissues and cells, through to non-clinical areas, such as providing essential digital platforms and cyber security for health and care.

We are also able to increase the value we create for health and care by bringing our services together and focusing them on delivering solutions in key areas, such as the shift to prevention and meeting NHSScotland's current priorities on waiting times, mental health and integration.

This Operational Delivery Plan (ODP) sets out the agreement between NSS and the Scottish Government (SG) as to the targets to be delivered in support of Scotland's 2020 Vision for Health and Social Care, the SG's National Strategic Objectives and the Health and Social Care Delivery Plan. It encompasses all aspects of NSS business as usual activities; whether funded directly by SG or through other sources.

Whilst the ODP sets formal targets for the year ending 31st March 2020, NSS plans on a 5-year horizon. Long-term programmes are therefore included with appropriate delivery milestones showing the value provided by undertaking these activities.

Our Public Health and Intelligence team have included targets for 19 / 20. We will ensure the smooth and successful transition of Information Services Division (ISD) and Health Protection Scotland (HPS) to the new public health body, Public Health Scotland, by December 2019. We will create a corporate services solution for the new body so that it can focus a greater proportion of its efforts on achieving the national public health priorities.

2.0 Strategic Intent

Our draft Strategic Plan (2019 – 24) provides more detail on our strategic direction.

Our purpose

Our purpose reflects why we were established and guides everything we do:

"We provide national solutions to improve the health and wellbeing of the people of Scotland."

Our vision

Our vision recognises what we need to achieve over the next 5 years:

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

Values and our people

The NHSScotland values guide everything we do and ensure we fulfil our purpose and make our vision a reality. Our goal is:

"NSS will remain a great place to work."

Approach

Our approach defines where our stakeholders need us to prioritise our efforts:

1. Enable health and care transformation with new services.

Our intention over the next 5 years is on harnessing the wide ranging skills and expertise NSS has to deliver national infrastructure solutions and services that create better health, better care and better value for Scotland.

2. Underpin NHSScotland with excellent services.

NSS provides core national infrastructure across our broad range of activities which enables national insight and local decision making.

3. Assist other organisations involved in health and care.

By connecting with partners and stakeholders in other organisations involved in health and care, we can ensure our services support national, regional and local initiatives

3.0 Enabling health and care transformation with new solutions

We have the ability to connect our services and deliver solutions that create additional value for health and care. We are focusing our attention for the next 5 years on delivering solutions that achieve the greatest impact as defined by the triple aim of better care, better health and better value. We have identified a series of strategic themes. They are also designed to help Scotland achieve the Health and

Social Care Delivery Plan, while also addressing the immediate needs of mental health, waiting times and integration. These are as follows:

- **Primary and community care**

We will enable the modernisation and integration of primary and community care in Scotland. This includes assessing primary care capability and capacity, supporting the modernisation and integration of primary care systems and processes, assessing the current state of the general practice estate and actively engaging with community care to understand their needs.

This programme will help deliver a more sustainable and resilient primary and community care service that improves patient care with more effective multi-disciplinary team working.

- **Medicines**

We will enable the introduction of new treatments, develop the use of genomics and cellular therapies and help improve prescribing pathways. This includes reviewing and redesigning prescribing pathways and improving access to medicines data, support the research, development and introduction of new treatments and ensuring Scotland gets best value from its spend on medicines.

This programme will help ambitions for the right medicine or right treatment to be given to the right patient at the right time and by the right clinician in any location.

- **Digital and data**

We will enable the successful delivery of the digital health and care strategy. This includes optimising the use of the public cloud, creating a new national security operations centre for NHSScotland and improving access and use of NSS national data sets.

This programme will help our customers turn ideas into practical digital-first solutions through digital service transformation.

- **Transformation, innovation and integration**

We will enable stakeholders and partners in Scottish Government, territorial health boards, regions and integration authorities to deliver change. This includes developing an innovation network with partners, harnessing expertise to support innovators and supporting the scale up of key innovations across Scotland.

This programme will help maximise the potential for key innovations to be successfully implemented across health and care in Scotland.

4.0 National Boards Collaborative

We are part of a collaborative of eight national boards providing services where improved quality, value and efficiency is best achieved through a national approach. We share a common purpose and by working closely together, and with our partners in the Scottish Government, regions, territorial boards and integration joint boards,

we will support the changes required to improve services, reduce unnecessary demand, improve workforce sustainability and strengthen leadership to protect and improve Scotland's health.

The National Boards Collaborative Programme focuses on three areas - (1) improvement, transformation and evaluation; (2) digitally enabled service redesign; and (3) a sustainable workforce:

These are the areas where we believe we can help our partners redesign services to meet technological, demographic and societal changes. We will take on difficult issues in partnership to identify where national support can help deliver real sustainable change to address priority areas such as waiting times and mental health and drive integration across health and social care.

5.0 Risks to Delivery

Risks to the delivery of this Operational Delivery Plan will be recorded within our Corporate Risk Register and reported regularly.

At the point of publication, the risk matrix, describing the aggregated impact and likelihood of the identified risks is as follows:

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
		Score	1	2	3	4	5
Impact	Catastrophic	5	0	0	0	0	0
	Major	4	0	3	3	0	0
	Moderate	3	0	3	1	1	0
	Minor	2	0	1	1	0	0
	Negligible	1	0	0	1	0	0

Targets

This section details the targets and milestones for delivery. These will be regularly reviewed, monitored and formally reported on a quarterly basis.

1 Better Health

1.1 Safe and sufficient supply through a modernised blood, tissues and cells service (SNBTS).

- No avoidable Transfusion or Tissue Transmitted Infections (TTIs) (Risk 5114)
- 3 or more days blood supply available for all blood groups (Risk 3236)

1.2 Build Research, Development and Innovation capability within NSS (SNBTS/NSS). There are no risks related to these research projects which impact on service delivery.

- Complete main treatment arm of the MATCH study (autologous macrophages in cirrhosis). To include establishing a second manufacturing site at JCC, and processing donations from multiple participating sites e.g. Glasgow and Dundee by March 2020. This will lay the groundwork for multi-centre late phase clinical trails.
- Establish an HLA-typed Allogeneic Mesenchymal Stromal Cell bank to improve and support transplant and regenerative medicine early-phase clinical trials by December 2019.
- Expansion and derivation of the first UK GMP-grade iPSC cell lines by December 2019 to support the rapidly growing pluripotent stem cell-derived regenerative medicine field in the UK and worldwide as part of the GAIT initiative.
- Complete review of NSS RDI Strategy, governance and plan by June 19.

1.3 National Specialist Services and Screening programmes meet national standards and demonstrate evidence of continuous quality improvement with a view to achieving optimal outcomes for patients (Procurement, Commissioning and Facilities).

- 100% of commissioned specialist, screening services and networks have quality reviews annually, to identify areas for improvement to deliver better services and patient outcomes by March 2020.
- Quality standards in 33% of commissioning service agreements would be reviewed and updated against international benchmarks to help deliver better services and optimal outcomes by March 2020 (3rd of 3 year programme).

1.4 Implement policy changes in national screening programmes within agreed timeframes, specifically: (Procurement, Commissioning and Facilities).

- Milestones in relation to Hr-HPV for Cervical Screening met by March 2020.

- Ensure equitable access to national specialist services and risk share schemes by monitoring geographic uptake against the Scottish average and reporting to NHS Boards. 90% of specialist activity by Board within agreed targets by March 2020.
- Milestones in relation to NIPT for Pregnancy Screening met by March 2020.
- Milestones in relation to DRS for Diabetic Screening met by March 2020.

1.5 Monitor hazards and manage outbreaks and incidents through the national health protection service. (Risk 4503) (Public Health and Intelligence)

- Ensuring completion to schedule of 95% of all health protection deliverables identified within the PHI/SG SLA.

1.6 Provide surveillance and response coordination as appropriate for all national level health protection threats including healthcare associated infections. (Risk 2904) (Public Health and Intelligence)

- 100% of all national incidents and outbreaks caused by organisms/agents under current national surveillance are reported to HPS through the surveillance system and managed according to the national guideline.

1.7 Delivery of Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Programme portfolio supporting the national ARHAI strategy. (Public Health and Intelligence)

- Support the national framework for ARHAI including the UK AMR Action Plan (2019-2024) delivery of the UK action plan and SG ARHAI Outcomes Framework. 95% deliverables to time and quality for action plan and outcomes framework.

2. Better Care

2.1 Facilities programmes in place to support improved patient care (Procurement, Commissioning and Facilities).

- Reduce the potential for healthcare associated infection by testing and validating equipment for decontamination of reusable medical devices to greater than 90% against the planned programme.
- Support for primary care service development by completing GP premises survey by Q1 2019
- All new patients receive oxygen service within 4 days of notification (100%).

2.2 Meet the need of customers for information and intelligence to improve outcomes for the people of Scotland. (Public Health and Intelligence)

- Completion to schedule of 90% of all Information and Intelligence deliverables identified within the PHI/SG SLA.

- Quality Assurance – reinforcing new Statistics Code of Practice, including: (Risk 4146).
    - Undertake quality assurance review of at least 2 data-sets by end March 2020.
    - Participate in assessments of official statistics, as required by the UK Statistics Authority (timetable and publications for review are determined by the UKSA).
- Atlas of Variation: (Risk 4877)
    - Deliver the number of maps in line with the final business case approved by Scottish Government.
    - Develop and deliver an Atlas training programme focussed on clinical professionals as agreed with Scottish Government in the final business case.
- Regional support:
    - Continue to support the 3 Regional Planning teams.
- Mental Health:
    - In support of the Mental Health Strategy by March 2020 increase the number of Mental Health Quality Indicators published on the ISD Website and in Discovery to at least 20.
    - Lead the Knowledge and Information Workstream for the Children and Young Peoples' Mental Health Taskforce and from that work develop a patient level dataset and establish data flows by December 2019.
    - Mental Health Access Support Team – by September 2019, have an Access Improvement Data (AID) product to be used as an intelligence tool by all stakeholders.
    - CivTech Challenge – complete a pilot project with Stirling Council by March 2020 to develop a digital "artificial intelligence chatbot." that supports the mental health of young people.
- Waiting times:
    - As set out in the Waiting Times Improvement Plan, working collaboratively with Scottish Government and NHS Boards, develop a range of new information and intelligence resources to monitor and improve waiting time performance for patients by March 2020.
- Primary care (Risk 4370)
    - Ensure the resilience of the flu vaccination programme so that the population are appropriately immunised though active monitoring of the supply, demand and uptake of the vaccine. (Measureable performance indicator being developed).
    - Data collection tool to support the new GP contract is:
        - Tested in one GP Cluster by April 2019
        - Ready for wider deployment from July 2019
- Whole System Modelling:
    - By end of October 2019, ISD will deliver a demonstrator adapted from the model developed by Deloitte for the SG's Delivery Plan Model. This demonstrator, and future iterations (including timelines for delivery), will be steered by the Model User Group.
- Workforce
    - Transition of workforce intelligence and data functions to NES is achieved seamlessly from the perspective of users of official statistics,

SG policy and analytical officials, Ministers and other service users - by December 2019.

2.3 Intelligence led decision making across the public sector. (Public Health and Intelligence)

- By March 20 LIST will: (Risk 4990, 4992)
  - Continue to support 100% of Integration Authorities.
  - Spreading the value of our locally derived intelligence by sharing at least 30 cross-sector stories across established GP clusters for scalability and applied learning across Scotland.
  - In addition to routine outputs, half of Integration Authorities utilising new emerging data and derived intelligence, from data sources such as SPIRE and Source (Social Care), through the formation of creative labs.
  - Produce 6 co-designed stories across CPPs, Third Sector and Local Authorities that demonstrate impact.
- Social Care:
  - Review the success of the initial local analyses (developed at the end 2018/19) of social care data linked with health service data in meeting the integrated information and intelligence needs of Health and Social Care Partnerships by September 2019. Design and disseminate a refined set of analyses by March 2020.
  - Work with stakeholders to provide social care data which is made publicly available on the ISD website and supports national policy development:
    - Release the first ISD official statistics social care publication in April 2019 and following this seek feedback from stakeholders and produce a revised official statistics publication by March 2020.
    - During 2019/20 work with SG policy and analytical leads to ensure social care data supports national policy development.

2.4 Tackling inequalities - Integrate health inequalities (Risk 4994) (Public Health and Intelligence)

- By March 2020 ScotPHO will further develop health and social care inequality indicators by:
  - By December 19, consult with stakeholders to identify areas where their impact can be increased.
  - By March 20, integrating these indicators into other ScotPHO profile products.
  - By March 20, explore options to incorporate additional indicators. Progress monitored by reporting on the outcomes of work to identify additional indicators.

2.5 Delivery of agreed IT Services to health, including Boards and SGHSCD. (IT)

- 95% delivery to Boards of the national SLA for business as usual services on an annual basis.
- 95% delivery of agreed outcomes to Scottish Government's Health and Social Care delivered on time and within budget on a quarterly basis.
- 95% Delivery of major IT programmes to include CHI and Child Health, Office 365, GPIT within specification, timescale and budget.

3. Better Value

3.1 Source and deliver goods to support the NHS to achieve financial targets (Procurement, Commissioning and Facilities).

- Collaborative Contract Coverage £1.4bn.
- Actual NDC Revenue Throughput £155m.
- National Contract Delivered Savings £60m

3.2 Single and consistent eProcurement system and processes in place to enable NHS Boards to procure products in a standard manner (Procurement, Commissioning and Facilities).

- All NHSScotland orders for goods and services are placed via the most appropriate electronic procurement system for their business area.

3.3 Deliver cost effective litigation, commercial property, commercial contracts and employment legal services (Central Legal Office).

- Achieve greater than 90% customer satisfaction levels for Legal Services and set the annual increase of fees at 0%. Risk 1615

3.4 Support the Scottish Government in improving the overall management of clinical negligence claims, including the increased use of periodic payments for high value negligence claims and ensuring that the information recorded by litigation solicitors in the CLO database is accurate and timely, facilitating an accurate assessment of CNORIS contributions for NHS Boards and assisting financial planning (Central Legal Office).

- 100% update of Clinical Negligence Claims – value and settlement dates. Risk 5357

3.5 Pay approximately £2.5 billion to over 8000 primary care practitioners to agreed standards of accuracy and timeliness (Practitioner and Counter Fraud Services). Risk 5102

- Target of 99.5% accuracy to agreed dates.

3.6 To support health improvement in NHS Scotland by undertaking prevention, detection and investigation initiatives to reduce patient exemption fraud or error by £1.5million by March 2020. (Practitioner and Counter Fraud Services).

- This will be achieved through a combination of recoveries and cost avoidance. Performance indicators to be identified.

3.7 Ensure customers understand what NSS can offer them and have high levels of satisfaction with our service delivery (Strategy, Performance and Service Transformation).

- NSS services achieve a minimum annual customer satisfaction score of 70%.

3.8 Build sustainable development into all our services to ensure resilience is delivered, including: reduced emissions, adapting for climate change and behaving sustainably. (Risk 3601) (Procurement, Commissioning and Facilities)

- Deliver a Good Corporate Citizenship score of:
    - ≥ 85% by March 2020. (Further indicators to be developed).

NSS BOARD – FINANCIAL PLAN 2019-20 – 2023-24

NHS National Services Scotland

BOARD

1. OVERVIEW & FINANCIAL CONTEXT

This paper outlines the Financial Plan for the five year period from 2019/20 to 2023/24. This financial plan underpins the Board's Annual Operating Plan for next three year planning period.

NHS Scotland is facing financial challenge on an unprecedented scale. The NHS Scotland Financial Framework detailed in Appendix 1 outlines the significant challenge over the planning period, with a residual gap of £159m across NHS Scotland after pressures have been quantified and system wide benefits from reform have been applied.

The financial challenge for NSS is significant and has been quantified in this paper, including a number of key risks and assumptions. To address the challenge, NSS has developed a Service Sustainability Plan, which outlines key actions necessary to ensure NSS remains financially sustainable over the five year planning horizon whilst continuing to deliver valued services to the health and care sector.

2. FINANCIAL & WORKFORCE PLANS

Each SBU has a five year operational plan, with supporting Financial & Workforce Plans which have been subject to review and challenge at a series of Resource Allocation Meetings (RAMs) between October 2018 and February 2019.

Revenue

In determining available resources for 2019/20, the baseline funding for 2018/19 was rolled forward, with 5% of the total retained to meet CRES in each year. There was no uplift applied to the majority baseline budgets in 19/20, in line with SG assumptions for non-patient facing national boards. However an uplift of 1.5% or £3.5m was applied to NSD budgets.

Whilst the AfC pay award was fully funded, there was no further inflationary uplift applied to meet cost pressures in non-pay costs. In addition the plan assumes that all additional allocations expected will be funded in full.

SBUs were then tasked with submitting 5 year financial and workforce plans which delivered a break-even position over the planning period.

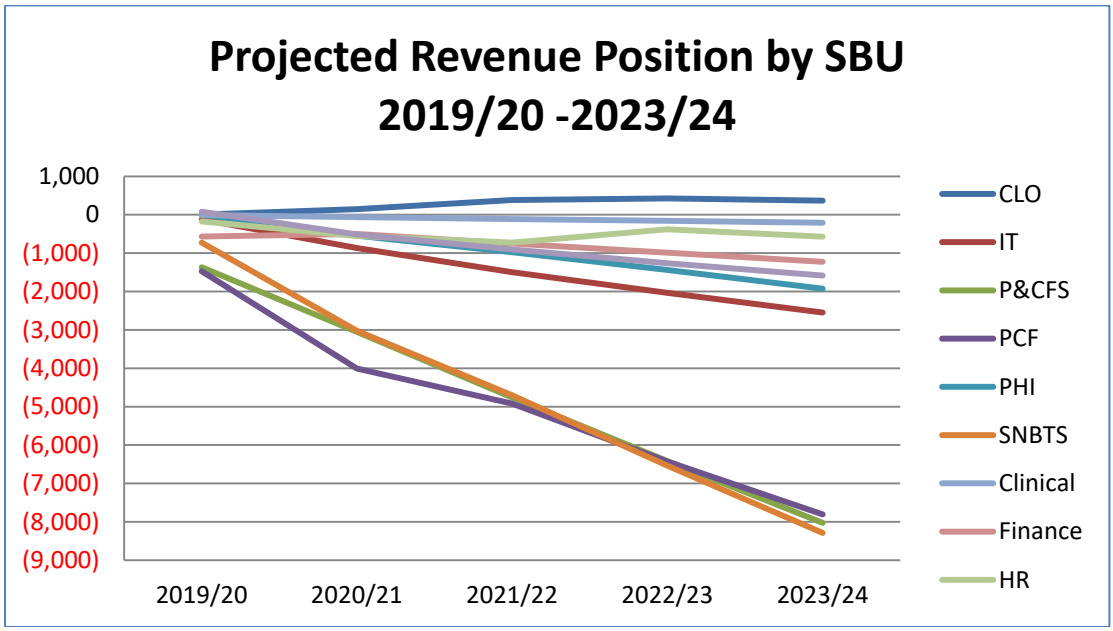
The Revenue Plan is summarised in the following table, and the SBU position is shown graphically below. SBUs have found it increasingly difficult to deliver 5% CRES on a recurring basis whilst continuing to deliver the same level of services. This is reflected in an increasing SBU Trading Deficit, rising from £4.4m in 2019/20 to £31.8m in 2023/24.

5% CRES savings retained in Reserves from baseline on a recurring basis are used to support investments in essential developments of £3.2m per year on a non-recurring basis. Provision has also been made for NSS's contribution to the National Boards savings target on a recurring basis (£5.5m) the workforce resource team, and a small contingency to meet any unplanned pressures in year.

Whilst in balance over the first three years of the plan, there is a deficit in later years, impacting significantly on NSS's ability to continue to invest in our services to become more efficient and effective.

The prioritised development requests for 2019/20 are listed in Appendix 2.

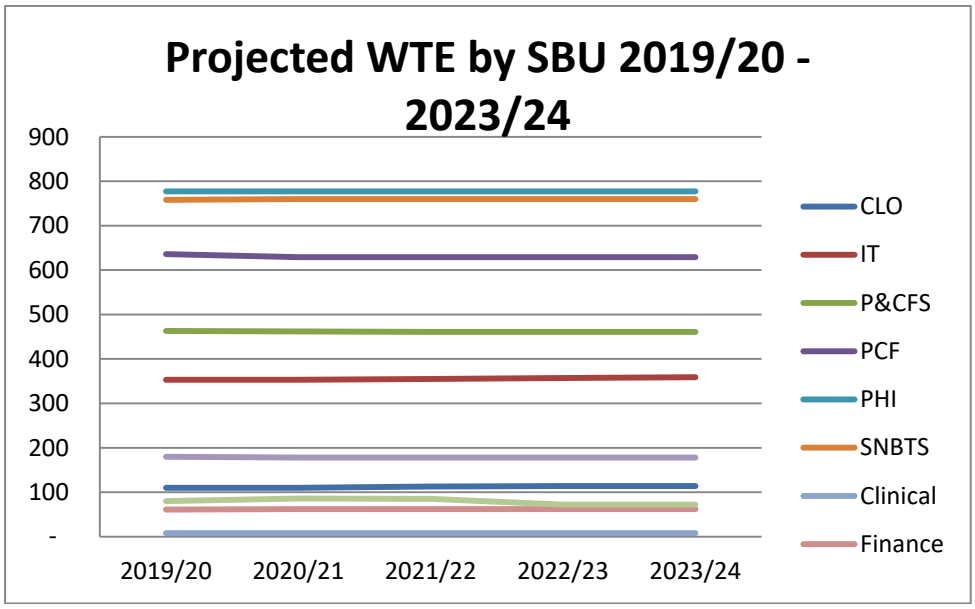
	2019/20	2020/21	2021/22	2022/23	2023/24
SBU Trading Position	(4,358)	(12,983)	(18,978)	(25,236)	(31,823)
Reserves*	10,950	16,205	20,006	24,745	29,068
NSS Total	6,592	3,222	1,028	(491)	(2,755)
***Reserves position includes**					
Contingency	1,000	1,000	1,000	1,000	1,000
WRT	1,000	1,000	1,000	1,000	1,000
NSS contribution to £15m	(5,500)	(5,500)	(5,500)	(5,500)	(5,500)
	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)



Workforce (WTE)

Each SBU has developed a Workforce plan which forms the basis of the staffing budget over the five year planning period. The Workforce projection is summarised in the following table and graph, and essentially shows a static workforce over the 5 year planning period.

	2019/20	2020/21	2021/22	2022/23	2023/24
CLO	110	110	113	114	114
IT	353	353	355	357	359
P&CFS	463	462	461	461	461
PCF	636	629	629	629	629
PHI	777	777	777	777	777
SNBTS	758	760	760	760	760
Clinical	8	8	8	8	8
Finance	61	62	62	62	62
HR	80	86	85	72	72
SPST	180	178	178	178	178
NSS WTE	3,426	3,425	3,428	3,418	3,420



Whilst detailed year 1 plans are in place it is recognised that more detailed work is required to reflect the future shape of the workforce, taking account of plans to transform our services to make the most of digital technology and investments in leading practices. A key component of the NSS Service Sustainability Plan (see Section 5) is Effective Workforce, and this work will support the business to explore its workforce challenges.

Capital

The Capital Plan for NSS is presented as **break-even** in each year of the planning period from 2019/20 to 2023/24. The NSS Formula Allocation is projected to remain to at

existing levels: c£3.4m per annum. NSS also receives project specific capital funding from SG as appropriate in-year.

Appendix 3 lists the provisionally approved prioritised development requests for 2019/20.

Savings

The Revenue Plan includes an assumption of annual CRES savings of 5% applied to the baseline of each SBU. Each SBU has well defined plans to achieve CRES targets in 2019/20 but plans for future years are not well developed. "Transformed Services" is another key component of the NSS Financial Sustainability Plan to ensure the services which SBUs provide are both efficient and effective.

As above, the Revenue Plan also makes provision in Reserves of £5.5m each year as a recurring contribution to the National Board Collaboration target of £15m. In 2018/19, there is a still a gap of £3m overall across the National Boards so there is a risk that SG may ask NSS to increase its contribution.

3. NSS ANNUAL OPERATING PLAN (AOP)

In-line with SG requirements, NSS submitted a draft Financial AOP on Friday 29th March, noting that the Financial Plan still had to be reviewed / approved at the Board meeting on Friday 5th April.

The Cabinet Secretary announced in the Scottish Parliament in October 2018 that Boards would move to a **three year** planning and performance cycle, which supports the delivery of the Health & Social Care Medium Term Financial Framework. Boards are required to set out a breakeven position over the three year planning period. Where this requirement is met, Boards will have flexibility to report under or overspends of up to one per cent of Boards' core revenue resource funding.

The NSS submission reported a **break-even projection in each year** of the cycle, with no need for any flexibility, in-line with the detailed planning as per Section 2.

4. KEY RISKS AND ASSUMPTIONS

The following tables details the key financial risks and assumptions that underpin NSS' Financial Plan.

There are 14 risks in total with 4 considered to be high risk; 7 medium risk; and the remaining 3 risks are low.

Key Assumptions / Risks	£ Value Risk/ £ Assumption/ %Assumption	Impact / Description	Risk Rating
Baseline Allocation The baseline position for FY20 is as advised by SGHSC as flat cash (excluding NSD) and 2.5% uplift for ring fenced NSD baseline to previous years. Baseline assumes a return of £5.5m p.a cash efficiencies (NSS contribution to the £15m Nationals board target)		Delivered £24.3m to date through removal of cash efficiences. Requirement for additional cash efficiencies creates substantial revenue pressures. NSS have assumed a further £5.5m contribution towards the national board target of £15m. There is uncertainity around the delivery of the remaining £9.5m and how this will impact NSS future financial plans. NSS returned £2m funding from its baseline allocation during 18/19 on the expectation that it would be returned in full in 19/20	High Risk
The level of depreciation charges and requirement for a baseline transfer to non core funding will reduce due in future years.	£3m	In the current financial year SG finance have moved the funding for depreciation from baseline to non core revenue funding based on 2017/18 depreciation costs. The depreciation costs for NSS are reducing year on year in line with the reduction in capital allocation provided by SG. The impact for 18/19 was £0.2m - this will increase to £3m by year 3 as assets come to the end of their useful life.	High Risk
Brexit		There is a significant risk for Brexit which includes contingency and price inflation	High Risk
eHealth	£1.4m	There is an expectation that eHealth funding will attract 5% CRES. A number of ehealth contracts are linked to RPI increase on an annual basis and therefore the CRES is not achievable on 85% of the overall spend.	High Risk
Pay and Pension	£6.7m	The plan assumes the increase to employers pension contributions (£6.7m) will be fully funded by Government. If not received this will impact significantly on NSS's ability to deliver a breakeven position. The current figures submitted exclude the anticipated funding and and increased cost, so there is no impact to the bottom line. There is a also a risk that the impact of the pay settlement is not fully funded in future years.	Medium Risk
Transformational Change Fund	£4.4m	NSS will continue to develop proposals in consultation with SG and the HBs and bid as required for allocation from the transformation fund. The NSS plan assumes £4.4m to deliver Transformation Change Projects (which includes £0.5m slippage returned in 18/19) - the main element of this request is for Labs (£2.1m)	Medium Risk
Additional Allocations FY19 funding from SGHSC is not yet all agreed. The risk covers both recurring and non recurring funding totalling c£108m. The additional allocations indicated in the LDP are based on the best information currently available.	£138m	Ongoing discussions with eHealth and NSD, assisted by SGHSC finance, to agree service targets and financial allocations. Other sponsor discussions required. If discussions are not concluded by the end of Q1 and funding is not confirmed, NSS will start to consider reducing or removing services where necessary to protect its financial position. The overall NHS Scotland financial position is very concerning and may impact on the level of additional funding available in-year.	Medium Risk
There is a general risk that NSS will not deliver the efficiencies built into the plans. Whilst on an individual efficency scheme basis this is a low level risk, collectively the total programme exceeds £17m.		Any under achievement against the savings plan could lead to additional cost pressures	Medium Risk
Organisational Change / Skills, Knowledge and Experience The pace of change and the growing and changing service delivery demands.		This may impact on NSS's ability to develop the required skills.	Medium Risk
Management of Redeployment There is a potential risk that the number of staff that are discplaced from their substantive posts may increase significantly and due to their specialist role or experience may be difficult to secure alternative employment.	£1m	May result in staff retained without meaningful work for long periods of time.	Medium Risk
Public Health Scotland		There is a workforce risk around corporate service delivery if NSS does not deliver these services to Public Health Scotland after Year 3	Medium Risk
Capital Programme	£3.4m	There are no major capital programmes for NSS over the planning period. All programmes will be managed within the formula allocation.	Low Risk
Logistics Service Charge The service charge for the logistics operation has still to be agreed. Proposal to go to the DoF logistics group in March.	£14m	Should the level of top-sliced funding be reduced beyond the planning assumptions it could lead to revenue pressures the size of which depend on the reduction in funding.	Low Risk
The NSD element of the plan is assumed break-even throughout. This assumes that any shortfalls in funding/cost pressures will be effectively dealt with by the National Specialist Services Committee. Should this not be the case it may result in cost pressures on NSS.		NSS will continue to work closely with the NSSC to ensure a balanced position is maintained.	Low Risk

5. NSS' SERVICE SUSTAINABILITY PLAN

The current financial plan highlights the challenges facing NSS over the five year planning period.

A sub-group of EMT led by the Director of Finance carried out a review of the financial challenges facing NSS, in the context of an increasingly pressured operating environment.
Work included a review of expenditure on a SBU by SBU basis to understand underlying cost drivers. The nature of non-pay spend was considered, including how these costs were incurred, managed and monitored, and where accountability for spend lay across the organisation. Workforce challenges were recognised and recruitment and retention processes assessed.

From this work a plan focused on ensuring service sustainability in the later years of the plan was developed. The NSS Service Sustainability Plan has three main components:

- Strong financial management (SRO – C Low)
- Workforce Effectiveness (SRO – J Jones)
- Transformed Services (SRO – M Morgan)

Each element of the plan has a savings target and key areas of focus. This is outlined in Appendix 4.

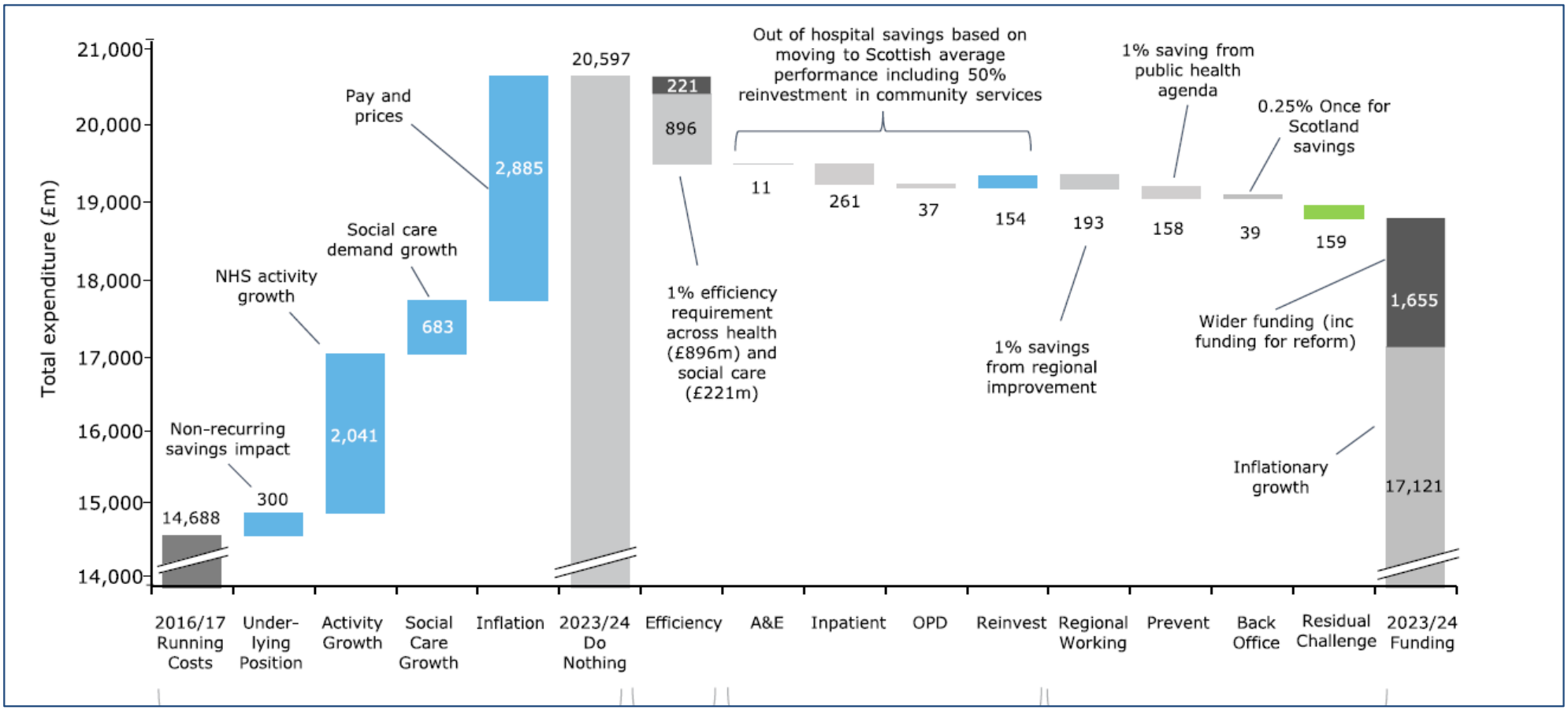
Delivery against the plan will be governed by the Change Oversight Group with regular reporting to EMT and the Board.

6. RECOMMENDATION

The Board is asked to approve the Financial Plan for NSS for the period 2019/20 to 2023/24.

Carolyn Low
Director of Finance
1st April 2019

Appendix 1 – NHS Scotland Financial Framework 2019-20 to 2023-24



Appendix 2 – Prioritised Revenue Developments by SBU

SBU	Development	£'000s
PCF	Digital Transformation - Website Modernisation	1,000
PCF	Clinical Waste Management Resource	104
PCF	Transform Fleet Development	306
PCF	NSS Procurement Manager	50
PCF	Pharmacy Rebates	50
PCF	Database for National Trauma Application	4
PCF	PCF Service Delivery - Management of Work Requests	80
PCF	SNBTS - Outcome of Strategic Estates Review	200
PCF	Callidus Work - FM Compliance	200
P&CFS	New DCVP	250
P&CFS	Digital Prescribing	150
P&CFS	CHI GPPRS / Primary Care Initiatives	100
P&CFS	Pharmacy Service Improvement	120
SNBTS	Temperature Mapping Software	53
SNBTS	Paper Free Donor Floor	225
SNBTS	Replacement of Blood Mixers	575
SNBTS	Haemoglobin S Screening	62
SNBTS	e-Traceline LIMS Upgrade	32
SNBTS	IT Connectivity	9
SNBTS	Expanded Cellular QC Lanoratory Activities in TCAT	35
SNBTS	e-Validation	38
IT	Machine Data - SaaS	200
IT	L&D Lead	50
IT	Security Team Set-Up	184
IT	Critical Security Tools	200
IT	Increased Internet Access Link to Cloud	50
IT	ServiceNow	255
IT	O365 Local Implementation	200
IT	Information Governance	96
IT	Machine Learning AI	250
IT	Containerisation / Automation	100
IT	Digital Skills	85
IT	API Development	350
IT	O365 Service Desk	228
IT	Network Modernisation	70
IT	Enterprise Architecture Baselining	300
IT	Service Now - Inceased Capability	130
SPST	PgMS Practice Management Tool	200
SPST	Enable S&G	30
SPST	CEAD Workflow	25
SPST	Survey Tool Replacement	10
SPST	Collaboration Tools	15
SPST	Transformation Website	60
		6,731

Appendix 3 – Prioritised Capital Developments by SBU

SBU	Development	£'000s
PCF	NP Management Information Portal	179
PCF	Database for National Trauma Application	10
PCF	Lauriston Reconfiguration	460
PCF	Gartnavel Recongiguration Options	100
PCF	Warehouse Management System	300
HR	OHS CoHort Upgrade and Migration to Cloud	40
SNBTS	Temperature Mapping Software	150
SNBTS	Haemoglobin S Screening	60
SNBTS	e-Traceline LIMS Upgrade	170
SNBTS	IT Connectivity	48
SNBTS	Gartnavel Hub Cold Rooms	150
SNBTS	Expanded Cellular QC Lanoratory Activities in TCAT	165
SNBTS	e-Validation	57
SNBTS	Vehicle Replacement	295
SNBTS	Equipment Replacement	265
IT	Increased Internet Access Link to Cloud	30
IT	Network Modernisation	250
IT	JCC Mast	125
		2,854

Appendix 4 – Service Sustainability Plan

Strong Financial Management	Workforce Effectiveness	Transformed Services

Financial reporting and Control
• Improved reporting:
  • Cost of occupation to drive effective use of Estate
  • Cost of Travel to change behaviours
• Driving benefits from Digital:
  • IT cost reduction
Cost and Value
• Scenario planning
• Zero based budgeting
• Cost to serve and recharging
• Understanding value
• Aligning baseline to value of services
Optimising Procurement
• Cost and Commercial Steering Group
• Procurement driven savings targets
• Targeted savings in areas of non contracted spend
	Improved Governance
	• Recruitment (eRAF)
	• Focus on Workforce Planning in years 2-5
	Workforce Optimisation
	• Productive workforce
	• Effective resource deployment
	Service Redesign
	• Capability driven operating model: Once for NSS
	• Consistent approach to the shape of the organisation
		• Where do we focus our service provision to add value?
		• What do we stop doing?
		• Exploiting automation
		• Service redesign
		• Digital first
		• New ways of working

Outcomes: £2.93m target – financial control £3.93m target - efficiency Cultural and behavioural change	**Outcomes:** £6m target Cultural and behavioural change	**Outcomes:** £17.4m target Cultural and behavioural change

NSS Information Governance Policy

Version 4.3

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Author:	Eilidh McLaughlin
Reviewed by:	
Owner:	Martin Bell, Interim Director Strategy and Governance
Approver:	NSS Information Governance Committee and Staff Governance Committee
Approved by and Date:	John Deffenbaugh- 1 March 2019
Contact:	Eilidh McLaughlin, Associate Director Corporate Affairs and Compliance
File Location:	

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1.0	18/12/2006	Final		
1.1	30/07/2010 – 09/09/2010	Review comments following NSS Information Management Group	TG	Y
2.0	11/10/2010	Final	TG	
2.1	2013/02/12	Bi-annual Review – amendments include	TG	
2.2	2013/03/06	Comments added	ALB	Y
2.3	2013-04-25	Incorporate comments from IMG Group	TG/ALB	Y
2.4	2014-01-27	Comments and edits – ALB/TR etc	ALB	Y
2.5	2014-02-27	Comments from TR, Gs, MB	ALB	Y
2.6	2014-05-30	Updated with JL comments	ALB	Y
2.7	2014-09-07	Post-consultation updates	ALB	Y
3.0	2014-09-07	Version 3 as final	ALB	
3.1	2016-01-29	Appendices updated	ALB	
4.1	2017-04-19	Review comments for consideration	EP	Y
4.2	2018-02	Further comments from IG leads	EMcLaughlin	Y

Distribution: This document has been distributed to

Name:	Title/Division:	Date of Issue:	Version:
All members	Information Governance Leads for distribution to leads groups	September 2018	4.3
All members	Information Governance Group		4.3
All NSS Staff			4.3
All Members	Partnership Forum		4.3

Table of Contents:

1 Introduction

Information is one of NHS National Services Scotland's (NSS) key assets. Reliable information plays an important part in the care of individual patients and donors, and is also vital for the efficient management of services and resources, including staff.

Information governance (IG) is the term used to describe the way we make sure that we use and handle information properly. IG provides a framework for safely handling information to meet our legal and ethical duties to high quality standards.

Information Governance covers the following:

- Confidentiality
- Data Protection
- Caldicott Principles
- Information Security
- Freedom of Information
- Data Integrity
- Management of records
- Data sharing
- Adverse Events relating to the above.

This policy also covers all information systems purchased, developed and managed by, or on behalf of, NSS and any individual directly employed by NSS. This policy is linked to a number of specialised NSS IG Policies which cover specific IG topics; these are available on geNSS. This policy should be read in light of and alongside those policies.

2 What is information?

This policy covers all information, in whatever medium it is communicated and/or recorded. The following list (which is not exhaustive) shows examples of what is covered by this policy:

- Documents
- Letters
- Emails
- X-rays
- Video conference
- Spoken communication on the phone or in person/recorded on a voice recorder
- CCTV images
- Social media communications
- Photographs and other media files
- Databases and datamarts

Information comprises both person-identifiable information and commercially sensitive/confidential information. Person-identifiable information must be handled carefully; it can be about patients, donors or staff. Identifiable means anything that could identify an individual (name, address, full post-code, email address or date of birth etc) or reveal details about their health or personal circumstances.

Business information about NSS contracts and sensitive commercial information must also be handled carefully and is covered by this policy.

3 IG Principles

All NSS staff have a duty of care for the information NSS holds and uses. NSS supports NHSScotland's aim of improving the information available to support safe, high quality care and services and making the right information available to the right people at the right time.

Effective Information Governance supports high-quality services by:

- Enabling staff to carry out their duties to consistently high standards and comply with the law and professional codes of ethics
- Promoting the safe, effective and appropriate use of information
- Preventing duplication of effort by encouraging closer working with other parts of NHSScotland, other parts of the public sector and contracting organisations
- Developing support arrangements for staff through trained leads in each area and providing appropriate tools.

Effective Information Governance enables NSS to contribute to the following benefits:

- Effective management of the risks associated with the use of personal, confidential and other data
- Increased public confidence regarding data handling in NHSScotland and partner organisations.
- Integrated ways of thinking and working
- Creation of connections between clinical and corporate governance

- Effective use of limited resources
- Sharing of learning and good practice
- Maximise the public benefit derived from routinely collected information in terms of improving care services, meeting population needs and supporting research (as appropriate)

NSS recognises the need for an appropriate balance between openness and privacy in the management and use of information.

- Non-confidential information about NSS and the services it provides will be available to the public through a variety of means, in line with NSS' code of openness and in compliance with the Freedom of Information (Scotland) Act 2002.

- Patients, donors, staff and the public will have access to information relating to themselves in accordance with their rights under the Data Protection legislation. There will be clear procedures and arrangements for handling queries from patients and the public.

- Integrity of information will be developed, monitored and maintained to ensure that it is appropriate for the purposes intended.

NSS will undertake or commission audits to assess whether the Information Governance arrangements are compliant with the NHSScotland Information Governance Standards and Scottish Government security guidance and best practice.

NSS will have procedures in place to report, monitor and investigate all breaches of any NSS IG policy, including this Information Governance Policy. NSS will also promote a continuous improvement approach that supports the implementation of the learning from such adverse events.

Legal and Policy Context:

NSS' Information Governance Policy is designed to enable NSS to meet all legal and Government policy requirements for safe and effective practice for example:

- Copyright, designs and patents Act 1988 (as amended by the Copyright Computer programs regulations 1992)
- Access to Health Records Act 1990 (where not superseded by the Data Protection Act)
- Computer Misuse Act 1990
- Data Protection legislation including the General Data Protection Regulation (GDPR) and the Data Protection Act 2018
- Human Rights Act 1998
- Electronic Communications Act 2000
- Regulation of Investigatory Powers (Scotland) Act 2000
- Freedom of Information (Scotland) 2002
- Environmental Information (Scotland) Regulations 2004
- Public Records (Scotland) Act 2011
- Revised Caldicott Principles 2013 and follow up report in 2016

- Information Security Policy Framework (DL(15)17)
- Re-use of Public Sector Information Regulations 2005
- NHS Scotland Information Governance Standards 2007

4 NSS Responsibilities and Accountability

Definitions

Confidentiality	Protecting information from unauthorised disclosure
Integrity	Safeguarding the accuracy and completeness of information
Availability	Ensuring that information and services are available to users when required
Authority	Individuals or entities have the authority to act as defined in their job functions or defined processes
Assurance	That the required actions are being taken to comply with the required policies and procedures
Accountability	The individual or entity is responsible for their actions and in-actions
Awareness	Individuals are aware of the actions required of them within the confines of their job functions

The NSS Board has accountability for ensuring that NSS complies with information governance legislation and has policies in respect of all aspects of IG together with adequate controls assurance and governance. The Board has delegated this accountability to the Information Governance Committee, a sub-committee of the Board. The Information Governance Committee is supported in this function by the Information Governance Group.

The Chief Executive has overall accountability for information governance and is responsible for ensuring that sufficient resources are provided to support the requirements of this policy. Directors are responsible for ensuring this Information Governance policy together with all other NSS IG policies and any and all standard procedures and guidelines developed in support of such policies are implemented in their Strategic/Support Business Unit/Directorate. Directors are responsible for the day-to-day management of information risks. NSS is responsible for ensuring that a strategic approach to IG is in place and for developing and maintaining policies, standards, procedures and guidance. This includes the implementation of the Information Security Management System.

The NSS Senior Information Risk Owner (SIRO) is currently the Director of National Digital. The role of a SIRO is to take ownership of NSS's information risk policy and information assets and to be the executive lead for information governance within NSS. The SIRO is supported by the NSS Associate Director of Corporate Affairs and Compliance, as Deputy SIRO, and as the Associate Director responsible for day-to-day management of information governance, including the production, approval, and implementation and monitoring of all information governance policies and procedures.

The Caldicott Guardian is the Medical Director for NSS. The role of a Caldicott Guardian is to be the senior person responsible for protecting the confidentiality of people's health and care information and making sure it is used properly.

The Data Protection Officer is a newly defined role under the General Data Protection Regulation. The role is to:-

- inform and advise the organisation and its employees about their obligations to comply with the GDPR and other data protection laws;
- monitor compliance with the GDPR and other data protection laws, including managing internal data protection activities, advise on data protection impact assessments; train staff and conduct internal audits;
- be the first point of contact for supervisory authorities and for individuals whose data is processed (employees, customers etc).

NSS Information Asset Owners, identified in our Information Asset Register (IAR), ensure that those information assets which comprise personal data for which they are responsible are managed in compliance with information governance principles.

NSS is responsible for raising awareness of IG to staff and for providing mandatory IG training to enable staff to carry out their duties to the required legal and ethical standards.

Managers within NSS are responsible for ensuring that all staff, contractors and other relevant third parties observe this policy and its supporting standards and procedures, to ensure compliance and the necessary safeguarding of information held and maintained by NSS.

The SBU and Directorate Information Governance Leads support and inform the above named in their responsibilities. They are responsible for the promotion of good practice in their area and assisting with any investigations and reviews concerning NSS`s compliance with information governance. They also help to ensure adequate training is provided to relevant personnel and a general awareness is given to all NSS staff. A list of Information Governance Leads is available on geNSS.

5 NSS staff responsibilities

All NSS staff are responsible for looking after information correctly and for understanding and complying with all NSS IG Policies . Staff must also comply with the law and any codes of practice that apply to their role.

All staff must comply with the NSS Confidentiality Policy.

If anyone has any questions about NSS IG Policies and or any standard, procedure or guideline developed in support of such policies, or do not understand any aspect of the content of the IG Policies or any standard, procedure or guideline developed in support of such policies, they should ask for help from their line manager, Strategic/Support Business Unit IG Lead or Director. They can also seek advice from the NSS IG Leads (a list is available on geNSS).

6 Failure to follow IG policies and procedures

All staff who work for or under contract to NSS, including contractors, students, agency, bank staff and volunteers are responsible for ensuring that they are aware of and understand the requirements incumbent upon them and for ensuring that they comply with these on a day to day basis, seeking support when necessary.

All staff have a duty to report any suspected or actual adverse events associated with the processing of personal data, as specified in the NSS Adverse Events Management (incorporating Duty of Candour) Policy. Adverse events include, but are not limited to, the loss or non-delivery of a document containing personal data in the post, or via e-mail, and a mistaken disclosure of personal data to an individual or organisation not entitled to receive it.

Breaches of this policy may lead to disciplinary action, in line with the NSS Management of Employee Conduct Policy.

7 Policy Approval and review

This policy will be reviewed every two years by NSS and may be reviewed more frequently if new legislation, policies, codes of practice, national standards or changing technologies/systems are introduced.

Changes to this policy require the approval of the NSS Information Governance Committee.

Date Policy is effective: **1 MARCH 2019**

Reviewed by:

Agreed by: ..... **Date:** 1.3.19

Chair, Staff Governance Committee

B/19/45

NSS Board Meeting – Friday 5th April 2019

Operational Delivery Plan 2019/20

Purpose

The Board is asked to approve the Operational Delivery Plan 2019/20.

Recommendation

This Board is asked to approve the document for submission to Scottish Government as a final document.

Risks to delivering the Plan will be incorporated in to the Corporate Risk Register when the targets are agreed with sponsors, if they are not already on the Register.

The associated finance and workforce plans have been developed alongside this service plan as detailed in the 'Financial Plan 2019/20 to 2023/24' paper.

Timing

Progress towards delivery of the Plan will be monitored on a quarterly basis.

Background

This Operational Delivery Plan has been drafted in line with guidance received from Scottish Government and is aligned with the NSS Strategy (see separate paper).

Targets and annual milestones within the Plan have been submitted by SBUs as part of the Strategic Planning and Resource Allocation process and are fairly consistent with last year. The draft Plan was sent to sponsors at Scottish Government and comments have been taken into account.

In October 2018, the Cabinet Secretary announced in the Scottish Parliament that NHS Boards would move to a three year planning and performance cycle to support the delivery of the Health and Social Care Medium Term Financial Framework, with the first year of the new cycle being 2019-20. The Financial Plan has developed in-line with new requirements.

Procurement and Legal

Not applicable.

Engagement

Engagement has included Executive Management Team members in bringing together the document. SBUs have engaged various stakeholders in the development of targets. SG sponsors have had the opportunity to comment on the draft as has the Partnership Forum.

Equality & Diversity

No issues have been identified from an Equality and Diversity perspective. The document can be made available in alternative formats if required.

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Operational Delivery Plan 2019/20

Date Published:	April 2019
Version:	Final Document Type:Word
Owner/Author:	Caroline McDermott
Review Date:	January 2020
Contact:	Caroline McDermott

NSS Operational Delivery Plan

1.0 Introduction

NHS National Services Scotland (NSS) provides national infrastructure services and solutions which are integral to NHSScotland. Using our expertise in a wide range of specialist areas, we are able to support a successful health and care service – locally, regionally and nationally.

Our main focus is on supporting NHSScotland, but we are now working more widely across health and care. This ensures the benefits and value we achieve through our national infrastructure can help many different areas of local front line services to improve outcomes for the people of Scotland.

Our national infrastructure is wide-ranging, covering clinical areas, such as the safe supply of blood, tissues and cells, through to non-clinical areas, such as providing essential digital platforms and cyber security for health and care.

We are also able to increase the value we create for health and care by bringing our services together and focusing them on delivering solutions in key areas, such as the shift to prevention and meeting NHSScotland's current priorities on waiting times, mental health and integration.

This Operational Delivery Plan (ODP) sets out the agreement between NSS and the Scottish Government (SG) as to the targets to be delivered in support of Scotland's 2020 Vision for Health and Social Care, the SG's National Strategic Objectives and the Health and Social Care Delivery Plan. It encompasses all aspects of NSS business as usual activities; whether funded directly by SG or through other sources.

Whilst the ODP sets formal targets for the year ending 31st March 2020, NSS plans on a 5-year horizon. Long-term programmes are therefore included with appropriate delivery milestones showing the value provided by undertaking these activities.

Our Public Health and Intelligence team have included targets for 19 / 20. We will ensure the smooth and successful transition of Information Services Division (ISD) and Health Protection Scotland (HPS) to the new public health body, Public Health Scotland, by December 2019. We will create a corporate services solution for the new body so that it can focus a greater proportion of its efforts on achieving the national public health priorities.

2.0 Strategic Intent

Our draft Strategic Plan (2019 – 24) provides more detail on our strategic direction.

Our purpose

Our purpose reflects why we were established and guides everything we do:

"We provide national solutions to improve the health and wellbeing of the people of Scotland."

Our vision

Our vision recognises what we need to achieve over the next 5 years:

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

Values and our people

The NHSScotland values guide everything we do and ensure we fulfil our purpose and make our vision a reality. Our goal is:

"NSS will remain a great place to work."

Approach

Our approach defines where our stakeholders need us to prioritise our efforts:

1. Enable health and care transformation with new services.

Our intention over the next 5 years is on harnessing the wide ranging skills and expertise NSS has to deliver national infrastructure solutions and services that create better health, better care and better value for Scotland.

2. Underpin NHSScotland with excellent services.

NSS provides core national infrastructure across our broad range of activities which enables national insight and local decision making.

3. Assist other organisations involved in health and care.

By connecting with partners and stakeholders in other organisations involved in health and care, we can ensure our services support national, regional and local initiatives

3.0 Enabling health and care transformation with new solutions

We have the ability to connect our services and deliver solutions that create additional value for health and care. We are focusing our attention for the next 5 years on delivering solutions that achieve the greatest impact as defined by the triple aim of better care, better health and better value. We have identified a series of strategic themes. They are also designed to help Scotland achieve the Health and

Social Care Delivery Plan, while also addressing the immediate needs of mental health, waiting times and integration. These are as follows:

- **Primary and community care**

We will enable the modernisation and integration of primary and community care in Scotland. This includes assessing primary care capability and capacity, supporting the modernisation and integration of primary care systems and processes, assessing the current state of the general practice estate and actively engaging with community care to understand their needs.

This programme will help deliver a more sustainable and resilient primary and community care service that improves patient care with more effective multi-disciplinary team working.

- **Medicines**

We will enable the introduction of new treatments, develop the use of genomics and cellular therapies and help improve prescribing pathways. This includes reviewing and redesigning prescribing pathways and improving access to medicines data, support the research, development and introduction of new treatments and ensuring Scotland gets best value from its spend on medicines.

This programme will help ambitions for the right medicine or right treatment to be given to the right patient at the right time and by the right clinician in any location.

- **Digital and data**

We will enable the successful delivery of the digital health and care strategy. This includes optimising the use of the public cloud, creating a new national security operations centre for NHSScotland and improving access and use of NSS national data sets.

This programme will help our customers turn ideas into practical digital-first solutions through digital service transformation.

- **Transformation, innovation and integration**

We will enable stakeholders and partners in Scottish Government, territorial health boards, regions and integration authorities to deliver change. This includes developing an innovation network with partners, harnessing expertise to support innovators and supporting the scale up of key innovations across Scotland.

This programme will help maximise the potential for key innovations to be successfully implemented across health and care in Scotland.

4.0 National Boards Collaborative

We are part of a collaborative of eight national boards providing services where improved quality, value and efficiency is best achieved through a national approach. We share a common purpose and by working closely together, and with our partners in the Scottish Government, regions, territorial boards and integration joint boards,

we will support the changes required to improve services, reduce unnecessary demand, improve workforce sustainability and strengthen leadership to protect and improve Scotland's health.

The National Boards Collaborative Programme focuses on three areas - (1) improvement, transformation and evaluation; (2) digitally enabled service redesign; and (3) a sustainable workforce:

These are the areas where we believe we can help our partners redesign services to meet technological, demographic and societal changes. We will take on difficult issues in partnership to identify where national support can help deliver real sustainable change to address priority areas such as waiting times and mental health and drive integration across health and social care.

5.0 Risks to Delivery

Risks to the delivery of this Operational Delivery Plan will be recorded within our Corporate Risk Register and reported regularly.

At the point of publication, the risk matrix, describing the aggregated impact and likelihood of the identified risks is as follows:

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
		Score	1	2	3	4	5
Impact	Catastrophic	5	0	0	0	0	0
	Major	4	0	3	3	0	0
	Moderate	3	0	3	1	1	0
	Minor	2	0	1	1	0	0
	Negligible	1	0	0	1	0	0

Targets

This section details the targets and milestones for delivery. These will be regularly reviewed, monitored and formally reported on a quarterly basis.

1 Better Health

1.1 Safe and sufficient supply through a modernised blood, tissues and cells service (SNBTS).

- No avoidable Transfusion or Tissue Transmitted Infections (TTIs) (Risk 5114)
- 3 or more days blood supply available for all blood groups (Risk 3236)

1.2 Build Research, Development and Innovation capability within NSS (SNBTS/NSS). There are no risks related to these research projects which impact on service delivery.

- Complete main treatment arm of the MATCH study (autologous macrophages in cirrhosis). To include establishing a second manufacturing site at JCC, and processing donations from multiple participating sites e.g. Glasgow and Dundee by March 2020. This will lay the groundwork for multi-centre late phase clinical trails.
- Establish an HLA-typed Allogeneic Mesenchymal Stromal Cell bank to improve and support transplant and regenerative medicine early-phase clinical trials by December 2019.
- Expansion and derivation of the first UK GMP-grade iPSC cell lines by December 2019 to support the rapidly growing pluripotent stem cell-derived regenerative medicine field in the UK and worldwide as part of the GAIT initiative.
- Complete review of NSS RDI Strategy, governance and plan by June 19.

1.3 National Specialist Services and Screening programmes meet national standards and demonstrate evidence of continuous quality improvement with a view to achieving optimal outcomes for patients (Procurement, Commissioning and Facilities).

- 100% of commissioned specialist, screening services and networks have quality reviews annually, to identify areas for improvement to deliver better services and patient outcomes by March 2020.
- Quality standards in 33% of commissioning service agreements would be reviewed and updated against international benchmarks to help deliver better services and optimal outcomes by March 2020 (3rd of 3 year programme).

1.4 Implement policy changes in national screening programmes within agreed timeframes, specifically: (Procurement, Commissioning and Facilities).

- Milestones in relation to Hr-HPV for Cervical Screening met by March 2020.

- Ensure equitable access to national specialist services and risk share schemes by monitoring geographic uptake against the Scottish average and reporting to NHS Boards. 90% of specialist activity by Board within agreed targets by March 2020.
- Milestones in relation to NIPT for Pregnancy Screening met by March 2020.
- Milestones in relation to DRS for Diabetic Screening met by March 2020.

1.5 Monitor hazards and manage outbreaks and incidents through the national health protection service. (Risk 4503) (Public Health and Intelligence)

- Ensuring completion to schedule of 95% of all health protection deliverables identified within the PHI/SG SLA.

1.6 Provide surveillance and response coordination as appropriate for all national level health protection threats including healthcare associated infections. (Risk 2904) (Public Health and Intelligence)

- 100% of all national incidents and outbreaks caused by organisms/agents under current national surveillance are reported to HPS through the surveillance system and managed according to the national guideline.

1.7 Delivery of Antimicrobial Resistance and Healthcare Associated Infections (ARHAI) Programme portfolio supporting the national ARHAI strategy. (Public Health and Intelligence)

- Support the national framework for ARHAI including the UK AMR Action Plan (2019-2024) delivery of the UK action plan and SG ARHAI Outcomes Framework. 95% deliverables to time and quality for action plan and outcomes framework.

2. Better Care

2.1 Facilities programmes in place to support improved patient care (Procurement, Commissioning and Facilities).

- Reduce the potential for healthcare associated infection by testing and validating equipment for decontamination of reusable medical devices to greater than 90% against the planned programme.
- Support for primary care service development by completing GP premises survey by Q1 2019
- All new patients receive oxygen service within 4 days of notification (100%).

2.2 Meet the need of customers for information and intelligence to improve outcomes for the people of Scotland. (Public Health and Intelligence)

- Completion to schedule of 90% of all Information and Intelligence deliverables identified within the PHI/SG SLA.

- Quality Assurance – reinforcing new Statistics Code of Practice, including: (Risk 4146).
    - Undertake quality assurance review of at least 2 data-sets by end March 2020.
    - Participate in assessments of official statistics, as required by the UK Statistics Authority (timetable and publications for review are determined by the UKSA).
- Atlas of Variation: (Risk 4877)
    - Deliver the number of maps in line with the final business case approved by Scottish Government.
    - Develop and deliver an Atlas training programme focussed on clinical professionals as agreed with Scottish Government in the final business case.
- Regional support:
    - Continue to support the 3 Regional Planning teams.
- Mental Health:
    - In support of the Mental Health Strategy by March 2020 increase the number of Mental Health Quality Indicators published on the ISD Website and in Discovery to at least 20.
    - Lead the Knowledge and Information Workstream for the Children and Young Peoples' Mental Health Taskforce and from that work develop a patient level dataset and establish data flows by December 2019.
    - Mental Health Access Support Team – by September 2019, have an Access Improvement Data (AID) product to be used as an intelligence tool by all stakeholders.
    - CivTech Challenge – complete a pilot project with Stirling Council by March 2020 to develop a digital "artificial intelligence chatbot." that supports the mental health of young people.
- Waiting times:
    - As set out in the Waiting Times Improvement Plan, working collaboratively with Scottish Government and NHS Boards, develop a range of new information and intelligence resources to monitor and improve waiting time performance for patients by March 2020.
- Primary care (Risk 4370)
    - Ensure the resilience of the flu vaccination programme so that the population are appropriately immunised though active monitoring of the supply, demand and uptake of the vaccine. (Measureable performance indicator being developed).
    - Data collection tool to support the new GP contract is:
        - Tested in one GP Cluster by April 2019
        - Ready for wider deployment from July 2019
- Whole System Modelling:
    - By end of October 2019, ISD will deliver a demonstrator adapted from the model developed by Deloitte for the SG's Delivery Plan Model. This demonstrator, and future iterations (including timelines for delivery), will be steered by the Model User Group.
- Workforce
    - Transition of workforce intelligence and data functions to NES is achieved seamlessly from the perspective of users of official statistics,

SG policy and analytical officials, Ministers and other service users - by December 2019.

2.3 Intelligence led decision making across the public sector. (Public Health and Intelligence)

- By March 20 LIST will: (Risk 4990, 4992)
  - Continue to support 100% of Integration Authorities.
  - Spreading the value of our locally derived intelligence by sharing at least 30 cross-sector stories across established GP clusters for scalability and applied learning across Scotland.
  - In addition to routine outputs, half of Integration Authorities utilising new emerging data and derived intelligence, from data sources such as SPIRE and Source (Social Care), through the formation of creative labs.
  - Produce 6 co-designed stories across CPPs, Third Sector and Local Authorities that demonstrate impact.
- Social Care:
  - Review the success of the initial local analyses (developed at the end 2018/19) of social care data linked with health service data in meeting the integrated information and intelligence needs of Health and Social Care Partnerships by September 2019. Design and disseminate a refined set of analyses by March 2020.
  - Work with stakeholders to provide social care data which is made publicly available on the ISD website and supports national policy development:
    - Release the first ISD official statistics social care publication in April 2019 and following this seek feedback from stakeholders and produce a revised official statistics publication by March 2020.
    - During 2019/20 work with SG policy and analytical leads to ensure social care data supports national policy development.

2.4 Tackling inequalities - Integrate health inequalities (Risk 4994) (Public Health and Intelligence)

- By March 2020 ScotPHO will further develop health and social care inequality indicators by:
  - By December 19, consult with stakeholders to identify areas where their impact can be increased.
  - By March 20, integrating these indicators into other ScotPHO profile products.
  - By March 20, explore options to incorporate additional indicators. Progress monitored by reporting on the outcomes of work to identify additional indicators.

2.5 Delivery of agreed IT Services to health, including Boards and SGHSCD. (IT)

- 95% delivery to Boards of the national SLA for business as usual services on an annual basis.
- 95% delivery of agreed outcomes to Scottish Government's Health and Social Care delivered on time and within budget on a quarterly basis.
- 95% Delivery of major IT programmes to include CHI and Child Health, Office 365, GPIT within specification, timescale and budget.

3. Better Value

3.1 Source and deliver goods to support the NHS to achieve financial targets (Procurement, Commissioning and Facilities).

- Collaborative Contract Coverage £1.4bn.
- Actual NDC Revenue Throughput £155m.
- National Contract Delivered Savings £60m

3.2 Single and consistent eProcurement system and processes in place to enable NHS Boards to procure products in a standard manner (Procurement, Commissioning and Facilities).

- All NHSScotland orders for goods and services are placed via the most appropriate electronic procurement system for their business area.

3.3 Deliver cost effective litigation, commercial property, commercial contracts and employment legal services (Central Legal Office).

- Achieve greater than 90% customer satisfaction levels for Legal Services and set the annual increase of fees at 0%. Risk 1615

3.4 Support the Scottish Government in improving the overall management of clinical negligence claims, including the increased use of periodic payments for high value negligence claims and ensuring that the information recorded by litigation solicitors in the CLO database is accurate and timely, facilitating an accurate assessment of CNORIS contributions for NHS Boards and assisting financial planning (Central Legal Office).

- 100% update of Clinical Negligence Claims – value and settlement dates. Risk 5357

3.5 Pay approximately £2.5 billion to over 8000 primary care practitioners to agreed standards of accuracy and timeliness (Practitioner and Counter Fraud Services). Risk 5102

- Target of 99.5% accuracy to agreed dates.

3.6 To support health improvement in NHS Scotland by undertaking prevention, detection and investigation initiatives to reduce patient exemption fraud or error by £1.5million by March 2020. (Practitioner and Counter Fraud Services).

- This will be achieved through a combination of recoveries and cost avoidance. Performance indicators to be identified.

3.7 Ensure customers understand what NSS can offer them and have high levels of satisfaction with our service delivery (Strategy, Performance and Service Transformation).

- NSS services achieve a minimum annual customer satisfaction score of 70%.

3.8 Build sustainable development into all our services to ensure resilience is delivered, including: reduced emissions, adapting for climate change and behaving sustainably. (Risk 3601) (Procurement, Commissioning and Facilities)

- Deliver a Good Corporate Citizenship score of:
    - ≥ 85% by March 2020. (Further indicators to be developed).

NSS BOARD – FINANCIAL PLAN 2019-20 – 2023-24

NHS National Services Scotland

BOARD

1. OVERVIEW & FINANCIAL CONTEXT

This paper outlines the Financial Plan for the five year period from 2019/20 to 2023/24. This financial plan underpins the Board's Annual Operating Plan for next three year planning period.

NHS Scotland is facing financial challenge on an unprecedented scale. The NHS Scotland Financial Framework detailed in Appendix 1 outlines the significant challenge over the planning period, with a residual gap of £159m across NHS Scotland after pressures have been quantified and system wide benefits from reform have been applied.

The financial challenge for NSS is significant and has been quantified in this paper, including a number of key risks and assumptions. To address the challenge, NSS has developed a Service Sustainability Plan, which outlines key actions necessary to ensure NSS remains financially sustainable over the five year planning horizon whilst continuing to deliver valued services to the health and care sector.

2. FINANCIAL & WORKFORCE PLANS

Each SBU has a five year operational plan, with supporting Financial & Workforce Plans which have been subject to review and challenge at a series of Resource Allocation Meetings (RAMs) between October 2018 and February 2019.

Revenue

In determining available resources for 2019/20, the baseline funding for 2018/19 was rolled forward, with 5% of the total retained to meet CRES in each year. There was no uplift applied to the majority baseline budgets in 19/20, in line with SG assumptions for non-patient facing national boards. However an uplift of 1.5% or £3.5m was applied to NSD budgets.

Whilst the AfC pay award was fully funded, there was no further inflationary uplift applied to meet cost pressures in non-pay costs. In addition the plan assumes that all additional allocations expected will be funded in full.

SBUs were then tasked with submitting 5 year financial and workforce plans which delivered a break-even position over the planning period.

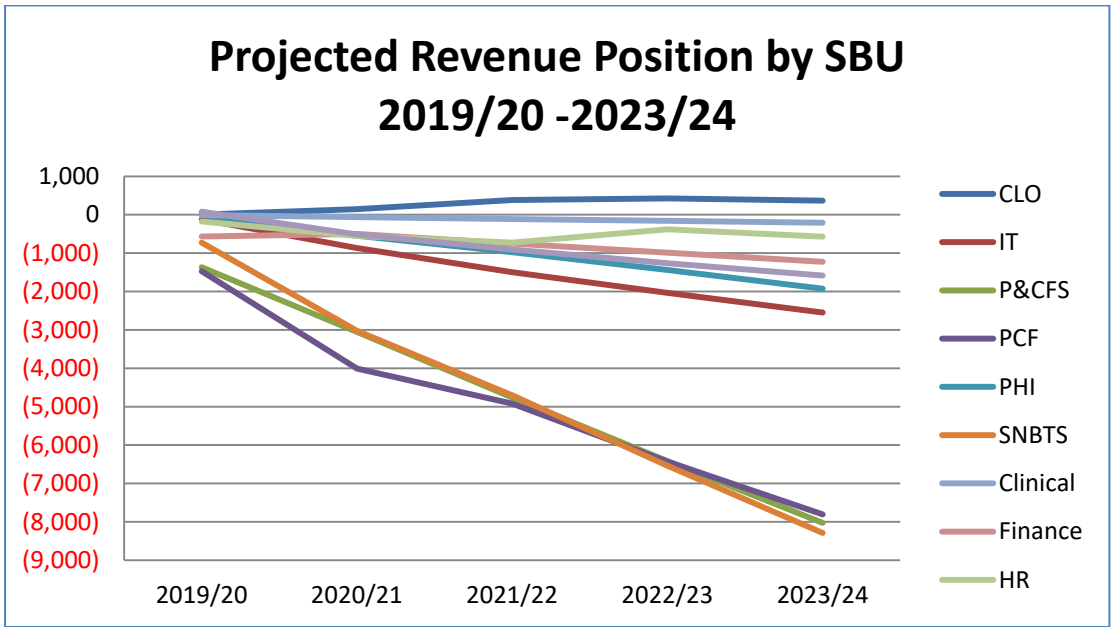
The Revenue Plan is summarised in the following table, and the SBU position is shown graphically below. SBUs have found it increasingly difficult to deliver 5% CRES on a recurring basis whilst continuing to deliver the same level of services. This is reflected in an increasing SBU Trading Deficit, rising from £4.4m in 2019/20 to £31.8m in 2023/24.

5% CRES savings retained in Reserves from baseline on a recurring basis are used to support investments in essential developments of £3.2m per year on a non-recurring basis. Provision has also been made for NSS's contribution to the National Boards savings target on a recurring basis (£5.5m) the workforce resource team, and a small contingency to meet any unplanned pressures in year.

Whilst in balance over the first three years of the plan, there is a deficit in later years, impacting significantly on NSS's ability to continue to invest in our services to become more efficient and effective.

The prioritised development requests for 2019/20 are listed in Appendix 2.

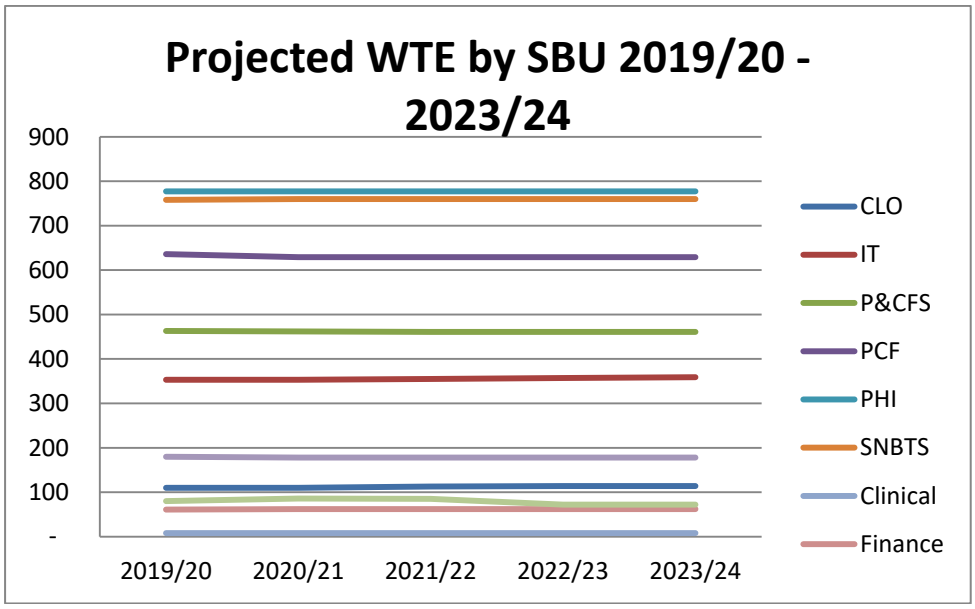
	2019/20	2020/21	2021/22	2022/23	2023/24
SBU Trading Position	(4,358)	(12,983)	(18,978)	(25,236)	(31,823)
Reserves*	10,950	16,205	20,006	24,745	29,068
NSS Total	6,592	3,222	1,028	(491)	(2,755)
***Reserves position includes**					
Contingency	1,000	1,000	1,000	1,000	1,000
WRT	1,000	1,000	1,000	1,000	1,000
NSS contribution to £15m	(5,500)	(5,500)	(5,500)	(5,500)	(5,500)
	(3,500)	(3,500)	(3,500)	(3,500)	(3,500)



Workforce (WTE)

Each SBU has developed a Workforce plan which forms the basis of the staffing budget over the five year planning period. The Workforce projection is summarised in the following table and graph, and essentially shows a static workforce over the 5 year planning period.

	2019/20	2020/21	2021/22	2022/23	2023/24
CLO	110	110	113	114	114
IT	353	353	355	357	359
P&CFS	463	462	461	461	461
PCF	636	629	629	629	629
PHI	777	777	777	777	777
SNBTS	758	760	760	760	760
Clinical	8	8	8	8	8
Finance	61	62	62	62	62
HR	80	86	85	72	72
SPST	180	178	178	178	178
NSS WTE	3,426	3,425	3,428	3,418	3,420



Whilst detailed year 1 plans are in place it is recognised that more detailed work is required to reflect the future shape of the workforce, taking account of plans to transform our services to make the most of digital technology and investments in leading practices. A key component of the NSS Service Sustainability Plan (see Section 5) is Effective Workforce, and this work will support the business to explore its workforce challenges.

Capital

The Capital Plan for NSS is presented as **break-even** in each year of the planning period from 2019/20 to 2023/24. The NSS Formula Allocation is projected to remain to at

existing levels: c£3.4m per annum. NSS also receives project specific capital funding from SG as appropriate in-year.

Appendix 3 lists the provisionally approved prioritised development requests for 2019/20.

Savings

The Revenue Plan includes an assumption of annual CRES savings of 5% applied to the baseline of each SBU. Each SBU has well defined plans to achieve CRES targets in 2019/20 but plans for future years are not well developed. "Transformed Services" is another key component of the NSS Financial Sustainability Plan to ensure the services which SBUs provide are both efficient and effective.

As above, the Revenue Plan also makes provision in Reserves of £5.5m each year as a recurring contribution to the National Board Collaboration target of £15m. In 2018/19, there is a still a gap of £3m overall across the National Boards so there is a risk that SG may ask NSS to increase its contribution.

3. NSS ANNUAL OPERATING PLAN (AOP)

In-line with SG requirements, NSS submitted a draft Financial AOP on Friday 29th March, noting that the Financial Plan still had to be reviewed / approved at the Board meeting on Friday 5th April.

The Cabinet Secretary announced in the Scottish Parliament in October 2018 that Boards would move to a **three year** planning and performance cycle, which supports the delivery of the Health & Social Care Medium Term Financial Framework. Boards are required to set out a breakeven position over the three year planning period. Where this requirement is met, Boards will have flexibility to report under or overspends of up to one per cent of Boards' core revenue resource funding.

The NSS submission reported a **break-even projection in each year** of the cycle, with no need for any flexibility, in-line with the detailed planning as per Section 2.

4. KEY RISKS AND ASSUMPTIONS

The following tables details the key financial risks and assumptions that underpin NSS' Financial Plan.

There are 14 risks in total with 4 considered to be high risk; 7 medium risk; and the remaining 3 risks are low.

Key Assumptions / Risks	£ Value Risk/ £ Assumption/ %Assumption	Impact / Description	Risk Rating
Baseline Allocation The baseline position for FY20 is as advised by SGHSC as flat cash (excluding NSD) and 2.5% uplift for ring fenced NSD baseline to previous years. Baseline assumes a return of £5.5m p.a cash efficiencies (NSS contribution to the £15m Nationals board target)		Delivered £24.3m to date through removal of cash efficiences. Requirement for additional cash efficiencies creates substantial revenue pressures. NSS have assumed a further £5.5m contribution towards the national board target of £15m. There is uncertainity around the delivery of the remaining £9.5m and how this will impact NSS future financial plans. NSS returned £2m funding from its baseline allocation during 18/19 on the expectation that it would be returned in full in 19/20	High Risk
The level of depreciation charges and requirement for a baseline transfer to non core funding will reduce due in future years.	£3m	In the current financial year SG finance have moved the funding for depreciation from baseline to non core revenue funding based on 2017/18 depreciation costs. The depreciation costs for NSS are reducing year on year in line with the reduction in capital allocation provided by SG. The impact for 18/19 was £0.2m - this will increase to £3m by year 3 as assets come to the end of their useful life.	High Risk
Brexit		There is a significant risk for Brexit which includes contingency and price inflation	High Risk
eHealth	£1.4m	There is an expectation that eHealth funding will attract 5% CRES. A number of ehealth contracts are linked to RPI increase on an annual basis and therefore the CRES is not achievable on 85% of the overall spend.	High Risk
Pay and Pension	£6.7m	The plan assumes the increase to employers pension contributions (£6.7m) will be fully funded by Government. If not received this will impact significantly on NSS's ability to deliver a breakeven position. The current figures submitted exclude the anticipated funding and and increased cost, so there is no impact to the bottom line. There is a also a risk that the impact of the pay settlement is not fully funded in future years.	Medium Risk
Transformational Change Fund	£4.4m	NSS will continue to develop proposals in consultation with SG and the HBs and bid as required for allocation from the transformation fund. The NSS plan assumes £4.4m to deliver Transformation Change Projects (which includes £0.5m slippage returned in 18/19) - the main element of this request is for Labs (£2.1m)	Medium Risk
Additional Allocations FY19 funding from SGHSC is not yet all agreed. The risk covers both recurring and non recurring funding totalling c£108m. The additional allocations indicated in the LDP are based on the best information currently available.	£138m	Ongoing discussions with eHealth and NSD, assisted by SGHSC finance, to agree service targets and financial allocations. Other sponsor discussions required. If discussions are not concluded by the end of Q1 and funding is not confirmed, NSS will start to consider reducing or removing services where necessary to protect its financial position. The overall NHS Scotland financial position is very concerning and may impact on the level of additional funding available in-year.	Medium Risk
There is a general risk that NSS will not deliver the efficiencies built into the plans. Whilst on an individual efficency scheme basis this is a low level risk, collectively the total programme exceeds £17m.		Any under achievement against the savings plan could lead to additional cost pressures	Medium Risk
Organisational Change / Skills, Knowledge and Experience The pace of change and the growing and changing service delivery demands.		This may impact on NSS's ability to develop the required skills.	Medium Risk
Management of Redeployment There is a potential risk that the number of staff that are discplaced from their substantive posts may increase significantly and due to their specialist role or experience may be difficult to secure alternative employment.	£1m	May result in staff retained without meaningful work for long periods of time.	Medium Risk
Public Health Scotland		There is a workforce risk around corporate service delivery if NSS does not deliver these services to Public Health Scotland after Year 3	Medium Risk
Capital Programme	£3.4m	There are no major capital programmes for NSS over the planning period. All programmes will be managed within the formula allocation.	Low Risk
Logistics Service Charge The service charge for the logistics operation has still to be agreed. Proposal to go to the DoF logistics group in March.	£14m	Should the level of top-sliced funding be reduced beyond the planning assumptions it could lead to revenue pressures the size of which depend on the reduction in funding.	Low Risk
The NSD element of the plan is assumed break-even throughout. This assumes that any shortfalls in funding/cost pressures will be effectively dealt with by the National Specialist Services Committee. Should this not be the case it may result in cost pressures on NSS.		NSS will continue to work closely with the NSSC to ensure a balanced position is maintained.	Low Risk

5. NSS' SERVICE SUSTAINABILITY PLAN

The current financial plan highlights the challenges facing NSS over the five year planning period.

A sub-group of EMT led by the Director of Finance carried out a review of the financial challenges facing NSS, in the context of an increasingly pressured operating environment.
Work included a review of expenditure on a SBU by SBU basis to understand underlying cost drivers. The nature of non-pay spend was considered, including how these costs were incurred, managed and monitored, and where accountability for spend lay across the organisation. Workforce challenges were recognised and recruitment and retention processes assessed.

From this work a plan focused on ensuring service sustainability in the later years of the plan was developed. The NSS Service Sustainability Plan has three main components:

- Strong financial management (SRO – C Low)
- Workforce Effectiveness (SRO – J Jones)
- Transformed Services (SRO – M Morgan)

Each element of the plan has a savings target and key areas of focus. This is outlined in Appendix 4.

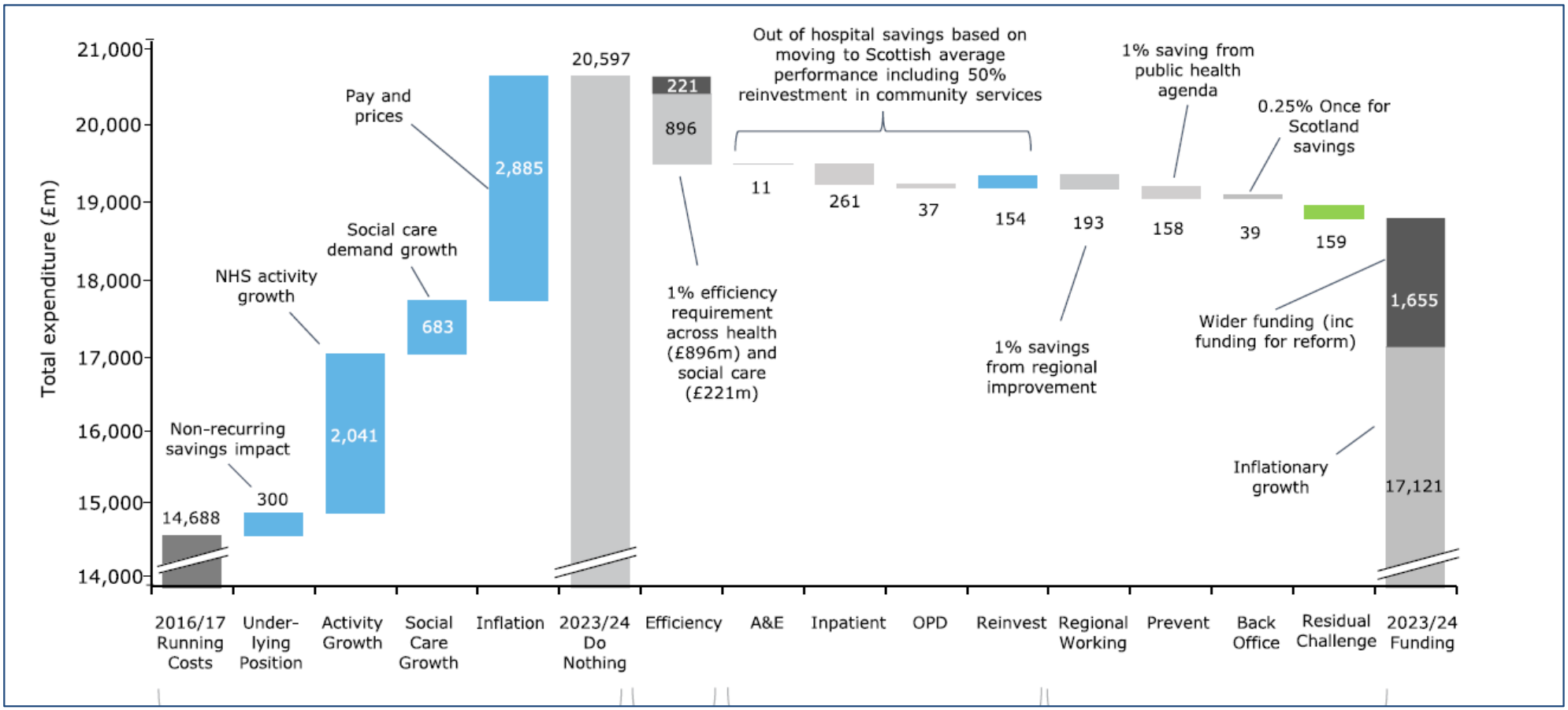
Delivery against the plan will be governed by the Change Oversight Group with regular reporting to EMT and the Board.

6. RECOMMENDATION

The Board is asked to approve the Financial Plan for NSS for the period 2019/20 to 2023/24.

Carolyn Low
Director of Finance
1st April 2019

Appendix 1 – NHS Scotland Financial Framework 2019-20 to 2023-24



Appendix 2 – Prioritised Revenue Developments by SBU

SBU	Development	£'000s
PCF	Digital Transformation - Website Modernisation	1,000
PCF	Clinical Waste Management Resource	104
PCF	Transform Fleet Development	306
PCF	NSS Procurement Manager	50
PCF	Pharmacy Rebates	50
PCF	Database for National Trauma Application	4
PCF	PCF Service Delivery - Management of Work Requests	80
PCF	SNBTS - Outcome of Strategic Estates Review	200
PCF	Callidus Work - FM Compliance	200
P&CFS	New DCVP	250
P&CFS	Digital Prescribing	150
P&CFS	CHI GPPRS / Primary Care Initiatives	100
P&CFS	Pharmacy Service Improvement	120
SNBTS	Temperature Mapping Software	53
SNBTS	Paper Free Donor Floor	225
SNBTS	Replacement of Blood Mixers	575
SNBTS	Haemoglobin S Screening	62
SNBTS	e-Traceline LIMS Upgrade	32
SNBTS	IT Connectivity	9
SNBTS	Expanded Cellular QC Lanoratory Activities in TCAT	35
SNBTS	e-Validation	38
IT	Machine Data - SaaS	200
IT	L&D Lead	50
IT	Security Team Set-Up	184
IT	Critical Security Tools	200
IT	Increased Internet Access Link to Cloud	50
IT	ServiceNow	255
IT	O365 Local Implementation	200
IT	Information Governance	96
IT	Machine Learning AI	250
IT	Containerisation / Automation	100
IT	Digital Skills	85
IT	API Development	350
IT	O365 Service Desk	228
IT	Network Modernisation	70
IT	Enterprise Architecture Baselining	300
IT	Service Now - Inceased Capability	130
SPST	PgMS Practice Management Tool	200
SPST	Enable S&G	30
SPST	CEAD Workflow	25
SPST	Survey Tool Replacement	10
SPST	Collaboration Tools	15
SPST	Transformation Website	60
		6,731

Appendix 3 – Prioritised Capital Developments by SBU

SBU	Development	£'000s
PCF	NP Management Information Portal	179
PCF	Database for National Trauma Application	10
PCF	Lauriston Reconfiguration	460
PCF	Gartnavel Recongiguration Options	100
PCF	Warehouse Management System	300
HR	OHS CoHort Upgrade and Migration to Cloud	40
SNBTS	Temperature Mapping Software	150
SNBTS	Haemoglobin S Screening	60
SNBTS	e-Traceline LIMS Upgrade	170
SNBTS	IT Connectivity	48
SNBTS	Gartnavel Hub Cold Rooms	150
SNBTS	Expanded Cellular QC Lanoratory Activities in TCAT	165
SNBTS	e-Validation	57
SNBTS	Vehicle Replacement	295
SNBTS	Equipment Replacement	265
IT	Increased Internet Access Link to Cloud	30
IT	Network Modernisation	250
IT	JCC Mast	125
		2,854

Appendix 4 – Service Sustainability Plan

Strong Financial Management	Workforce Effectiveness	Transformed Services

Financial reporting and Control
• Improved reporting:
  • Cost of occupation to drive effective use of Estate
  • Cost of Travel to change behaviours
• Driving benefits from Digital:
  • IT cost reduction
Cost and Value
• Scenario planning
• Zero based budgeting
• Cost to serve and recharging
• Understanding value
• Aligning baseline to value of services
Optimising Procurement
• Cost and Commercial Steering Group
• Procurement driven savings targets
• Targeted savings in areas of non contracted spend
	Improved Governance
	• Recruitment (eRAF)
	• Focus on Workforce Planning in years 2-5
	Workforce Optimisation
	• Productive workforce
	• Effective resource deployment
	Service Redesign
	• Capability driven operating model: Once for NSS
	• Consistent approach to the shape of the organisation
		• Where do we focus our service provision to add value?
		• What do we stop doing?
		• Exploiting automation
		• Service redesign
		• Digital first
		• New ways of working

Outcomes: £2.93m target – financial control £3.93m target - efficiency Cultural and behavioural change	**Outcomes:** £6m target Cultural and behavioural change	**Outcomes:** £17.4m target Cultural and behavioural change